



# Scrutiny Briefing January 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.
- Impact of industrial action
- Operational performance in the Oxfordshire area
- Recent Board level appointments

## 2 Improvement programme

Teams across SCAS have been working hard to make improvements to address all the recommendations in the CQC's August 2022 report; and to progress a range of long-term improvement projects that were developed before the CQC inspection and report.

Between August and December 2022 there was an intense focus of making immediate improvements. These were to address where we were not meeting specific regulations. We are confident these issues have now been addressed, but there is more work needed to make sure we are consistently providing the level of patient care and staff wellbeing we aspire to.

The second phase of our improvement programme will cover a longer timeframe; at least 12 to 18 months. In this phase we will need to embed our initial improvements and reassure ourselves, and our partners, that they are being sustained. We will also need to progress cultural changes and other longer-term improvements.

We meet regularly with NHS England, local system commissioners and the Care Quality Commission to monitor our progress. At the appropriate time we will move out of NHS England's recovery support programme and be reinspected by the CQC, though dates have not yet been set for these milestones.

### 2.1 QUALITY REVIEW VISIT FROM SYSTEM PARTNERS

In December 2022, colleagues from the NHS Integrated Care Boards covering our area carried out an assurance visit. The purpose was to test the assurance presented to partners at our regular oversight meetings. The review looked at how we are implementing a range of improvements and included an infection prevention and control spot check at an ambulance station.

At the time of writing this report the written feedback had not yet been received by SCAS. However initial verbal feedback was positive in terms of the level of assurance gained and the quality of evidence available in support of completed actions.

## **2.2 PROGRESS UPDATES**

A summary of the progress made in three key areas of: safeguarding; speaking-up and governance is given below.

### **2.2.1 Safeguarding**

We are very pleased to now have made several permanent appointments to an expanded safeguarding team. We now have an Associate Director of Safeguarding in post and Named Professionals for Adults and Children. Further posts of safeguarding specialists and team administrators have been appointed to and will be starting in February/March.

There are 10 fulltime roles in the expanded team. The added capacity allows the team to do more to support the rest of the Trust through:

- offering advice and supervision
- delivering training
- following up referrals
- working with partners across health, social care and other public services to investigate and learn from incidents.

A refreshed safeguarding committee now meets bi-monthly to oversee performance, set priorities, agree training needs, identify areas for improvement from safeguarding review themes, and identify / manage risks.

We have updated all our safeguarding policies which support both patients and staff. There are eight in total including policies for the Mental Capacity Act and preventing radicalisation. The team are rolling out awareness of the new policies across the Trust, and there is a rolling programme of safeguarding training to ensure everyone is trained to the level appropriate for their role.

### **2.2.2 Speaking up**

Strengthening how we manage speaking up within the trust has progressed significantly in recent months. We have expanded the core Freedom to Speak Up (FTSU) team, with a permanent Deputy Guardian now in post, and a second deputy in place as a secondment.

Regular reports from FTSU cases are reported into our People and Culture Committee; a non-executive led sub-committee reporting into the Trust Board. Reporting is being updated in line with new national guidance to cover 3 parts: assessment of cases, actions and recommendations.

The core FTSU team are key to championing speaking up and being there for individual cases when needed. But there are also many more ways we are listening to the voice of our people. Our People Voice project is being developed to triangulate themes across multiple sources from FTSU cases to staff surveys, exit interviews, leadership visits and more.

We are very clear that speaking up, listening up and following up is something everyone in SCAS must be part of. We are rolling out e-learning for all staff, with higher levels of training required by line managers. FTSU champions are also being identified in teams across the trust, and the FTSU team have an on-going programme of visits/roadshows to raise awareness.

### 2.2.3 Governance

On 24 November 2022, the Trust Board approved a two-year Corporate Governance strategic plan ([page 162 of published papers](#)). The plan outlines how we will strengthen the foundations of corporate governance to ensure we make the right decisions at the right time with the right information.

The plan includes a detailed set of actions scheduled over the rest of 2022/23 and 2023/24.

We will track progress against key performance indicators (KPIs), including:

- Annual self-assessments and external reviews
- Appraisals of non-executive and executive directors
- Stakeholder engagement (internal and external)
- Audit recommendations
- Diversity of Trust membership.

In 2024/25 we plan to commission an external governance review to independently assess our position against all aspects of the CQC's well led framework.

The strategic plan will ensure the Trust builds an outstanding corporate governance approach which delivers:

- Integrity and fairness
- Transparency and accountability
- Compliance
- Effectiveness and efficiency.

Initial improvement steps underway include:

- Review and update of all corporate policies and procedures.
- Reviewing risk management processes and implementing a digital risk management system.
- NHS Providers delivering training on chairing meetings effectively, report writing and providing assurance, risk management.
- Standardising templates across all committees/groups within our governance structure.

## 3 Industrial action

We fully respect the right of NHS staff to take lawful and peaceful industrial action. Like the rest of the NHS, we want to see a resolution as soon as possible, however pay is a matter for the Government and the trade unions to agree at a national level.

To date, the level of industrial action within SCAS has been relatively small, and performance for call handling and ambulance response times have not been significantly impacted.

The GMB has been the only union to reach the required level in membership ballots to take strike action within SCAS. The GMB has around 200 members in SCAS, the majority of which work within Non-Emergency Patient Transport Services in Surrey and Sussex. On 11 January, 50 GMB members of staff took action.

GMB representatives have worked closely with the Trust to manage the strike action taken on 21 December 2022 (06:00-18:00) and 11 January 2023 (00:00-23:59). Derogations were agreed in advance to ensure essential services would remain available. These included:

## **Patient Transport Services**

- All renal / dialysis patients
- All oncology and related cancer care patients
- All palliative care patients
- Hospital discharges/transfers – to support relieving pressure on hospital beds/A&E

## **Ambulance crews**

- All category 1 and 2 calls will be responded to.
- Higher risk category 3 calls will also be dealt with.
- Specialist response teams will work as normal.

Category 1 and 2 calls typically make up about 60% of our calls. A further 15% are normally dealt with by phone with no crews needing to attend.

## **999/111 control centres**

The GMB strike action did not have a significant impact on staffing in our control centres. However, the GMB did agree that 75% of their members, who were due on shift on strike days, continued to work to support essential services within control centres.

## **3.1 FURTHER ACTION IN SCAS**

The Royal College of Nursing has announced strike action on 6 and 7 February. SCAS has approximately 125 RCN members in frontline and clinical quality support roles.

The GMB has announced further action on 6 and 20 February, and 6 and 20 March.

Unison and Unite are re-balloting their members on proposals for industrial action. The ballot is still open in SCAS and results will be confirmed later in February.

Updates on how any industrial action is affecting SCAS is being published on our website at: [www.scas.nhs.uk/about-scas/industrial-action/](http://www.scas.nhs.uk/about-scas/industrial-action/)

## **3.2 INDUSTRIAL ACTION IN OTHER NHS TRUSTS**

Clearly, any pressures that impacts on patient flow through hospitals and discharges can have a significant impact on our crews' ability to handover patients and move onto their next call. SCAS has worked closely with partners in hospitals and other NHS Trusts to plan for the impact of nursing industrial action in December 2022 and January 2023, and we continue to do so for any further action.

On industrial action days, we have a command cell based in our call centre and have additional staff in hospitals where industrial action is taking place. This supports both hospital colleagues and our ambulance crews arriving with patients. It should be noted that not all hospitals in the SCAS area have been affected on the same strike days.

In the most recent RCN strikes on 18 and 19 January, we did not see a negative impact on ambulance response times. This was due to a combination of planning within SCAS and the affected trusts, plus significant publicity asking the public to help limit pressure on the NHS on strike days.

## 4 Performance

Ambulance Trust performance data is published monthly by NHS England, showing aggregated data for all areas covered by each Trust.

December 2022 data showed a very challenging position with extended response times, particularly for Category 2 calls. This was driven by very high call demand and some significant hospital handover times. Across the whole SCAS area, calls to 111 were up 27% and calls to 999 were up 40%, compared to December 2021 figures.

January data will not be published until after the scrutiny meeting, however, we have seen a significant reduction in demand and improvements in hospital handover times.

On 24 January 2023 we lowered our Resource Escalation Action Plan (REAP) level to Level 2; defined as *Moderate Pressure*. This is the first time since March 2021 that we have been down to Level 2. In practical terms, as well as being able to respond to patients more quickly, this means crews are sometimes able to be put on stand-by during a shift whilst waiting to respond to the next call; something most crews have not experienced for two years.

Below is a breakdown at Oxfordshire level for the latest published data, covering December 2022.

|                             | SCAS - Oxfordshire |  |                             | England         |                          |
|-----------------------------|--------------------|--|-----------------------------|-----------------|--------------------------|
| Times show<br>hrs:mins:secs | % of all<br>calls  | Mean<br>average                              | 90 <sup>th</sup><br>centile | Mean<br>average | 90 <sup>th</sup> centile |
| Category 1                  | 5%                 | 12:03  | 23:23                       | 10:57           | 19:25                    |
| Category 2                  | 55%                | 39:45  | 1:21:52                     | 1:32:54         | 3:41:48                  |
| Category 3                  | 23%                | 3:02:49                                      | 7:26:08                     | 4:19:09         | 11:05:56                 |
| Category 4                  | 2%                 | 3:06:26                                      | 7:14:44                     | 4:35:09         | 11:39:08                 |
| Category 5                  | 15%                | Hear and treat calls, no crews sent to scene |                             |                 |                          |

## **5 Board appointments**

### **5.1 CHIEF EXECUTIVE**

On 8 December 2022, SCAS confirmed the appointment of David Eltringham as our new Chief Executive Officer. David will join SCAS on 6 March 2023 for a handover period and formally take on the CEO role from 1 April 2023.

For the last four and a half years David has been working as Managing Director at George Eliot Hospital NHS Trust, Nuneaton. Prior to this, David was Chief Operating Officer at University Hospitals Coventry and Warwickshire NHS Trust.

David has a particularly strong patient focus, underpinned by his clinical background and active nurse registration. His considerable expertise in system wide urgent and emergency care will also be extremely valuable in leading SCAS.

### **5.2 NON-EXECUTIVE DIRECTORS**

SCAS has also appointed two new non-executive directors to replace Henrietta Hughes and Mike Hawker, who moved on from SCAS in late 2022.

We welcome Mike McEnaney who joined us from January 2023 and Dr Dhammika Perera who will join us from 20 February 2023.

Mike will chair the Trust's Audit Committee and brings with him 25 years' experience, including as a finance director for Oxford Health and non-executive director at Oxford Brookes University.

Dhammika is a public health professional with over 20 years' experience as a medical doctor. Prior to joining the SCAS Board, he was an associate non-executive director with the Dorset County Hospital NHS Foundation Trust.

## **6 Conclusion**

We are making good progress with our improvement plan and are now moving to a second phase which will focus on embedding recent improvements and planning the longer-term actions needed.

Our improvement programme must of course be balanced with the operational priority to manage the on-going pressures of high demand and industrial action to provide patients with the best care possible and support the wellbeing of our staff and volunteers.

The committee is asked to note the report and agree an appropriate time for SCAS to return for a further update. Given the move to a longer-term phase of our improvement programme and recent positive assurance on our progress provided by our Integrated Care Boards' visit we would recommend returning in six months.

We will continue to provide a stakeholder update on the improvement programme bi-monthly by email, which can be forwarded to all scrutiny committee members.

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Chief Executive  
South Central Ambulance Service NHS Foundation Trust