



# **Scrutiny Briefing October 2023**

## **1 Introduction**

This paper provides an update from South Central Ambulance Service on:

- Progress against our improvement programme linked to the August 2022 Care Quality Commission report.
- Non-Emergency Patient Transport Service
- Details of incidents where blue light vehicles and / or ambulance transfer services have been subject to delay - road closures relating to HS2 works, particularly along the A413 and near the Wendover Dean viaduct sites

## **2 Improvement Programme**

The SCAS Improvement Programme continues to deliver against the Must Do/Should Do actions outlined by the CQC report of August 2022 and the Exit Criteria identified as part of the NOF4 framework. In many areas, further development of work-strands is taking the form of embedding the significant progress achieved prior to Christmas 2022.

We have been working closely with colleagues in the NHSE Intensive Support Team to ensure our governance, processes and self-assessments of progress are on track and fit for purpose. Several reviews are under way, including a review of evidence collated against Must/Should Do requirements and an overall review of programme governance, resourcing and processes. The aim of this collaborative working is to provide a greater depth of assurance, both internally to SCAS and with external bodies, not least in preparation for any subsequent inspection by the CQC.

SCAS has firmly committed to partnership working and (external) peer review. The workstream updates below provide more detail where relevant but additionally, we have engaged external review of our (Trust) governance arrangements, Safeguarding Service, Infection Prevention and Control (IPC) and operational outputs and are in the process of commissioning a further review of our culture to better shape our responses and actions going forwards.

### **2.1 PROGRESS UPDATES**

A summary of the progress made in across the four Improvement Programme workstreams is given below:

#### **2.1.1 Governance & Well Led**

In conjunction with the Good Governance Institute (GGI), a revised Board Assurance Framework (BAF) has been developed and implemented providing greater clarity of risks and issues to the Executive and Board members. Building on this, we are implementing a new Digital Risk Management system, harnessing our existing SharePoint capability to facilitate better management of risk from the operational through to strategic levels.

Team capacity has remained a challenge but recruitment activity is nearing completion which will allow for a greater pace of delivery in the coming months.

We continue to prioritise all work relating to the implementation of revised Trust-wide governance and leadership processes which, when implemented, will satisfy the requirements of our only outstanding 'Must Do' action relating to Regulation 17 compliance.

### **2.1.2 Culture & Staff Wellbeing**

Following the release of SCAS' new People Strategy (widely communicated to staff), the focus remains on listening to our people and demonstrating to them that we are taking positive action. Freedom To Speak Up, leadership engagement and staff feedback mechanisms are all contributing to our 'People Voice' approach. By collating the various strands of feedback received from our staff, we are better able to hear and see the themes that are emerging. We have harnessed this information and have begun feeding back to staff in a more coordinated 'you said, we did' style and although still in the early stages, this is beginning to land well with our staff.

As part of our wider assurance, we are looking to engage a third party to undertake a further temperature check of the culture at SCAS in Autumn 2023. This will help us identify what aspects of our approach are beginning to initiate culture change but, perhaps more importantly, also identify those areas where we need to undertake more work.

### **2.1.3 Performance Improvement**

This has been a challenging period in terms of both demand and performance. Short term prioritisation of improving our frontline performance has necessitated the development of the Operational Performance Improvement Plan (PIP). This plan aims to improve our service provision to patients across a three-to-six-month period and enhancements to service provision will be included/contribute to the future development of the Operational Development Plan/operational redesign being led by our Chief Operating Officer.

Both performance and staff wellbeing are likely to be positively impacted by initiatives due for imminent delivery. These include Category 2 Segmentation and Category 3 and 4 Validation by enhancing our GP provision to 999 Clinical Assessment Service (CAS) and with the move to new premises in Milton Keynes, creating greater capacity and better working conditions for elements of our 111 call centre staff group.

Only one remaining 'Should Do' action is outstanding (Trust-wide) relating to the onward tracking of patients not conveyed to the Emergency Department (ED). Technical development work has been completed to satisfy the requirements of this action but user testing has been delayed due to the ongoing outage of our Electronic Patient Record (ePR) system. It is anticipated that this action will be swiftly resolved once the system returns to operational use, allowing us to track patients referred to alternative pathways through our SCAS Connect (MiDoS) system.

### **2.1.4 Patient Safety**

Building on our progress previously reported in our Safeguarding Service, our current self-assessed compliance against the Safeguarding Accountability and Assurance Framework (SAAF) has increased to 94.5% compliance. A planned quality review by ICB colleagues has been deferred with mutual agreement, from September 2023 (date TBC) due to the current challenges being faced because of Operation AVOCET<sup>1</sup>. This has placed significant pressure on resources due to the need to rely on Business Continuity processes, invoking manual completion of patient records (incl. safeguarding referrals). Although reducing capacity, previous

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<sup>1</sup> Operation AVOCET is the police operation name for the investigation into the cyber attack against Ortivus' MobiMed, Electronic Patient Record (ePR) system.

enhancements to safeguarding process have meant that issues can be identified early and acted upon with the intent of minimising impact on patients.

Further peer review has taken place against our IPC provision with South East Coast Ambulance Service (SECAmb). This has identified some areas of good practice but also highlighted focussed areas where we need to improve. The IPC team continue to work closely with operational leads to monitor and improve compliance (even when under considerable operational pressure) and the introduction of IPC Link Practitioners is contributing to this also.

Future developments include the implementation of a bespoke asset management system to better track and monitor our medical devices and the delivery of a new medicines distribution facility in October 2023. Our implementation of a new Patient Panel is in the early stages of development and our transition to the Patient Safety Incident Response Framework remains on track for early Q1, 2024/25.

## **3 Non-Emergency Patient Transport Service**

### **3.1.1 Background**

SCAS provide Non-Emergency Patient Transport Service (NEPTS) across Buckinghamshire, Berkshire, Hampshire, Oxfordshire, Surrey, and Sussex. For eligible patients we provide transport for people who are unable to use public or other transport due to their medical condition, and include those who are attending hospital outpatient clinics, being admitted to, or discharged from hospital wards, and those needing life-saving treatments such as radiotherapy, chemotherapy, or renal dialysis or DVT treatment.

The service operates 0600-2300 seven days a week all year, and from 2300-0600 provides an overnight discharge vehicle to Stoke Mandeville Hospital.

NEPTS provision for Bucks is contracted under the previous Thames Valley Contract which has now has lead commissioners in the BOB ICB. The contract commenced April 2016 with a 5 +2 agreement, the contract is currently operating under implied terms as discussions continue regards another possible 2 year extension taking the contract to April 2025.

The current contract is seeing significant financial challenge with being underfunded by circa £5m, SCAS and commissioners continue to work through right sizing options to reduce demand/cost but with the increase in demand and the push to recover electives this is proving challenging.

### **3.1.2 NEPTS Process**

Transport bookings are made via our booking platform Cleric. Cleric enables both HCPs and patients to book, amend and cancel transport, either via the online platform or telephone bookings lines. For patients we also provide a user-friendly online platform, Patient Hub, which is adaptable to need, e.g., translation and text size, offers booking management, informative literature, contact, and options to change requirements.

Once the booking is on the system, the journey is allocated to an appropriate resource at the planning stage which is usually the day prior to the journey taking place. At this point the patient's mobility and needs are taken into consideration to ensure that the right resource type is provided.

On the day of travel, the journeys are managed by our Dispatch Team, who oversee all resources on the day, and manage any issues in real time to ensure that transport journeys are undertaken as timely as possible.

Across Buckinghamshire we run NEPTS out of 5 stations covering North and South Bucks and Milton Keynes with the operational team consisting of;

- 72 Ambulance Care Assistants
- 4 Team Leaders
- 1 Senior Operations Manager
- The team are supported by the Thames Valley Locality Manager and Area Manager
- We also have our Hospital Liaison Officers (HLO) situated within acute hospitals who are the public face of the NEPTS service. They deal with bookings and queries, but also with any problems that occur on the day, changes in patient appointments and most importantly they ensure that every patient is conveyed so that they get the treatment they need.

Our operational hours are between 0600-2200 7 days a week, with our HLO's working Monday to Friday between 0800-1600. We also provide a 24/7 on call manager, with a structured escalation process in place for both in and out of office hours.

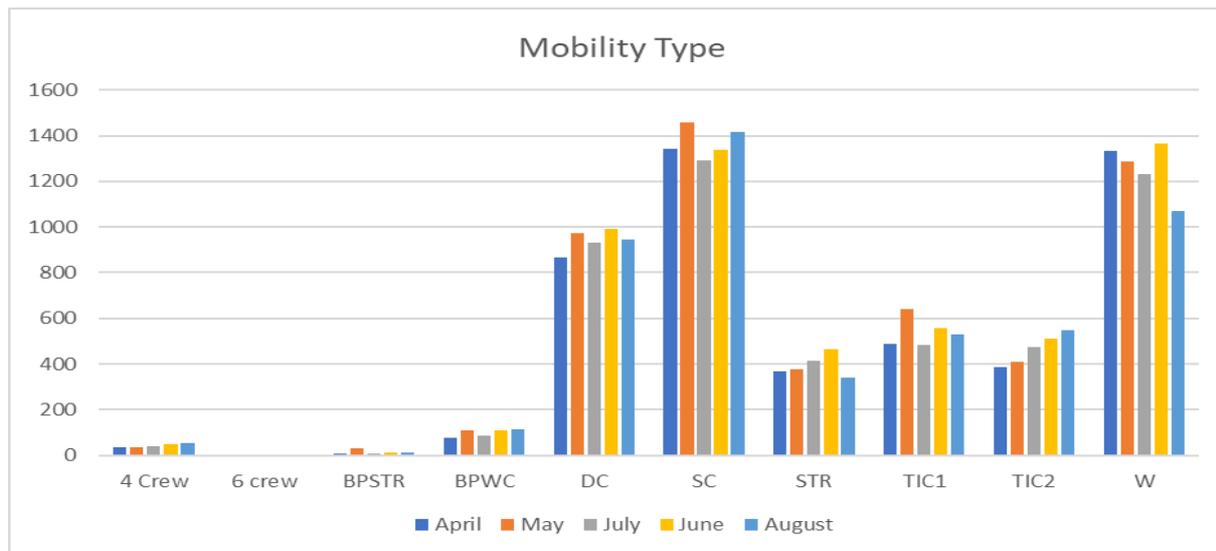
### 3.1.3 Performance and Demand

The contract has strict KPI's to ensure high standard of patient experience, current main KPI's for Bucks year to date are shown below, threshold target is 90%. Due to the high demand we strive to cohort renal patients together for both good patient experience and efficiency and we tend to get patients in slightly too early for their appointment, so although shows as a KPI fail patients are not late for their actual appointments. PTS04 is a challenge currently simply down to the high demand on resourcing and most of our activity being renal and outpatients.

KPI	Quality Requirement	Threshold	Values	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023
PTS02	Same day discharge/transfer requests (including Emergency Departments and Minor Injury Units): Patients booked ready 0800-1700 and between 2300-0600 must wait less than 120 minutes after their requested pick up time	90%	Performance %	91.11%	89.94%	87.47%	92.06%	94.48%
PTS03	Same day discharge/transfer requests (including Emergency Departments and Minor Injury Units): Patients booked ready between 0600-0800 and 1700-2300 must wait less than 180 minutes after their requested pick up time	90%	Performance %	96.94%	94.44%	95.40%	97.89%	100.00%
PTS04	Planned discharge/transfer requests: patients must wait less than 45 minutes from their planned pick up time (book ready will not be utilised for planned discharges)	90%	Performance %	81.02%	87.85%	80.34%	84.39%	84.89%
PTS09	For renal patients requirement transport (for dialysis) for the return journey and neuro rehab patients at Rayners Hedge and the Camborne Centre: patients must be picked up no more than 30 minutes after their agreed pick up time	90%	Performance %	93.83%	91.53%	91.94%	94.07%	94.93%
PTS10	For renal patients requirement transport (for dialysis) for the return journey and neuro rehab patients at Rayners Hedge and the Camborne Centre: % of patients arriving between 30 minutes prior to scheduled appointment time and 15 minutes after	90%	Performance %	84.90%	83.78%	84.03%	83.25%	83.31%
PTS11	For outpatient and daycase transport: patients do not wait more than 60 minutes after their agreed pick up time for outward or return journey	90%	Performance %	94.23%	93.81%	91.05%	93.83%	94.06%
PTS12	For outpatient and daycase transport on time (arrival at point of treatment/clinic): patients must arrive between 60 minutes prior to scheduled appointment time and 30 minutes after	90%	Performance %	92.72%	93.53%	92.61%	93.67%	92.91%

The below table gives year to date figures for mobility, the highest mobility are requirements for walker and single crew demand but the challenge with that is the distances and IPC restricting cohorting and thus reducing efficiencies.

Journey Month	4 Crew	6 crew	BPSTR	BPWC	DC	SC	STR	TIC1	TIC2	W	Total
April	37	0	9	78	867	1341	369	486	387	1332	4906
May	37	2	32	108	972	1460	376	640	410	1289	5326
July	39	1	8	87	933	1294	415	484	474	1231	4966
June	51	0	13	108	992	1340	467	555	511	1367	5404
August	54	2	12	112	946	1415	340	529	547	1070	5027
<b>Overall Totals</b>	<b>218</b>	<b>5</b>	<b>74</b>	<b>493</b>	<b>4710</b>	<b>6850</b>	<b>1967</b>	<b>2694</b>	<b>2329</b>	<b>6289</b>	<b>25629</b>



The tables below demonstrate demand trends relating to inter-hospital activity in and out of Stoke Mandeville Hospital for period April to August 2023. The majority of the inter-site journeys relate to Stoke Mandeville Hospital inpatients travelling to the Churchill Hospital for Radiotherapy treatment.

From Stoke Mandeville to Other Acute	Mobility						Journey Category			Total
	Bariatric Stretcher	Double Crew	Single Crew	Stretcher	Travel in Chair 1 x crew	Travel in Chair 2 x crew	Discharge	Outpatient	Transfer	
Churchill Cancer & Haematology Entrance	0	3	7	22	0	2	0	34	0	34
Wycombe Hospital	1	5	6	13	4	2	2	20	9	31
John Radcliffe Hospital	0	6	6	11	3	2	0	16	12	28
Stoke Renal	10	3	2	11	0	0	0	26	0	26
Churchill Hospital	0	2	2	1	1	1	0	5	2	7
Churchill Renal	0	1	4	1	0	0	0	4	2	6
John Radcliffe West Wing	0	2	2	1	0	1	0	5	1	6
Milton Keynes Hospital	0	0	0	2	0	0	1	1	0	2
Wycombe Renal	0	0	0	1	0	0	0	1	0	1
<b>Overall Totals</b>	<b>11</b>	<b>22</b>	<b>29</b>	<b>63</b>	<b>8</b>	<b>8</b>	<b>3</b>	<b>112</b>	<b>26</b>	<b>141</b>

From Other Acute to Stoke Mandeville Hospital	Mobility						Journey Category			Total
	Bariatric Stretcher	Double Crew	Single Crew	Stretcher	Travel in Chair 1 x crew	Travel in Chair 2 x crew	Discharge	Outpatient	Transfer	
Churchill Cancer & Haematology Entrance	0	4	6	23	0	2	0	35	0	35
Wycombe Hospital	0	6	7	15	3	2	1	22	9	33
John Radcliffe Hospital	0	5	4	14	3	0	1	14	11	26
Stoke Renal	10	2	0	11	0	0	0	23	0	23
John Radcliffe West Wing	0	3	4	1	0	1	1	6	3	10
Churchill Hospital	1	1	1	1	1	0	0	4	1	5
Churchill Renal	0	1	4	0	0	0	0	4	1	5
Milton Keynes Hospital	0	0	0	1	0	0	0	1	0	1
Wycombe Renal	0	0	0	1	0	0	0	1	0	1
<b>Overall Totals</b>	<b>11</b>	<b>22</b>	<b>26</b>	<b>67</b>	<b>7</b>	<b>5</b>	<b>3</b>	<b>110</b>	<b>25</b>	<b>139</b>

### 3.1.4 Next steps and review

The current contract expired April 2023 and is currently operating under implied terms whilst discussions continue on a possible 2-year direct award. If agreed, the direct award period will allow SCAS and commissioners to embed elements of the national NHSE PTS review recommendations. It will also enable a partnership approach to review and co-design the service to meet the changing PTS requirement regards increased acuity, distances travelled, increased clinics serviced and continued infection, prevention, control challenges.

## 4 HS2

### HS2 and the impact on SCAS/Emergency Services

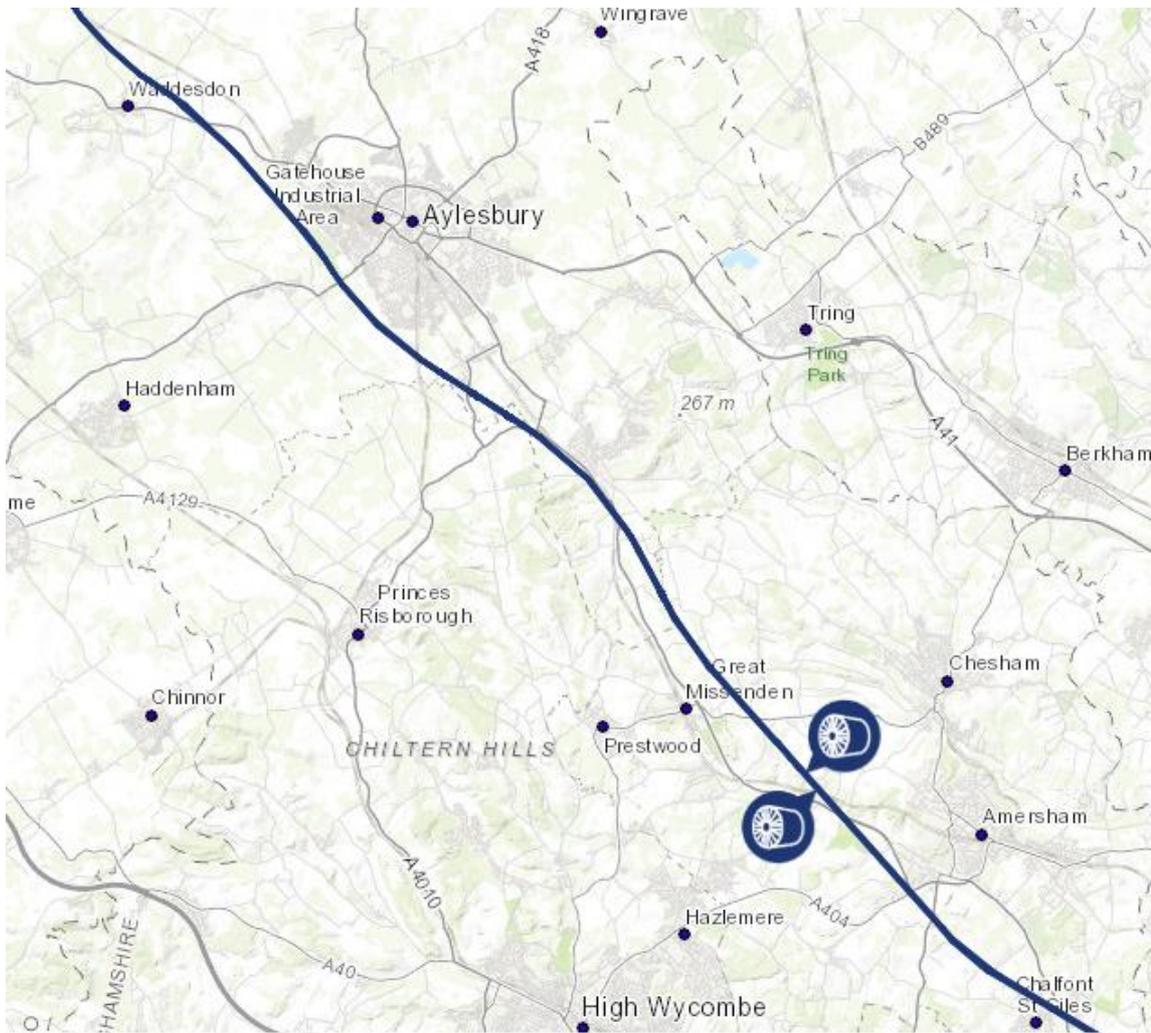




# HS2 in Buckinghamshire

The HS2 route in Buckinghamshire will travel through the Chalfonts, Central Chilterns, to the south-west of Aylesbury and across north-east Oxfordshire. On this map you can see where the route will go and what it will look like when it's built. You can find out more about our construction at [hs2inbucksandox.co.uk](http://hs2inbucksandox.co.uk)





HS2 started work on Phase 1 in 2017 and is planned to be completed in 2026. Phase 2a is due to start in 2027 and finish 2033.

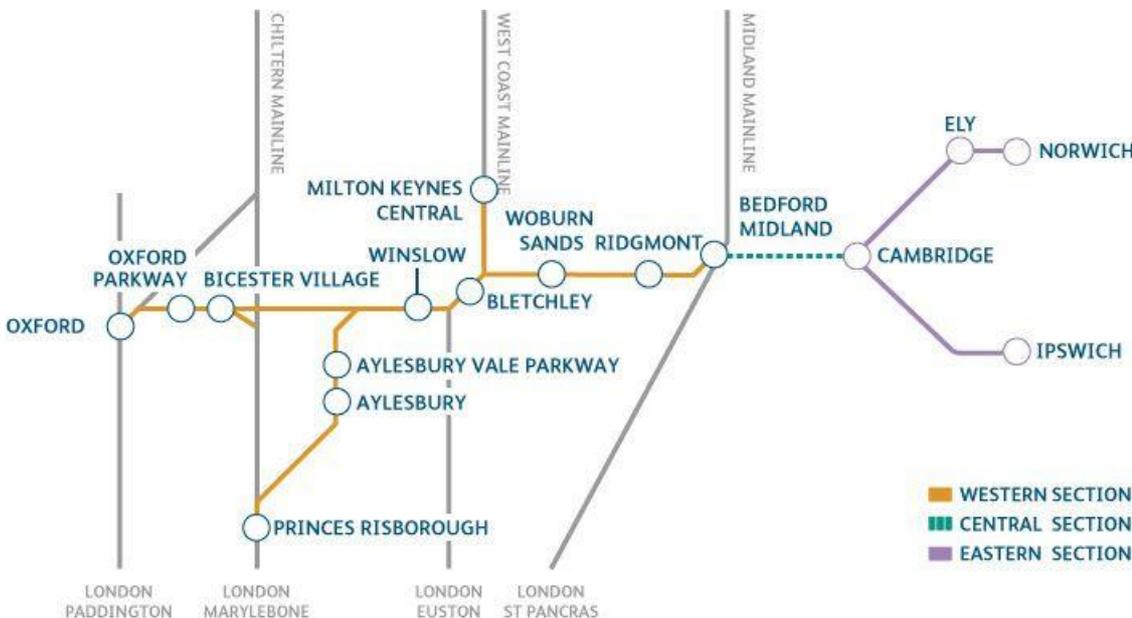
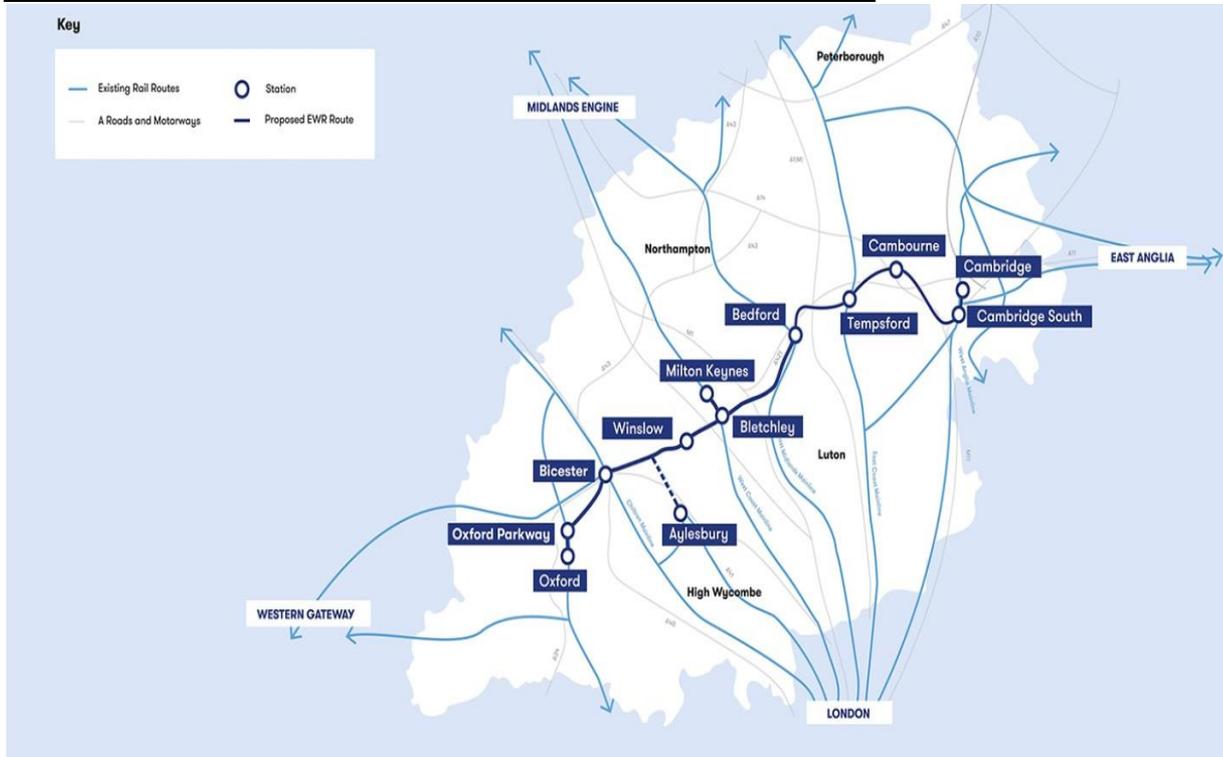
HS2 transitions through the heart of Buckinghamshire, through the Chilterns with a maintenance depot planned for Calvert (North Bucks). During the construction there are road closures, diversions, temporary traffic lights and several heavy plant crossing with traffic lights. In many cases all planned variations to road usage are submitted to the local authority and to the Emergency services but not all. When roads are closed with diversions in place there is rarely a consideration for Blue Light users or agreed blue light routes (Blue light routes are for Emergency vehicles that have been allocated an emergency incident that requires blue lights displayed along with the use of sirens to progress to an incident speedily but safely). Most recently the Wendover bypass was closed, no notification was received locally and no Blue light route was in operation. As a result, long diversion routes were in place for all road users including Emergency vehicles

Below are some of the examples in respect to HS2 delays:

- There was another delay around the Claydon's and adjacent villages that caused significant delay in arriving at SMH with a patient in arrest, I do not have the specific details though.
- For those travelling between Aylesbury and Amersham or High Wycombe the constant level of road works and closures is a pain. The traffic queues for single carriageway passing can be excessive.

- Going out towards Stone is better lately, but we still have traffic issues at peak times (Hartwell)
- The permanent closure of some roads has taken short routes out of the equation, e.g. Stoke Mandeville to Bishopstone.

### East West Rail impact on SCAS/Emergency Services



**Phase 1** was completed in December 2016 and upgraded the rail connection between Oxford and Bicester. The first new section of railway, connecting Oxford Parkway and Bicester, opened in October 2015, with the section linking Oxford and Oxford Parkway completing in December

2016. **Phase 2** Bicester to Bletchley has already commenced and is due to be completed by 2024/25 then moving on to **Phase 3** Bletchley to Cambridge.

East West Rail Phase 2 is being constructed at the same time as HS2 but only affects North Bucks. Similar to HS2, this project has caused road restrictions and closures causing delays in access and egress to some villages such as Twyford and Winslow.

Having both rail links being constructed at the same time has challenged the Emergency Services with access and egress. There is little or no evidence to support a joined up approach between the two rail construction companies along with the normal essential and non-essential roadworks.

Below are some of the examples in respect to East West Rail delays:

- I experienced challenges while attending an incident in Newton Longville, I approached NL via the H8 standing way, there was insufficient signage along the H8 advising that the road into NL from the H8 was closed at the railway bridge in NL. This delayed me by approximately 5 minutes, I had to move the road closure fencing and progress through to my patient on a school bus. On completion of the incident, I returned to the fencing where I spoke with the site manager and explained to him that there was insufficient signage on the H8, he rectified this.
- The works for the East /West coast exposition at NL have now completed.
- There was another delay around the Claydon's and adjacent villages that caused significant delay in arriving at SMH with a patient in arrest, I do not have the specific details though. (Duplicated from HS2 as both had an impact on access and egress to this patient)

### **Road Works in general and the impact on SCAS/Emergency Services**



Road works in general such as reducing a dual carriageway to just one lane or temporary traffic lights will cause a delay in our response and transporting a patient to the Hospital even on Blue lights. On many occasions there will be multiple roadworks during the same period in close proximity to each other such as utilities, high speed internet (fibre optic) and general road repairs all leaving the Emergency Services with no alternative routes.

It should be noted that even when blue lights are being displayed, at all time caution must be given when progressing through stationary or slow traffic, therefore the speed of the Emergency Ambulance will be greatly reduced and will have an impact on our initial response time and the time it takes to get a patient to the Emergency Department. Not all patients will require a blue light response to the Emergency department but do require further assessments, diagnosis and treatment. On these occasions Ambulances can only drive under normal conditions which will mean the Ambulance will have to queue up at the traffic lights the same as any other road user. With a patient on board it renders that vehicle unavailable to any other emergency calls, and in these cases will extend the length of time for a single incident (task time)

With HS2 and East West railway both under construction in the North of Bucks, further road repairs or closures impact on the Ambulance Service Delivery along with all general road works as described.

## **5 Conclusion**

We are making good progress with our improvement plan and we are still focusing on embedding improvements. Our improvement programme is balanced with the operational priority to manage the on-going pressures of high demand to provide patients with the best care possible and support the wellbeing of our staff and volunteers.

David Eltringham  
Chief Executive  
South Central Ambulance Service NHS Foundation Trust