



SCAS Annual Health Scrutiny Committee Report

Buckinghamshire

Mark Ainsworth (Operations Director)
Mark Begley (Area Manager, Aylesbury Vale)
Andrew Battye (Area Manager, Chiltern)

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The Purpose of this report is to provide an overview of the service provided by South Central Ambulance Service NHS Foundation Trust (SCAS) against our contractual arrangements and, at greater detail, within Buckinghamshire.

Performance

2015/2016 Summary

In 2015/16 SCAS was contracted to perform at 75% against the Red 1, 8 minute and Red 2, 8 minute standards and at 95% for the Red 19 minute standard across the Thames Valley. This area consists of Oxfordshire, Berkshire and Buckinghamshire excluding Milton Keynes.

Red 8 – Performance target for any immediate life threatening call – response to be on scene within 8 minutes.

Red 19 – Performance target for arrival of conveying resource to Red 8 – response to be on scene within 19 minutes of the original call.

Red 1 Definition: Are the most critical types of calls and cover patients who are not breathing or do not have a pulse, and other severe conditions such as airway obstruction. These patients account for less than 5% of all ambulance calls.

Red 2 Definition: Are serious but less immediately time critical. And cover conditions such as stroke and fits.

(Department of Health, 2012)

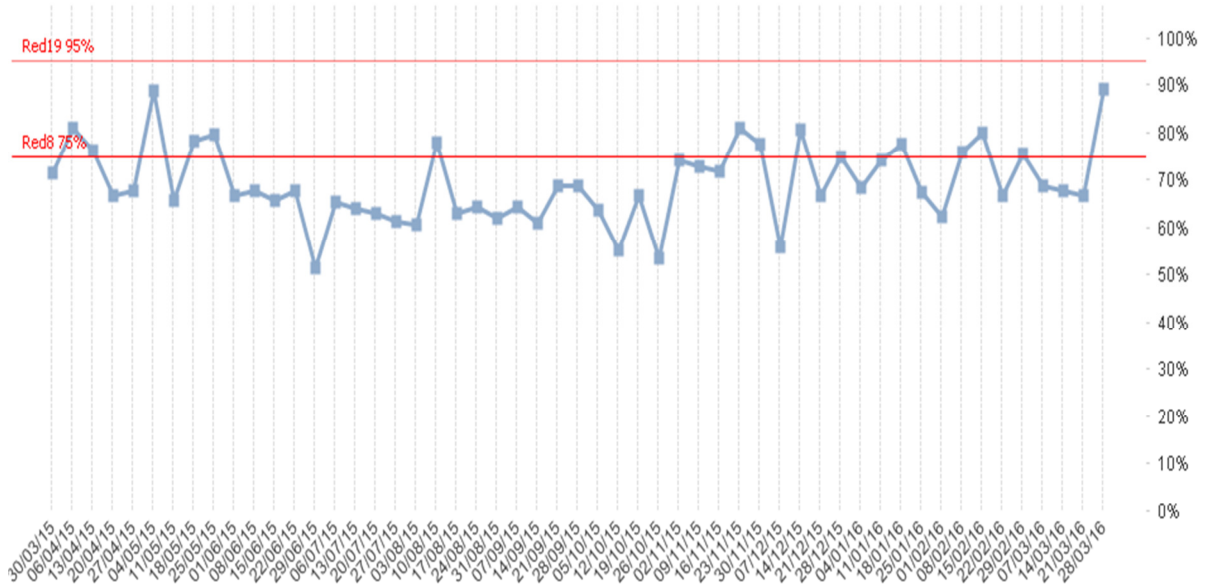
2015/16 Performance Year to date:

The current contract with South Central Ambulance Service NHS Foundation Trust (SCAS) for 2016/17 has been agreed Thames Valley wide (including Oxfordshire, Berkshire, Buckinghamshire and Milton Keynes). This is the area defined for the purposes of performance management and is measured on an annual basis in accordance with the national NHS contract. The Performance measures for 2015/16 as highlighted in this document are from last year's contract which did not include Milton Keynes. At time of writing, SCAS is still in negotiations with the Commissioners for our next year's contract

Performance measures are commissioned and reviewed at Thames Valley contract level which we did not achieve, but have seen improvements due to collaborative working with the CCG's and the Acute Trusts.

Performance – Buckinghamshire:

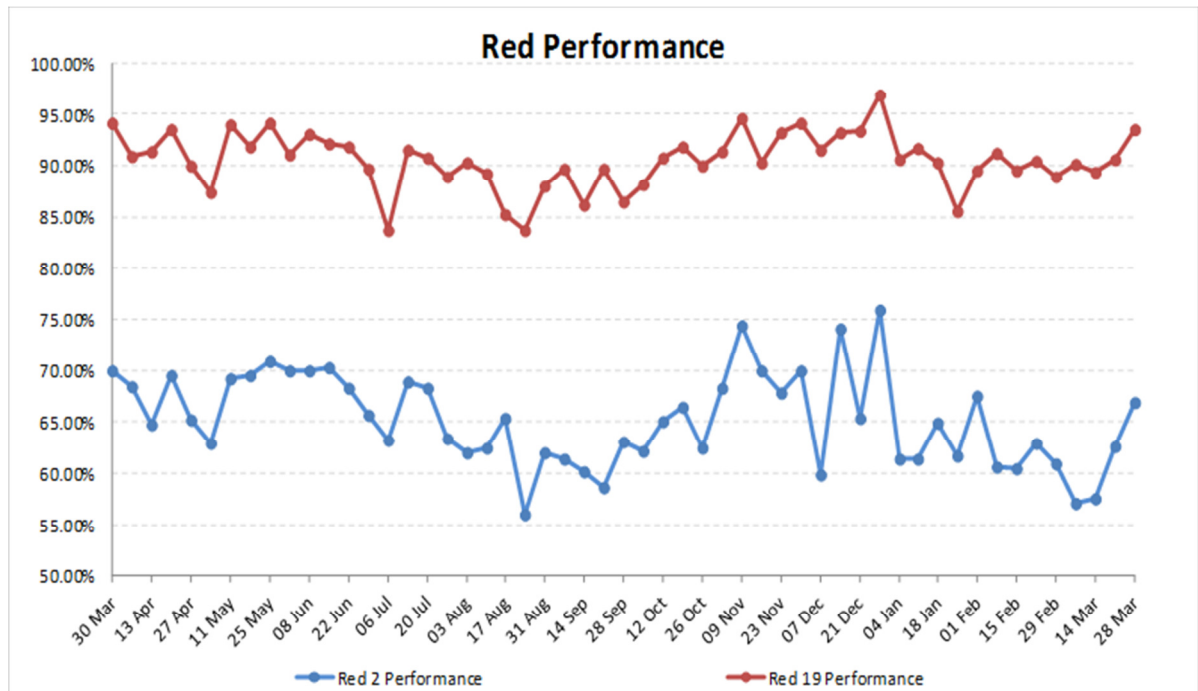
RED1 8 performance: year-end = 64.12% - 1402 incidents



Red 2 & Red 19 performance

Red 2 year end performance = 65.17% - 21,566 incidents

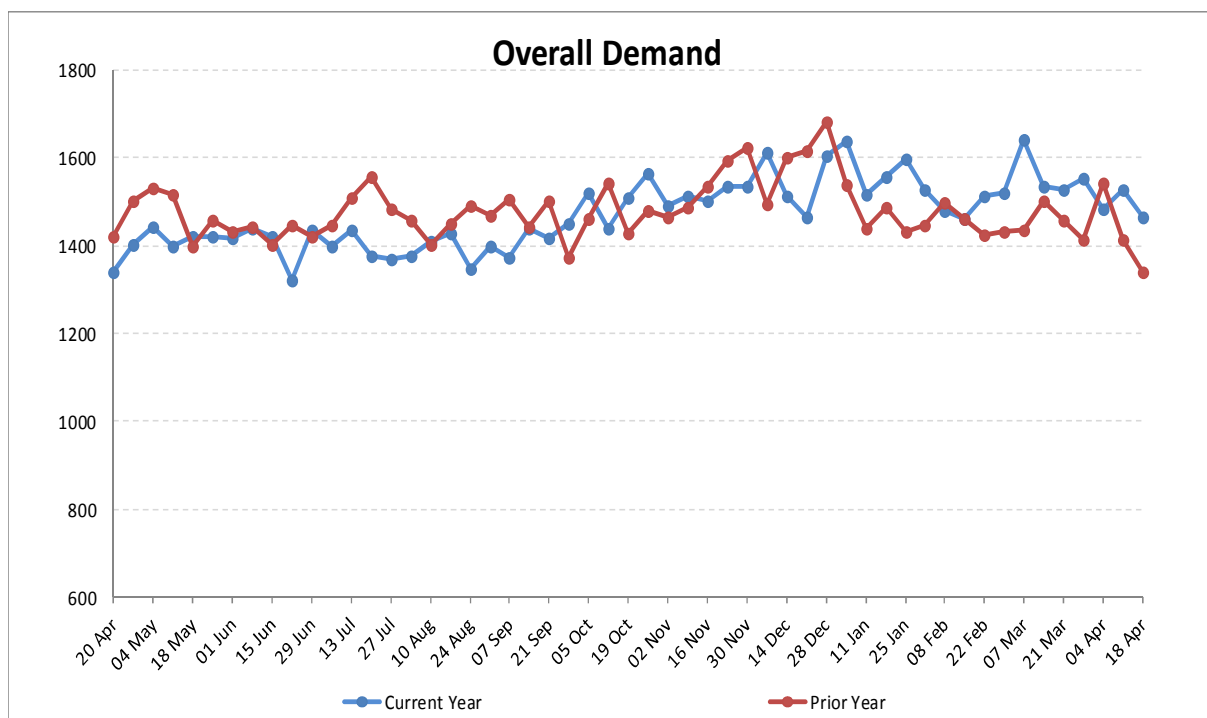
Red 19 year end performance = 90.44% - 21,356 incidents



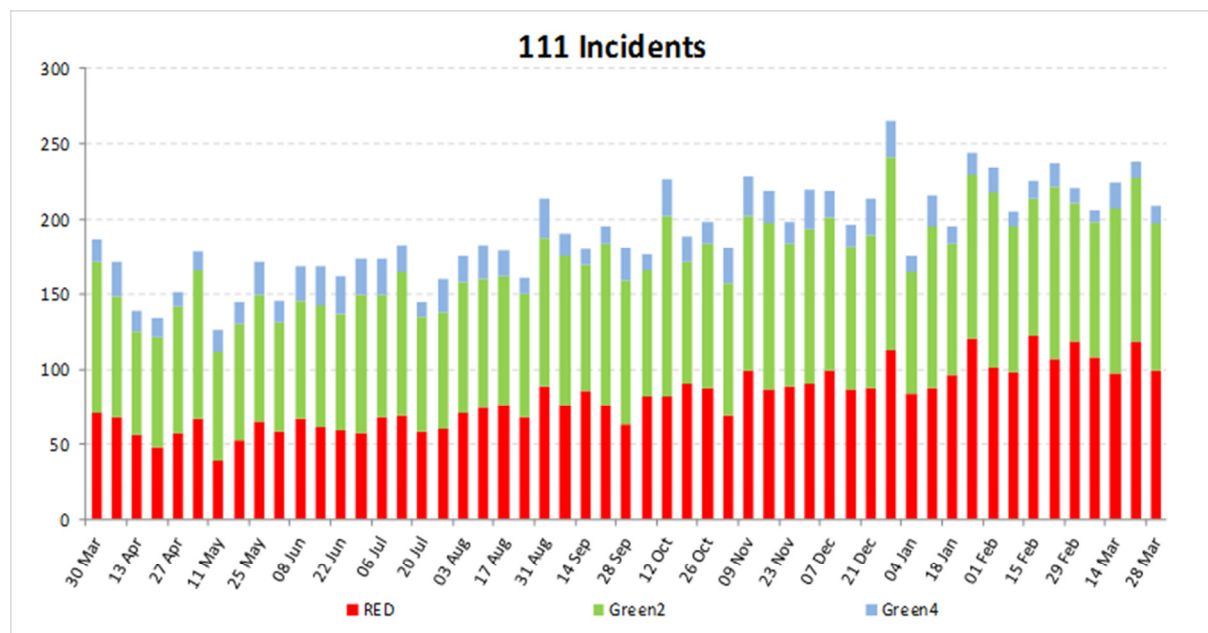
The Clinical Commissioning Groups work collaboratively with SCAS to seek continuous improvement in performance measures by reviewing these measures at county level. As part of the 2015/16 contract the CCG's monitored the performance and reviewed any actions to assist SCAS in improving all performance figures. This continues to be a focus for commissioners along with their support.

Demand (Buckinghamshire):

Buckinghamshire has experienced an increase in overall demand of calls requiring 8 & 19 minute response as per blue line below:



SCAS also provides the 111 in Buckinghamshire and through greater integration of the two services is amongst the lowest providers in the country for calls transferred from 111 to 999 now at 7% and remain one of the top performers for 111 in the Country.



Increased demand continues to present a challenge and we have worked with commissioners and the Acute Trust to minimise delays therefore improve efficiency throughout the local Health economy.

Journey Times by Local Authority:

The rural aspect of large parts of Buckinghamshire can make journey times a challenge. Following the closure of Wycombe Emergency Medical Centre to the public in October 2012, SCAS saw an increase in journey times to hospital as a result of the additional mileage of Ambulances travelling to Stoke Mandeville and Wexham Park Hospitals from the High Wycombe area. Journey times from this area have remained broadly consistent since the initial increase seen immediately after the High Wycombe EMC Closure. This has added 28 minutes additional journey times per incident when transporting patients to both Stoke Mandeville and Wexham Park Hospital, Slough that would have gone to High Wycombe

In Line with a national move towards specialist treatment centres, we also now transport patients to a range of hospitals dependent on their particular need, in order to access specialist treatment. This includes Wycombe Hospital (cardiac and stroke); Harefield (cardiac); John Radcliffe and St Mary's, Paddington (trauma centres). This area continues to add to our challenges of achieving performance

Community First Responders:

Community Responders are members of the public, trained by the Ambulance Service, who volunteer to help in their community by responding to medical emergencies before the arrival of an Emergency Ambulance.

There are currently 53 active Community Responders schemes operating in the Buckinghamshire area (including Milton Keynes). Work continues with communities across the county.

South Buckinghamshire/Chiltern and Aylesbury areas identified as benefiting responder schemes are

- Amersham
- Aston Clinton
- Beaconsfield
- Buckingham
- Chesham
- Denham
- Gerrards Cross
- Steeple Claydon
- Wing

First Responder schemes work with community volunteers responding within a small radius of their home or work address to immediately life threatening calls, where having someone with training and a defibrillator present a short time scale could make the difference between life and death for the patient. In all instances Community First Responders are backed up and supported by a SCAS clinical response.

We continue to work hard in evaluating new areas and expanding our Community First Responder Schemes in rural areas to continue with our successful campaign placing more defibrillators in villages and training local communities to use them.

Co Responder Schemes

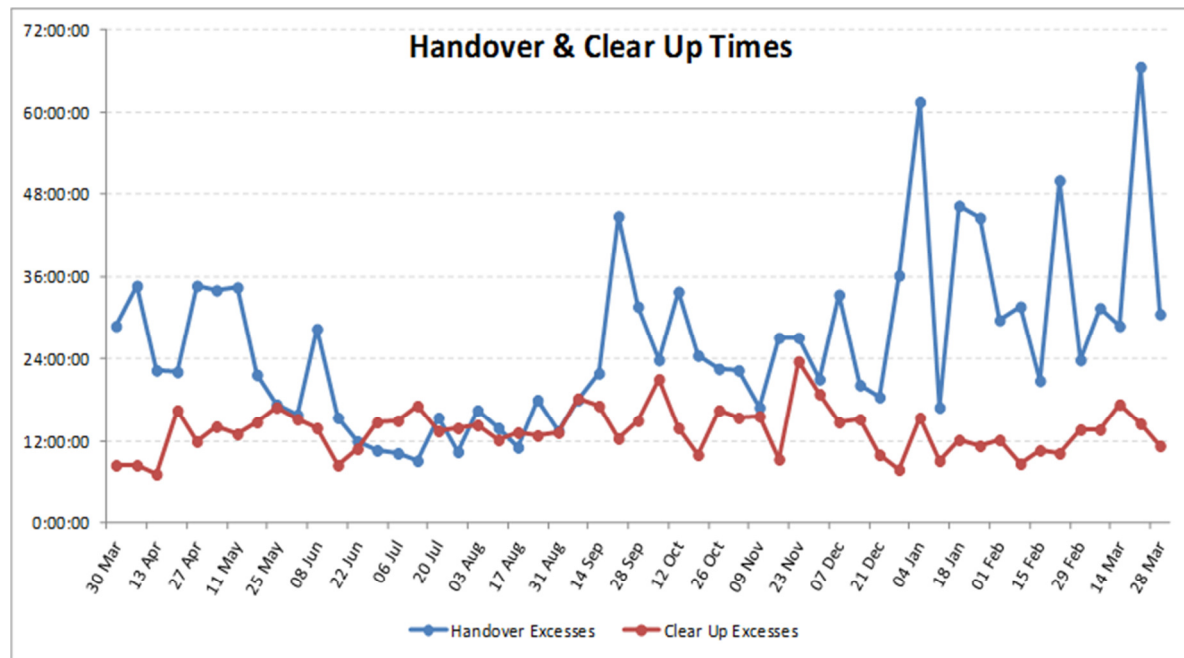
We have been working with the Bucks Fire & Rescue in training their staff in First Person on Scene and emergency driver training. This scheme started in September 2015 and has already attended 844 incidents of which 707 were Red 8's (September '15 to March '16). To date they have been involved in 2 successful resus's. The response ranges from specific Co-Responding cars to attending in a Fire tender. Currently there are 5 Stations running, Buckingham, High Wycombe, Marlow, Aylesbury and Chesham. The move forward is the use of cars only to attend a range of life threatening calls. This is a similar position as for our RAF Responders, but with the added bonus of a blue light capable response. Work has continued locally and in Buckingham, SCAS has trained Medical Students studying at Buckingham University to also Co Respond in a car (not blue light).

We continue to work with our colleagues in the Fire & Rescue Service to review the success and hope to develop these schemes further across the County.

Hospital Handovers:

Receiving Hospitals are required to facilitate a handover of arriving ambulance patients within 15 minutes of arrival. Local Commissioner fines are applicable to acute hospitals after 15 minutes of arrival and national fines after 30 minutes. Handover is deemed to have occurred when a clinical handover has taken place, the patient is transferred on to the hospital trolley and all ambulance equipment/apparatus is returned (NHS England, 2014).

The chart below details excess handover delays (over 15 minutes) in house by month for Bucks Acute hospital.

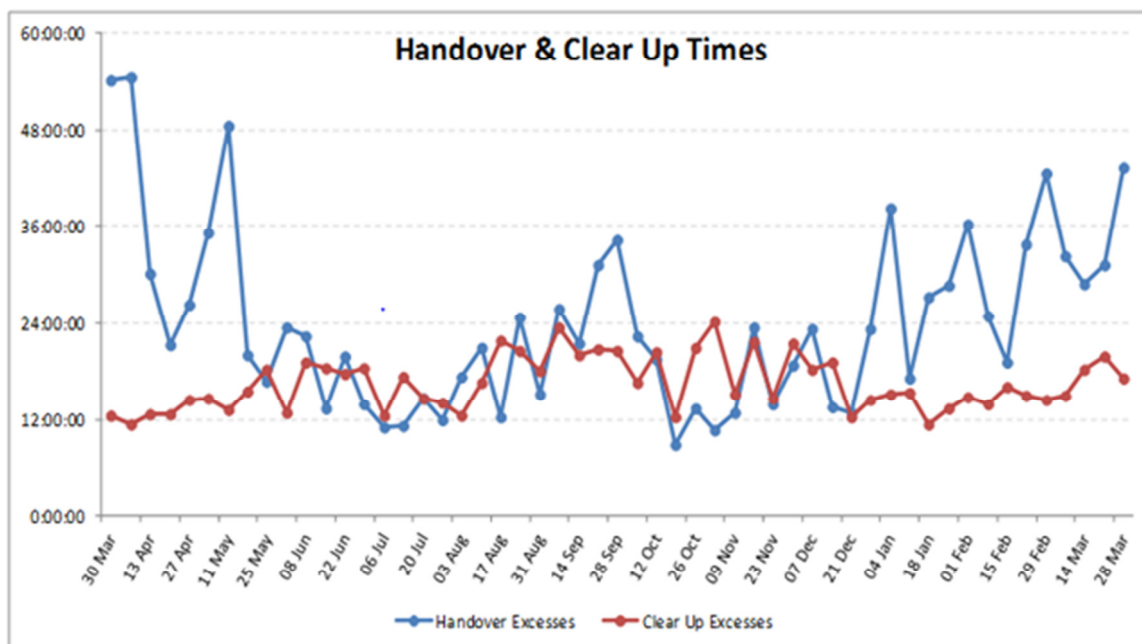


The work started last year with colleagues from the Acute Trusts has continued, however with the increase in demand on both SCAS and the acute Trusts, handover delays have remained a challenge. 2015/16 SCAS lost 16,292 hours due to handover delays, Bucks Hospital accounted for 1351 hrs. Double verification of handover time between the SCAS crew and receiving hospital clinician is now standard practice across all the major hospitals Emergency Departments (ED's) and Medical Assessment Units within the SCAS area, via a web-based handover screen. As with all processes we are always looking at ways to streamline or improve and this continues in continued dialogue with the Acute Trusts. SCAS has worked with the ED's to provide a more streamlined handover (pit stop style) area whereby SCAS crews can handover their patient to a senior clinician within the area the patient will be transferred to a Hospital bed. This has been successful and provides the patient a much better experience than previously.

As High Wycombe is the Cardiac and Stroke Receiving Unit (CSRU), it would be less likely to suffer a handover delay for multiple crews as it has smaller numbers attending the department.

Frimley North (Wexham Park Hospital) is also a receiving unit for our patients in South East Bucks due to the proximity of this Hospital. 2015/16 SCAS lost 873 hours due to handover delays (see below).

East Berkshire Hospitals 2015/16



Emergency Journeys and Final Disposition

- Hear and Treat: Emergency calls are dispatched over the telephone without the attendance of an ambulance resource to scene.
- See and Treat: Ambulance resource attends the scene and treats and discharges or refers to another service without transporting the patient to a Type 1/2 (Consultant Led) Hospital Emergency Department.
- See, Treat and Convey: Ambulance resource attends the scene, treats and transports the patient to a type 1/2 (Consultant Led) Hospital Emergency Department.
- GP Urgent: Urgent Hospital admission booked by a GP or Health Care Professional.

2015/2016

The tables below detail the number of 999 calls in Buckinghamshire and the S & T %

Month	Incidents Incl HT	Incidents at Scene	Left At Scene	S&T % of all activity
2015				
April	4454	4242	1648	37.00%
May	4631	4393	1621	35.00%
June	4469	4224	1627	36.41%
July	4811	4430	1749	36.35%
August	4641	4193	1601	34.50%
September	4933	4426	1723	34.93%
October	4978	4482	1795	36.06%
November	5078	4545	1749	34.44%
December	5287	4739	1857	35.12%
2016				
January	5231	4711	1888	36.09%
February	5172	4554	1841	35.60%
March	5511	4915	1894	34.37%
Grand Total	59196	53854	20993	35.46%

SCAS continues to use the 999 triage system called NHS pathways similar to 111. NHS pathways allows call handlers to identify the most appropriate service to support the patient if an ambulance is not required, and direct the patient to that service without the need to dispatch an ambulance.

New innovations

We have virtualised our Emergency Operations Centre to ensure calls are directed to the next available operator and to build further resilience within the system. Last year we implemented an electronic patient record on our vehicles moving away from the paper based system, this has assisted the crews their decision making and referral forms (clinical frailty scale, safeguarding, falls referral, TIA referral, falls RAG rating risk assessment) when assessing patients and by offering the clinician the ability to review key tools such as Mobile Directory of Services (DOS) which the staff can access on their ePR, however this is still in its early stages and “work in progress”. These tools will assist the clinician to ensure the patient has the opportunity to follow a more appropriate pathway for their needs rather than direct to the ED.

Key collaborative working has assisted SCAS to keep some patient out of hospital and either in their own home or by referring to an appropriate service. :

GP Triage – referring patients following an assessment for further care with their local GP,
MuDAS – SCAS has worked with the MuDAS team to secure their frail and elderly patients with various non-complex needs to be assessed and treated by this team.

Bucks urgent care – Out of Hours GP service which increased in capacity during winter pressures allowing SCAS crews easy access to a GP out of normal GP surgery hours. The additional support meant a quicker response to SCAS and more importantly, the patient.

End of life assistance – SCAS has a close relationship with the Florence Nightingale unit based at Stoke Mandeville Hospital whereby the staff there offer advice to our crews and will accept their patients directly when possible.

Live Link – SCAS is piloting the use of smartphone technology to have real time video links in the Clinical Coordination Centre to assist the crews with enhance clinical assessments in some care homes and in the near future with the SCAS clinicians. This will help SCAS to make sure the right response is sent based on a visual assessment.

Private Provider Usage

With the increasing levels of demand, aligned to the challenges faced with staffing levels, has meant that we recognise a continued need to utilise private providers.

Our private providers undergo a strict assessment process before being accepted as a suitable provider. Regular reviews are undertaken by senior members of SCAS who monitor, review and assess their performance, clinical practice, standards of care and ensure they are maintaining their agreed Trust standards.

As part of the Private Provider cadre, SCAS utilises 5 different providers, including the existing voluntary aid societies, but on a commissioned basis. This varies in use from providing fully equipped Emergency Ambulance or Rapid Response Vehicle to vehicles appropriate to Health Care Professional requests, where an Emergency Ambulance has been deemed not necessary.

Recruitment and Vacancy Rates

Rota Review:

As part of our continued improvement plan we are undertaking review of existing rotas across SCAS. This includes analysing our demand by hour and day.. As with all NHS organisations, demand continues to increase with the historical demand spikes continue to evolve differently to previous experiences, nationally the trend continues to see a shift in higher demand at evenings and weekends.

The new rotas are being designed to reflect these changes, whilst still trying to maintain and improve a healthy work/life balance for staff.

Workforce:

Workforce planning continues to be challenging for ambulance trusts nationally. SCAS have a partnership with Oxford Brooks and Portsmouth University's and more recently Northampton University, to fund places for both internal and external candidates to train to become a paramedic. Overseas recruitment has provided Bucks with 8 International Paramedics (some are still doing their conversion training, however there are still currently 19 Paramedic vacancies in Bucks.

The Trust is also currently looking at wider options including international recruitment, agency working and collaboration with the armed services.

The trust has also redesigned its services for response to Health Care Professional calls which has increased the number of non-clinical posts. The HCP staff are based across the Trust providing this essential service

The trust has launched an Associate Ambulance Practitioner (AAP) role. Successful candidates will move into an autonomous clinical role treating patients treating and managing patients across a broad range of emergency, urgent and social care settings. This role will give a good grounding for moving on to a Paramedic.

Current Position – Buckinghamshire

The main staff vacancies are in South Bucks where the cost of living is very high. This is not exclusively affecting SCAS but reflects the challenges on the NHS in this area. Work streams are going ahead to include NHS specific low cost housing schemes but unfortunately these do take time to establish.

In Summary

- SCAS continues in all areas to try and improve and has this as a main focus. As such SCAS is in “turnaround” to ensure we improve our performance but to maintain its financial obligations. There is an Executive focus monitoring at all levels and reviewing all actions.
- New rotas are currently being worked on across SCAS
- New SCAS wide drive zones to help with performance
- Increase in staffing levels with workforce planning and recruitment
- New initiatives to attract staff (Para and Specialist Para's in GP surgery rotations)