



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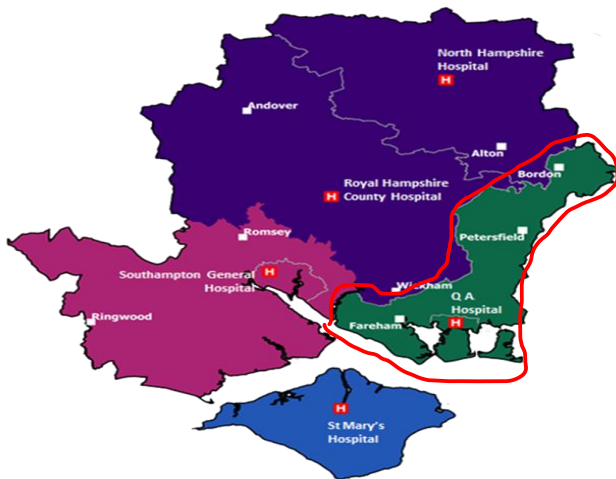
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Introduction / SCAS 999 South East

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

Integrated 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. There is also a SCAS Clinical Pathways Lead embedded with the team at QA hospital and a dedicated SCAS role working at the ED to support handovers.

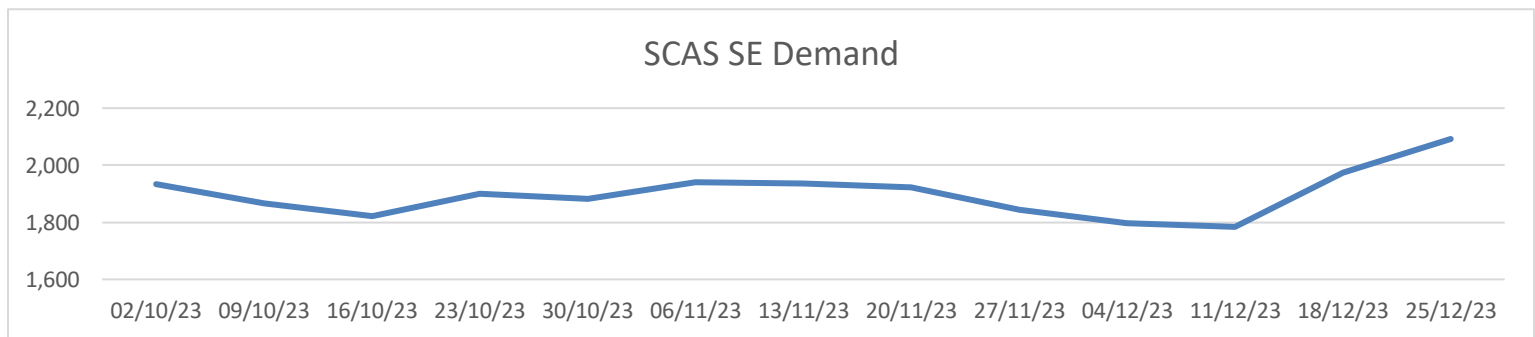
SCAS are integral to ongoing programmes of work to support patients being treated in their own home or at the most appropriate place. This includes SCAS clinicians managing conditions at home; either via the telephone or face to face and onward referrals to other health care professionals where required. 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.

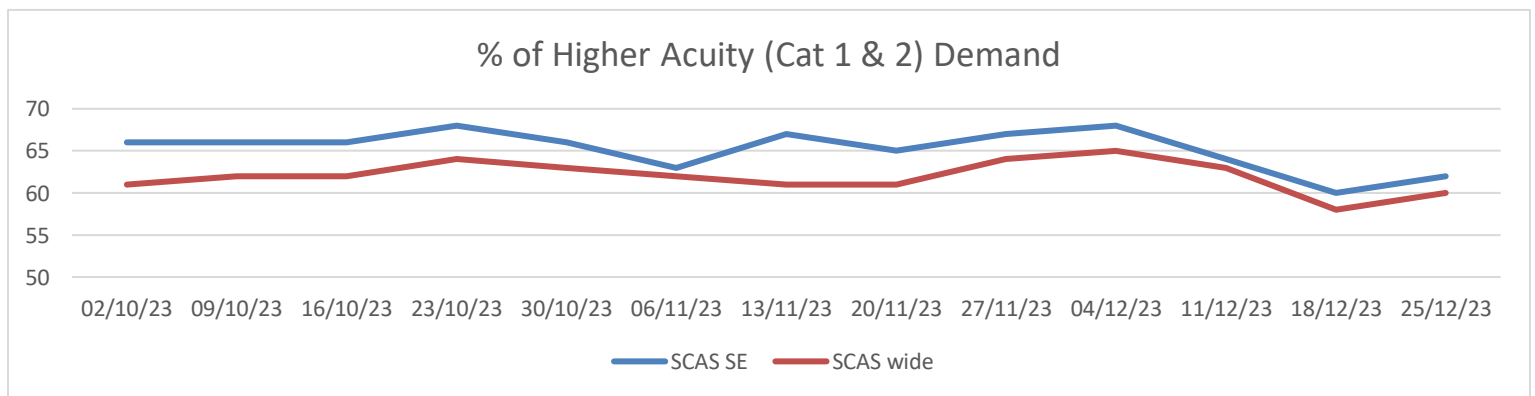
SCAS SE continue to consistently convey approx. 2% less patients to hospital than the rest of the SCAS geography.

999 Demand / Performance

Demand in the South East has been fluctuating in recent months, which has been reflected across the SCAS region, with an expected rise through the Christmas period.

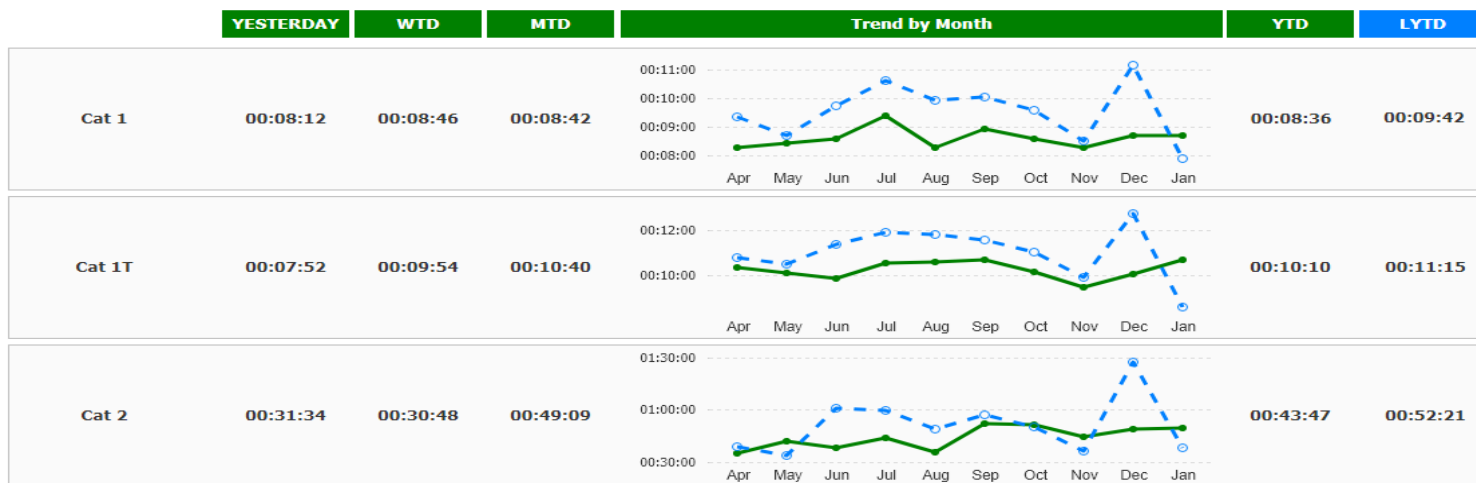


Within that demand, the South East area of SCAS does see a higher demand of more poorly patients that the wider SCAS demand profile.



Performance South East SCAS (data produced 12.01.24)

Current performance continues to be difficult, impacted by workforce challenges and significant hospital delays. However, SCAS SE continues to make progress on a timely response to the most poorly patients (Cat1 & 2), however there remains a challenge in responding to the less poorly patients.



Compared to the national performance (10 English Ambulance Trusts), the below table highlights the SCAS wide position (the green boxes indicate in the top 5). Cat 2 patients are the highest cohort in terms of numbers and SCAS have significant focus on this group of patients in line with the national direction. SCAS are also very focussed on ensuring the patients pathway is the most appropriate for their needs and good progress can be seen in terms of maintaining a positive position regarding patients not being conveyed to hospital where it is not required.

	W/C	2nd Oct	9th Oct	16th Oct	23rd Oct	30th Oct	6th Nov	13th Nov	20th Nov	4th Dec	11th Dec	18th Dec	25th Dec
Mean Response	C1	5th	7th	7th	7th	7th	7th	7th	5th	8th	7th	6th	5th
	C2	6th	5th	6th	6th	3rd	3rd	5th	4th	4th	2nd	2nd	1st
	C3	6th	8th	8th	8th	6th	9th	9th	8th	9th	7th	2nd	3rd
Patient Outcomes	H&T	7th	6th	5th	6th	7th	7th	5th	5th	6th	7th	4th	4th
	S&T	2nd	4th	2nd	4th	2nd	2nd	3rd	3rd	4th	4th	3rd	3rd
	ST&C	4th	4th	4th	4th	4th	4th	3rd	3rd	3rd	4th	4th	4th
	Non ED	5th	5th	7th	7th	6th	5th	6th	6th	6th	3rd	7th	4th

A review of the previous 5 years data does show a general decline in performance. However, this is impacted by the evident increase in acuity. That said, the reduction in lower acuity calls indicates positive system partnership working and ongoing signposting of appropriate care.

SCAS South East	Category 1		Category 2		Category 3		Category 4	
	% of Demand	Mean Response	% of Demand	Mean Response	% of Demand	90 Centile Response	% of Demand	90 Centile Response
2019-2020	6.60%	06:25	48.40%	17:21	31.40%	02:10:01	1.90%	02:58:27
2020-2021	7.60%	05:46	44.50%	15:13	32.30%	43.32	2.60%	02:25:37
2021-2022	7.60%	08:07	48.80%	38:13	25.40%	05:24:39	1.90%	06:10:44
2022-2023	7.20%	09:24	54.30%	48:12	22.40%	07:22:13	1.20%	08:26:17
2023-2024	8.20%	08:36	58.20%	43:46	21.20%	02:43:30	1.00%	08:12:14

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 been operating at REAP 4 since early December.

Transformation Review

The transformation review continues, with work ongoing to determine how improvements and efficiencies can be made. A team has been established with an Executive lead to focus on ensuring SCAS is 'fit for the future'. National support is also in place to ensure SCAS can develop and grow to meet the needs of our patients, staff and partnerships.

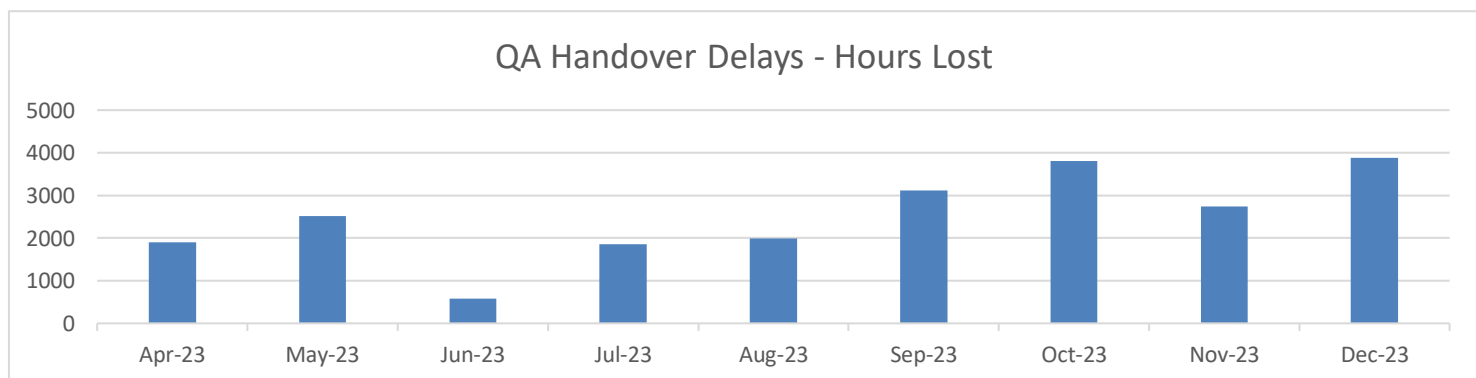
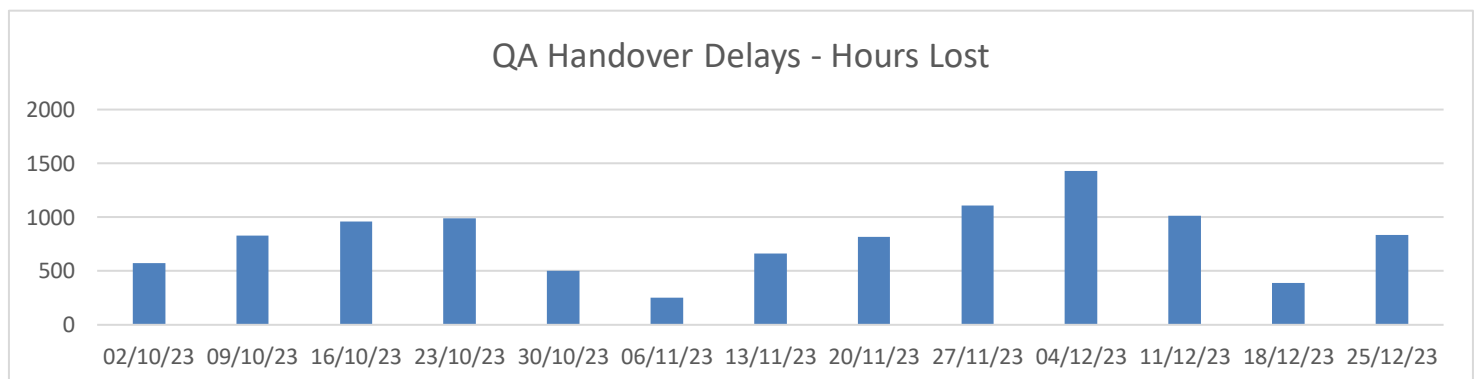
Patient care

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.

SCAS Improvement Plan

SCAS recognise the ongoing challenges and the need to make improvements. The 4 Executive led workstreams continue 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.

That said, there is clearly a huge amount of work to be done to ensure SCAS are able to provide the excellent service that it continues 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.