South Central Ambulance Service NHS
NHS Foundation Trust

Title	Health Overview and Scrutiny Panel
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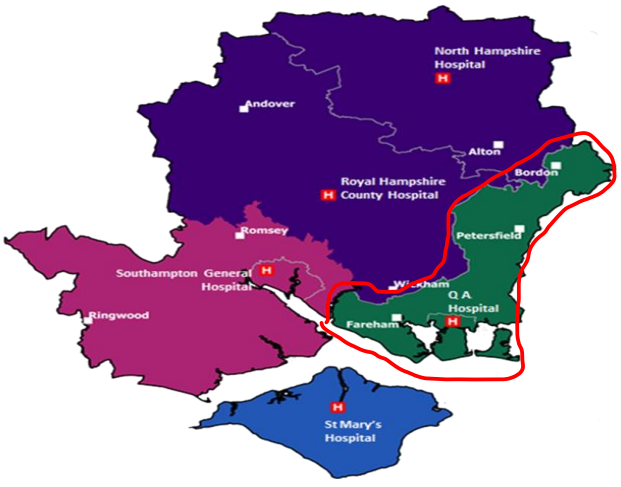
Introduction / SCAS 999 South East

South Central Ambulance Service NHS Trust provides emergency, urgent and non-emergency healthcare services, along with commercial logistics services. The Trust delivers most of these services to the populations of the South Central region - Berkshire, Buckinghamshire, Oxfordshire and Hampshire - as well non-emergency Patient Transport Services in Surrey and Sussex. In Hampshire SCAS 999 operate in 3 'nodes'.

SCAS 999 - South East Hampshire



Over 100k - 999 calls a year

Approx. 50k ambulance conveyances a year

Approx. 50k patients treated at home / signposted to other services

Circa 300 frontline operational team members

Up to 35 ambulances on duty at the busy times of day

One main hub site with satellites

Developments

COVID-19

On the 30th January 2020, the first phase of the NHS' preparation and response to COVID-19 was triggered with the declaration of a Level 4 National Incident.

This has seen significant challenge across the NHS including the Ambulance sector.

Some of these areas include changes to demand, clinical & operational practice, leadership, and the well-being of our staff.

- SCAS have adapted and learnt alongside colleagues from our partner organisations.
- Demand continues to be variable, and whilst COVID-19 demand has reduced, non-COVID-19 demand has been significant.
- The delivery model has been flexible based on the demand and resources available.
- Clinical and operational practice continues to be reviewed in line with national guidance to ensure that patients and staff remained as safe as possible. This includes the ongoing use of additional personal protective equipment for attendance at all patients along with further requirements for some types of patients.
- Enhanced leadership to support staff and challenging situations remains in place. In addition, SCAS enacted its internal command and control structure, which included links into to wider systems and partners command and control structures, both locally and nationally.
- The health and wellbeing of our staff remains a very high priority, with some COVID challenges including ongoing high absence levels due to both illness (both physical and mental) and contact tracing as well as real concerns raised for family members.

Integrated Urgent Care

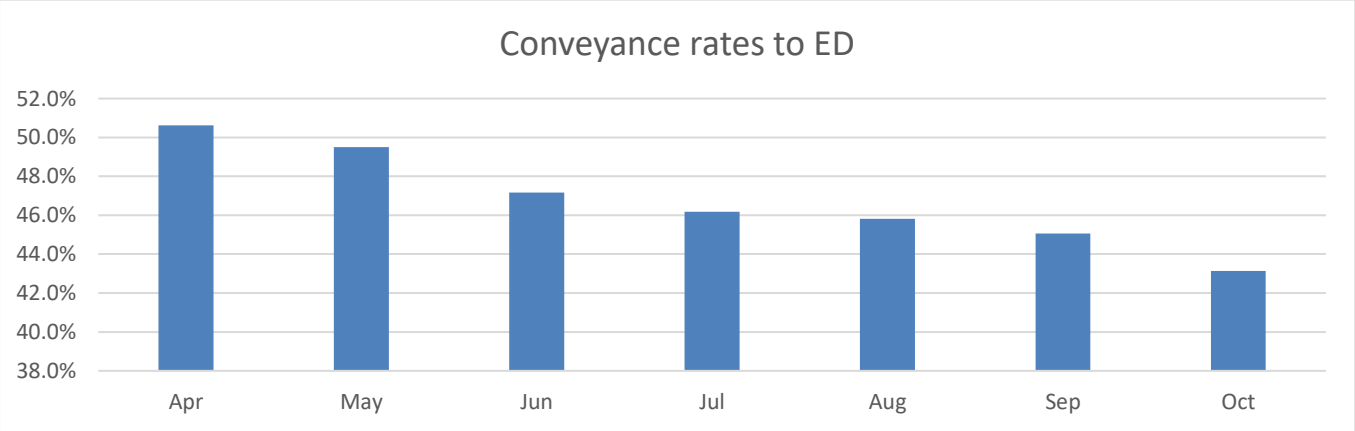
SCAS continue to work closely with partner health and social care providers to ensure efficient and effective collaboration. SCAS frontline clinicians work closely with Community Teams as well with Primary Care, with a single point of access in place to support this and enhance clinical decision making.

In addition, wider health and social care colleagues from Social Services, Mental Health and Maternity services are directly supporting SCAS and patients by being embedded in the SCAS Clinical Co-ordination Centre.

SCAS are integral to ongoing programmes of work to support patients being treated in their own home or at the most appropriate place. This includes SCAS clinicians managing conditions at home; either via the telephone or face to face and onward referrals to other health care professionals where required. This has been further enhanced with the development and ongoing enhancements of 'SCAS connect' which is a digital platform to support clinical decision making and patient signposting.

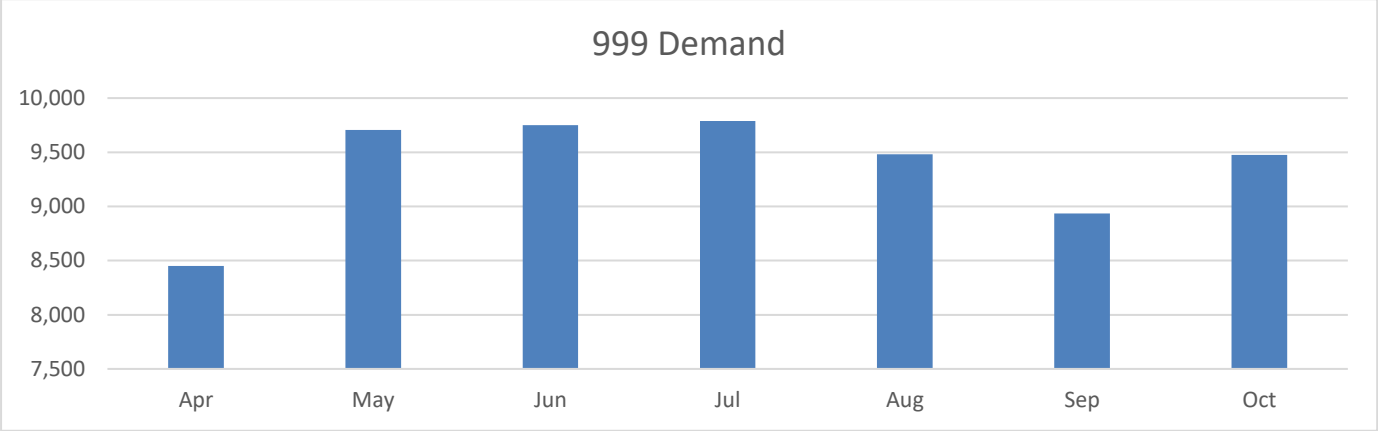
This approach not only ensure the patient appropriate and timely care, but it also supports the agenda of working towards keeping the Emergency Department (ED) for Emergencies.

As a result of these actions SCAS only consistently convey less than 50% of its incoming 999 demand to the ED dept – this has continued to improved month on month during 2021.



999 Demand / Performance

Demand continues to be variable this year, which again has been reflected both locally and nationally.



Performance by Category by area

Fareham & Gosport

Cat	National Standard		F&G Q2 20/21 Demand	Mean	90th		F&G Q2 21/22 Demand	Mean	90th
Cat 1	7 Mins (Mean); 15 Mins (90th)		580	0:06:09	0:10:51		609	0:08:08	0:15:02
Cat 2	18 Mins (Mean); 40 Mins (90th)		3,642	0:17:23	0:31:45		4,191	0:32:50	1:09:04
Cat 3	120 Mins (90th)		2,859	0:48:13	1:49:14		2,421	2:03:50	6:45:14
Cat 4	180 Mins (90th)		206	1:14:36	2:56:06		201	3:05:04	7:13:36

Portsmouth

Cat	National Standard		Ports Q4 20/21 Demand	Mean	90th		Ports Q2 21/22 Demand	Mean	90th
Cat 1	7 Mins (Mean); 15 Mins (90th)		878	0:05:02	0:08:46		905	0:06:58	0:12:13
Cat 2	18 Mins (Mean); 40 Mins (90th)		4,138	0:13:15	0:27:02		4,958	0:30:33	1:11:16
Cat 3	120 Mins (90th)		2,974	0:43:47	1:43:19		2,269	2:09:50	5:23:05
Cat 4	180 Mins (90th)		189	0:54:03	2:03:11		168	2:35:53	5:42:29

South Eastern Hampshire

Cat	National Standard		SEH Q4 20/21 Demand	Mean	90th		SEH Q2 21/22 Demand	Mean	90th
Cat 1	7 Mins (Mean); 15 Mins (90th)		588	0:07:20	0:13:11		630	0:09:36	0:17:36
Cat 2	18 Mins (Mean); 40 Mins (90th)		3,778	0:15:31	0:29:20		4,448	0:31:12	1:06:06
Cat 3	120 Mins (90th)		2,914	0:43:37	1:42:44		2,508	1:56:10	4:37:20
Cat 4	180 Mins (90th)		262	1:05:06	2:43:14		203	2:20:08	5:47:50

Challenges / Opportunities

Transformation Review

Due to operational pressures, the transformation review is still in its infancy with work ongoing to determine how successful the process was and what, if anything needs to change going forward. This will primarily include our staffing and deployment models.

Patient care

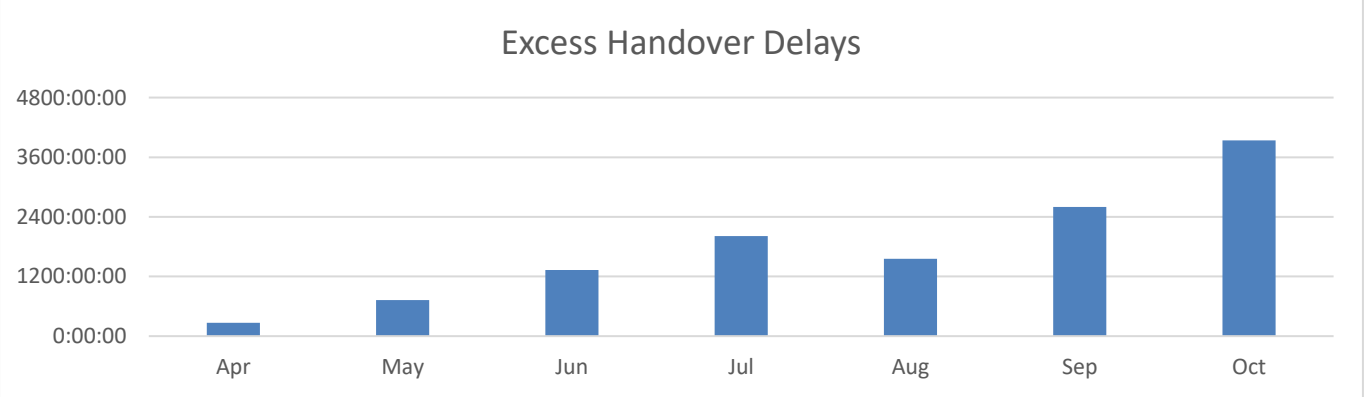
Whilst there were some improvements from COVID-19 for example a reduction in hospital handover delays and the development and rapid implementation of some urgent care pathways. Some of these benefits are no longer being felt. Patients continue to be prioritised based on their needs however some of our lower acuity patients are waiting longer than we would like. There is a focus for the system as a whole to support the patients receiving the right care in the right place, first time.

Hospital/System resilience and capacity - Impact of Hospital Handover delays

Hospital handover delays remain a significant challenge to the SCAS service delivery. Again, we have seen impact of COVID-19 actually reducing the delays, however SCAS has experienced the highest number of delays ever recorded in recent weeks.

The delays are measured to a national standard of 15 minutes from the arrival at hospital to the handover of the patient. The time lost is where a patient is unable to be handed over within the 15 minutes. The result is that SCAS resources are tied up and unable to respond to other patients in the community during this time.

Hours lost at QA Hospital:



SCAS continue to work closely with NHSI/E, the CCGs, Portsmouth Hospitals and other health and social care providers to mitigate the effects of these delays on patient care, and the impact on staff. There are a number of actions in train to support the reduction of handover delays to include actions from all of our system partners.