



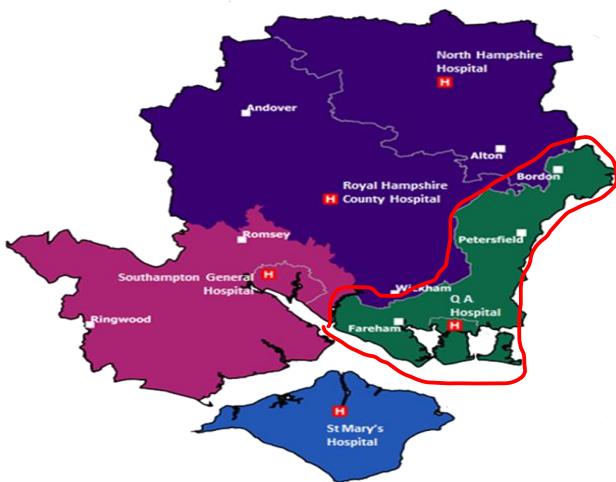
<b>Title</b>	Health Overview and Scrutiny Panel
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Contents	
<ul style="list-style-type: none"> <li>• Introduction / SCAS South East</li> <li>• Developments             <ul style="list-style-type: none"> <li>COVID-19</li> <li>Integrated Urgent Care</li> </ul> </li> <li>• Demand / Performance</li> <li>• Challenges / Opportunities             <ul style="list-style-type: none"> <li>Transformation Review</li> <li>Operational Delivery</li> <li>Hospital/System resilience and capacity</li> </ul> </li> </ul>	

**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

SCAS continue to work to the national infection, prevention and control (IPC) guidance in relation to COVID to ensure we can keep our patients and staff as safe as possible.

Whilst there have been some changes in patient numbers and presentations, the IPC requirements have not changed and continue to be a challenge.

SCAS has experienced exceptionally high staff absence levels with a far greater increase in COVID related absence across all departments during the Omicron wave. This has been a significant challenge across the NHS and other partners.

### 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.

Community partners and Primary Care service have also been piloting working in the SCAS 999 control room to support the management of lower acuity patients, ensuring they get the care they need first time.

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 – the pathways for onward referral continues to grow and has developed to incorporate the Same Day Emergency Care (SDEC) NHS programme. The digital platform (SCAS connect) is used to support this work, also continues to develop and grow.

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.

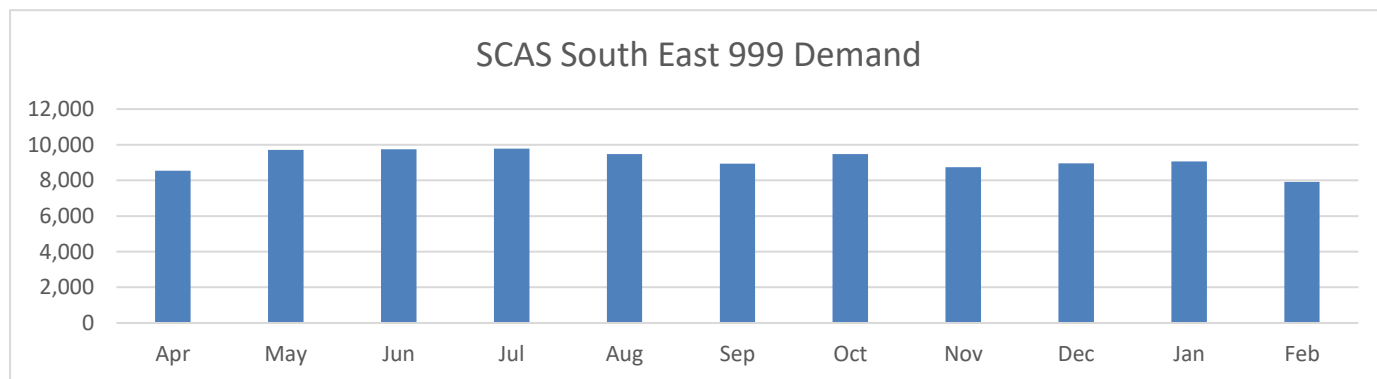
As a result of these actions SCAS consistently convey less than 50% of its incoming 999 demand to the ED dept.

Conveyance rates to ED 21/22 comparison:

National Average	SCAS wide	SCAS Hampshire	SCAS South East
Above 50%	48.9%	49.4%	46.6%

## 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 Q3 20/21 Demand	Mean	90 <sup>th</sup> percentile	F&G Q3 21/22 Demand	Mean	90 <sup>th</sup> percentile
Cat 1	7 Mins (Mean); 15 Mins (90 <sup>th</sup> )	555	0:06:25	0:11:02	604	0:09:48	0:16:41
Cat 2	18 Mins (Mean); 40 Mins (90 <sup>th</sup> )	3,845	0:19:44	0:37:35	4,358	0:51:13	2:00:48
Cat 3	120 Mins (90 <sup>th</sup> )	2,775	0:53:46	2:04:02	2,191	2:51:05	6:39:48
Cat 4	180 Mins (90 <sup>th</sup> )	217	1:19:29	2:53:18	136	3:33:56	8:31:37

#### Portsmouth

Cat	National Standard	Ports Q3 20/21 Demand	Mean	90 <sup>th</sup> percentile	Ports Q3 21/22 Demand	Mean	90 <sup>th</sup> percentile
Cat 1	7 Mins (Mean); 15 Mins (90 <sup>th</sup> )	788	0:05:24	0:09:26	847	0:07:48	0:13:25
Cat 2	18 Mins (Mean); 40 Mins (90 <sup>th</sup> )	4,324	0:15:49	0:32:17	5,081	0:49:13	2:02:30
Cat 3	120 Mins (90 <sup>th</sup> )	2,828	0:53:34	2:14:57	1,944	3:08:01	7:56:00
Cat 4	180 Mins (90 <sup>th</sup> )	191	1:10:17	2:42:54	98	3:07:52	7:30:13

#### South Eastern Hampshire

Cat	National Standard	SHE Q3 20/21 Demand	Mean	90 <sup>th</sup> percentile	SHE Q3 21/22 Demand	Mean	90 <sup>th</sup> percentile
Cat 1	7 Mins (Mean); 15 Mins (90 <sup>th</sup> )	520	0:07:33	0:13:32	606	0:10:25	0:18:21
Cat 2	18 Mins (Mean); 40 Mins (90 <sup>th</sup> )	4,130	0:17:38	0:33:48	4,442	0:49:34	1:57:58
Cat 3	120 Mins (90 <sup>th</sup> )	2,910	0:50:47	1:57:42	2,259	2:44:03	6:37:35
Cat 4	180 Mins (90 <sup>th</sup> )	248	1:16:09	2:39:35	160	3:11:50	8:54:49

## Challenges / Opportunities

### Transformation Review

Due to operational pressures, the transformation review is work ongoing to determine how successful the previous changes were and what, if anything needs to change going forward. This will primarily include staffing and deployment models.

### Operational Delivery

SCAS have spent several months at REAP 4 (Resource Escalation Action Plan) – this is the national process used by the NHS Ambulance sector to measure / identify pressure.

<b>REAP level one</b>	<b>Steady state</b>
<b>REAP level two</b>	<b>Moderate state</b>
<b>REAP level three</b>	<b>Severe</b>
<b>REAP level four</b>	<b>Extreme pressure</b>

Each level has a set of actions which include changes to command & control / use of resources / prioritisation of activities / support for wider partners.

At the end of January SCAS moved to REAP 3 – this was linked to a reduction in demand, however the staff challenges remain.

Patients continue to be prioritised based on their needs however some of our lower acuity patients are waiting longer than we would like. This is significantly impacted by the staffing challenges.

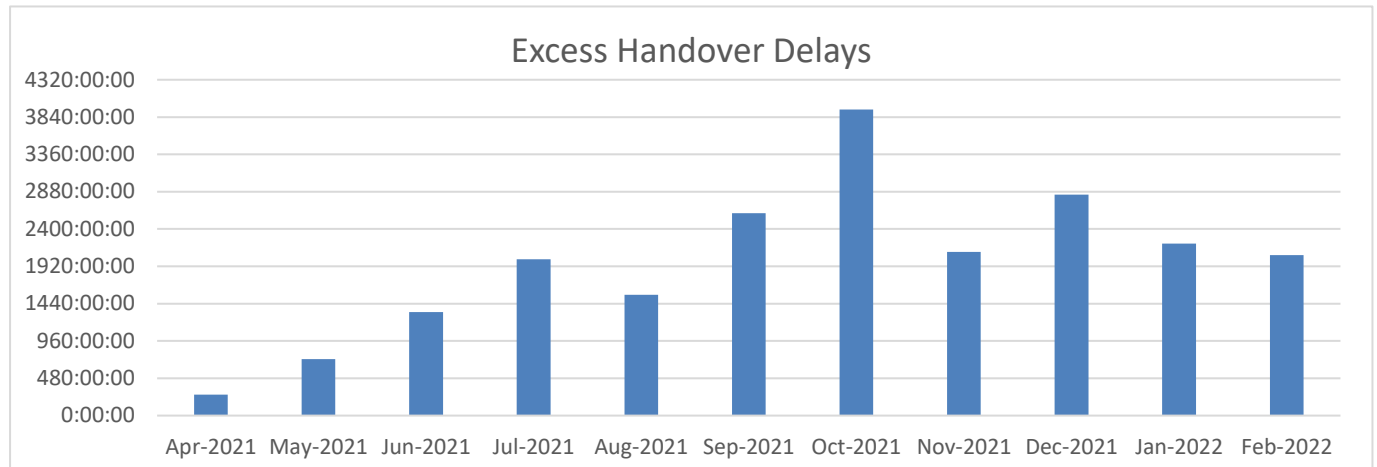
There is a focus and a number of actions in train for the system as a whole, to support the patients receiving the right care in the right place, first time.

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

Whilst there has been some improvement over the past few months, hospital handover delays remain a significant challenge to the SCAS service delivery.

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 unavailable to respond to other patients in the community who have called 999 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 system partners.

The system is currently part of some national work to improve this position.