



Executive Office

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29th October 2009

Dear Colleague

Subject: Implementation of REAP Level 3 Escalation

Over the past few weeks we have seen a significant increase in call volumes across the region and are currently seeing demand 21% above the daily norm. This has impacted negatively on our Category A & B emergency performance resulting in us missing the key emergency targets for October.

The increases we are seeing are in the main life threatening (category A) calls, primarily related to breathing difficulties, chest pains and other respiratory and chest disorders. It is possible but not evidenced that this is linked to an increase in flu symptoms.

In order to address these pressures SCAS has escalated to REAP level 3. The new measures being adopted will focus on:

- Reducing demand
- Increasing the available road resources to deploy
- Making best use of those resources
- Leading with real focus and drive to improve performance
- Maintaining patient safety
- Engaging with our stakeholders

1.0 Reducing Demand

We will be increasing the capacity of our Clinical Support Desks (CSD) and will be referring, so far as capacity allows, all Category C calls to the CSD for clinical telephone triage prior to dispatching an ambulance resource and will be endeavouring to direct this group of patients to alternative care pathways.

2.0 Increasing the available road resources to deploy

All staff education and training, with the exception of University based degree programmes, have been cancelled and staff returned to operational duties. All clinically trained managers are being deployed into active operation roles.



We will ensure that all shifts within the Emergency Operations Centres (EOC) are fully covered, where necessary we will deploy administrative staff, who have received specific training, to cover any shortfalls

3.0 Making best use of resources

A number of internal measures are being implemented to improve capacity and efficiency

4.0 Leading with real focus and drive to improve performance

Our Divisional Directors, Heads of EOC and Heads of Ops will be focused exclusively on managing and improving our performance as a result, until the current pressures subside, our attendance at external stakeholder meetings will be severely restricted.

5.0 Maintaining patient safety

Patient safety will be paramount at all times and the measures we are introducing will not compromise safety. We have robust risk management processes in place and are routinely monitoring all patient safety incidents.

6.0 Engaging with our stakeholders

We are committed to keep our stakeholders fully informed on our position and any future developments. In the first instances this will be through TVEA, Hampshire PCT and our Commissioners. Further briefing letters will be sent as appropriate.

We are facing some difficult times ahead and we would be grateful for any assistance stakeholders can provide which will either reduce demand on the Trust or improve our resources. Such measures include but are not exclusive:-

- Providing additional capacity in Emergency Departments to prevent Ambulance turnaround delays
- Asking GP's to consider whether patients really need an ambulance when being admitted or can they make their way to hospital by other means
- PCT's providing assistance in reviewing and reducing the incidence of repeat callers.
- Participating in communicating joint public messages regarding pressure on the health system

In the meantime please do not hesitate to contact me should you require any further information or assistance.

Yours sincerely



John Divall
Director of Corporate Affairs