



|               |   |
|---------------|---|
| <b>Title</b>  | Health Overview and Scrutiny Panel  |
| <b>Author</b> | Tracy Redman - Head of Operations SE<br>South Central Ambulance Service NHS Foundation Trust (SCAS) |
| <b>Date</b>   | January 2023  |

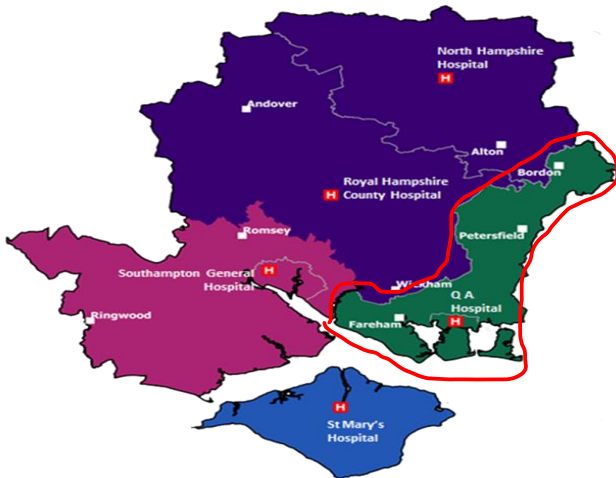
**Contents**

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

### Integrated Urgent Care

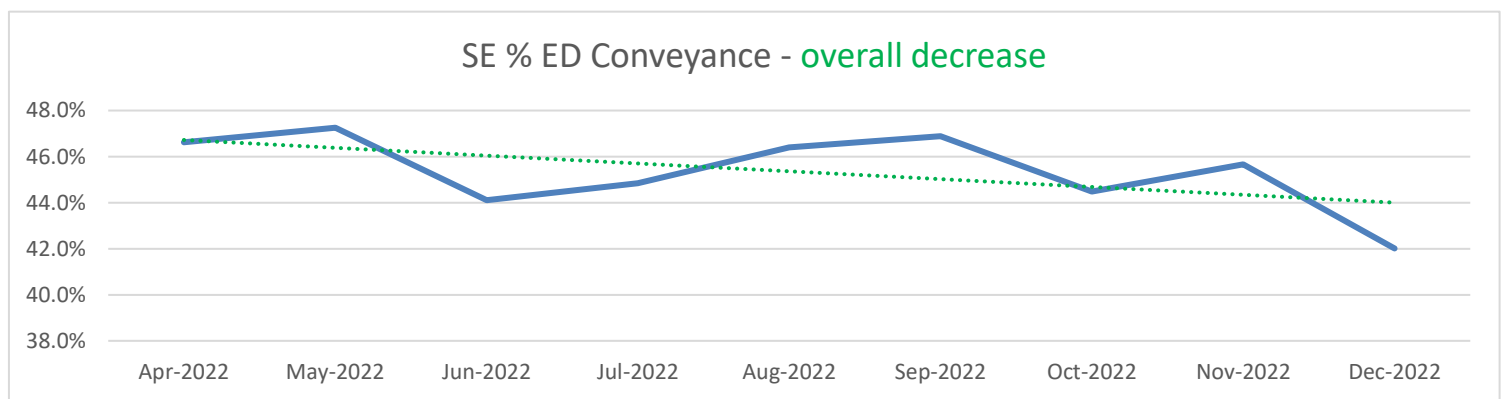
SCAS continue to work closely with partner health and social care providers to ensure efficient and effective collaboration. SCAS frontline clinicians work closely with Community Teams as well with Primary Care, with a single point of access in place to support this and enhance clinical decision making.

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. There are now well embedded processes for SCAS clinicians to discuss the patients' needs with other clinicians, both in and out of hospital, to determine the best course of action / ongoing care needs for the patient.

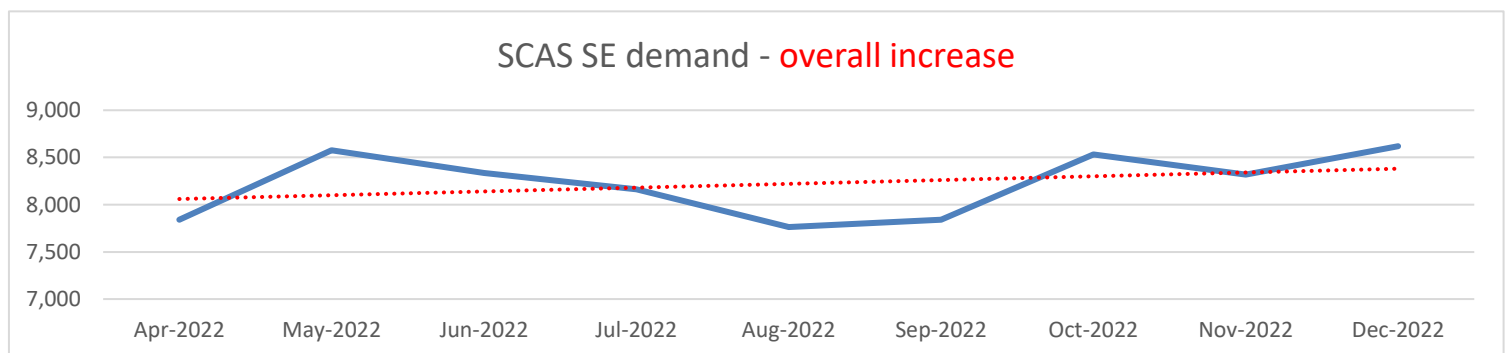
This approach not only ensure the patient appropriate and timely care, but it also supports the agenda of working towards keeping the Emergency Department (ED) for Emergencies.

SCAS SE continue to consistently convey less than the national target of 49% of its incoming 999 demand to the Emergency Dept.

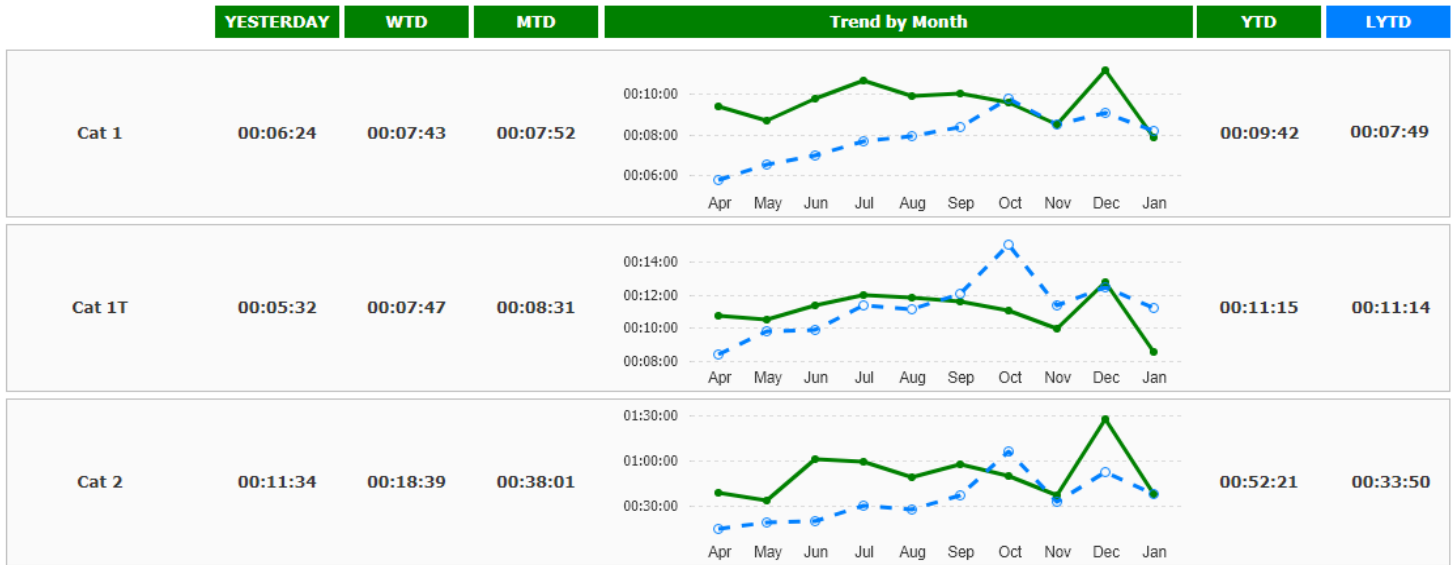


## 999 Demand / Performance

**Demand** in the South East has seen an increase in recent months, which has been reflected across the SCAS region, although some reduction is emerging through January.



**Performance** South East SCAS (data produced 12.01.23)



Whist demand has seen a general increase over the year, this was more evident through December. Combined with workforce challenges and significant hospital delays this resulted in a deterioration in performance through December. Improvements in performance across the board are being seen in January

**Challenges / Opportunities**

**Operational pressure**

All ambulance services across the UK work to a national framework - Resource Escalation Action Plan (REAP). This framework has four levels with associated actions, 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 operated at REAP 3 or 4 for many months including a declared Critical Incident on the 19<sup>th</sup> December – the current status is REAP 3 which reduced from REAP 4 on the 12<sup>th</sup> January.

**Transformation Review**

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

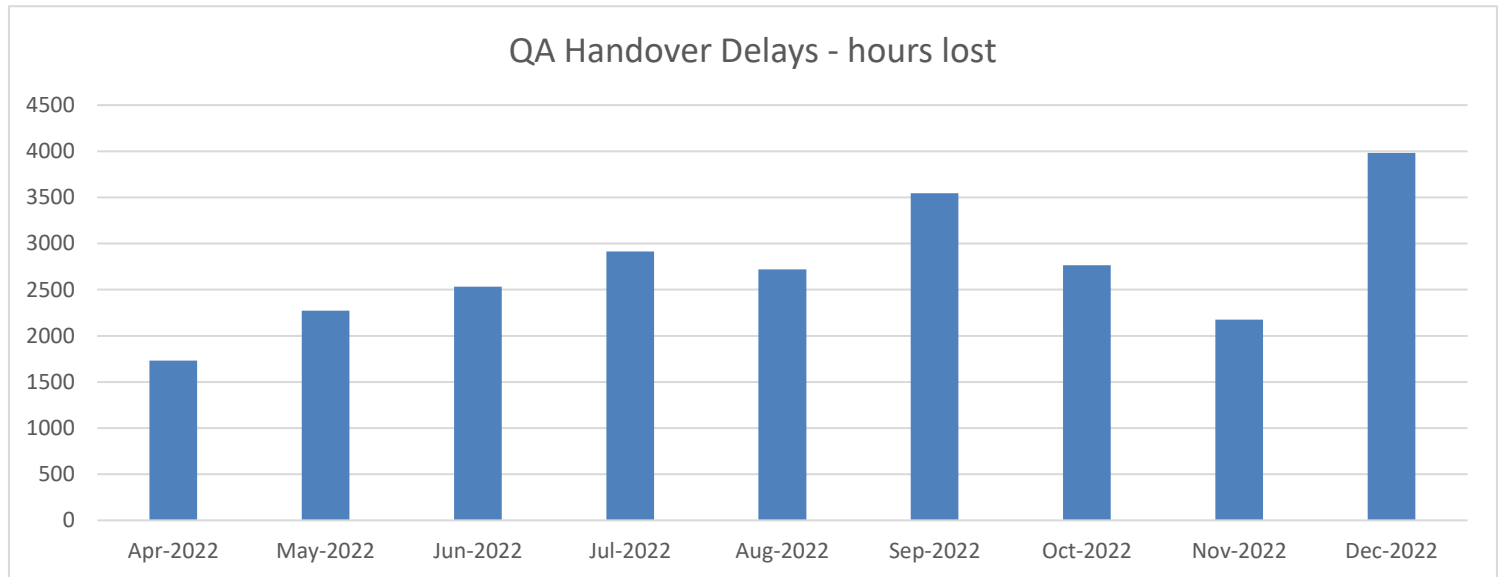
**Patient care**

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.



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. To note, significant improvements are being seen in January so far and work will continue to sustain this position.

### **SCAS Improvement Plan**

SCAS recognise the current challenges and the need to make improvements. There are 4 Executive led workstreams now in place to provide focussed leadership, to ensure effective policies and procedures in place and working, with an active learning loop in place.

#### **1 Patient Safety and Experience:**

- Safeguarding issues are well managed, with all staff trained to the appropriate level.
- Timely incident reporting, investigation and action to avoid repeat incidents.
- All vehicles and sites have the equipment and medicines staff need, with faults quickly reported and fixed.
- All vehicles and sites are clean, with proactive infection prevention and control measures.

#### **2 Culture and wellbeing:**

- Speaking up, listening up and following up is happening across the Trust, with insights triangulated to drive Trust-wide improvement.
- All staff feel safe at work, with a zero tolerance approach to all types of inappropriate behaviour.
- All staff have access to learning and support that allows them to do their current role to the highest standard and progress their career.

#### **3 Governance and well-led:**

- Governance systems enable strategic oversight and planning by the Trust Board.
- Risk management systems support frontline teams deliver safe, high quality care and enable the Trust Board to actively manage strategic risks.

- Improved relationships and communication between senior leaders and staff, with leaders accessible and in-touch with teams across the Trust.

#### 4 Performance and recovery:

- Improved performance for 999 and 111 call handling and ambulance response times.
- Reductions in hospital handover times through internal improvements and joint working with health and care system partners.
- The Trust builds sustainable capacity through recruitment, retention and improved ways
- of working, with all staff able to access the training and support to needed to provide safe, high-quality care.

#### Summary

The NHS, including the Ambulance sector continues to face significant challenge and pressures.

Demand, workforce and hospital delays remain the key issues 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.