



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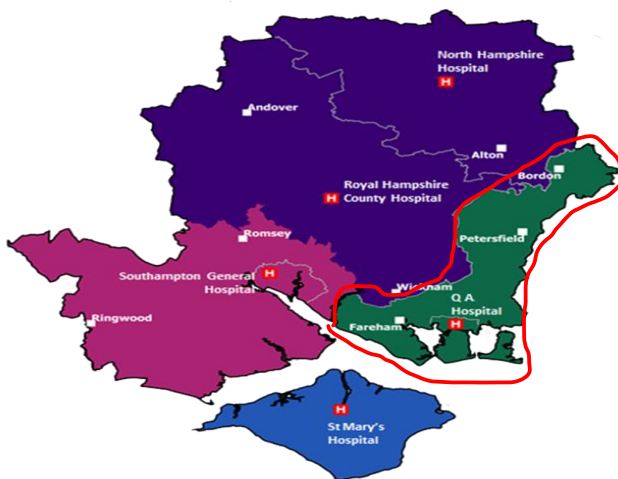
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Introduction / SCAS 999 South East

South Central Ambulance Service NHS Trust provides urgent and emergency healthcare services to the population of the South Central region - Berkshire, Buckinghamshire, Oxfordshire and Hampshire. In Hampshire SCAS 999 operate in 3 'nodes' – Portsmouth & South East, Southampton & South West, North & Mid Hampshire.

SCAS 999 - South East Hampshire



Circa 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

The partnership working between SCAS, and other health and social care providers continues to build a grow to ensure efficient and effective service delivery. 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 within the local teams to focus on ensuring our patients get the right care at the right place and right time, and a dedicated SCAS role working at the QA ED to support ambulance 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 over 1% less patients to hospital than the rest of the SCAS geography.

Patient Safety Incident Reporting Framework (PSIRF) - Learning From Patient Safety Events

In line with the NHS Patient Safety Strategy SCAS have introduced the use of the PSIRF in April 2024. PSIRF sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

The PSIRF supports the development and maintenance of an effective patient safety incident response system that integrates four key aims:

1. Compassionate engagement and involvement of those affected by patient safety incidents
2. Application of a range of system-based approached to learning from patient safety incidents
3. Considered and proportionate responses to patient safety incidents
4. Supportive oversight focused on strengthening response system functioning and improvement

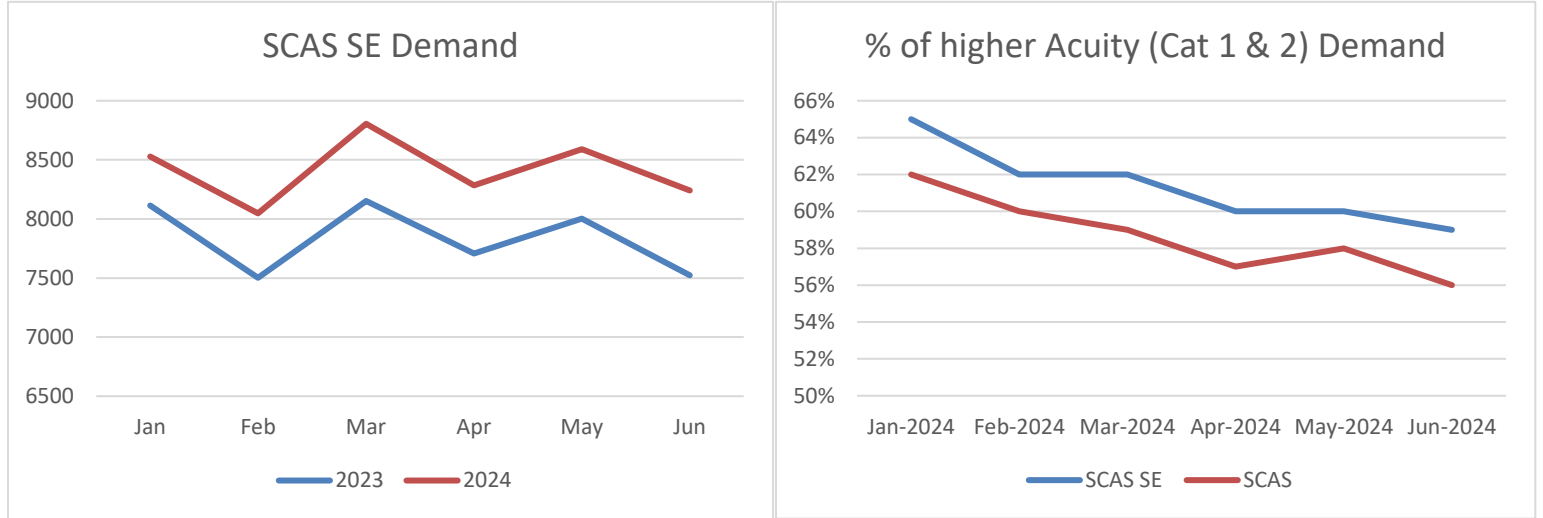
Fleet and National Mobilisation App

SCAS are now in the process of receiving new ambulances following a manufacturing delay. This will support in maximising operational cover and reduce lost time due to maintenance and breakdowns. In addition, SCAS have also moved onto the National Mobilisation App which is an enhanced digital solution to improve communications between the Emergency Operations Centre and the vehicles.

999 Demand / Performance

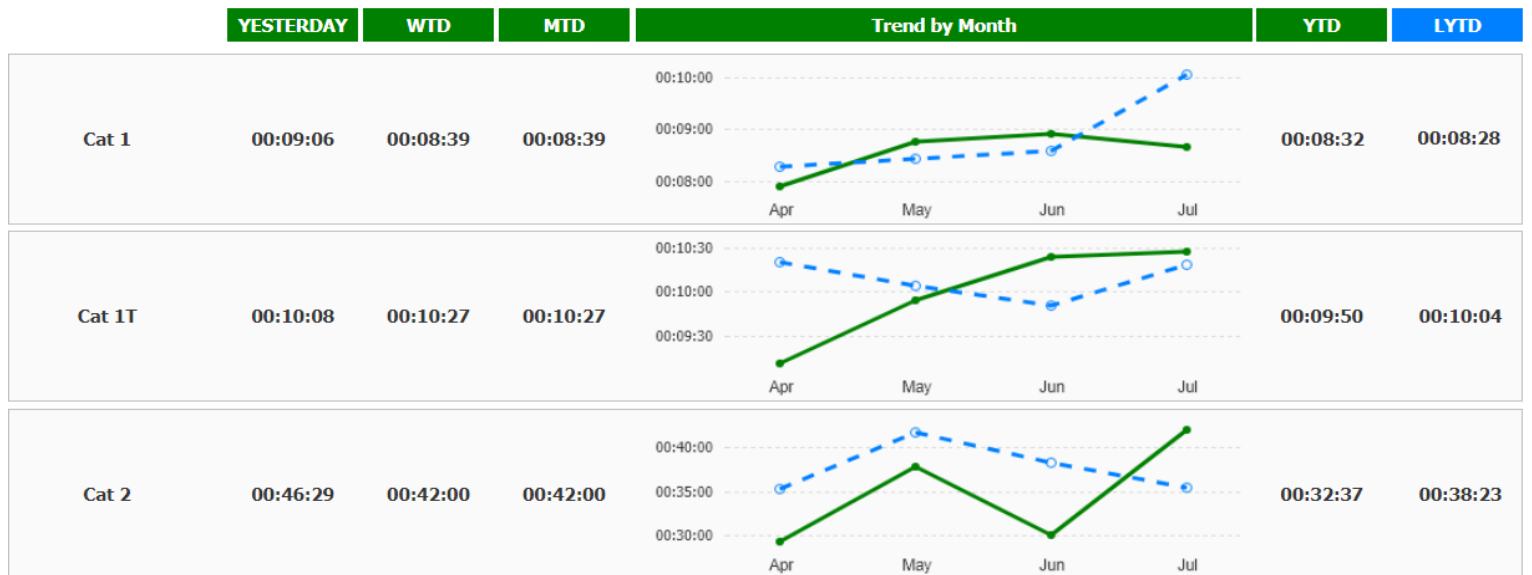
Demand in the South East has been fluctuating in recent months, which has been reflected across the SCAS region. However there is a clear increase every month compared to the same period last year.

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



Performance South East SCAS (data produced 03.07.24)

Current performance continues to be difficult, impacted by workforce challenges, demand, acuity and hospital delays.



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 operated at REAP 4 through the winter months and are currently at REAP3.

Transformation

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.

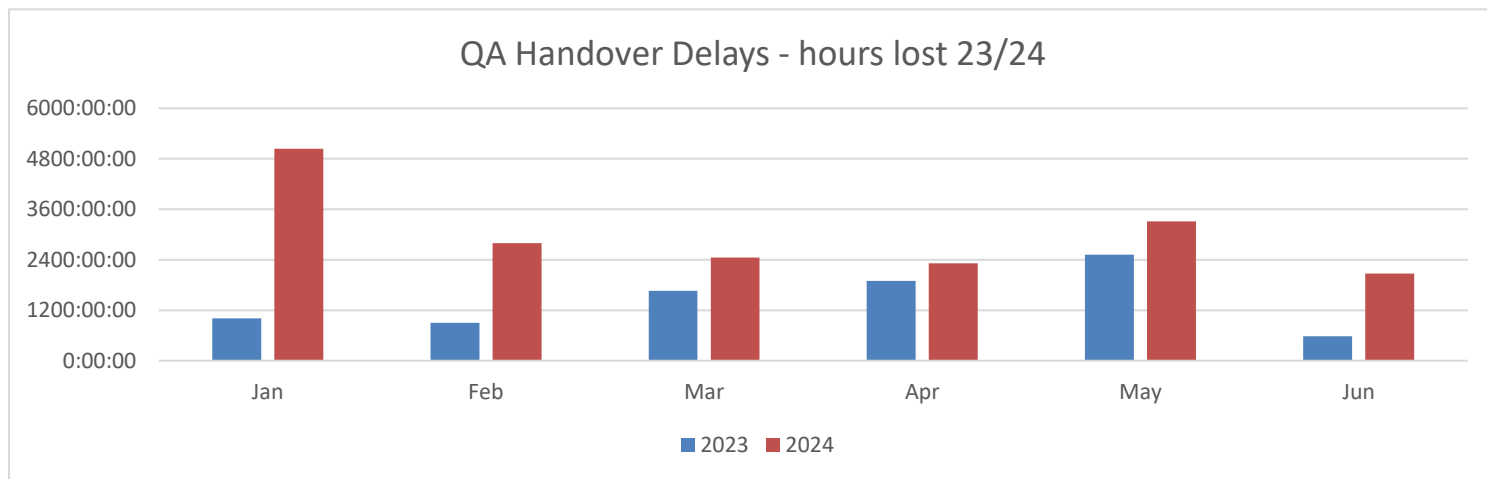
Patient care

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. PSIRF will ensure we continue to learn and develop alongside our partners.

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.



Action from January HOSP to provide figures on percentage of total hours lost in handover delays:

Example week commencing 24th June – Average of 582 ambulance hours per day with average 87 hours lost per day = 15%

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 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.
- Introduction of PSIRF.
- 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.

5 Financial Recovery:

- SCAS has a requirement to meet an underlying break-even balance by the end of 2025. This is requiring some significant savings to be found this financial year which include a review of our corporate structures and our operating models across all our service lines. This delivery is closely linked with improving hospital handover times.

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.