



Title	Health Overview and Scrutiny Panel
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Date	June 2022

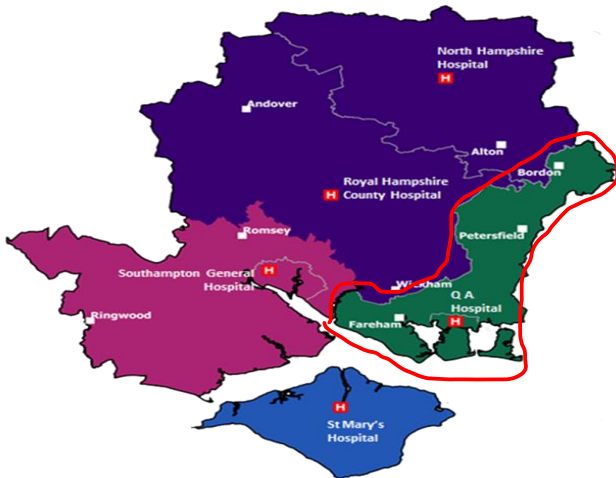
Contents

- Introduction / SCAS South East
- Developments
 - COVID-19
 - Integrated Urgent Care
- Demand / Performance
- Challenges / Opportunities
 - Operational Pressures
 - Transformation Review
 - Patient Care
 - Hospital/System resilience and capacity - impact on Hospital Handover delays
 - SCAS Recovery Plan
- Summary

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. Whilst the landscape has changed over time, there continues to be 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 continued to adapt and learn (in line with the changing national guidance) alongside colleagues from our partner organisations.
- Demand continues to be variable, and whilst COVID-19 demand has reduced, non-COVID-19 demand remains a challenge.
- 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 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

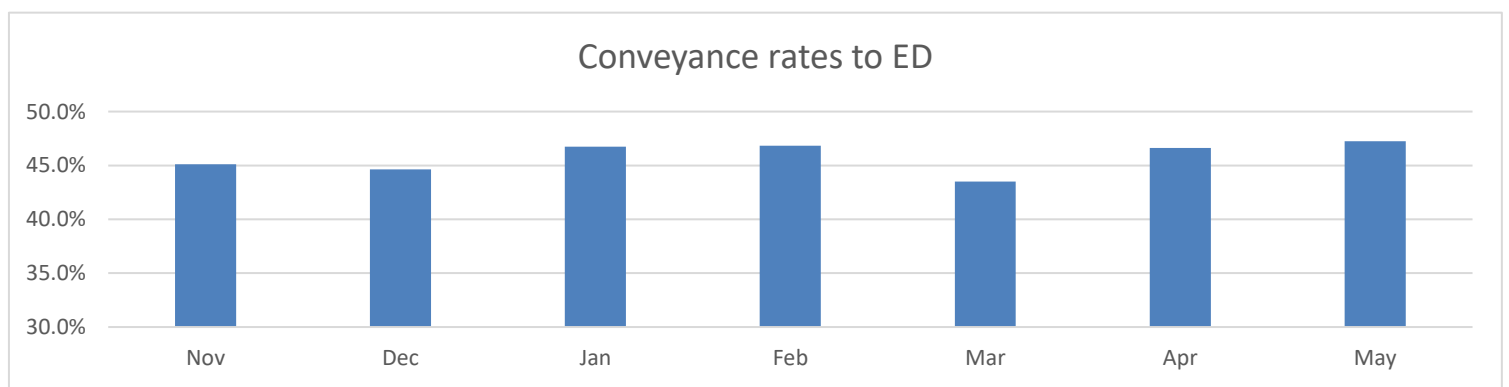
SCAS continue to work closely with partner health and social care providers to ensure efficient and effective collaboration. SCAS frontline clinicians work closely with Community Teams as well with Primary Care, with a single point of access in place to support this and enhance clinical decision making.

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 enhanced with the development and ongoing improvements to 'SCAS connect', which is a digital platform to support clinical decision making and patient signposting. Further developments in this area continue with the 'call 2 converse' pilot phases in train. This is allowing further enhancements to clinical decision making by connecting clinicians from different areas (including QA consultants) together to discuss patient needs and optimal outcomes / ongoing care arrangements.

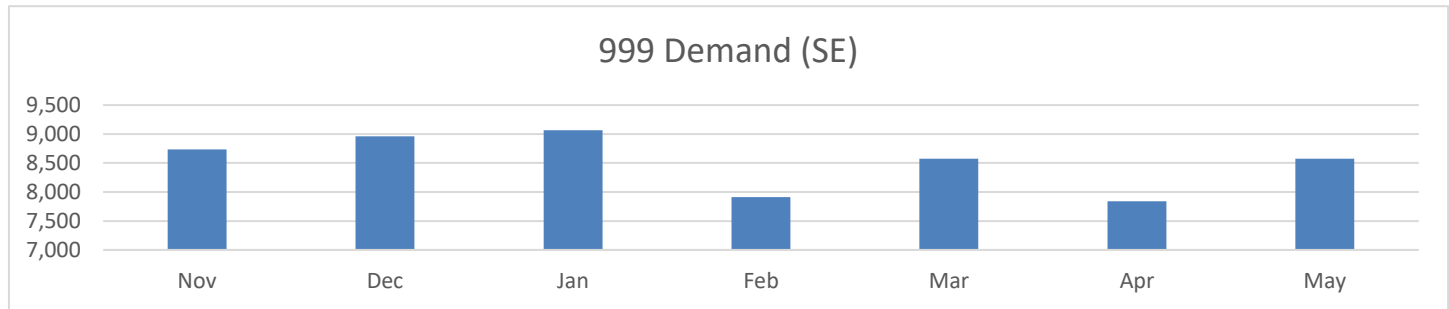
This approach not only ensure the patient appropriate and timely care, but it also supports the agenda of working towards keeping the Emergency Department (ED) for Emergencies.

SCAS continue to consistently convey less than 50% of its incoming 999 demand to the ED dept.



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

Category	National Standard	F&G Q4 20/21 Demand	Mean	90th	F&G Q4 21/22 Demand	Mean	90th
Cat 1	7 Mins (Mean); 15 Mins (90th)	589	0:05:54	0:10:01	526	0:09:31	0:18:19
Cat 2	18 Mins (Mean); 40 Mins (90th)	3,800	0:17:51	0:34:05	4,114	0:52:15	1:55:59
Cat 3	120 Mins (90th)	2,572	0:54:51	2:01:38	2,096	2:51:22	7:01:20
Cat 4	180 Mins (90th)	220	1:05:46	2:18:25	142	3:49:45	8:10:08

Portsmouth

Category	National Standard	Ports Q4 20/21 Demand	Mean	90th	Ports Q4 21/22 Demand	Mean	90th
Cat 1	7 Mins (Mean); 15 Mins (90th)	882	0:04:57	0:08:29	845	0:07:58	0:13:56
Cat 2	18 Mins (Mean); 40 Mins (90th)	4,289	0:15:34	0:31:37	4,659	0:49:47	1:55:44
Cat 3	120 Mins (90th)	2,508	0:52:27	2:04:53	1,927	3:01:37	7:42:45
Cat 4	180 Mins (90th)	189	0:54:03	2:03:11	116	3:35:21	8:07:40

South Eastern Hampshire

Category	National Standard	SEH Q4 20/21 Demand	Mean	90th	SEH Q4 21/22 Demand	Mean	90th
Cat 1	7 Mins (Mean); 15 Mins (90th)	500	0:06:53	0:12:25	591	0:10:25	0:18:18
Cat 2	18 Mins (Mean); 40 Mins (90th)	3,896	0:17:01	0:32:16	4,460	0:53:39	1:56:47
Cat 3	120 Mins (90th)	2,476	0:51:31	1:50:01	2,110	2:57:16	7:10:24
Cat 4	180 Mins (90th)	224	0:58:42	1:56:16	139	3:16:02	7:48:42

Whilst overall demand has reduced from Q4 20/21 to Q4 21/22, the acuity of the patients has increased, with an uplift of almost 9% in Category 1 and 2 (the most poorly) patients.

QA Hospital handover delays also saw a significant increase as follows:

Q4 20/21 – hours lost = 1551

Q4 21/22 – hours lost = 8245

Along with significant workforce challenges, these factors have all contributed to a worsening performance picture.

Challenges / Opportunities

Operational pressure

All ambulance services across the UK work to a national framework, called the Resource Escalation Action Plan (REAP), which has four levels designed to maintain an effective and safe operational and clinical response for patients.

REAP level one	Steady state
REAP level two	Moderate state
REAP level three	Severe
REAP level four	Extreme pressure

SCAS have been operating at REAP 4 for the majority of the past 6 months, including the declaration of 2 critical incidents in this time. Plans have been enacted to support this position and minimise risk and harm.

Transformation Review

The transformation review is underway, with work ongoing to determine how improvements and efficiencies can be made. This will primarily include the workforce and deployment models.

Patient care

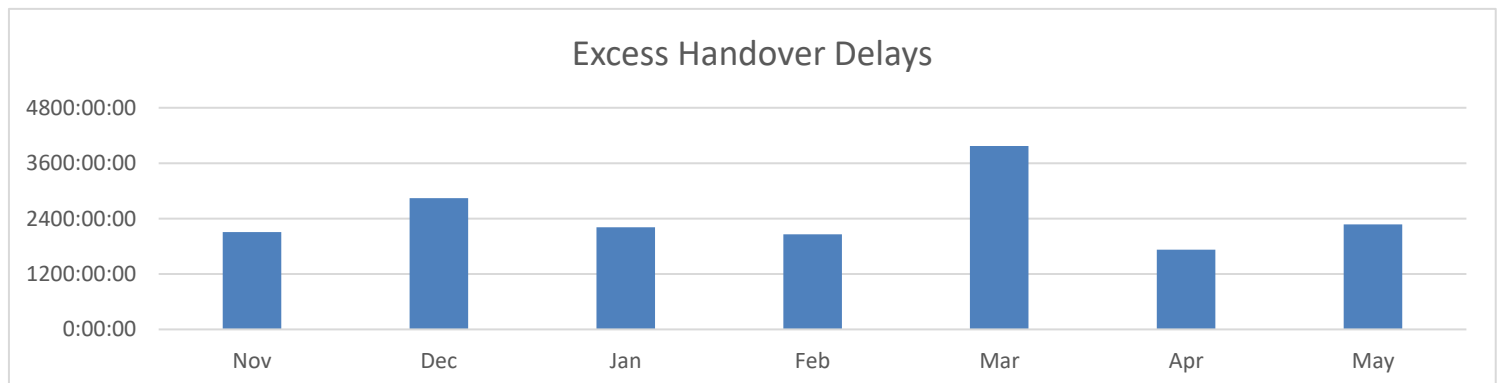
SCAS continues to work hard to ensure patients received the right care, in the right place, at the right time. This includes ongoing collaboration with system and ICS partners to develop and enhance pathways / information sharing and clinician connectivity. Patients continue to be prioritised based on their needs however some of our lower acuity patients are waiting longer than we would like.

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

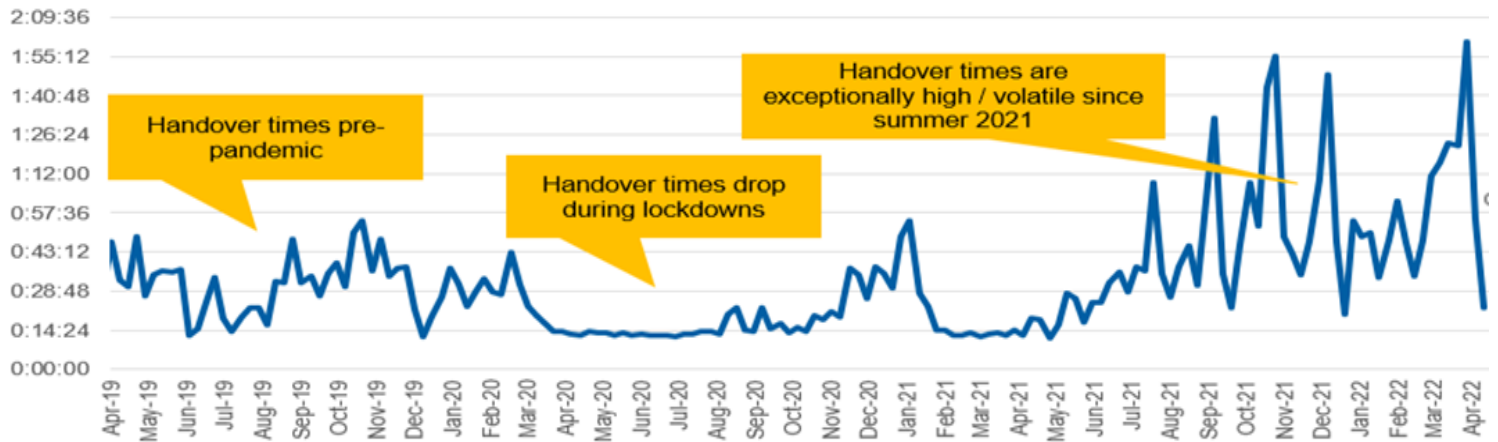
Hospital handover delays remain a significant challenge to the SCAS service delivery.

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 are tied up and unable to respond to other patients in the community during this time.

Hours lost at QA Hospital (Nov 21 – May 22):



Average handover time at Queen Alexandra Hospital



SCAS continue to work closely with NHSI/E, HIOW ICS and the Local Delivery System (LDS) 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.

SCAS Recovery Plan

SCAS recognise the current challenges with performance and are actively working to address the key issues – this work is in collaboration with NHSE/I, ICS and the LDS. The recovery plan is focussed on 3 key areas:



1. Increase Operational Hours

- Procure additional Private Provider Hours
- Reduction in staff sickness
- Increase recruitment
- Review of face to face training abstraction level

2. Reduction in task times

- Reduction in handover delays at QA
- Reduce task time on scene

3. Operational Improvements

- Deployment of CFRs / co-responders resources
- Review of Enhanced Patient Safety Procedure
- Review & optimise dispatch processes

Summary

The NHS, including the Ambulance sector has faced unprecedented times over the past couple of years.

Demand, workforce and hospital delays continue to provide significant challenge across the country. Despite this, SCAS have remained at or near 'best in class' against other Ambulance Trusts in England.

That said, there is clearly a huge amount of work to be done to ensure we are able to provide the excellent service that we continue to strive for. This can only be achieved by working together with our partners across the whole health and social care system.

We will continue to focus on the needs of our patients and the health and wellbeing of our staff.

There are exciting changes and developments in train and SCAS remain an integral part of this going forward.