



Report to Oxfordshire County Council PHOSC 20th June 2014

Response Standards and Demand – Full Year 2013/14

South Central Ambulance Service NHS Foundation Trust achieved the required performance standard for all Red calls, both corporately and at CCG level for the first time ever.

Within Oxfordshire, demand has risen by 7%. The increase of acuity of calls Red(potentially life threatening) has risen by 9%.

From April 1st - May 15th 2014 we have seen an increase of 24% in Red calls and a 6% increase in total calls compared with the same period last year.

Both of these factors demonstrate significant pressure on performance delivery particularly coping with very difficult conditions resulting from flooding last year.

Whilst not commissioned to achieve this standard at any geographical level below "Cluster", SCAS continues to work closely with individual CCGs and their associated Health and Social Care economies to consider and introduce methods and processes to improve our ability to respond quickly to all our patients irrespective of where they are across our whole geography.

The table below shows our response performance, by year, for Oxfordshire as a whole and by individual Oxfordshire District Council areas.

The information shows the percentage of "Red" calls with a response within 8 minutes (the national standard is 75%) and the percentage of occasions a suitable transporting vehicle on scene within 19 minutes (the national standard is 95%).

	2012/13				2013/14				2014/15 (2 months)			
	Red 8	Red 19	Red Incidents	Average Growth	Red 8	Red 19	Red Incidents	Growth	Red 8	Red 19	Red Incidents	YOY Growth
Oxon	76.84%	95.15%	18917	26.10%	74.54%	95.21%	20588	8.83%	74.95%	95.33%	4095	28.61%
% Reds			25.20%				25.70%				29.40%	
Cherwell	84,45%	97.48%	4283	30.80%	82.58%	96.13%	4893	14.24%	83.61%	95.04%	970	33.43%
Ox City	91.18%	99.24%	5503	31.60%	91.61%	99.18%	6469	17.55%	91.96%	99.69%	1281	27.34%
S Ox	57.25%	90.65%	3150	16.30%	52.55%	91.46%	3232	2.60%	51.47%	90.87%	647	26.37%
VoWH	69.22%	92.46%	3071	26.40%	67.96%	94.02%	3451	12.37%	70.68%	95.17%	663	26.05%
West Ox	66.45%	91.42%	3141	18.20%	52.38%	89.43%	2678	-14.74%	51.97%	90.13%	557	28.34%

Oxford, Cherwell and Oxford City Districts performed well however the increase in demand has again shown itself in a reduction in performance in South Oxfordshire, West Oxfordshire and Vale of White Horse. Although demand continues to increase resources have been put into these areas further progress is still required with rural areas remaining our biggest challenge in the face of sustained increases in overall demand.

Long Waits

We are now reporting on "Long waits" with all calls missed undergoing detailed analysis and action plans against the demand curve. (Please see long wait slides)

There has been a continued improvement in our ability to provide our patients with the right care first time. This is evidenced through a steady increase in the number of patients handled locally within their primary care setting, rather than inappropriately transferring them into an Emergency Department (ED). A greater focus on Hear and Treat is being undertaken. Our See and Treat patients i.e. those managed in a Primary Care setting has continually increased from 34% in 2011/12 to 43% year to date.

We continue to strive for greater efficiency, methodologies and processes.

This includes:

- Continued review of staff rotas in the light of current demand profiles and deployment of crews.
- Introduction of Electronic Patient Records (EPR) during 2014/5 will replace the current paper forms and send electronic copies to hospitals, GPs.
- Integration of 111-999 pathways within SCAS Emergency Operations Centre.

Community First Responders (CFR).

The development and deployment of community first responders (CFRs) across Oxfordshire continues to support our front line operations. Whilst these volunteers are no substitute for our fully qualified staff they are able to respond to certain time critical life threatening calls within their neighbourhood making a real difference by saving seconds and minutes whilst paramedics are on route which can make the difference to the outcome.

A recent restructure of the (CFR) department has included an increase the establishment with the aim of even greater focus on high priority areas following the result of detailed analysis. We have also introduced 2 staff responsible for the development of Public Access Defibrillator (PAD) sites whilst setting an ambitious target of increasing our CFR volunteers by 50%. A publicity campaign has been launched with newsletters, advertisements in the County press and Oxford Mail.

Recent Investment has been made by SCAS to introduce a new paging system with new pagers issued to all CFR volunteers. The new system has the following benefits:

- Speed up message sending and handling improving mobilisation times
- Increased coverage to 99% of county
- Able to track volunteers very accurately
- Enabling volunteers to move location whilst remaining available
- Enabling volunteers to be diverted to a more serious calls if required

A local benefactor who gave £50,000 towards PAD sites in West Oxfordshire has enabled a phased roll out of PAD's in 24 villages. West Oxfordshire District council has agreed to further fund 50% of the cost of a PAD if parish councils fund the other 50%. So far 30 villages have expressed an interest.

South Central Ambulance Service (SCAS) long term plan is to introduce a static defibrillator in all secondary schools whilst training more than 400 people in Cardio Pulmonary Resuscitation (CPR) and use of an Automatic External Defibrillator (AED) within the last 6 months.

Individual campaigns by members of the public are raising funds for static and PAD sites in and around Henley, Wallingford and Thame

Co-Responders

Work continues in forging closer links with the fire service and other military responders with Co-responding schemes extending to 4th year medical students.

The introduction of Hospital Ambulance Liaison Officers (HALO) working in Emergency Departments during winter pressure periods has been a real success with a significant reduction In delays in Ambulances queuing and improved coordination between Ambulance and ED staff.

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