South Central Ambulance Service NHS
NHS Foundation Trust

# SCAS Annual Health Scrutiny Committee Report

## Buckinghamshire

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**November 2014**

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, in at greater detail, within Buckinghamshire.

## Performance

### 2013/14 Summary

In 2013/14 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. These contractual agreements, measured on an annual basis were met.

**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.

The report submitted in November 2013 reported against the Red 8 and Red 19 performance figures; however it must be noted that the Red 1 and Red 2 split came into operation from April 2013.

**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)

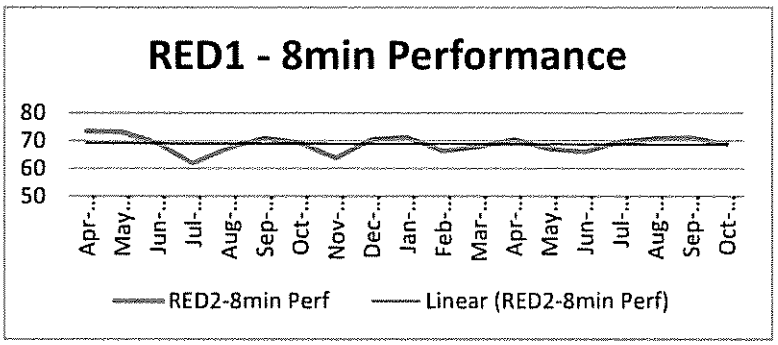
### 2014/15 Performance Year to Date

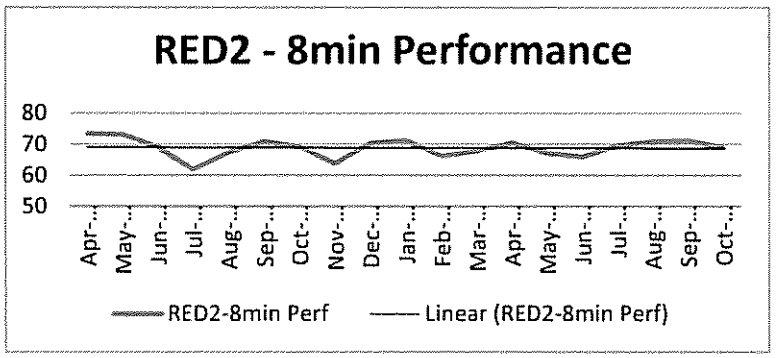
The current contract with South Central Ambulance Trust Foundation Trust (SCAS) for 2014/15 has been agreed Thames Valley wide (including Oxfordshire, Buckinghamshire and Berkshire). This is the area defined for the purposes of performance management and is measured on an annual basis in accordance with the national NHS contract.

Performance measures are commissioned and reviewed at Thames Valley contract level which we have been achieving, but have experienced some challenge to achieve the Red 2 performance standard over the past month.

| Performance – By Area: April – October 2014 | | | | | | |
|---|---|---|---|---|---|---|
| Performance to October 2014 | Thames Valley | Bucks | Aylesbury Vale | Chiltern | Wycombe | South Bucks |
| Red 1, 8 Minutes | 76.24% | 72.05% | 77.65% | 56.86% | 75.67% | 65.71% |
| Red 2, 8 Minutes | 74.42% | 69.16% | 73.79% | 51.70% | 73.88% | 64.59% |
| Red 19 Minutes | 95.68% | 94.24% | 94.08% | 90.13% | 95.23% | 97.85% |

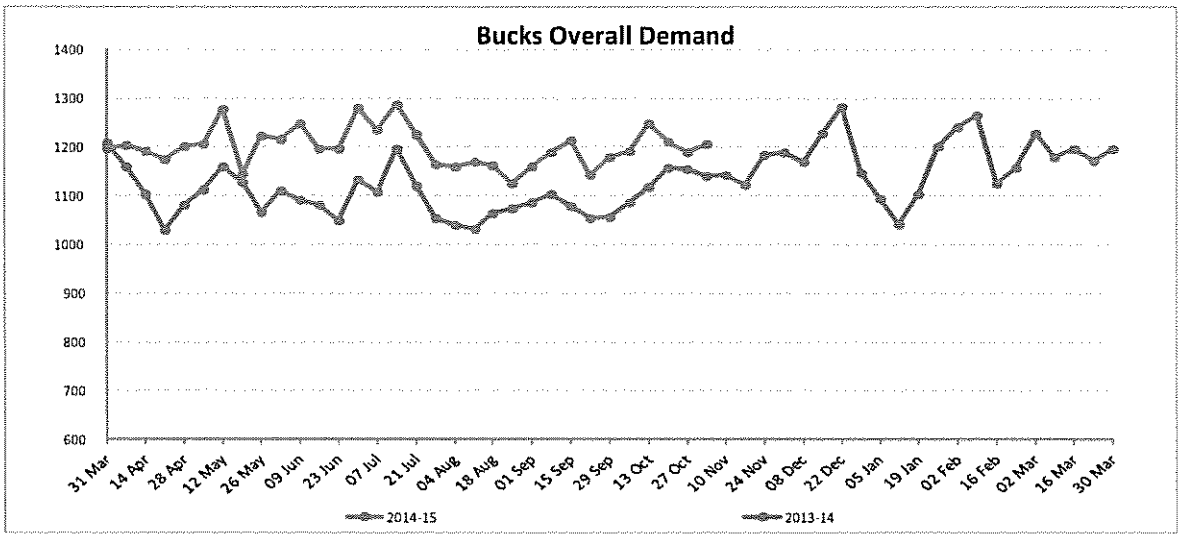
**Performance – Buckinghamshire**




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 2014/15 contract the CCG's have agreed with SCAS a review of cases where patients have waited longer than expected with a view to gaining learning, potential for improvement and themes for mitigating actions preventing repeats. This continues to be a focus for commissioners and will enable early identification of specifics for rural issues.

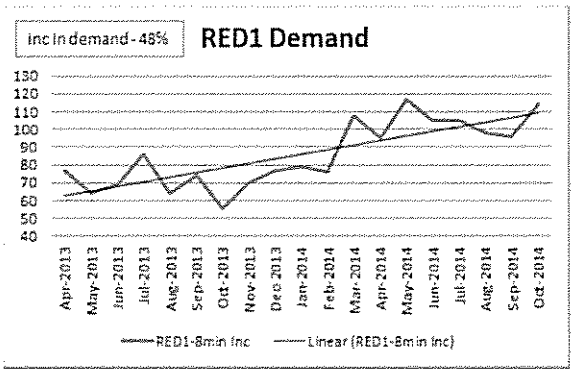
## Performance and Demand

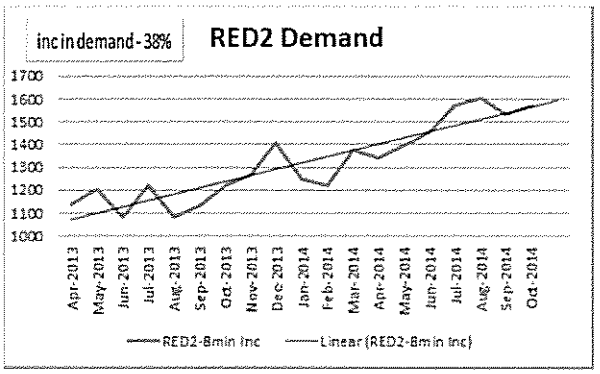



SCAS also provides the 111 service in Buckinghamshire and through greater integration of the two services is amongst the lowest providers in the country for calls transferred from 111 to 999 now at 8%.

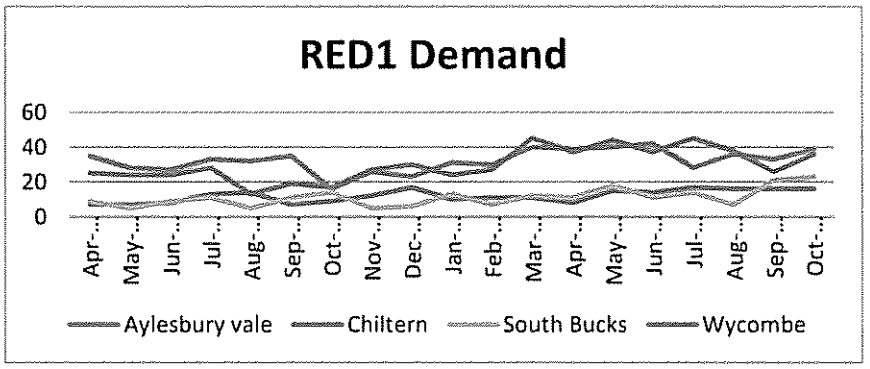
## Red Demand (Buckinghamshire)

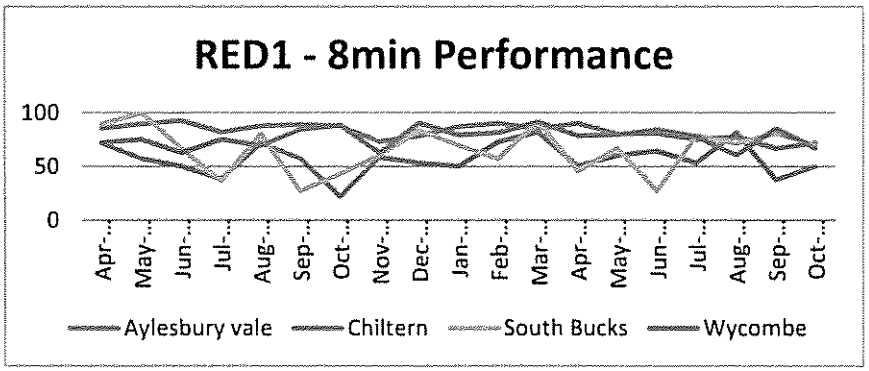
Buckinghamshire has experienced an increase in demand of Red category calls requiring an 8 minute response compared to last year of **48%** for Red 1 calls and **38%** for Red 2 calls.

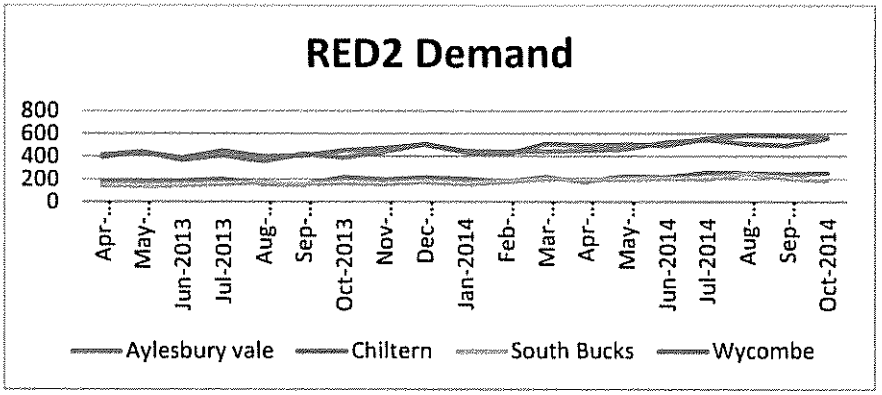


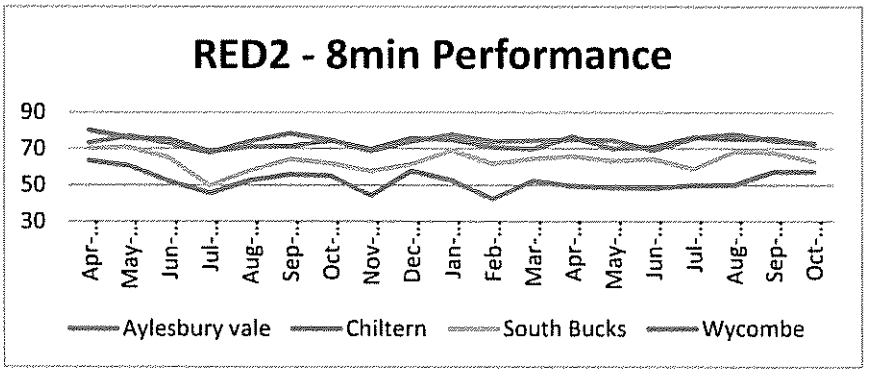




## Performance v Demand – Buckinghamshire (By Local Authority)






Increased demand continues to present a challenge and we have worked with commissioners to gain winter funding to support extra vehicles to assist with Health Care Professional bookings over the winter months. This will free up a proportion of frontline ambulance time to respond to Red category calls.

**Rota Review**

At the last report we were in the process of analysing demand by the hour and planning to match demand daily and hourly. This work was recognised as matching demand at that time, but as with all NHS organisations, the demand continues to rise and there have been changes in traditional demand spikes. Nationally the trend has seen a shift in higher demand at evenings and weekends.

As a result we are currently in the process of re-designing our Rotas to meet these changes. We have employed the expertise of an external organisation (Process Evolution) who are working with us to develop a suitable development from our current position. This is also aiming to increase staffing numbers to better match the ever increasing demand pressures and also introduce enhanced and fair flexible working options for our staff.

As part of designing the new Rota we have identified an opportunity to improve one of the areas of challenged performance by proposing the placement of staff in the Amersham area.

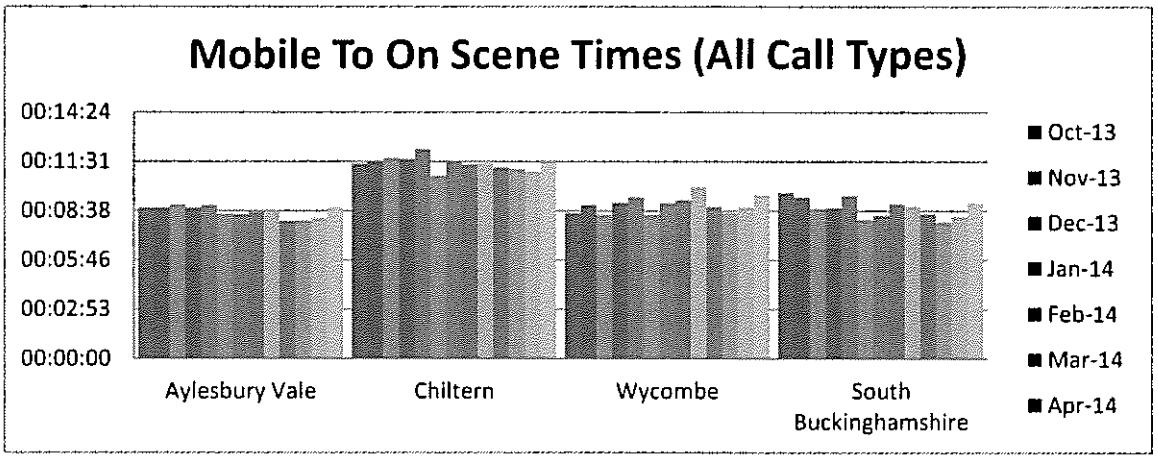
## Journey Times by Local Authority

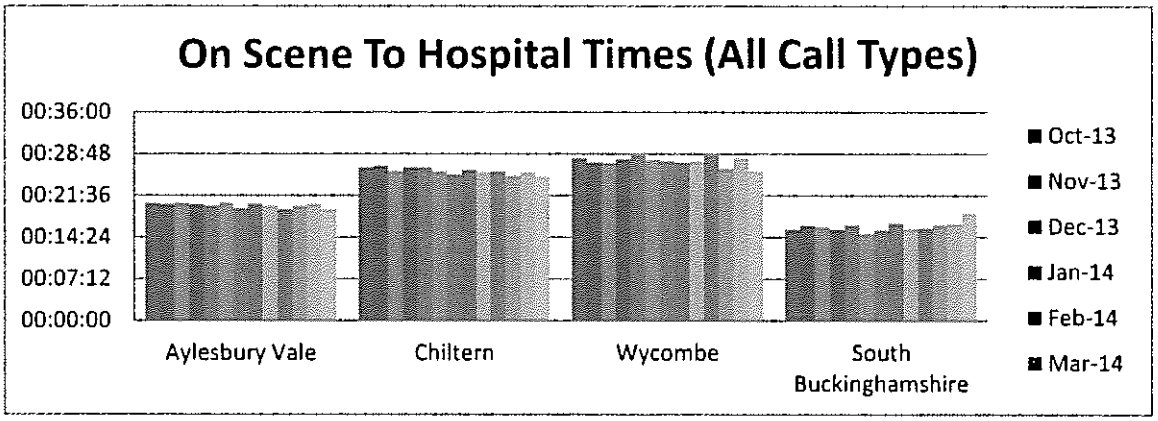
The rural aspect to large parts of Buckinghamshire can make journey times a challenge. Following the closure of Wycombe Emergency Medical Centre to the public in October 2012, SCAS saw an increase in journey times to hospital as a result of the additional mileage of Ambulances travelling to Stoke Mandeville 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.

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).

The first chart demonstrates the average journey time for our vehicles to arrive at the scene of an incident, and the second shows average journey times from scene to arrival at hospital.




## 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 hours by month for local acute hospitals.

**At Hospital**

*Excess Handover Delays (In Hours) per month*

| Month/ Year | Stoke Mandeville Hospital | Wycombe General Hospital | Wexham Park Hospital | John Radcliffe Hospital | Milton Keynes Hospital | Royal Berkshire Hospital |
|---|---|---|---|---|---|---|
| Sep-13 | 38:23 | 10:37 | 154:47 | 73:06 | 115:30 | 27:22 |
| Oct-13 | 43:26 | 06:37 | 204:05 | 48:38 | 104:19 | 33:46 |
| Nov-13 | 41:13 | 05:44 | 209:58 | 63:28 | 120:23 | 33:34 |
| Dec-13 | 39:42 | 12:15 | 175:37 | 78:07 | 139:36 | 57:59 |
| Jan-14 | 39:53 | 10:32 | 88:39 | 55:21 | 101:25 | 33:38 |
| Feb-14 | 56:40 | 06:15 | 75:16 | 61:37 | 135:22 | 30:11 |
| Mar-14 | 40:08 | 10:04 | 63:34 | 54:38 | 139:08 | 38:59 |
| Apr-14 | 39:03 | 03:58 | 74:11 | 57:30 | 114:56 | 33:57 |
| May-14 | 58:00 | 07:26 | 92:49 | 67:14 | 111:22 | 37:13 |
| Jun-14 | 80:07 | 00:47 | 86:35 | 77:32 | 85:15 | 27:34 |
| Jul-14 | 66:14 | 01:07 | 66:34 | 78:14 | 123:53 | 31:07 |
| Aug-14 | 43:56 | 00:12 | 75:22 | 82:02 | 95:55 | 44:03 |
| Sep-14 | 55:42 | NA | 59:03 | 61:16 | 73:06 | 45:42 |
| Oct-14 | 38:40 | NA | 68:29 | 57:35 | 98:03 | 28:37 |

*Based on Hospital Incoming Patient Terminals (IPT) which has been double verified. Data does not include any additional times where there has been a manual adjustment for any reason.*

Improved from previous year | Same as previous year | Longer than previous year | No Colour – No Comparison data available.

The work started last year with colleagues from the Acute Trusts has continued, with positive results showing in the reduced handover delays experienced. 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.

The Hospital Ambulance Liaison Officer (HALO) project utilised last year during the winter months, proved to be a success across all the Hospitals that were funded to have one provided. The HALO's were based in the Hospital's Emergency Departments and worked as the interface between SCAS and the Hospital staff to manage issues and assist with patient flow. The staff that filled these roles spent time building relationships with the Hospital and this has enhanced understanding from both sides.

This year we have again been successful in receiving winter resilience funding to reintroduce these positions, we are now in the recruitment phase and are hopeful to have staff in post imminently. High Wycombe does not have an ED; therefore there are no plans to provide a HALO for this Hospital.

## Emergency Journeys and final disposition

| | |
|---|---|
| Hear and Treat: | Emergency Calls discharged 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. |

**2013/2014**

The tables below detail the number of 999 calls in Buckinghamshire and the final disposition of the patient.

* Excludes Duplicate or cancelled calls.

| Area | Activity 2013/14 | | | | | |
|---|---|---|---|---|---|---|
| | *999 Incidents | Hear & Treat | See & Treat | See, Treat and Convey | GP Urgents | Total Incidents |
| ***Buckinghamshire*** | | | | | | |
| *Aylesbury Vale* | *20,417* | 560 | 8,067 | 11,790 | 2,227 | **22,644** |
| *% of 999 incidents* | | *2.7%* | *39.5%* | *57.8%* | | |
| *Chiltern* | *33,573* | 993 | 13,529 | 19,051 | 2,999 | **36,572** |
| *% of 999 incidents* | | *3%* | *40.3%* | *56.7%* | | |
| ***Subtotal Bucks CCG's*** | ***53,990*** | **1,553** | **21,596** | **30,841** | **5,227** | **59,217** |
| ***% of 999 incidents*** | | ***2.9%*** | ***40%*** | ***57.1%*** | | |

**2014/15 Year to date** (* Excludes Duplicate or cancelled calls.)

| Area | Activity 2014/15 YTD (End Oct 14) | | | | | |
|---|---|---|---|---|---|---|
| | *999 Incidents | Hear & Treat | See & Treat | See, Treat and Convey | GP Urgents | Total Incidents |
| ***Buckinghamshire*** | | | | | | |
| *Aylesbury Vale* | 12,601 | 526 | 4,822 | 7,253 | 1,441 | **14,042** |
| *% of 999 incidents* | | *4.2%* | *38.3%* | *57.5%* | | |
| *Chiltern* | 20,651 | 783 | 8,007 | 11,861 | 1,833 | **22,484** |
| *% of 999 incidents* | | *3.8%* | *38.8%* | *57.4%* | | |
| ***Subtotal Bucks CCG's*** | **33,252** | **1,309** | **12,829** | **19,114** | **3,274** | **36,526** |
| *% of 999 incidents* | | ***3.9%*** | ***38.6%*** | ***57.5%*** | | |

SCAS continue to enhance the use of technology and have invested in a new 999 triage system called NHS Pathways. 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. The implementation of NHS Pathways in May has enabled this to increase further with 3.9% (year to date) compared to 2.9% of Bucks calls now dealt with on the phone, releasing pressure on the existing ambulance resource.

We have further plans to virtualise our Emergency Operations Centre to ensure calls are directed to the next available operator and to build further resilience within the operation. In addition we are also in the process of implementing an electronic patient record and moving away from the current paper based system, which will support improved and more rapid decision making when assessing patients. This is being built to integrate with other wider IT systems to build inter-operability with other organisations.

In response to Sir Bruce Keogh's review of Urgent and Emergency Care in England (NHS England, 2013), where it was suggested that by supporting and developing Paramedics, 50% of patients calling 999 could be treated at scene, we are currently undertaking a review of how we could develop our vision of a "paramedic at home" service.

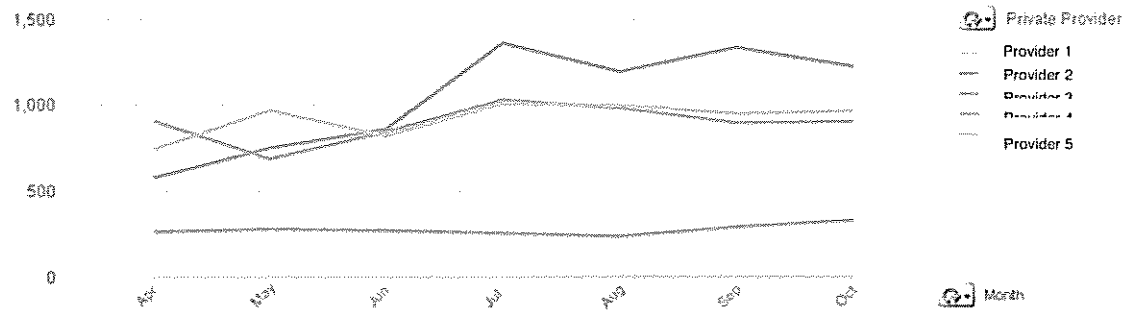
## Private Provider Usage

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. This is followed up by regular reviews, 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 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 a 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.

### Private Provider Allocations To Incidents



## Recruitment and Vacancy rates

Workforce planning continues to be challenging for Ambulance Trusts nationally. SCAS have recently undertaken a partnership with Oxford Brookes University to fund places for both internal and external candidates to train to become a paramedic. The course is 18 months with 3 intakes planned over the next 12 months. This will support plans for future staffing.

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

The Trust is also redesigning services for response to Health Care Professional calls which has increased the number of non-clinical posts, this is reflected below and these posts are currently being recruited into.

**Current Position - Buckinghamshire**

| | Establishment (WTE) | Staff in Post (WTE) |
|---|---|---|
| Current | 152 | 120 |
| Proposed with New Rota | 201 | |

## 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 58 Community Responder schemes operating in the Buckinghamshire area (excluding Milton Keynes). Work continues with communities across the County with another 8 schemes are expected to go live within the next few months.

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

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

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

We are working hard to expand our Community First Responder Schemes in rural areas and continue with our successful campaign to place more defibrillators in villages and training local communities to use them.

### Co Responder Schemes

We have been working with the RAF in training their staff in First Person on Scene and emergency driver training. They have undertaken a number of fundraising events to provide additional response vehicles and are working in partnership with us to provide a crew of 2 in a rapid response vehicle to attend a range of life threatening calls. This is a similar position as for Community Responders, but with the added bonus of a blue light capable response, some additional training and an agreed number of hours of cover.

We have also been working with colleagues from Buckinghamshire & Milton Keynes Fire & Rescue Service to provide a similar scheme as the RAF, responding initially from Fire Stations.

Currently there are 3 Stations running, High Wycombe, Marlow and Chesham. The main difference currently between this and the RAF schemes is the ability to respond on blue lights. High Wycombe will be the first scheme to undertake this training, which will be 4 members of the scheme in December.

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.

## Frequent Callers

We have been asked to provide some commentary on a Health and Social Care Information Centre document with regard to the Frequent Caller Procedure.

http://www.hscic.gov.uk/catalogue/PUB14601/ambu-serv-eng-2013-2014-rep.pdf

### National Perspective

The previous Frequent Caller Ambulance Quality Indicator (AQI) was loosely defined (pre April 2014), resulting in large variation in practice and reporting between ambulance services. The consequence of this is that the previous AQI was not usable as a measure of quality, as it relied upon locally agreed definitions and policies, which are able to change at any time. A new AQI has been developed which includes a national definition of frequent callers, and each ambulance service will move to similar reporting.

The previous AQI for Frequent Callers is defined as 'Emergency calls from patients for whom a locally agreed frequent caller procedure is in place' (*SQU03_2_3_1).* Ambulance services have different definitions of what constitutes a frequent caller and how they should be managed, meaning that where data is available from different Trusts, it has little meaning. In some cases ambulance services do not have a definition of a frequent caller, meaning they are unable to report to the AQI.

A more recent Frequent Caller definition has been developed nationally – as someone who makes 5 or more emergency calls in a month, or 12 or more emergency calls in 3 months. This definition was agreed by ambulance service representatives through the Frequent Caller National Network. The aim of the AQI is to make sure patients who are not receiving appropriate care are identified early in their care trajectory and managed, so as to improve their quality of care and reduce reliance on emergency ambulance response to meet their care needs.

**SCAS Perspective**

The new Frequent Caller AQI allows a patient to have up to 44 emergency incidents in a twelve month period, without being identified and classified as a frequent caller. SCAS will report to the national AQI standard, however internally we identify and manage Frequent Callers differently.

On a quarterly basis the previous 12 months emergency incident activity is collated by individual patient. Patients are identified by NHS number, first name, surname and DOB. All patients who have 10 or more incidents in the previous 12 months are referred back to their GP (by activity statement) for review, assessment and a suitable care plan, if appropriate to need.

Many patients present to 111 and 999. To ensure patients do not slip through the net, SCAS combine the 111 and 999 incident activity, to present an accurate picture of emergency and urgent patient contact activity.

Many patients have unmet and unmanaged needs, but they are not emergency ambulance needs. Some patients are prolific in their contact activity and SCAS seek to directly manage these patients and support their navigation through locality systems, to get their needs met by the most appropriate provider. Some high intensity users of the service will continue to make emergency and urgent calls. For these patients it is important that SCAS have an appropriate care plan, so that their needs can be directly aligned with the appropriate provider / community provision appropriate to need.

Currently within the Aylesbury Vale and Chiltern CCG areas there are 334 patients who meet the criteria of contacting either 111 or 999 more than 10 times within the last 12 months (up to the end of Quarter 2). This data is shared with the CCG's. SCAS were successful in obtaining some winter resilience funding to provide a post to assist in managing this group of callers.

## Cardiac Arrest survival rates

We have been asked to comment on a media article regarding high cardiac arrest survival rates and lowest number of resuscitation attempts by SCAS clinicians and responders, when compared with other ambulances services nationally.

http://www.bbc.co.uk/news/health-26229072

All NHS Ambulance Trusts are required to report on a range of Clinical Quality Indicators to enable benchmarking between services nationally. In relation to Cardiac Arrest, we are required to report on numbers of patients suffering a cardiac arrest with a return of spontaneous circulation (ROSC) and survival to discharge from hospital.

Following this report, auditors were instructed by the SCAS Board to analyse these results and our reporting procedures. The audit discovered a number of issues relating to our recording and reporting procedures, related to both human and system factors. This included errors in written clinical coding by ambulance clinicians and issues with the IT systems that read and reported on our Patient Clinical Records. Following a review and correction of our reporting mechanisms we are now reporting on 40-50% more resuscitation attempts, but our cardiac arrest survival rate remains broadly the same. The chart below demonstrates the last published national quality indicators related to cardiac arrest.

**National Ambulance Clinical Quality Indicators (Apr to Aug 2014)**

| Clinical Quality Indicator | Units | East Midlands | East of England | Isle of Wight | London | North East | North West | South Central | South East Coast | South Western | West Midlands | Yorkshire | All |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ROSC | % | 16.7 | 18.7 | 15.8 | 32.4 | 26.4 | 26.0 | 38.0 | 28.6 | 22.0 | 28.1 | 20.7 | 25.5 |
| ROSC - Utstein | % | 26.8 | 38.9 | 50.0 | 57.9 | 53.3 | 46.3 | 50.0 | 56.1 | 43.6 | 45.0 | 48.9 | 46.9 |
| Cardiac - STD | % | 6.2 | 5.1 | 10.5 | 5.1 | 3.1 | 7.8 | 15.4 | 9.8 | 9.7 | 9.8 | 6.7 | 7.7 |
| Cardiac - STD Utstein | % | 14.3 | 13.0 | 25.0 | 18.2 | 18.5 | 29.6 | 30.7 | 29.4 | 28.7 | 31.3 | 34.1 | 25.6 |

**Conclusion**

- This year has seen considerable growth in Buckinghamshire activity with 48% growth in Red 1 calls and 38% in Red 2 calls needing an 8 minute response.
- There is variation in performance across Thames Valley and within Buckinghamshire
- There is some evidence of good quality interventions in the service when compared with other areas.
- Innovative schemes are being trialled to enhance performance in local areas
- Recruiting workforce continues to be a challenge

## References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NHS England (2014) *Every Counts: Planning for Patients. Technical Definitions for Clinical Commissioning Groups and Area Teams.* (2nd Edition) London: NHS Confederation.