South Central Ambulance Service NHS
NHS Foundation Trust

SCAS Annual Health Scrutiny Committee Report

Buckinghamshire

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The Purpose of this report is to provide an overview of the service provided by South Central Ambulance Service NHS Foundation Trust (SCAS) against our contractual arrangements and, at greater detail, within Buckinghamshire.

Performance

2021/2022 Summary

Whilst the performance contract is held at a Thames Valley level, SCAS continues to work in collaboration with the Buckinghamshire Clinical Commissioning Groups (CCG's), BOB ICS (Bucks, Oxon & Berks Integrated Care System) and BHT (Buckinghamshire Healthcare Trust) to improve the performance specifically for the Buckinghamshire County area.

In cases where we have not been able to send a SCAS resource within the required time, we undertake a review of cases where patients have waited longer than expected with a view to ensuring that there is no patient harm. We aim to identify causes, themes, identifying any areas that we can learn from to mitigate risk.

Performance & Demand – Buckinghamshire

Ambulance Response Programme, the new categories:

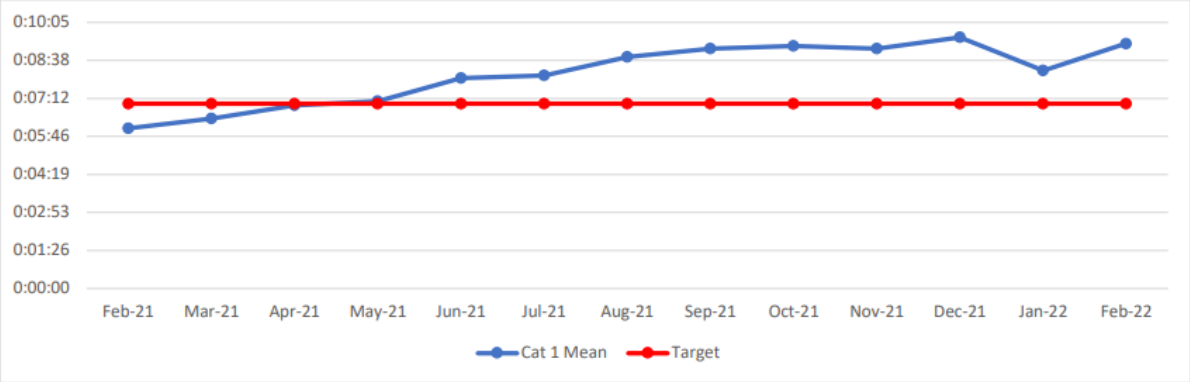
CATEGORY 1 - LIFE-THREATENING Time critical life-threatening event needing immediate intervention and/or resuscitation e.g. cardiac or respiratory arrest; airway obstruction; ineffective breathing; unconscious with abnormal or noisy breathing; hanging.
CATEGORY 2 - EMERGENCY Potentially serious conditions (ABCD problem) that may require rapid assessment, urgent on-scene intervention and/or urgent transport.
CATEGORY 3 – URGENT Urgent problem (not immediately life-threatening) that needs treatment to relieve suffering (e.g. pain control) and transport or assessment and management at scene with referral where needed within a clinically appropriate timeframe.
CATEGORY 4 – NON-URGENT Problems that are not urgent but need assessment (face to face or telephone) and possibly transport within a clinically appropriate timeframe.
TYPE S – SPECIALIST RESPONSE (HART) Incidents requiring specialist response i.e. hazardous materials; specialist rescue; mass casualty

Categories	National Standard	How long does the ambulance service have to make a decision?	What stops the clock?
Category 1	7 minutes mean response time 15 minutes 90th centile response time	The earliest of: •The problem is identified •An ambulance response is dispatched •30 seconds from the call being connected	The first ambulance service-dispatched emergency responder arrives at the scene of the incident (There is an additional Category 1 transport standard to ensure that these patients also receive early ambulance transportation)
Category 2	18 minutes mean response time 40 minutes 90th centile response time	The earliest of: •The problem is identified •An ambulance response is dispatched •240 seconds from the call being connected	If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock. If the patient does not need transport the first ambulance service-dispatched emergency responder arrives at the scene of the incident
Category 3	120 minutes 90th centile response time	The earliest of: •The problem is identified •An ambulance response is dispatched •240 seconds from the call being connected	If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock. If the patient does not need transport the first ambulance service-dispatched emergency responder arrives at the scene of the incident
Category 4	180 minutes 90th centile response time	The earliest of: •The problem is identified •An ambulance response is dispatched •240 seconds from the call being connected	Category 4T: If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock.

Key Benefits:

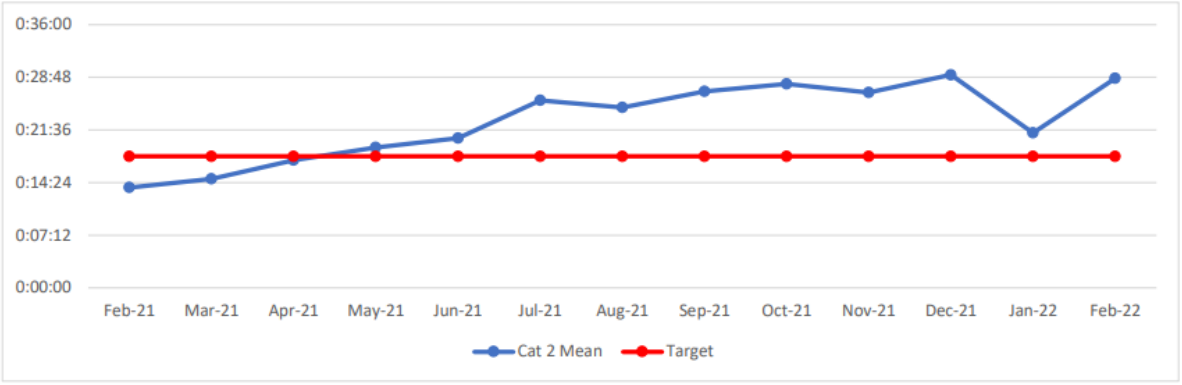
- Ensuring a timely response to patients with life-threatening conditions
- The most appropriate clinical resource to meet the needs of patients based on presenting conditions not simply the nearest
- Fewer multiple dispatches = increased efficiency
- Reduction in diversion of resources
- Increasing the ability to support patients through hear and treat, see and treat
- Having a transporting resource available for patients who need to be taken to a definitive place of care
- Improved patient experience
- Provides staff with greater role satisfaction – doing the right thing for patients

Cat 1 performance



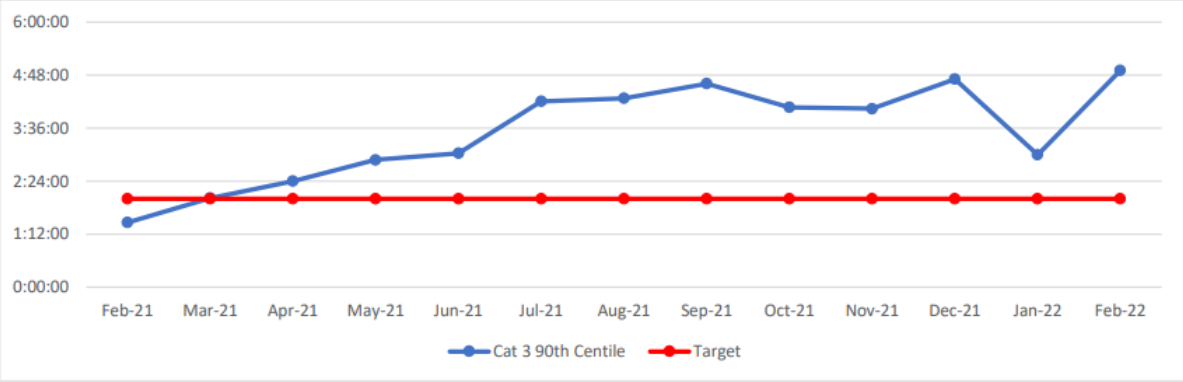
Cat 1	Dec-21	Jan-22	Feb-22
Mean (00:07:00)	0:09:31	0:08:15	0:09:17
90th Centile (00:15:00)	0:17:20	0:15:40	0:17:03
No. Incidents	456	413	391
Total Responders	633	620	576

Cat 2 Performance



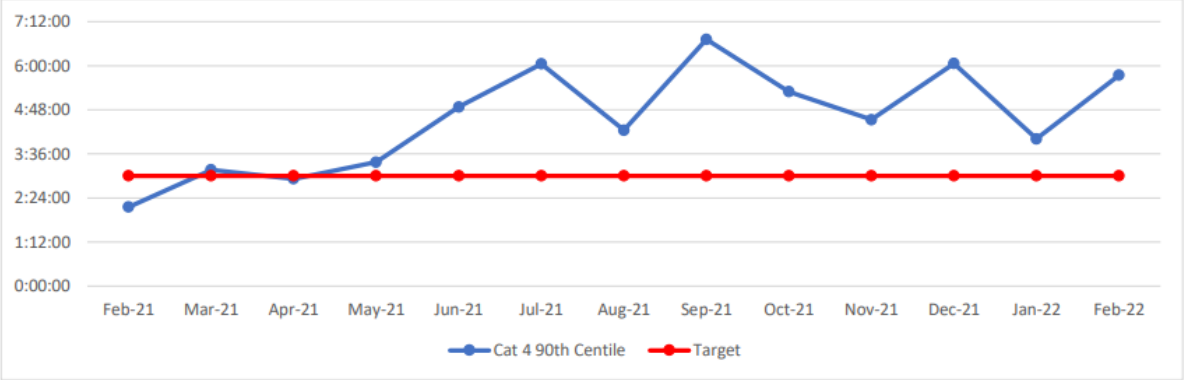
Cat 2			
	Dec-21	Jan-22	Feb-22
Mean (00:18:00)	0:29:09	0:21:12	0:28:41
90th Centile (00:40:00)	0:58:47	0:41:12	0:59:14
No. Incidents	3,405	3,055	2,912
Total Responders	3,585	3,229	3,087

Cat 3 Performance



Cat 3			
	Dec-21	Jan-22	Feb-22
Mean	2:07:46	1:26:08	2:15:46
90th Centile (02:00:00)	4:42:37	2:59:33	4:54:17
No. Incidents	1,740	1,848	1,505
Total Responders	1,899	2,059	1,663

Cat 4 Performance



Cat 4			
	Dec-21	Jan-22	Feb-22
Mean	2:23:54	1:50:53	2:38:41
90th Centile (03:00:00)	6:03:24	4:00:27	5:44:29
No. Incidents	95	136	91
Total Responders	109	155	100

Urgent Care Pathways (admission avoidance)

Not every patient who has received an emergency ambulance response requires conveyance to the nearest Emergency Department (ED). Several of our patient cohorts are suitable for referral to acute units within the hospital, (away from ED), or can be managed safely in the community setting, as close to their own home as possible by community health care providers.

This communication outlines the services available, for our Urgent Care patients, in Buckinghamshire (excluding Milton Keynes) which allows our staff to get the right care locally or in their own home rather than being transported to the ED.

Same Day Emergency Care (SDEC) Medical Referral

- Stoke Mandeville Hospital 24-hour advice and referral for patients with an acute medical presentation that cannot be managed in the community or by the patient's own GP.

Community Pathways

Urgent Community Response

- **Rapid Response & Intermediate Care (RRIC)** – Therapy-led care in the community, to support admission avoidance and support adults in their own home.

Frailty Advice/Referral

- The frailty line should be used when managing patients presenting with a frailty syndrome in a care home or private residence, where emergency conveyance to a treatment facility is not required or the patient does not require assessment/treatment at the Emergency Department.

Use the Frailty line for:

- Advice and Guidance **BEFORE** considering conveying to hospital
- Conveyance to MuDAS or CATS
- Liaison with specialist services, eg: Therapy home visits, dietician advice

Nursing/Care Home Telemedicine Service

- Service offers a virtual 24/7 Senior Nursing Team, within a Digital Care Hub providing support, clinical assessment, and virtual management of Care Home residents.

Buckinghamshire Integrated Respiratory Service (BIRS) Team

- Respiratory Nurse Specialist Team providing community services to chronic respiratory disease patients experiencing complications of known COPD. Service also manages home oxygen requirements for both chronic respiratory conditions and patients who do not fall under a respiratory team i.e. palliative care, Heart failure.
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Mental Health (via 111)

- 24/7 Advice/Referral service for patients experiencing 'low risk' mental health crisis

Urgent Treatment Centre (High Wycombe)

- Management of ambulant patients presenting with a minor illness/injury. Following acceptance of your patient they must be encouraged to make their own way to the treatment centre

Emergency Department Clinical Advice Line (Stoke Mandeville Hospital)

- When you are uncertain whether conveyance to the Emergency Department is required.

EoL/Palliative Care (Florence Nightingale)

- Advice and referral for patients with a life-limiting illness.

Cancer & Haematology

- Advice and management for patients and ambulance staff relating to all Cancer and Haematology issues. Service available to 'known' patients only.

Diabetes

- Diabetes Specialist Nurse advice line with out of hours answerphone service.

Drug and Alcohol Support

- Switch Bucks. Advice and referral for patients between age of ten and seventeen years old looking to cease their ongoing substance abuse.

Community First Responders:

Community Responders are members of the public, trained by the ambulance service, who volunteer to help in their community by responding to medical emergencies before the arrival of an emergency ambulance.

There are currently many active Community Responders schemes operating in the Buckinghamshire area (excluding Milton Keynes). Work continues with communities across the county.

First Responder schemes work with community volunteers responding within a small radius of their home or work address to immediately life threatening calls, where having someone with training and a defibrillator present a short time scale could make the difference between life and death for the patient. In all instances Community First Responders are backed up and supported by a SCAS clinical response.

We continue to work hard in evaluating new areas and expanding our Community First Responder Schemes in rural areas to continue with our successful campaign placing more defibrillators in villages and training local communities to use them.

Co Responder Schemes

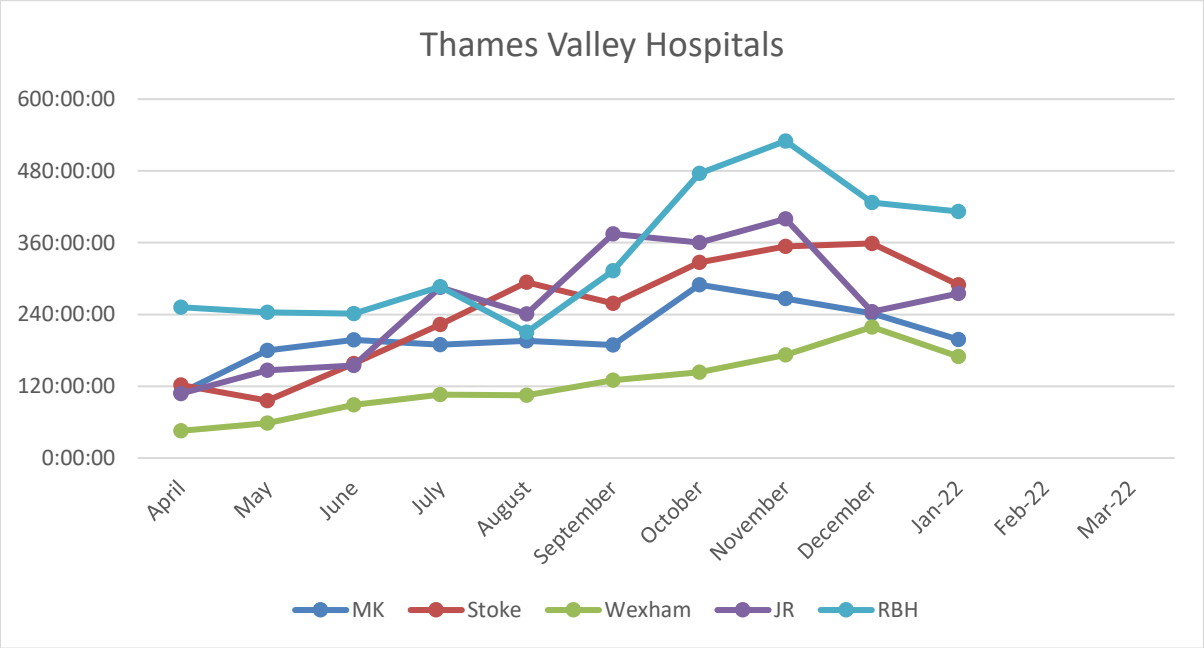
We have been working with the Military (RAF) in training their staff in First Person on Scene and emergency driver training. They have already attended many incidents and are proving to be valuable and effective. The response ranges from specific Co-Responding cars to attending in a Response car. This is a similar position as for Community Responders, but with the added bonus of a blue light capable response, and enhanced care, enabling them to cover a wider geographical area.

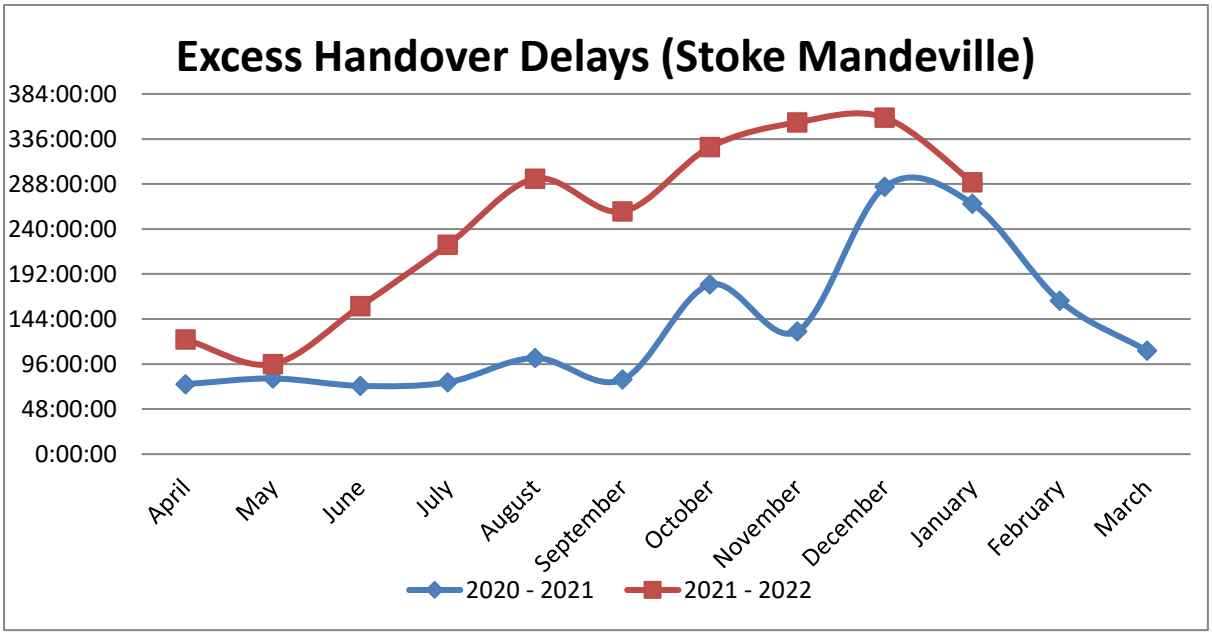
Hospital Handovers:

Receiving Hospitals are required to facilitate a handover of arriving ambulance patients within 15 minutes of arrival. NHS England/Improvement are monitoring and challenging Hospitals that continue to not achieve the defined hand-over process and timelines. Acute Trusts have all been tasked to prioritise this area to ensure that they minimising delays and the knock-on effect that has to responding to patients within the community.

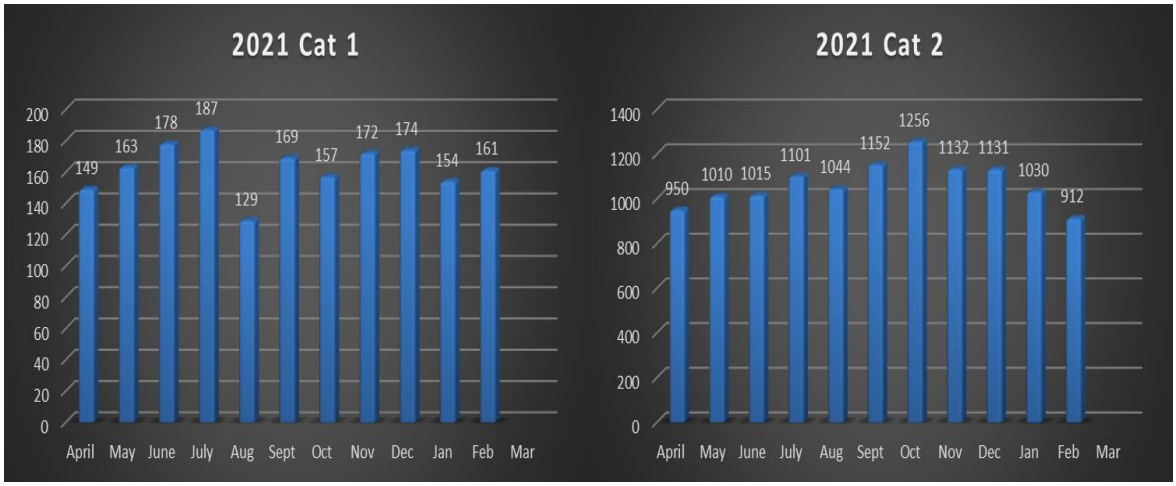
Handover is deemed to have occurred when a clinical handover has taken place, the patient is transferred on to a hospital trolley and all ambulance equipment/apparatus is returned (NHS England, 2014).

The chart below details excess handover delays (over 15 minutes) in hours, by month for the local acute hospitals.





Category arrivals to Stoke Mandeville Hospital



SCAS has continued to work with colleagues from the Acute Trusts, however with the increase in demand on both SCAS and the Acute Trusts, handover delays have remained a challenge. 2020/21 SCAS lost ***42,553*** hours of which ***3,113*** hours were lost at Stoke Mandeville Hospital and ***1,552*** hours at Wexham Park Hospital due to handover delays. This is the equivalent of losing just over ***466*** ambulances completing a 10 hour shift.

SCAS and all of our Acute Trusts operate a double verification of the handover time between the SCAS crew and the receiving hospital clinician at the Emergency Departments (ED's) and Medical Assessment Units within the SCAS area, via a web-based handover screen. We continue to work collaboratively with our Acute colleagues in reviewing the process of handover to see if there are new ways of improving the system we follow, including identifying best practice from around the SCAS area and other services across the country. This has included introducing streamlined handover (pit stop style) areas whereby SCAS crews can handover their patient to a senior clinician within the area the patient will be transferred to a Hospital bed. This has been successful and provides the patient a much better experience than previously.

During high handover delays, SCAS will provide a Hospital Ambulance Liaison Officer (HALO) as the interface between SCAS and the hospital staff to manage issues and assist with patient

flow. HALO's will help by reducing the number of SCAS staff looking after patients (cohorting) and improve the efficiency of the queue.

Emergency Journeys and Final Disposition

Hear and Treat:	Emergency calls are resolved over the telephone without the attendance of an ambulance resource to scene.
See and Treat:	Ambulance resource attends the scene and treats and discharges or refers to another service without transporting the patient to a Type 1/2 (Consultant Led) Hospital Emergency Department.
See, Treat and Convey:	Ambulance resource attends the scene, treats and transports the patient to a type 1/2 (Consultant Led) Hospital Emergency Department.
GP Urgent:	Urgent Hospital admission booked by a GP or Health Care Professional.

2021/22 (3 months)

The tables below detail the % of Hear & Treat, see & treat, see, treat and convey for Bucks patients:

Outcomes			
	Dec-21	Jan-22	Feb-22
Hear & Treat	13.34%	11.52%	11.16%
See & Treat	32.94%	33.18%	31.90%
See, Treat & Convey (ED)	51.45%	52.66%	55.14%
See, Treat & Convey (Non-ED)	2.27%	2.64%	1.80%

Recruitment and Vacancy Rates

The role of the Paramedic has developed over the years, to the point now where it is educated at a BSc level. This ensures we have a highly skilled workforce, able to operate in the varied environments that we work in. However, this also means that they are seen as a viable group of staff to be recruited to the wider health sector as well. As a result, we are often challenged by other parts of the health network also trying to recruit our staff. Primary Care being a good example.

Align this to the cost of living within the Thames Valley in comparison to other parts of the country and you have a recipe for staffing challenges. SCAS is like every other Trust in the country bound by Agenda for Change which stipulates national pay scales and rates for staff.

The South and mid-Buckinghamshire regions of SCAS are one of the most challenged around workforce within SCAS. However, we continue to actively recruit, looking at options and alternative methods to bring staff into SCAS.

This has included, but not limited to, partnership working with Oxford Brooks and Portsmouth Universities to fund places for both internal and external candidates to train to become a paramedic. Recently we have partnered with Bucks New University in High Wycombe and the first cohort of students are now starting their exciting journey with the ambulance service.

Whilst we focus on recruiting locally and from across the country, we are also looking into more international options, similar to acute trusts, there are pre-hospital staff across the world who have skills, experience and the drive that we look for in SCAS. Unlike nursing, there are some differences across the world in respect to paramedics and their training. So it is important that we assess, review candidates, to ensure that they will be able to deliver the correct level of care to our patients. We are currently working with Health Education England to recruit newly qualified paramedics from Australia, this is in conjunction with 4 other ambulance services.

The trust has launched an Apprentice scheme. Successful candidates will move through various stages within SCAS starting with Patient Transport then on to the Emergency Care Assistant (ECA) after 12 months. This route gives a good grounding for progression on to a Paramedic.

Current Position – Buckinghamshire

The main staff vacancies are in South Bucks where the cost of living is very high. This is not specific to SCAS but reflects the challenges on the NHS in this area. Work streams are going ahead to include NHS specific low cost housing schemes but unfortunately these do take time to establish.

Private Provider Usage

With the increasing levels of demand, aligned to the challenges faced with staffing levels, has meant that we have a needed to maintain the use of our private providers.

Our private providers undergo a strict assessment process before being accepted as a suitable provider. This followed up by regular reviews, undertaken by senior members of SCAS who monitor, review and assess their performance, clinical practice, standards of care and ensure they are maintaining their agreed standards.

As part of the Private Provider cadre, SCAS utilises 5 different providers, including the existing voluntary aid societies, but on a commissioned basis. They provide resources from patient transport vehicles to fully equipped Emergency Ambulances.

Safeguarding

SCAS have had a focussed inspection by the CQC and their report was published in February 2022. The report did not provide us with the level of success that we had hoped for, but demonstrated that some areas needed some greater focus to bring them back up to the standards we had striven for pre-pandemic. It was recognised in the report, that whilst there were areas below the level we would have hoped for, there were no instances where anybody had come to harm. In response to the report, SCAS are working through a comprehensive action plan of improvements and have engaged an external safeguarding specialist to work with us temporarily to provide advice and support. The action plan progress is being monitored by the SCAS Board and regular updates are being provided to our commissioners.

Conclusion

The last two years have placed unprecedented demand and challenge to the ambulance service nationally. This has been reflected in the work that SCAS has undertaken during this time. Following the times of lockdown and the gradual returns to the new normal SCAS has faced massive increases in our demand which has continued to increase throughout SCAS and the wider health services in Thames Valley. As with many organisations, we are still facing the challenges brought about by Covid-19 and the requirements for staff to isolate. These impacts have continued even though the rest of the country have returned to a more normal approach. The NHS has maintained the level of protection that is necessary to protect the public and the staff. This with increase demand versus resourcing continues to put pressure on our ability to provide the speed of service we strive for. Despite the increase challenges and financial constraints, SCAS has remained focused on delivering a High Standard of pre-hospital care to its patients in the form of both 111 and 999 services. Our PTS teams have adapted to increase demand whilst managing the challenges associated with social distancing but have continued to serve its patients to a high standard making sure wherever possible targets are met.