

Agenda Item 38.

TITLE	South Central Ambulance Service
FOR CONSIDERATION BY	Health Overview and Scrutiny Committee on 30 November 2015
WARD	None Specific
DIRECTOR	Andrew Moulton, Head of Governance and Improvement Services

OUTCOME / BENEFITS TO THE COMMUNITY

Members scrutinise the performance and operation of the local ambulance service provider.

RECOMMENDATION

That the Health Overview and Scrutiny Committee scrutinises the performance and operation of the local ambulance service provider, South Central Ambulance Service (SCAS) and is updated on its future plans.

SUMMARY OF REPORT

SCAS serves Berkshire, Buckinghamshire, Hampshire and Oxfordshire; approximately 3,554 sq. miles with a residential population of over four million.

Its three main functions are:

- the accident and emergency service to respond to 999 calls;
- the NHS 111 service for when medical help is needed fast but it is not a 999 emergency;
- Patient Transport Service

SCAS also offers:

- First Aid training to the public and to organisations;
- The Commercial Logistics collection and delivery service for NHS partners;
- Resilience and Specialist Operations (medical care in hostile environments e.g natural disasters and industrial accidents):
- Community First Responders.

Monitor

Monitor, the sector regulator for health services in England, publishes two ratings for each NHS foundation trust.

The continuity of services rating is Monitor's view of the risk that the Trust will fail to carry on as a going concern. A rating of 1 indicates the most serious risk and 4 the least. A rating of 2* means the trust has a risk rating of 2 but its financial position is unlikely to get worse.

The governance rating is Monitor's degree of concern about how the Trust is run, any

steps it is taking to investigate this and/or any action being taken. It will either highlight that Monitor has no evident concerns, that they have begun enforcement action, or that the foundation trust's rating is 'under review.'

SCAS is currently rated '3' for continuity of service and 'Green' for governance with 'No evident concerns.'

The Health Overview and Scrutiny Committee have not met with SCAS since November 2013 (Minutes of meeting of 25 November 2013 attached as Appendix 1).

Representatives from SCAS have been invited to provide Members with an update on aspects of the ambulance service provider's performance and operation. (presentation attached).

To inform discussions, attached at Appendix 2 is the SCAS Operational Plan 2015-16 and attached at Appendix 3 is the Care Quality Commission inspection report, published January 2015, following an inspection carried out in September and October 2014.

FINANCIAL IMPLICATIONS OF THE RECOMMENDATION

The Council faces severe financial challenges over the coming years as a result of the austerity measures implemented by the Government and subsequent reductions to public sector funding. It is estimated that Wokingham Borough Council will be required to make budget reductions in excess of £20m over the next three years and all Executive decisions should be made in this context.

	How much will it Cost/ (Save)	Is there sufficient funding – if not quantify the Shortfall	Revenue or Capital?
Current Financial Year (Year 1)	N/A	N/A	N/A
Next Financial Year (Year 2)	N/A	N/A	N/A
Following Financial Year (Year 3)	N/A	N/A	N/A

Other financial information relevant to the Recommendation/Decision

N/A

Cross-Council Implications

N/A

List of Background Papers

N/A

Contact Madeleine Shopland	Service Governance and Improvement Services
Telephone No 0118 974 6319	Email madeleine.shopland@wokingham.gov.uk
Date 03.11.15	Version No. 1

Appendix 1: Minutes of the meeting of the Health Overview and Scrutiny Committee 25 November 2013

34. SOUTH CENTRAL AMBULANCE SERVICE (SCAS)

At its September meeting the Committee had expressed concern that the ‘Ambulance handover and crew clear delays’ and the ‘Ambulance Response Times’ targets were not being achieved and invited the South Central Ambulance Service NHS Foundation Trust to the November meeting to explain why and what action was being taken to improve matters. Sue Byrne, Chief Operating Officer, SCAS and Keith Boyes, Area Manager, SCAS provided an update.

During the discussion of this item the following points were made:

- Between October 2012 and October 2013 there had been an increase in demand in the Wokingham Borough on a scale not seen elsewhere within the region.
- Across the region as a whole, SCAS was performing well. In Quarter 2 the unseasonably hot weather had proved challenging. Demand had spiked between July and August and then decreased in September.
- Discussions were underway regarding lessons learnt and preparation should there be very hot weather again next year.
- Whilst SCAS had achieved targets across its whole area between September and October, demand in the Wokingham Borough had also spiked in October. The reasons behind this were not entirely clear.
- As demand had increased, SCAS had increased resources to the area, non urgent activity had been cancelled and clinically trained managers had been escalated to help maximise efficiency.
- Increased demand was anticipated between December and January. No training was planned during this period to maximise staff availability. Work would take place with partner organisations such as the hospitals, to manage queuing.
- With regards to rotas SCAS planned to work differently. Demand could be forecasted by hour, by day. There was movement away from flat planning of resources.
- NHS 111 was providing additional demand. Currently 999 calls were taken via the AMPD system and NHS 111 calls were taken via NHS Pathways. From March/April all calls would be dealt with via the NHS Pathways system. This would provide more opportunities to clinically interact with patients before or if an ambulance was dispatched. The opportunity for more ‘Hear & Treat’ over the telephone would also increase.
- Andrew Bradley asked whether calls were broken down by type to provide a better indication of the reasons behind the spike in demand in the Wokingham area. Sue Byrne commented that calls were broken down into categories. The unusually hot weather in summer had increased the acuity of conditions including asthma and breathing difficulties, leading to more calls.
- Malcolm Richards asked whether peaks in activity coincided with outside normal GP surgery hours. Mondays were often very busy. Calls from GPs on behalf of patients peaked between 4-6pm. Discussions were being held with the commissioners regarding different ways of working to ensure that where possible patients were transported earlier in the day. Often those whose GP had called SCAS were those most in need of the ambulance service, yet it could be more difficult to reach patients if the call was made during the rush hour. This was particularly challenging when acuity increased.

- In response to a Member question regarding NHS 111 and at what point in a call an ambulance was dispatched if required, Sue Byrne indicated that on average it was 30-40 seconds after the call was answered. Even if an ambulance was not immediately dispatched the nearest resource was located and put on standby and could be advised to proceed on lights should it become necessary.
- Ken Miall asked about the benefits of the NHS Pathways system. Members were informed that it would give call handlers greater opportunity to understand callers' problems and to select the appropriate pathway. The AMPD system was designed to dispatch an ambulance not to ascertain whether one was required. The Committee was assured that there was little difference in the point of the call that an ambulance was dispatched when using the NHS Pathways system.
- Ian Pittock asked about overlapping shifts during peak times and new equipment. Sue Byrne stated that overlapping shifts were used and that SCAS would be getting 26 new ambulances and 56 cars in the new year. Some older equipment would then be retired.
- In response to Members queries regarding incidents when call handlers had wished to speak to patients who were under 16 or who were unable to get to the telephone Sue Byrne asked that she be provided with details of the calls. The calls could be audited to determine if the response had been appropriate. SCAS routinely audited a high level of calls.
- Kate Haines commented that there had been reports in the media about the standards of private ambulance services. Sue Byrne emphasised that SCAS used a very detailed procurement process for the private providers that it used and had reduced the number it used to 4 or 5. These were audited to ensure they met clinical and facilities quality standards and monthly clinical meetings were held with the providers. Clinical colleagues had judged their equipment fit for use. Keith Boyes reminded the Committee that it took around 3 years to develop a paramedic. Private providers help to cover gaps.
- Kate Haines went on to ask whether the relocation of the Emergency Operations Centre from Wokingham to Bicester had had an effect on response times. Keith Boyes clarified that the Wokingham centre had been a control centre and headquarters. A rapid response vehicle was available.
- Ambulance handover and crew clear delays were discussed.
- Double verification had been introduced, under which the ambulance crew and the hospital agreed when the handover and clear up times took place. Handover and clear up times at the Royal Berkshire Hospital were reducing.
- Members were informed that ambulance crews could be delayed if pieces of equipment continued to be used once the patient reached hospital.
- Hospital Ambulance Liaison Officers (HALO) would be introduced during the winter period.
- Tim Holton asked how much SCAS was fined if there was a delay in clear up times and was informed that SCAS was fined £2.44 a minute.
- Members questioned what impact traffic jams and new developments which were not on GPS systems had. Keith Boyes indicated that local authorities informed SCAS of new developments and these were programmed into the aided dispatch system.

RESOLVED: That the South Central Ambulance Service update be noted.