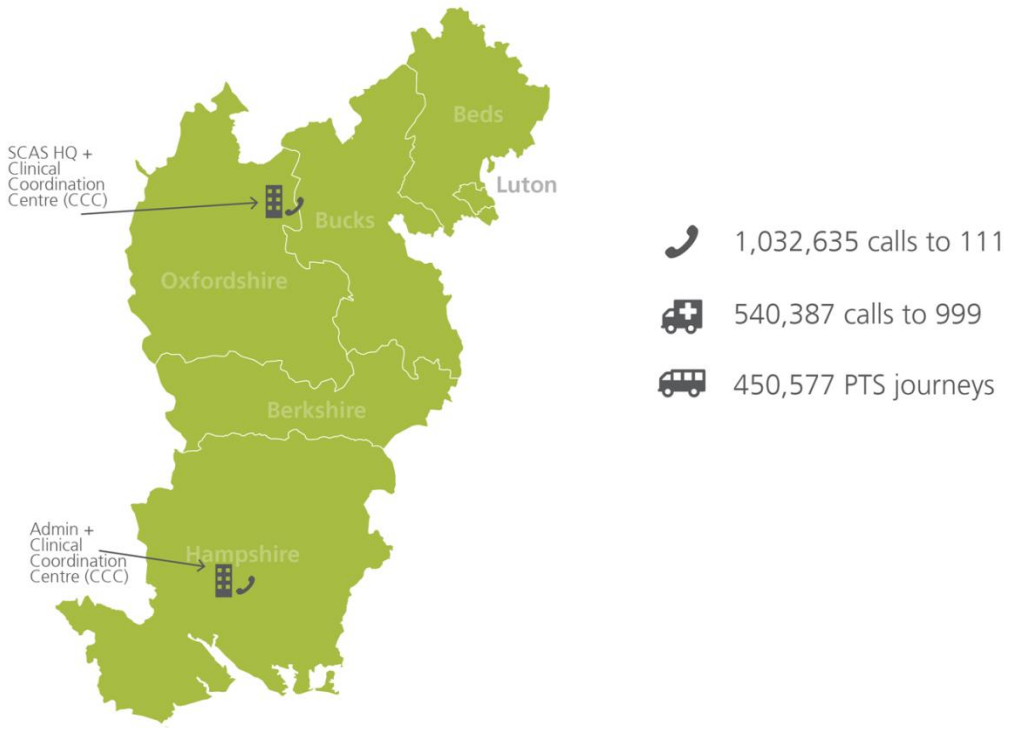
South Central Ambulance Service NHS
NHS Foundation Trust

Report to Oxfordshire County Council Health Overview and Scrutiny Committee
February 2016

Background

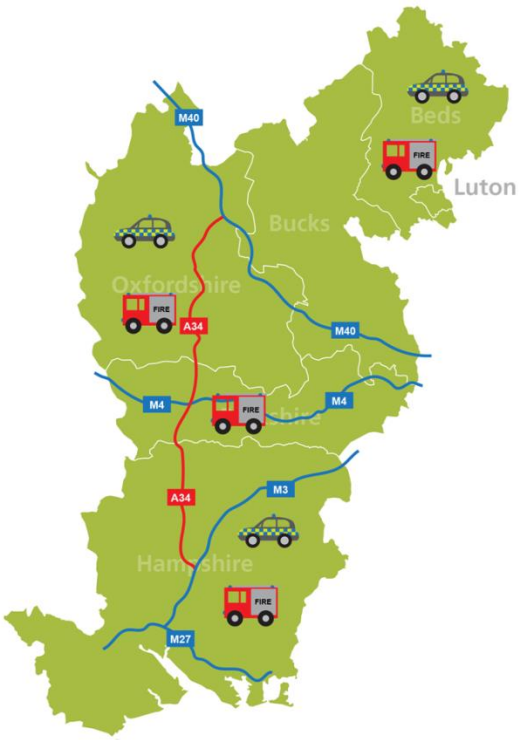
South Central Ambulance Service NHS Foundation Trust (SCAS) is contracted to provide the Accident and Emergency (A&E) ambulance service to the Thames Valley, Milton Keynes and Hampshire regions, the Patient Transport Service (PTS) to the Thames Valley, Milton Keynes and Hampshire regions and the NHS 111 services to the Thames Valley, Hampshire, Bedfordshire and Luton regions.



The A&E, PTS and NHS 111 services within Oxfordshire are provided via the Thames Valley contracts which are commissioned by North and West Reading Clinical Commissioning Group (CCG) on behalf of the commissioning groups in Oxfordshire, Berkshire and Buckinghamshire.

- 3,000 staff [400 NHS 111 staff]
- 1,000 CFRs and volunteers
- 83 Volunteer car drivers
- 40 Sites
- 489 vehicles
- Population 4.6 million
- 7 RAF bases
- 7 prisons
- Atomic Weapons Establishment
- VIPs: David Cameron - Witney
  Theresa May - Sonning
  Chequers
- 1 secure hospital

SCAS is a single fully integrated organisation working in a complex setting. Some of the partners we work with are shown below.



- 12 Acute sites
- 2 Major Trauma Centres
- 7 Specialist SItes
- 6 Mental health trusts
- 836 GP Surgeries
- 568 Dental practices
- 380 Opticians branches
- 791 Pharmacies
- 21 CCGs
- 31 Local Authorities
- 45 MPs
- 13,500 FT members

999 Performance Measurements

The current A&E contract with SCAS for 2015/16 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. The most commonly known performance measures are the Red 1, Red 2 and Red 19 performance measures.

The Red 1 performance measure is responding to 75% of all immediately life-threatening (RED 1 categorised) calls within 8 minutes from the time the call is connected to the ambulance service. To achieve this measure a defibrillator must be with the patient and someone must be there who is trained to use this within 8 minutes.

The Red 2 performance measure is responding to 75% of all other life-threatening (RED 2 categorised) calls within 8 minutes.
Similar to achieving the red 1 measure a defibrillator must be with the patient and someone must be there who is trained to use this within 8 minutes.

The Red 19 performance measure is responding a transporting ambulance to all life-threatening calls (RED 1 and RED 2 categorised) calls within 19 minutes. The clock start of this measure is the same as the clock start for the category of call, e.g. Red 1 at call connect. To achieve this measure a vehicle is required to be on scene that can clinically safely transport the patient to hospital or other appropriate location, it does not have to be the actual vehicle used. Under national definition, this could be a rapid response vehicle or ambulance. For SCAS this is defined as a vehicle that can be driven under blue light conditions and has at minimum a Dual Emergency Care Assistants (ECA) or single Ambulance Technician skill set.

In the majority of cases the Red 8 minute and 19 minute performance measures will be stopped by the same resource. The exceptions for those that can only achieve Red 1 and Red 2 performance measures (provided they have the Defibrillator) are the majority of indirect resources (including Community First Responders and Co-Responders).

As with all NHS commissioned services, contract penalty clauses can apply should the Trust not achieve the required performance standards. The penalty clauses will be discussed between commissioners and the Trust should the performance fail to meet the required standard for 2015/16.

Ambulance Quality and Clinical Indicators Changes

NHS England has recently updated the Ambulance Quality and Clinical Indicators (AQIs) which provide guidance to ambulance trusts on how to record and report performance. They came into effect on 5 January 2016. This will affect any comparisons of performance to previous dates. Summarised below are the changes that will affect SCAS.

- The new AQIs make clear that the clock should start for calls transferred from NHS 111 when the call presents to the 999 dispatch system (CAD). This is current practice in SCAS for Red 1 calls however for Red 2; we used to start the clock, in line with other Red 2s. As a result of this change, the despatcher will no longer receive any advance warning of the call.
- The updated guidance makes it clear we cannot re-triage Red 1 or Red 2 calls passed from NHS 111. Within SCAS the number of Red 1 calls from NHS 111 that

we re-triage is minimal but we used to re-triage a larger number of Red 2 calls from NHS 111.

- The updated guidance makes it clear we cannot re-triage Red 1 calls originating from 999 (Red 2 calls are not included in the prohibition). We have clinicians working within our Clinical Coordination Centres (CCC) who review the appropriate response to some red 2 calls to ensure the appropriate response is dispatched and the patient is supported clinically over the phone.
- The updated guidance is now more detailed about the use of defibrillators (AEDs). Under the new rules, AEDs need to be confirmed as being at the patient's side (as opposed to previously "on scene") before the clock can be stopped at both Public Access sites (PADs) and Community Public Access sites (CPADs). (The difference between a PAD and a CPAD is that a CPAD site is fully open to the public whereas a PAD site is restricted to, say, a shop, nursing home or factory.) However, SCAS already effectively applying the new rule for CPAD sites.
- The AQI update provides more guidance with regards to reporting on subsequent calls with a different priority from the original call. The guidance states that if a subsequent call is received from a patient, and that subsequent call is re-triaged to a different category from the original, the clock should restart from the time of the new call.

The potential impact from these changes is a drop of 1-2% in SCAS performance for Red 1 and 2 calls. SCAS are already implementing these changes and adapting our processes to ensure the best possible response for your patients in line with these new requirements.

National Ambulance Response Programme

The second phase of a national NHS trial to assess whether changes to dispatching ambulances to 999 calls would improve the chances of survival for patients with the most serious conditions was implemented across SCAS in October 2015.

Initial results from an early pilot undertaken by South Western Ambulance Service (SWAST) have demonstrated improvements in service responses and clinical outcomes for patients.

The skills of ambulance crews and the clinical condition of patients who dial 999 have changed significantly over the years, but the way in which ambulance performance is measured nationally has not altered to reflect this change.

Previously all ambulance trusts are required to reach 75% of patients who are assessed with potentially life-threatening symptoms and categorised as "Red2" within an eight minute response window. For us to achieve this, emergency dispatchers frequently have to allocate more than one vehicle to 999 calls before our emergency call-takers have determined the exact nature of the problem.

Clinical evidence demonstrates that approximately only 10% of 999 calls are genuinely life threatening, however, ambulance control rooms currently categorise around 40% of calls as such, partly because emergency call takers only have 60 seconds to gather the information they need before an ambulance vehicle must be allocated to achieve previous targets.

When multiple emergency resources are dispatched to a single incident, there are fewer available for patients who are really in need of emergency clinical assistance.

During the pilot, which started on 19 October 2015 ambulances will continue to be dispatched immediately to the most serious 'Red 1' calls, where a patient is known to be in or at risk of cardiac arrest. However, 999 emergency call takers will have extra assessment

time of up to 120 seconds for all other 999 calls to make the right decision for the clinical needs of the patient.

A staff survey will be carried out before the pilot is evaluated next year and a final report will be submitted to the Secretary of State for Health. A similar survey of ambulance control and field operational staff in SWAST in the first month of their trial demonstrated that half of all respondents felt that demand was being managed more effectively and two-thirds felt the effectiveness of triage and ability to dispatch had improved. One in five emergency front line crews also reported that their meal break allocation was much more effective and almost half reported a decrease in being stood down from incidents.

The extra time for a more detailed telephone assessment also demonstrated an increase in the proportion of 999 calls resolved through telephone advice (Hear and Treat) by up to 30 per cent, also freeing ambulances for patients who need to be treated at scene and taken to hospital. The experience in SWAST has also identified a reduction in crew delays at hospital and a decrease in the number of patients waiting for an ambulance.

An assessment of the clinical outcomes of South West patients indicated that there was no adverse effect in the quality of care delivered to patients.

Since the introduction of NARP in SCAS, we have reduced the response ratio to incidents. This is from having the ability to despatch the right resource to the patient, the first time. This has resulted in hundreds of less ambulance journeys.

Clinical Performance and Patient Outcomes

Since 1 April 2011, a new set of performance indicators has been introduced for all ambulance services in England. The new ambulance clinical quality indicators aim to provide the public with the information they need to be able to see the quality of care being delivered by ambulance services.

As well as maintaining fast response times for the most seriously ill patients, the data also show that ambulance services are using their clinical skills to treat patients or transport them to the most appropriate services.

The clinical indicators include data on the treatment and transport of the following conditions:

- Outcome from acute ST-elevation myocardial infarction (STEMI - a type of heart attack)

This indicator requires ambulance services to ensure delivery of rapid assessment and treatment for patients experiencing this type of heart attack, as this is crucial to the cardiac care pathway which aims to restore coronary blood flow thereby improving patient outcomes.

- Outcome from cardiac arrest - return of spontaneous circulation

This indicator will measure how many patients who are in cardiac arrest but following resuscitation have a pulse/ heartbeat on arrival at hospital.

- Outcome from cardiac arrest - survival to discharge

Following on from the second indicator, this one will measure the rate of those who recover from cardiac arrest and are subsequently discharged from hospital.

- Outcome following stroke for ambulance patients

This indicator will require ambulance services to measure the time it takes from the 999 call to the time it takes those F.A.S.T-positive stroke patients to arrive at a specialist stroke centre so that they can be rapidly assessed for treatment called thrombolysis.

- Proportion of calls closed with telephone advice or managed without transport to A&E (where clinically appropriate)

This indicator should reflect how the whole urgent care system is working, rather than simply the ambulance service or A&E, as it will reflect the availability of alternative urgent care destinations (for example, walk-in centres) and providing treatment to patients in their home.

- Re-contact rate following discharge of care (i.e. closure with telephone advice or following treatment at the scene)

If patients have to go back and call 999 a second time, it is usually because they are anxious about receiving an ambulance response or have not got better as expected. Occasionally it may be due to an unexpected or a new problem. To ensure that ambulance trusts are providing safe and effective care the first time, every time, this indicator will measure how many callers or patients call us back within 24 hours of the initial call being made.

- Call abandonment rate

This indicator will ensure that we and other ambulance services are not having problems with people phoning 999 and not being able to get through.

- Time to answer calls

It equally important that if people/patients dial 999 that they get call answered quickly. This indicator will therefore measure how quickly all 999 calls that we receive get answered.

- Service experience

All ambulance services will need to demonstrate how they find out what people think of the service they offer (including the results of focus groups and interviews) and how we are acting on that information to continuously improve patient care.

- Time to treatment by an ambulance-dispatched health professional

It is important that if patients need an emergency ambulance response, that the wait from when the 999 call is made to when an ambulance-trained healthcare professional arrives is as short as possible, because urgent treatment may be needed.

The Trust's recent Ambulance Clinical Quality Indicators are published online by the NHS England. SCAS has a strong track record of strong clinical performance. One area we are striving to improve upon is our time taken to transport FAST positive stroke patients to a specialist centre. The Trust is working through an action plan to make improvements. We are assured that patients are still receiving high quality care as shown by the Trust's high level of compliance with the nationally defined care bundle.

As part of the 2015/16 contract the CCG has agreed with SCAS a long-wait review process. This is where SCAS reviews calls that have waited an uncharacteristically long time for an ambulance response. This 'end to end' review includes all categories of calls to the ambulance service and has individual inclusion parameters depending on the category of call. The review aims to gain learning, potential for improvement and themes for mitigating actions therefore improving our processes. This review includes review of cotemporaneous notes from the Emergency Operations Centre, an assessment of the clinical risk to the patients using a standardised 5x5 matrix, a review of the Patient Clinical Record to understand the clinical outcome for the patients and the effect these waits had on the patient's experience.

This continues to be a focus for the Trust and will enable early identification and learning of specific issues, internally this monitored by the Patient Safety Group and to demonstrate further assurance, this year long waits is the Governor selected indicator. Further scrutiny and assurance is provided by the Contract Quality Review Meeting (CQRM).

SCAS continues to strive for clinical excellence and an area which we have invested in this year is Specialist Paramedics. Specialist Paramedics are Paramedics trained to a higher standard of knowledge and skills in urgent care. The Specialist Paramedics are trained in partnership with Oxford Health NHS Foundation Trust. With their increased knowledge and skills, Specialist Paramedics will bring healthcare to the patients, managing more patients in

their local communities and supporting other ambulance clinicians with more appropriate care pathways other than the traditional Accident and Emergency pathway.

The Trust is also working closely with our partners to improve our Critical Care provision across the South Central region. We are increasing our Emergency Care Response Unit (ECRU) response provision through an additional ECRU response vehicle. We are also working with both Air Ambulances to provide a greater HEMS provision which will include flying through the night.

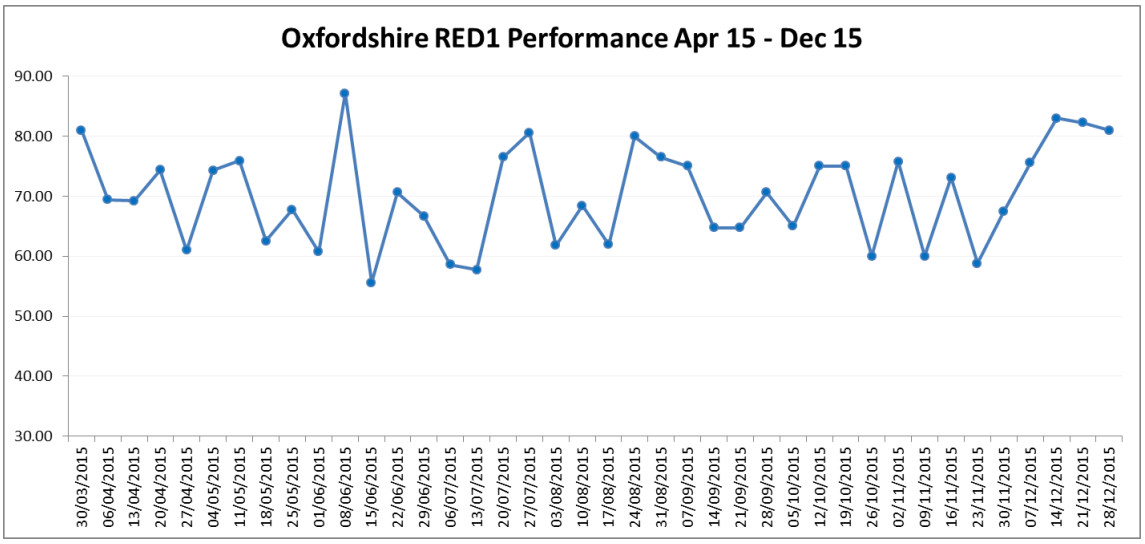
Activity and 999 Performance

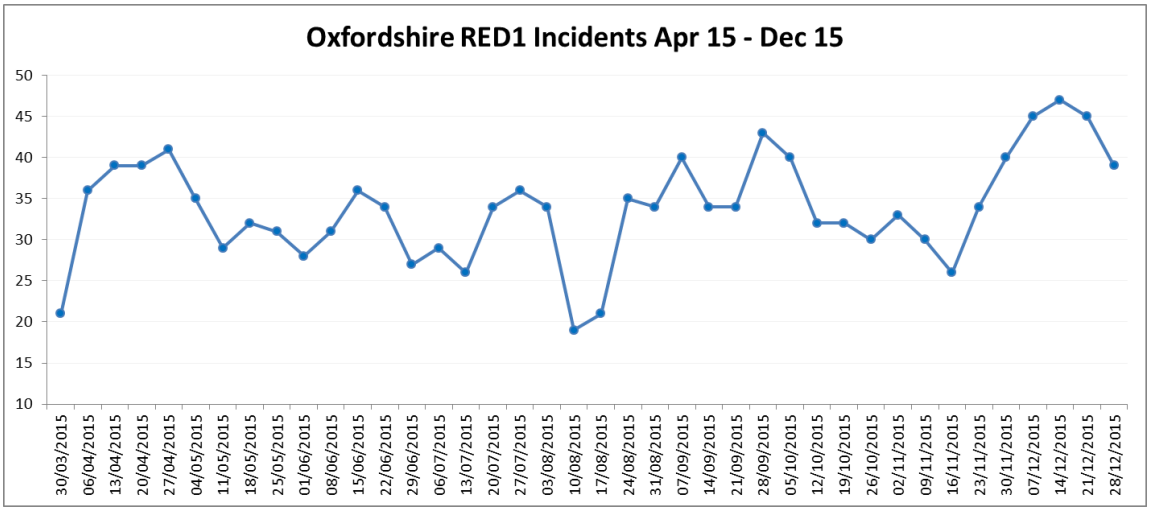
Demand for 999 services continues to grow in activity this year. Last year growth in Oxfordshire was approximately 8%. The level of Red calls which required an 8 minute response however rose by 31% compared to the same periods in 2013/14. This growth and impact has been greater outside the urban areas. Both of these factors are continuing to place significant pressure on performance delivery. As shown in the demand graphs below, this trend of increasing acuity of calls is continuing through 2015/16.

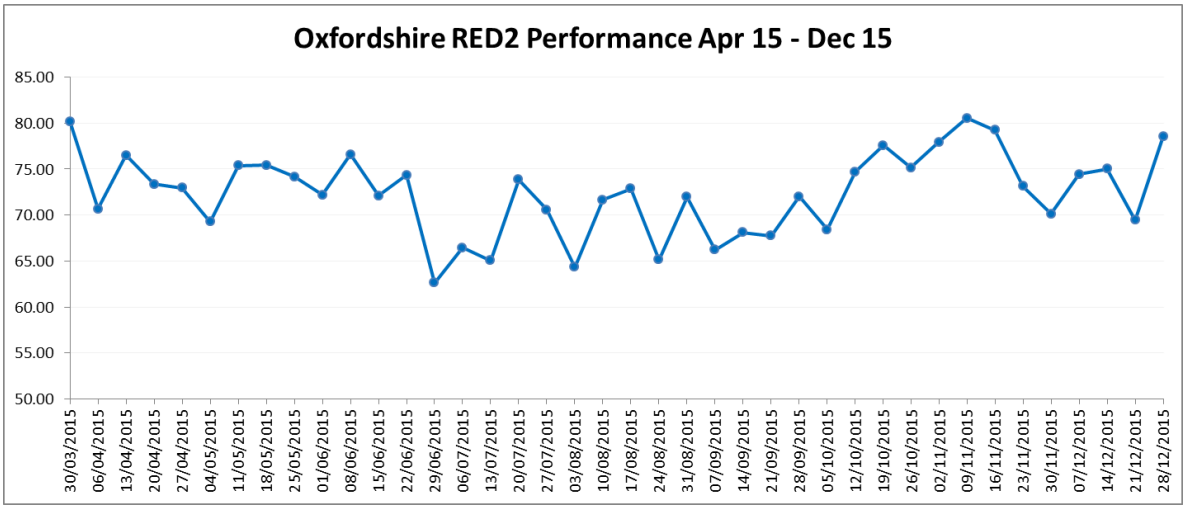
The table below shows the number of Red categorised incidents and subsequent performance for SCAS within Oxfordshire Clinical Commissioning Group (CCG) Boundary from April 2015 until the end of December 2015.

Week Starting	RED1-8min Performance	Red1-8min Incidents	RED2-8min Performance	Red2-8min Incidents	RED2-19min Performance	Red19 Incidents
30/03/2015	80.95	21	80.17	348	93.95	368
06/04/2015	69.44	36	70.65	477	92.13	506
13/04/2015	69.23	39	76.52	460	94.09	496
20/04/2015	74.36	39	73.35	469	93.12	504
27/04/2015	60.98	41	72.95	488	91.53	525
04/05/2015	74.29	35	69.28	459	93.65	492
11/05/2015	75.86	29	75.39	447	93.21	471
18/05/2015	62.50	32	75.43	460	92.12	488
25/05/2015	67.74	31	74.18	457	93.65	488
01/06/2015	60.71	28	72.20	500	95.38	526
08/06/2015	87.10	31	76.59	487	93.58	514
15/06/2015	55.56	36	72.09	498	92.94	532
22/06/2015	70.59	34	74.36	472	95.34	506
29/06/2015	66.67	27	62.62	543	88.70	567
06/07/2015	58.62	29	66.45	465	92.24	493
13/07/2015	57.69	26	65.04	472	89.83	498
20/07/2015	76.47	34	73.87	444	93.68	477
27/07/2015	80.56	36	70.56	479	91.86	515
03/08/2015	61.76	34	64.34	516	89.86	547
10/08/2015	68.42	19	71.64	529	94.42	538
17/08/2015	61.90	21	72.89	509	95.43	524
24/08/2015	80.00	35	65.15	505	90.48	539
31/08/2015	76.47	34	71.98	496	93.13	529
07/09/2015	75.00	40	66.20	503	93.84	543
14/09/2015	64.71	34	68.10	536	91.04	570
21/09/2015	64.71	34	67.76	490	92.65	524
28/09/2015	70.59	43	72.00	500	92.50	543
05/10/2015	65.00	40	68.44	488	93.15	527

12/10/2015	75.00	32	74.71	526	93.17	556
19/10/2015	75.00	32	77.60	509	95.36	539
26/10/2015	60.00	30	75.16	475	93.45	504
02/11/2015	75.76	33	77.94	476	95.28	509
09/11/2015	60.00	30	80.54	519	96.17	549
16/11/2015	73.08	26	79.26	487	95.89	511
23/11/2015	58.82	34	73.15	555	93.03	588
30/11/2015	67.50	40	70.11	562	93.18	601
07/12/2015	75.56	45	74.45	595	92.78	637
14/12/2015	82.98	47	75.00	576	94.38	623
21/12/2015	82.22	45	69.46	560	93.38	604
28/12/2015	80.95	39	78.55	611	95.99	650






Oxfordshire RED2 Performance Apr 15 - Dec 15
85.00
80.00
75.00
70.00
65.00
60.00
55.00
50.00
30/03/2015
06/04/2015
13/04/2015
20/04/2015
27/04/2015
04/05/2015
11/05/2015
18/05/2015
25/05/2015
01/06/2015
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28/09/2015
05/10/2015
12/10/2015
19/10/2015
26/10/2015
02/11/2015
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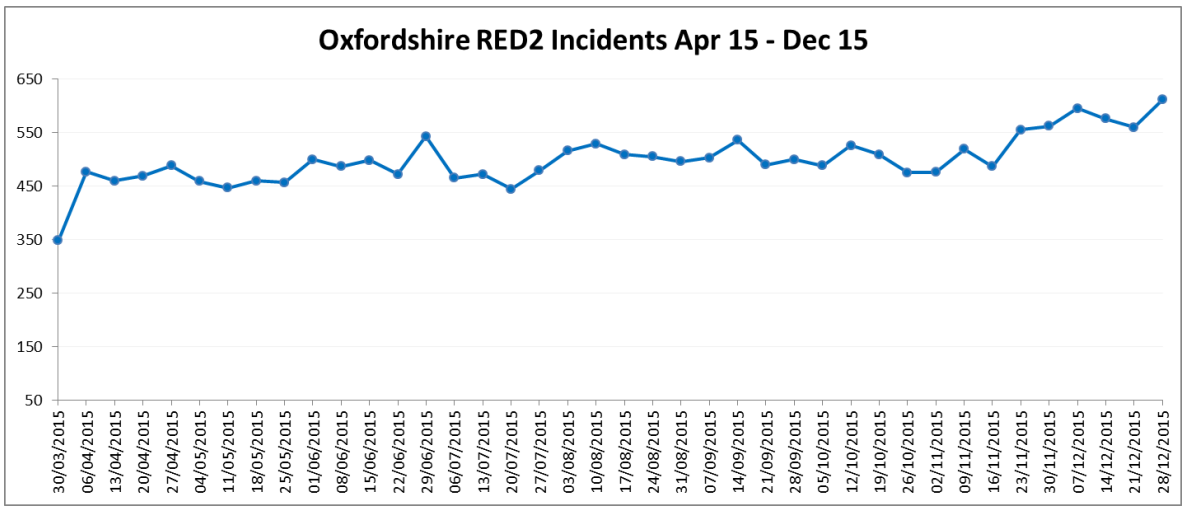
23/11/2015
30/11/2015
07/12/2015
14/12/2015
21/12/2015
28/12/2015


Oxfordshire RED2 Incidents Apr 15 - Dec 15
650
550
450
350
250
150
50
30/03/2015
06/04/2015
13/04/2015
20/04/2015
27/04/2015
04/05/2015
11/05/2015
18/05/2015
25/05/2015
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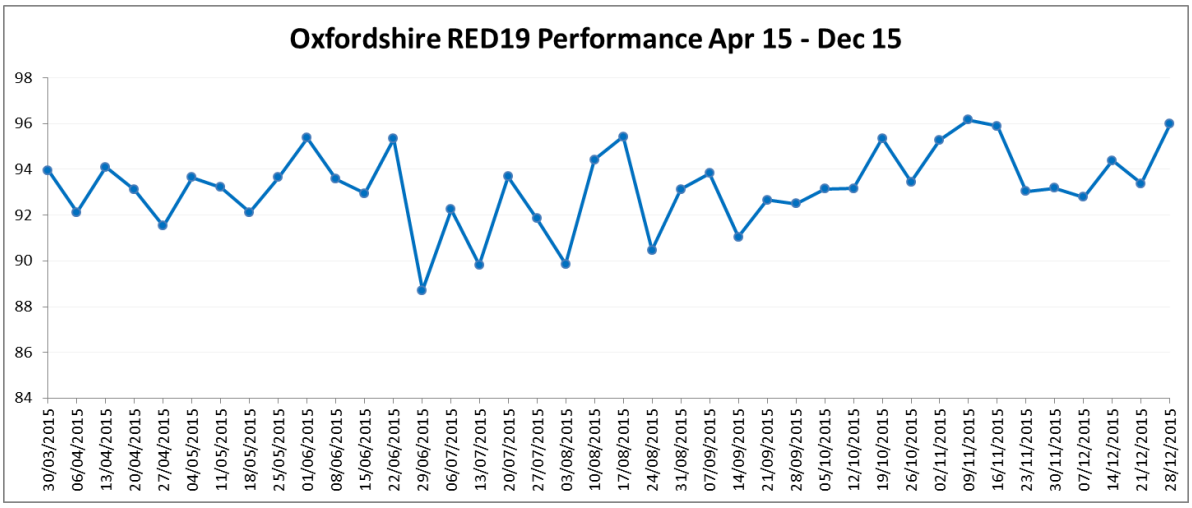
Oxfordshire RED19 Performance Apr 15 - Dec 15
98
96
94
92
90
88
86
84
30/03/2015
06/04/2015
13/04/2015
20/04/2015
27/04/2015
04/05/2015
11/05/2015
18/05/2015
25/05/2015
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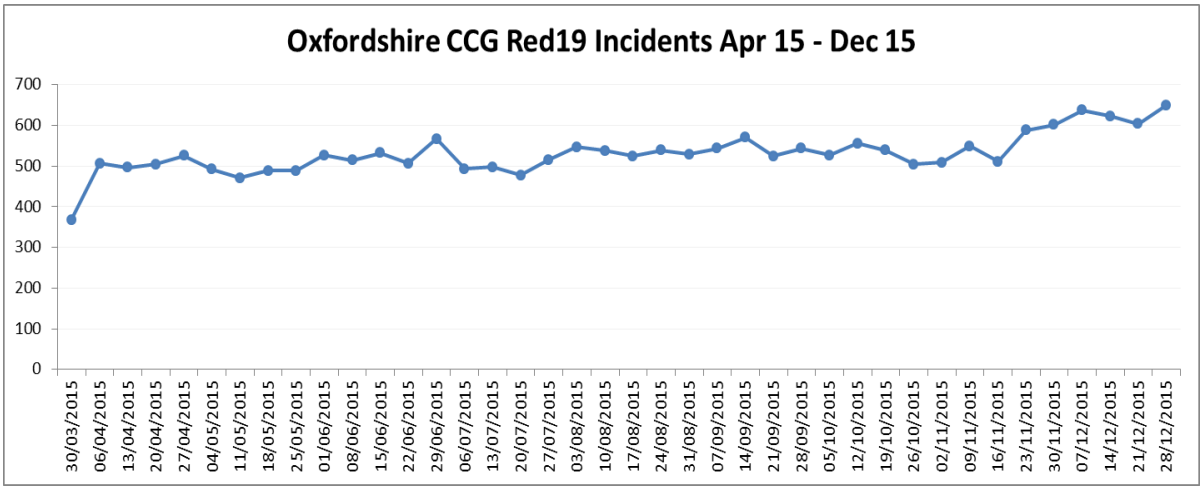
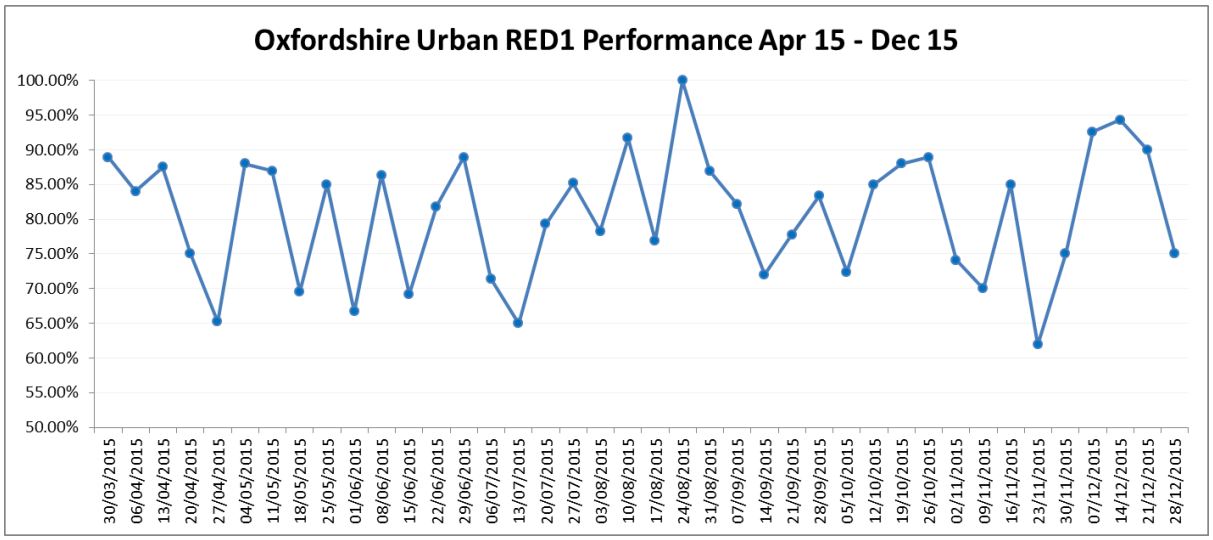
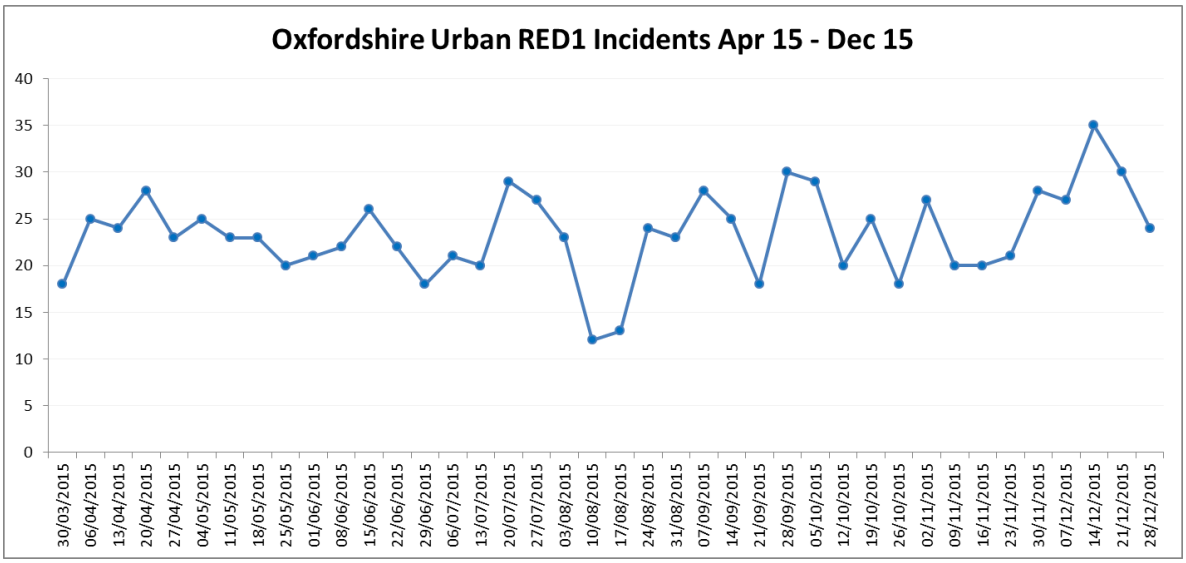


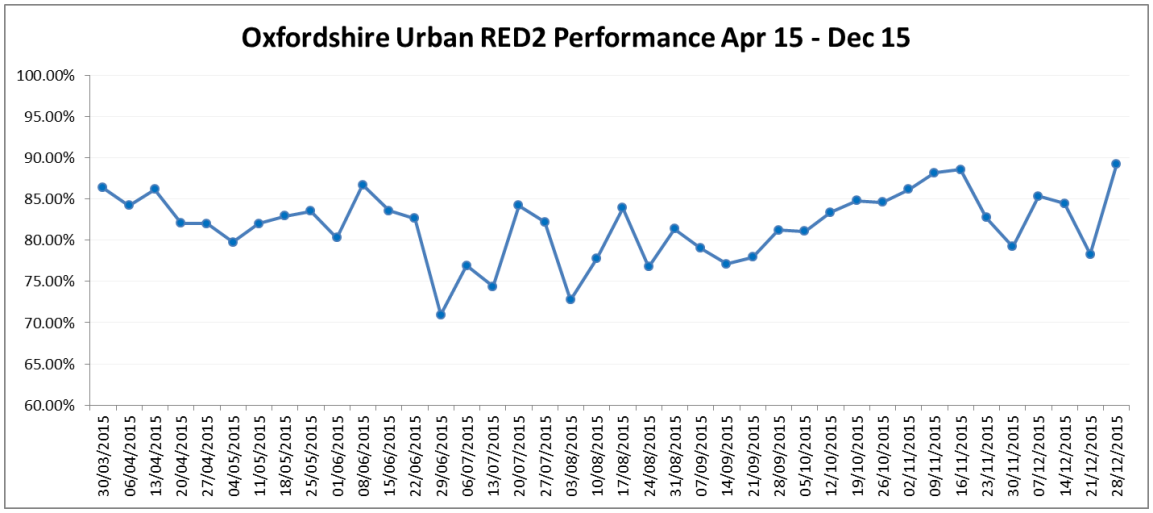
Urban Performance

Week Starting	Red1-8min Incidents	Red1-8min Performance	Red2-8min Incidents	Red2-8min Performance	Red19 Incidents	Red 19 Performance
30/03/2015	18	88.89%	250	86.40%	268	95.90%
06/04/2015	25	84.00%	330	84.24%	352	95.17%
13/04/2015	24	87.50%	347	86.17%	368	96.47%
20/04/2015	28	75.00%	335	82.09%	361	95.29%
27/04/2015	23	65.22%	356	82.02%	377	94.96%
04/05/2015	25	88.00%	326	79.75%	350	97.14%
11/05/2015	23	86.96%	317	82.02%	336	94.35%
18/05/2015	23	69.57%	334	82.93%	356	95.22%
25/05/2015	20	85.00%	334	83.53%	354	97.18%
01/06/2015	21	66.67%	366	80.33%	385	96.62%
08/06/2015	22	86.36%	331	86.71%	349	98.57%
15/06/2015	26	69.23%	359	83.57%	385	96.62%
22/06/2015	22	81.82%	329	82.67%	351	98.29%
29/06/2015	18	88.89%	375	70.93%	391	93.09%
06/07/2015	21	71.43%	334	76.95%	355	94.08%
13/07/2015	20	65.00%	324	74.38%	344	94.19%
20/07/2015	29	79.31%	317	84.23%	345	96.23%
27/07/2015	27	85.19%	343	82.22%	370	95.41%
03/08/2015	23	78.26%	367	72.75%	388	91.49%
10/08/2015	12	91.67%	392	77.81%	398	97.24%
17/08/2015	13	76.92%	355	83.94%	364	97.25%
24/08/2015	24	100.00%	340	76.76%	363	94.49%
31/08/2015	23	86.96%	349	81.38%	371	97.04%
07/09/2015	28	82.14%	343	79.01%	371	97.84%
14/09/2015	25	72.00%	393	77.10%	418	93.30%
21/09/2015	18	77.78%	340	77.94%	358	95.53%
28/09/2015	30	83.33%	341	81.23%	371	94.88%
05/10/2015	29	72.41%	344	81.10%	373	96.51%
12/10/2015	20	85.00%	379	83.38%	399	96.99%
19/10/2015	25	88.00%	375	84.80%	400	96.25%
26/10/2015	18	88.89%	344	84.59%	362	96.41%
02/11/2015	27	74.07%	333	86.19%	360	95.83%
09/11/2015	20	70.00%	356	88.20%	376	98.40%

16/11/2015	20	85.00%	341	88.56%	359	98.05%
23/11/2015	21	61.90%	388	82.73%	408	97.06%
30/11/2015	28	75.00%	409	79.22%	437	95.88%
07/12/2015	27	92.59%	409	85.33%	434	95.39%
14/12/2015	35	94.29%	419	84.49%	454	97.58%
21/12/2015	30	90.00%	396	78.28%	425	95.53%
28/12/2015	24	75.00%	437	89.24%	461	98.26%






Oxfordshire Urban RED2 Performance Apr 15 - Dec 15
100.00%
95.00%
90.00%
85.00%
80.00%
75.00%
70.00%
65.00%
60.00%
30/03/2015
06/04/2015
13/04/2015
20/04/2015
27/04/2015
04/05/2015
11/05/2015
18/05/2015
25/05/2015
01/06/2015
08/06/2015
15/06/2015
22/06/2015
29/06/2015
06/07/2015
13/07/2015
20/07/2015
27/07/2015
03/08/2015
10/08/2015
17/08/2015
24/08/2015
31/08/2015
07/09/2015
14/09/2015
21/09/2015
28/09/2015
05/10/2015
12/10/2015
19/10/2015
26/10/2015
02/11/2015
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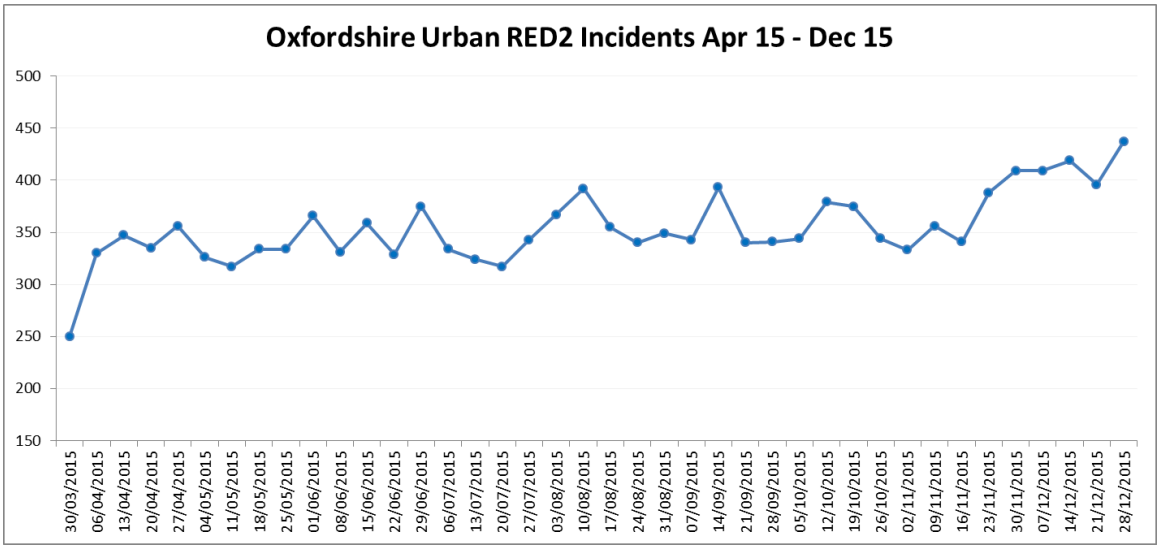
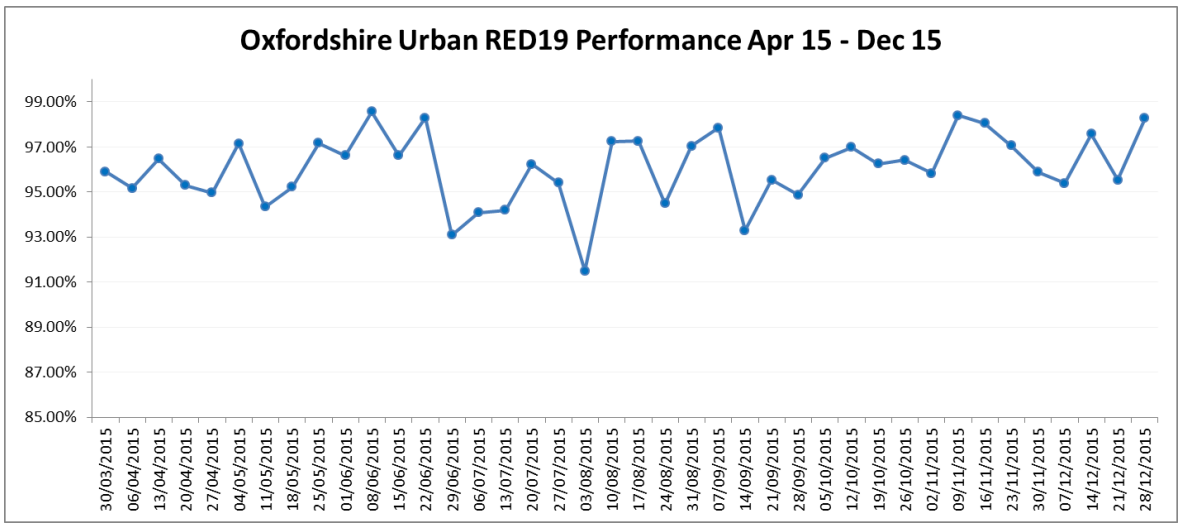
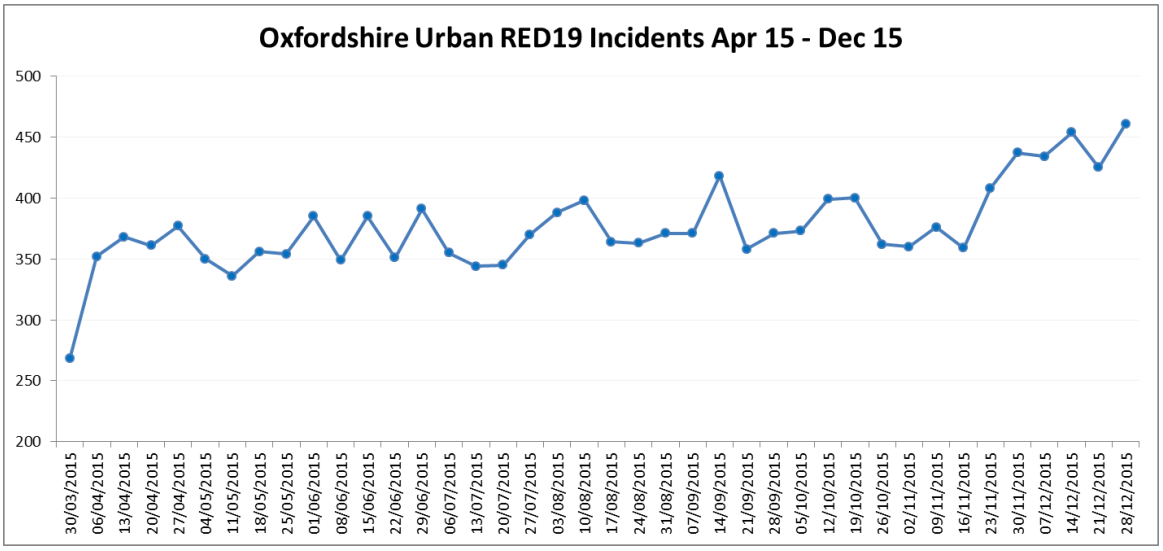
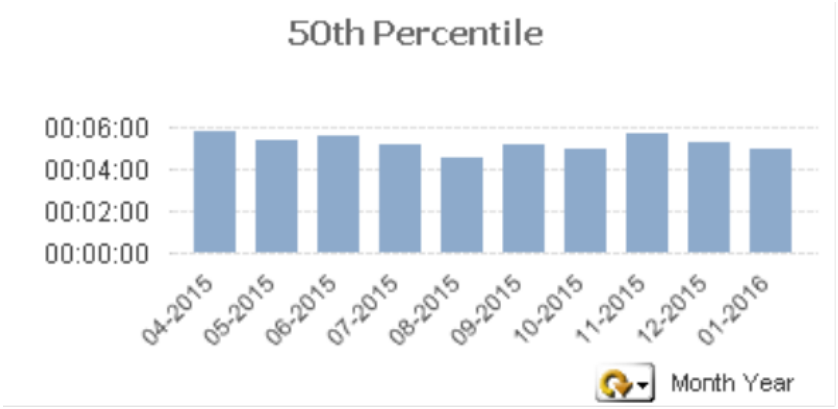
16/11/2015
23/11/2015
30/11/2015
07/12/2015
14/12/2015
21/12/2015
28/12/2015


Oxfordshire Urban RED2 Incidents Apr 15 - Dec 15
500
450
400
350
300
250
200
150
30/03/2015
06/04/2015
13/04/2015
20/04/2015
27/04/2015
04/05/2015
11/05/2015
18/05/2015
25/05/2015
01/06/2015
08/06/2015
15/06/2015
22/06/2015
29/06/2015
06/07/2015
13/07/2015
20/07/2015
27/07/2015
03/08/2015
10/08/2015
17/08/2015
24/08/2015
31/08/2015
07/09/2015
14/09/2015
21/09/2015
28/09/2015
05/10/2015
12/10/2015
19/10/2015
26/10/2015
02/11/2015
09/11/2015
16/11/2015
23/11/2015
30/11/2015
07/12/2015
14/12/2015
21/12/2015
28/12/2015

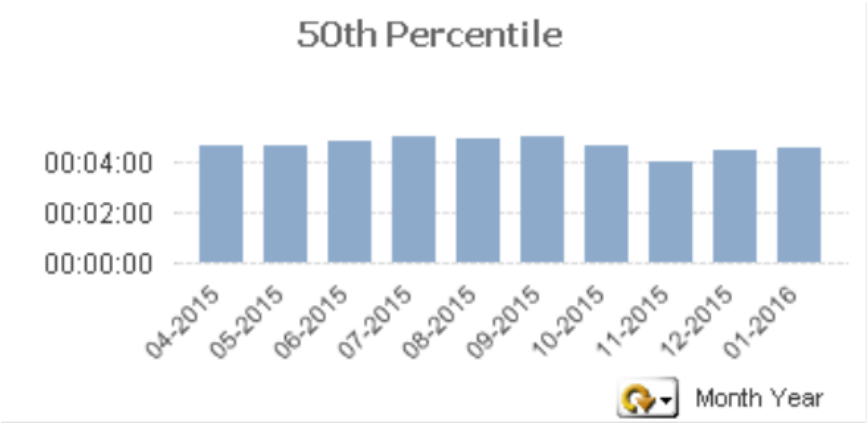

Oxfordshire Urban RED19 Performance Apr 15 - Dec 15
99.00%
97.00%
95.00%
93.00%
91.00%
89.00%
87.00%
85.00%
30/03/2015
06/04/2015
13/04/2015
20/04/2015
27/04/2015
04/05/2015
11/05/2015
18/05/2015
25/05/2015
01/06/2015
08/06/2015
15/06/2015
22/06/2015
29/06/2015
06/07/2015
13/07/2015
20/07/2015
27/07/2015
03/08/2015
10/08/2015
17/08/2015
24/08/2015
31/08/2015
07/09/2015
14/09/2015
21/09/2015
28/09/2015
05/10/2015
12/10/2015
19/10/2015
26/10/2015
02/11/2015
09/11/2015
16/11/2015
23/11/2015
30/11/2015
07/12/2015
14/12/2015
21/12/2015
28/12/2015



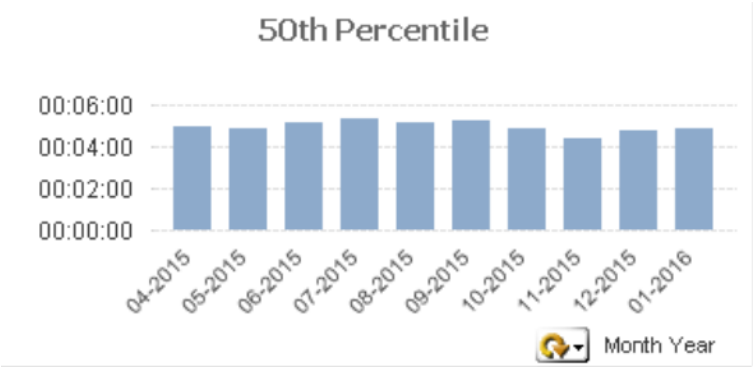
The bar chart below shows our average response time in minutes to Red 1 calls in urban areas:



The bar chart below shows our average response time in minutes to Red 2 calls in urban areas:



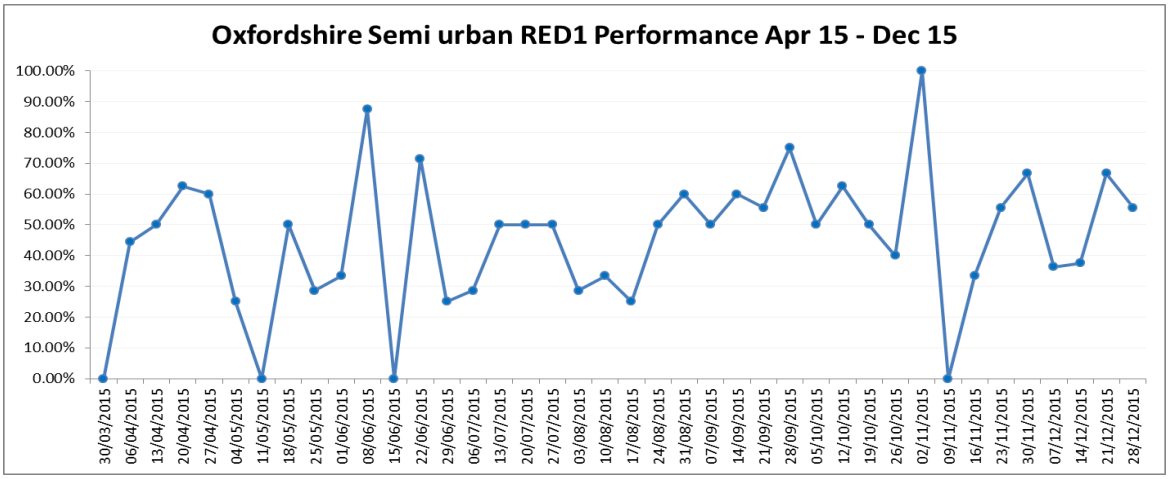
The bar chart below shows our average performance achievement time in minutes to Red 19 calls in urban areas:

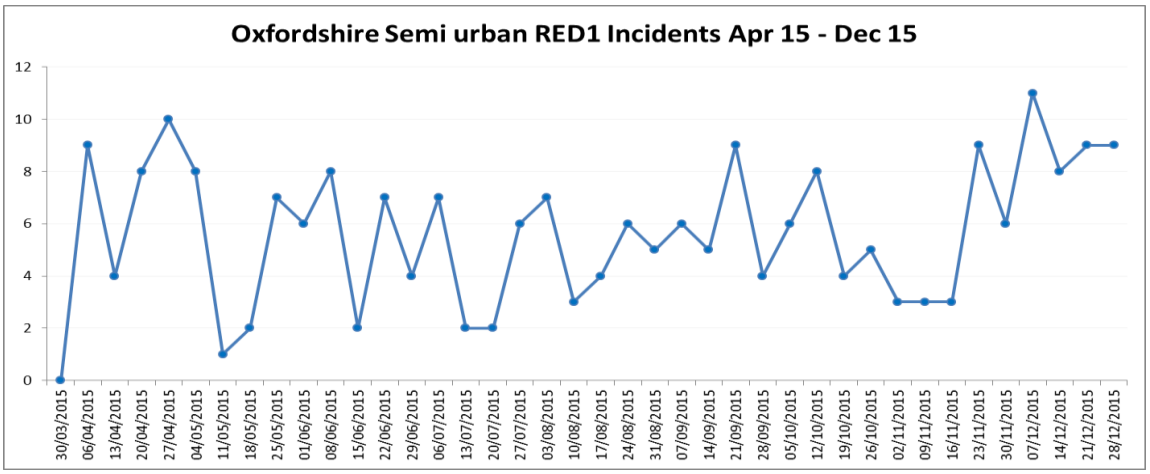


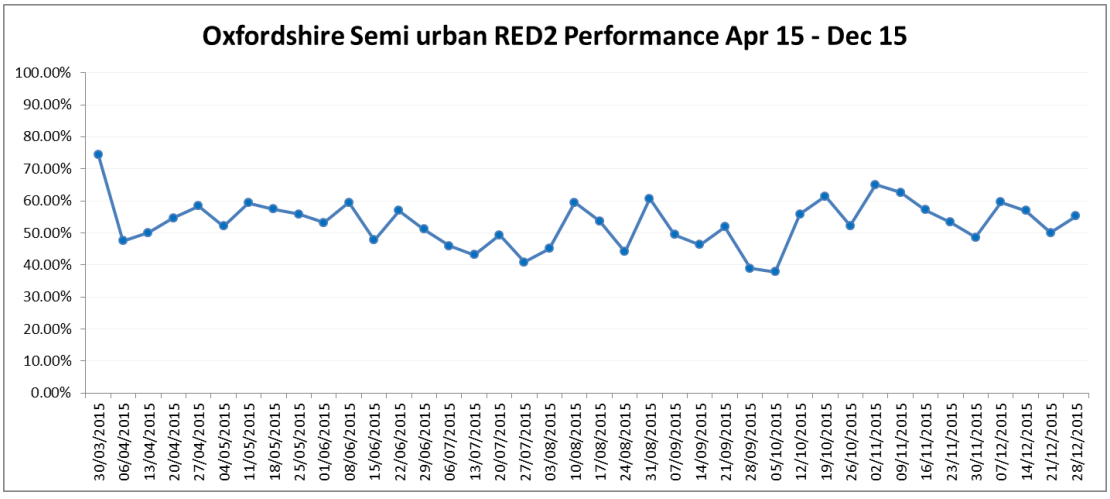
Semi Urban Performance

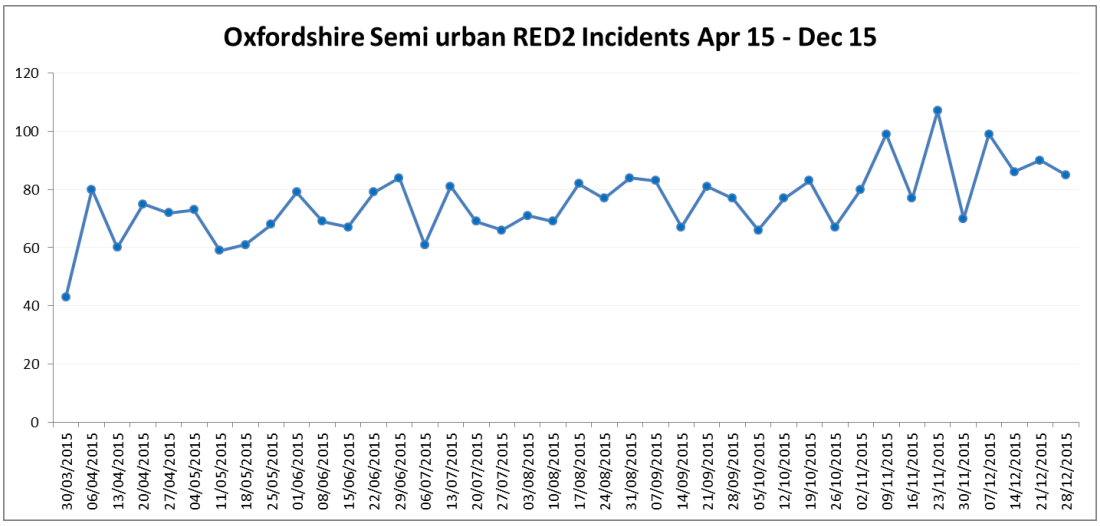
Week Starting	Red1-8min Incidents	Red1-8min Performance	Red2-8min Incidents	Red2-8min Performance	Red19 Incidents	Red 19 Performance
30/03/2015	0	-	43	74.42%	43	95.35%
06/04/2015	9	44.44%	80	47.50%	87	83.91%
13/04/2015	4	50.00%	60	50.00%	64	84.38%
20/04/2015	8	62.50%	75	54.67%	82	87.80%
27/04/2015	10	60.00%	72	58.33%	e	82.50%
04/05/2015	8	25.00%	73	52.05%	81	92.59%
11/05/2015	1	0.00%	59	59.32%	60	93.33%
18/05/2015	2	50.00%	61	57.38%	61	77.05%
25/05/2015	7	28.57%	68	55.88%	75	88.00%
01/06/2015	6	33.33%	79	53.16%	85	92.94%
08/06/2015	8	87.50%	69	59.42%	77	80.52%
15/06/2015	2	0.00%	67	47.76%	68	83.82%
22/06/2015	7	71.43%	79	56.96%	86	90.70%
29/06/2015	4	25.00%	84	51.19%	87	81.61%
06/07/2015	7	28.57%	61	45.90%	68	92.65%
13/07/2015	2	50.00%	81	43.21%	83	77.11%
20/07/2015	2	50.00%	69	49.28%	71	83.10%
27/07/2015	6	50.00%	66	40.91%	72	84.72%
03/08/2015	7	28.57%	71	45.07%	77	87.01%
10/08/2015	3	33.33%	69	59.42%	71	85.92%
17/08/2015	4	25.00%	82	53.66%	84	86.90%
24/08/2015	6	50.00%	77	44.16%	83	85.54%
31/08/2015	5	60.00%	84	60.71%	89	85.39%
07/09/2015	6	50.00%	83	49.40%	89	87.64%
14/09/2015	5	60.00%	67	46.27%	72	87.50%
21/09/2015	9	55.56%	81	51.85%	90	88.89%
28/09/2015	4	75.00%	77	38.96%	81	85.19%
05/10/2015	6	50.00%	66	37.88%	72	79.17%
12/10/2015	8	62.50%	77	55.84%	85	81.18%
19/10/2015	4	50.00%	83	61.45%	87	88.51%
26/10/2015	5	40.00%	67	52.24%	72	88.89%
02/11/2015	3	100.00%	80	65.00%	83	97.59%

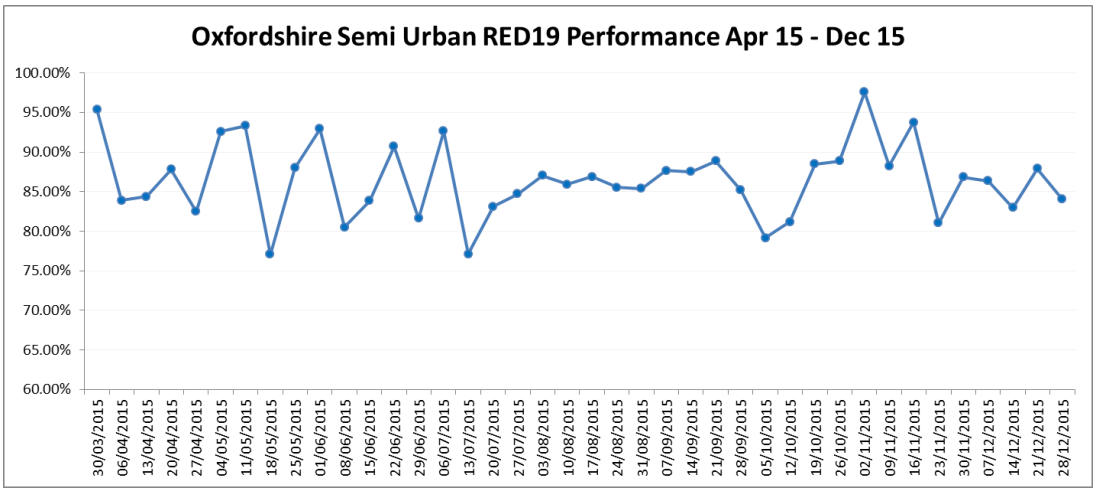
09/11/2015	3	0.00%	99	62.63%	102	88.24%
16/11/2015	3	33.33%	77	57.14%	80	93.75%
23/11/2015	9	55.56%	107	53.27%	116	81.03%
30/11/2015	6	66.67%	70	48.57%	76	86.84%
07/12/2015	11	36.36%	99	59.60%	110	86.36%
14/12/2015	8	37.50%	86	56.98%	94	82.98%
21/12/2015	9	66.67%	90	50.00%	99	87.88%
28/12/2015	9	55.56%	85	55.29%	94	84.04%

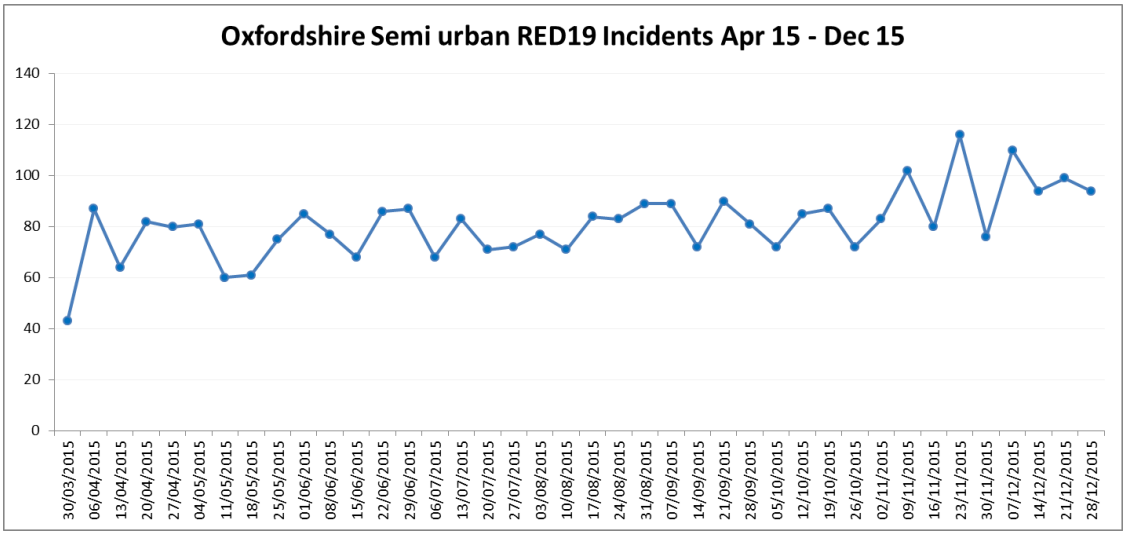




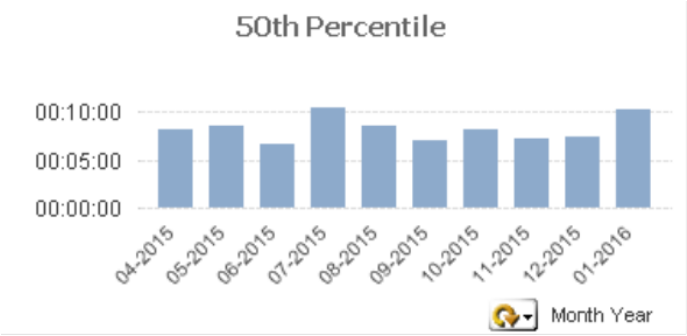



Oxfordshire Semi urban RED2 Incidents Apr 15 - Dec 15
120
100
80
60
40
20
0
30/03/2015
06/04/2015
13/04/2015
20/04/2015
27/04/2015
04/05/2015
11/05/2015
18/05/2015
25/05/2015
01/06/2015
08/06/2015
15/06/2015
22/06/2015
29/06/2015
06/07/2015
13/07/2015
20/07/2015
27/07/2015
03/08/2015
10/08/2015
17/08/2015
24/08/2015
31/08/2015
07/09/2015
14/09/2015
21/09/2015
28/09/2015
05/10/2015
12/10/2015
19/10/2015
26/10/2015
02/11/2015
09/11/2015
16/11/2015
23/11/2015
30/11/2015
07/12/2015
14/12/2015
21/12/2015
28/12/2015

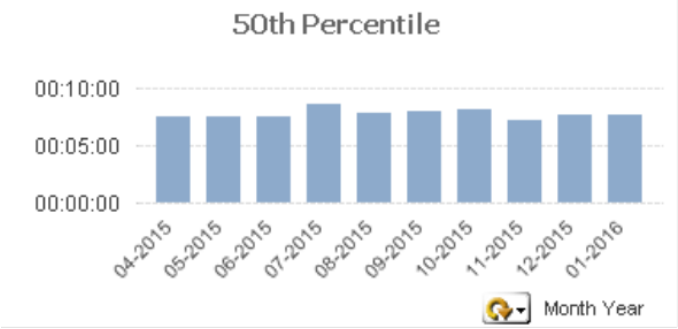

Oxfordshire Semi Urban RED19 Performance Apr 15 - Dec 15
100.00%
95.00%
90.00%
85.00%
80.00%
75.00%
70.00%
65.00%
60.00%
30/03/2015
06/04/2015
13/04/2015
20/04/2015
27/04/2015
04/05/2015
11/05/2015
18/05/2015
25/05/2015
01/06/2015
08/06/2015
15/06/2015
22/06/2015
29/06/2015
06/07/2015
13/07/2015
20/07/2015
27/07/2015
03/08/2015
10/08/2015
17/08/2015
24/08/2015
31/08/2015
07/09/2015
14/09/2015
21/09/2015
28/09/2015
05/10/2015
12/10/2015
19/10/2015
26/10/2015
02/11/2015
09/11/2015
16/11/2015
23/11/2015
30/11/2015
07/12/2015
14/12/2015
21/12/2015
28/12/2015


Oxfordshire Semi urban RED19 Incidents Apr 15 - Dec 15
140
120
100
80
60
40
20
0
30/03/2015
06/04/2015
13/04/2015
20/04/2015
27/04/2015
04/05/2015
11/05/2015
18/05/2015
25/05/2015
01/06/2015
08/06/2015
15/06/2015
22/06/2015
29/06/2015
06/07/2015
13/07/2015
20/07/2015
27/07/2015
03/08/2015
10/08/2015
17/08/2015
24/08/2015
31/08/2015
07/09/2015
14/09/2015
21/09/2015
28/09/2015
05/10/2015
12/10/2015
19/10/2015
26/10/2015
02/11/2015
09/11/2015
16/11/2015
23/11/2015
30/11/2015
07/12/2015
14/12/2015
21/12/2015
28/12/2015

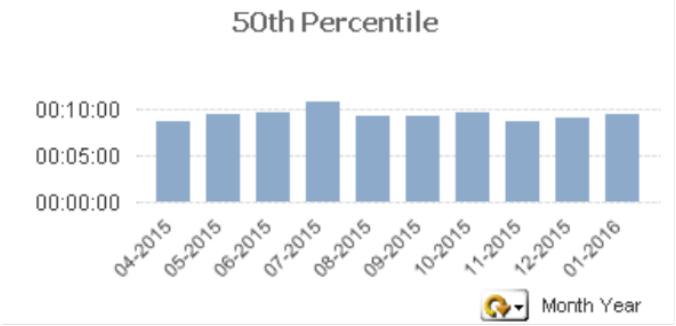
The bar chart below shows our average response time in minutes to Red 1 calls in Semi-Urban areas:



The bar chart below shows our average response time in minutes to Red 2 calls in Semi-Urban areas:



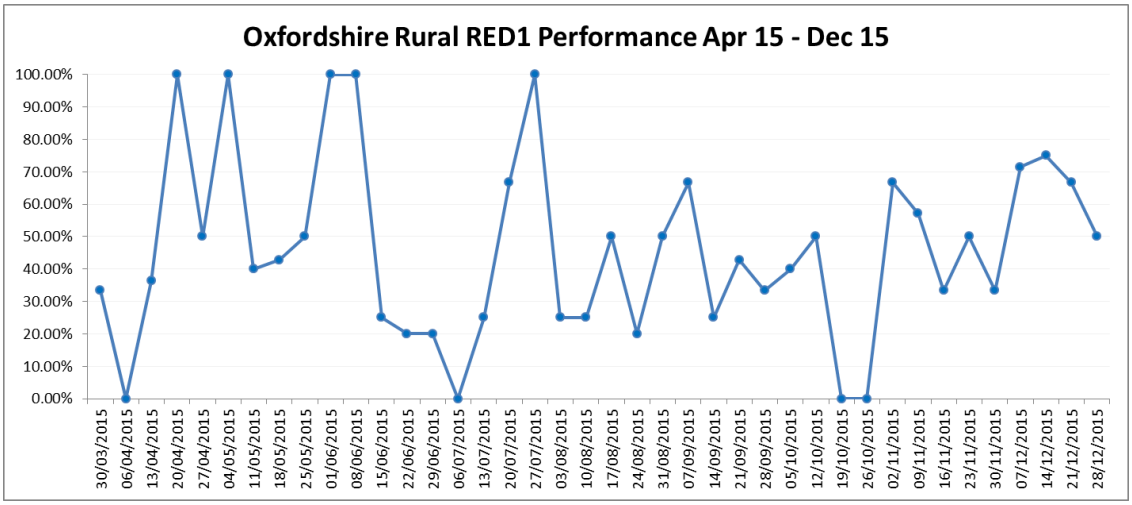
The bar chart below shows our average performance achievement time in minutes to Red 19 calls in Semi-Urban areas:

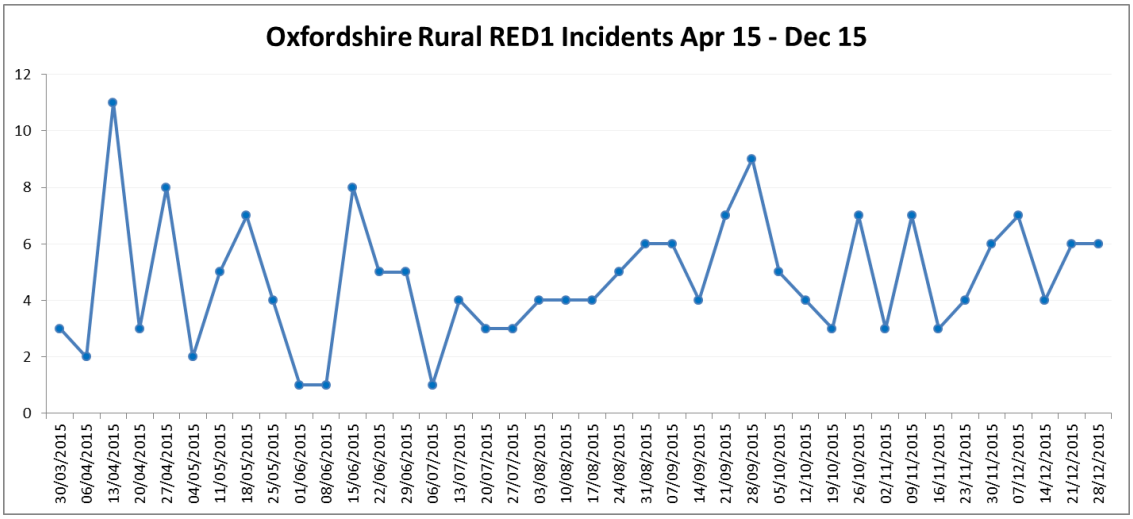


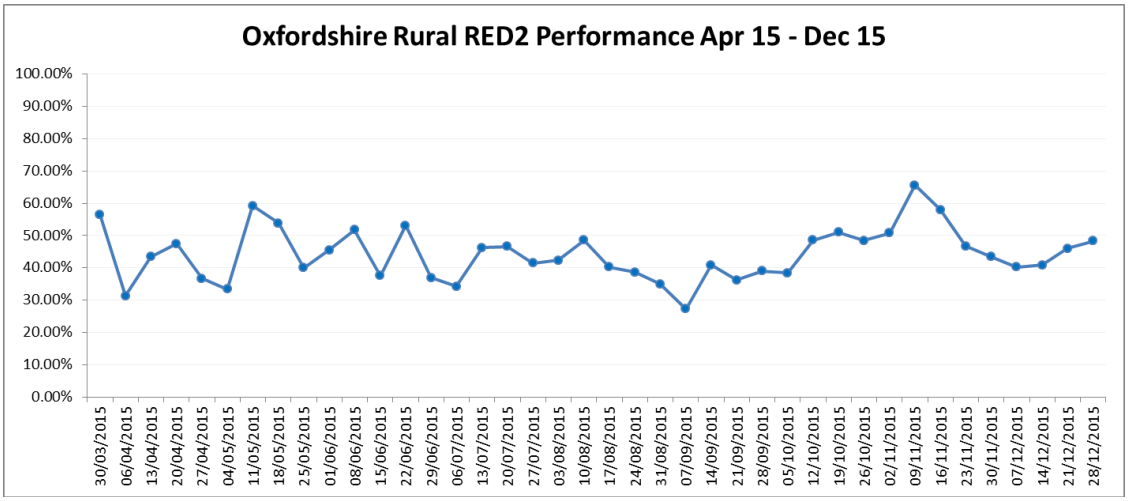
Rural Performance

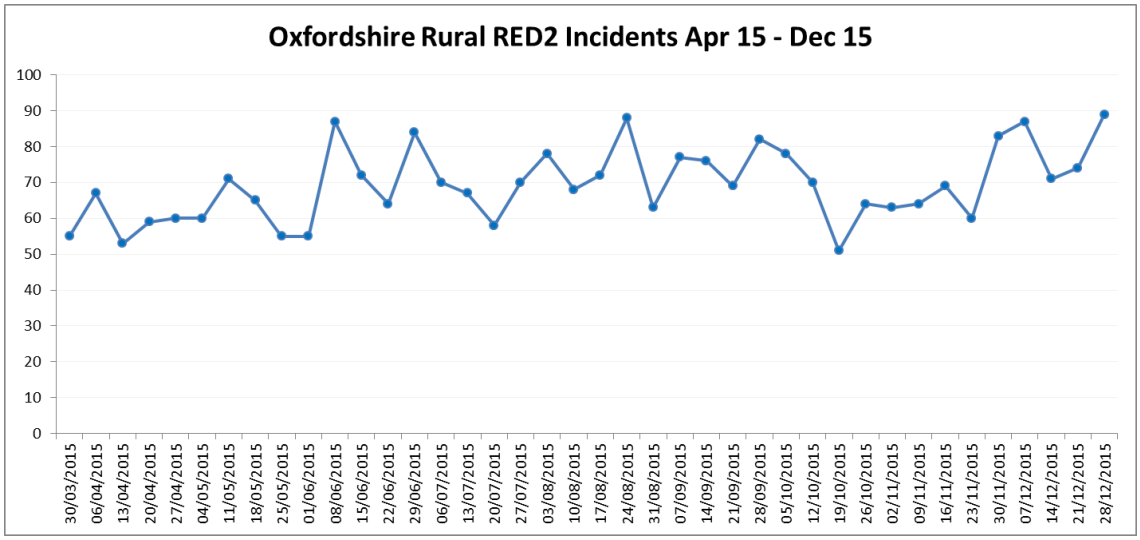
Week Starting	Red1-8min Incidents	Red1-8min Performance	Red2-8min Incidents	Red2-8min Performance	Red19 Incidents	Red 19 Performance
30/03/2015	3	33.33%	55	56.36%	57	84.21%
06/04/2015	2	0.00%	67	31.34%	67	88.06%
13/04/2015	11	36.36%	53	43.40%	64	87.50%
20/04/2015	3	100.00%	59	47.46%	61	88.52%
27/04/2015	8	50.00%	60	36.67%	68	85.29%
04/05/2015	2	100.00%	60	33.33%	61	78.69%
11/05/2015	5	40.00%	71	59.15%	75	90.67%
18/05/2015	7	42.86%	65	53.85%	71	92.96%
25/05/2015	4	50.00%	55	40.00%	59	81.36%
01/06/2015	1	100.00%	55	45.45%	56	91.07%
08/06/2015	1	100.00%	87	51.72%	88	86.36%
15/06/2015	8	25.00%	72	37.50%	79	81.01%

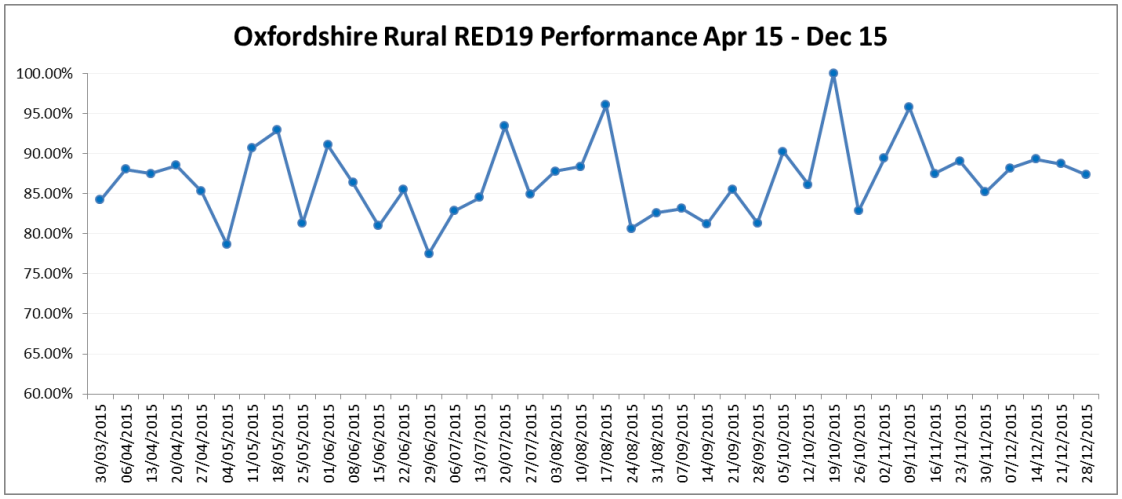
22/06/2015	5	20.00%	64	53.13%	69	85.51%
29/06/2015	5	20.00%	84	36.90%	89	77.53%
06/07/2015	1	0.00%	70	34.29%	70	82.86%
13/07/2015	4	25.00%	67	46.27%	71	84.51%
20/07/2015	3	66.67%	58	46.55%	61	93.44%
27/07/2015	3	100.00%	70	41.43%	73	84.93%
03/08/2015	4	25.00%	78	42.31%	82	87.80%
10/08/2015	4	25.00%	68	48.53%	69	88.41%
17/08/2015	4	50.00%	72	40.28%	76	96.05%
24/08/2015	5	20.00%	88	38.64%	93	80.65%
31/08/2015	6	50.00%	63	34.92%	69	82.61%
07/09/2015	6	66.67%	77	27.27%	83	83.13%
14/09/2015	4	25.00%	76	40.79%	80	81.25%
21/09/2015	7	42.86%	69	36.23%	76	85.53%
28/09/2015	9	33.33%	82	39.02%	91	81.32%
05/10/2015	5	40.00%	78	38.46%	82	90.24%
12/10/2015	4	50.00%	70	48.57%	72	86.11%
19/10/2015	3	0.00%	51	50.98%	52	100.00%
26/10/2015	7	0.00%	64	48.44%	70	82.86%
02/11/2015	3	66.67%	63	50.79%	66	89.39%
09/11/2015	7	57.14%	64	65.63%	71	95.77%
16/11/2015	3	33.33%	69	57.97%	72	87.50%
23/11/2015	4	50.00%	60	46.67%	64	89.06%
30/11/2015	6	33.33%	83	43.37%	88	85.23%
07/12/2015	7	71.43%	87	40.23%	93	88.17%
14/12/2015	4	75.00%	71	40.85%	75	89.33%
21/12/2015	6	66.67%	74	45.95%	80	88.75%
28/12/2015	6	50.00%	89	48.31%	95	87.37%

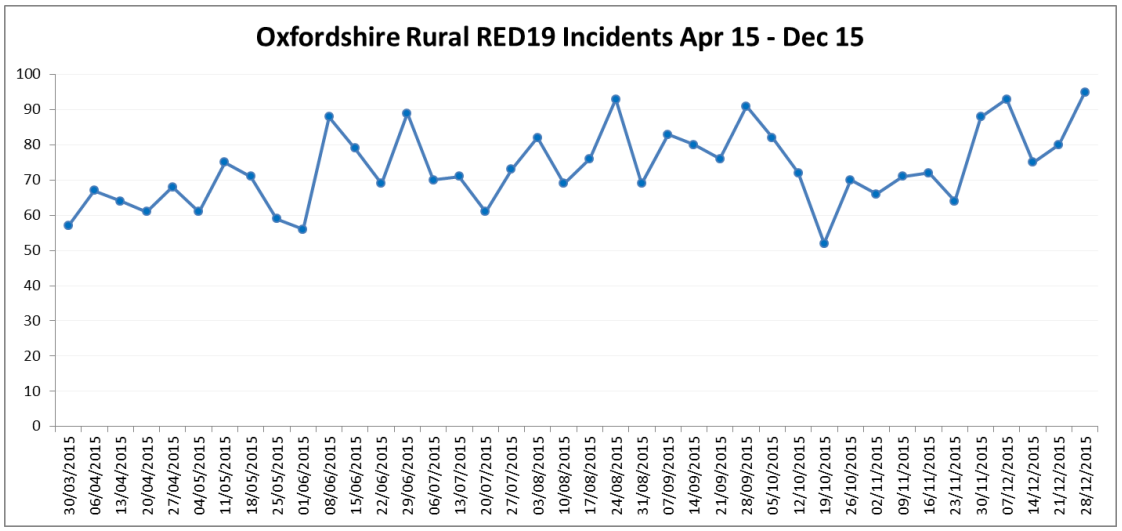



Oxfordshire Rural RED1 Incidents Apr 15 - Dec 15
12
10
8
6
4
2
0
30/03/2015
06/04/2015
13/04/2015
20/04/2015
27/04/2015
04/05/2015
11/05/2015
18/05/2015
25/05/2015
01/06/2015
08/06/2015
15/06/2015
22/06/2015
29/06/2015
06/07/2015
13/07/2015
20/07/2015
27/07/2015
03/08/2015
10/08/2015
17/08/2015
24/08/2015
31/08/2015
07/09/2015
14/09/2015
21/09/2015
28/09/2015
05/10/2015
12/10/2015
19/10/2015
26/10/2015
02/11/2015
09/11/2015
16/11/2015
23/11/2015
30/11/2015
07/12/2015
14/12/2015
21/12/2015
28/12/2015

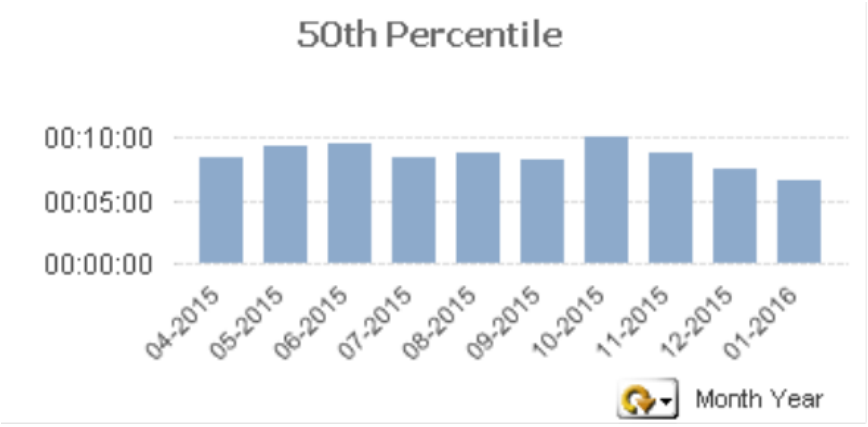

Oxfordshire Rural RED2 Performance Apr 15 - Dec 15
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
30/03/2015
06/04/2015
13/04/2015
20/04/2015
27/04/2015
04/05/2015
11/05/2015
18/05/2015
25/05/2015
01/06/2015
08/06/2015
15/06/2015
22/06/2015
29/06/2015
06/07/2015
13/07/2015
20/07/2015
27/07/2015
03/08/2015
10/08/2015
17/08/2015
24/08/2015
31/08/2015
07/09/2015
14/09/2015
21/09/2015
28/09/2015
05/10/2015
12/10/2015
19/10/2015
26/10/2015
02/11/2015
09/11/2015
16/11/2015
23/11/2015
30/11/2015
07/12/2015
14/12/2015
21/12/2015
28/12/2015


Oxfordshire Rural RED2 Incidents Apr 15 - Dec 15
100
90
80
70
60
50
40
30
20
10
0
30/03/2015
06/04/2015
13/04/2015
20/04/2015
27/04/2015
04/05/2015
11/05/2015
18/05/2015
25/05/2015
01/06/2015
08/06/2015
15/06/2015
22/06/2015
29/06/2015
06/07/2015
13/07/2015
20/07/2015
27/07/2015
03/08/2015
10/08/2015
17/08/2015
24/08/2015
31/08/2015
07/09/2015
14/09/2015
21/09/2015
28/09/2015
05/10/2015
12/10/2015
19/10/2015
26/10/2015
02/11/2015
09/11/2015
16/11/2015
23/11/2015
30/11/2015
07/12/2015
14/12/2015
21/12/2015
28/12/2015

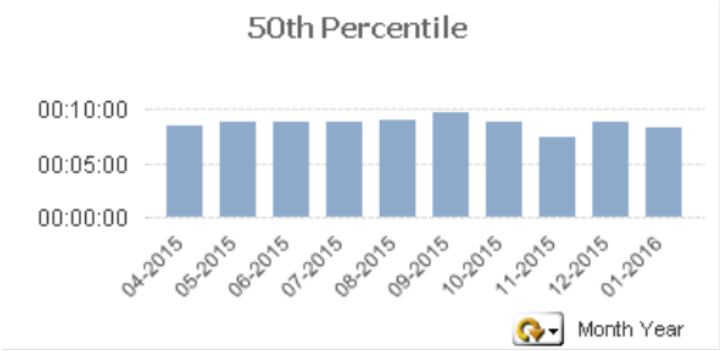




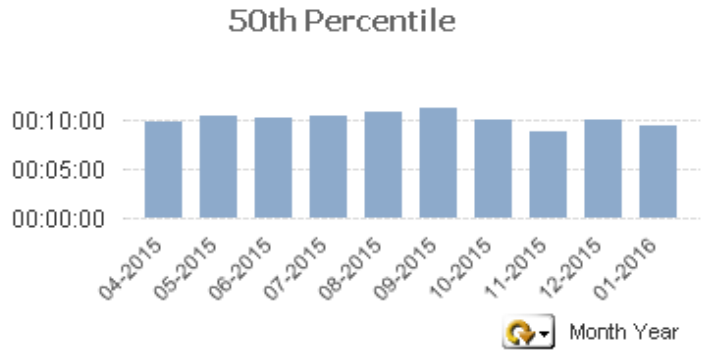
The bar chart below shows our average response time in minutes to Red 1 calls in rural areas:



The bar chart below shows our average response time in minutes to Red 2 calls in rural areas:

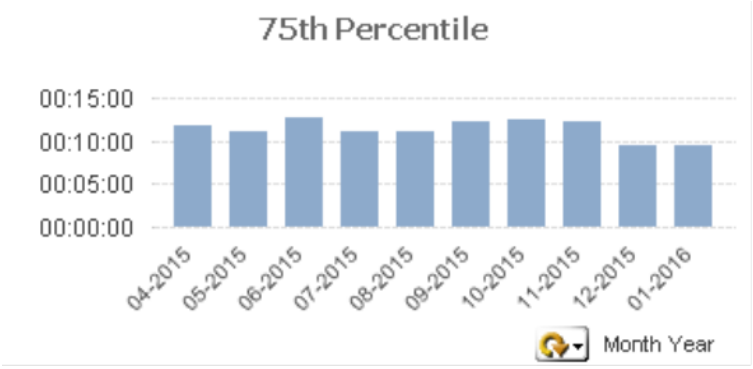


The bar chart below shows our average performance achievement time in minutes to Red 19 calls in rural areas:

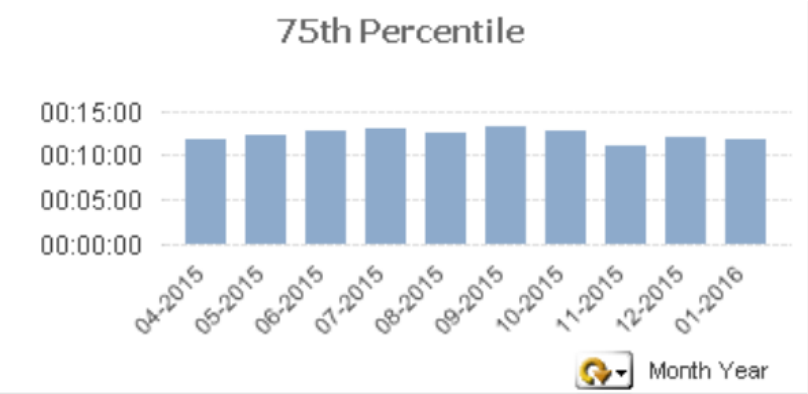


It is worthwhile noting that whilst the response performance to red calls in rural areas is not at the standard SCAS would like to achieve, the 75th percentile response for rural areas is not excessive. The difficulty with demand in rural areas is that it is relatively low and spread across a wide area. Through review of our rural demand, the demand is variable on a daily basis and not easily predicted.

The bar chart below shows the 75th percentile response time in minutes to Red 1 calls in rural areas:



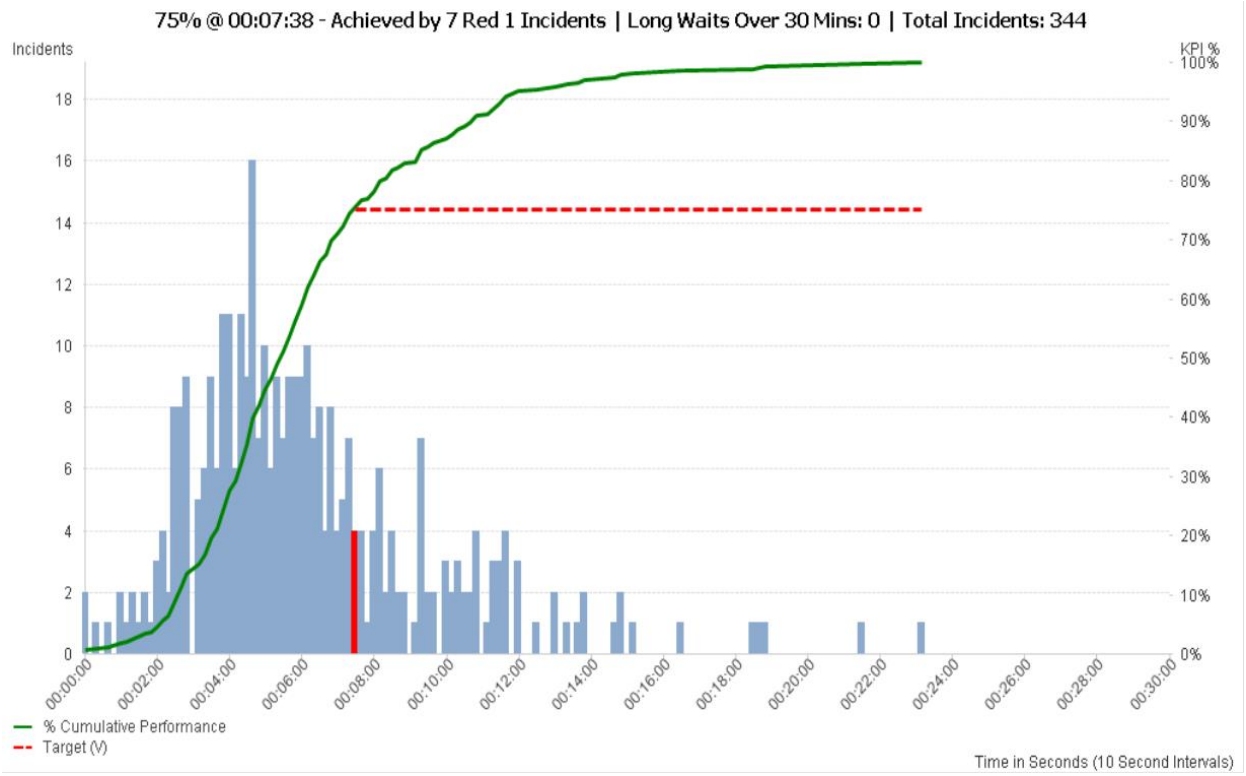
The bar chart below shows the 75th percentile response time in minutes to Red 2 calls in rural areas:



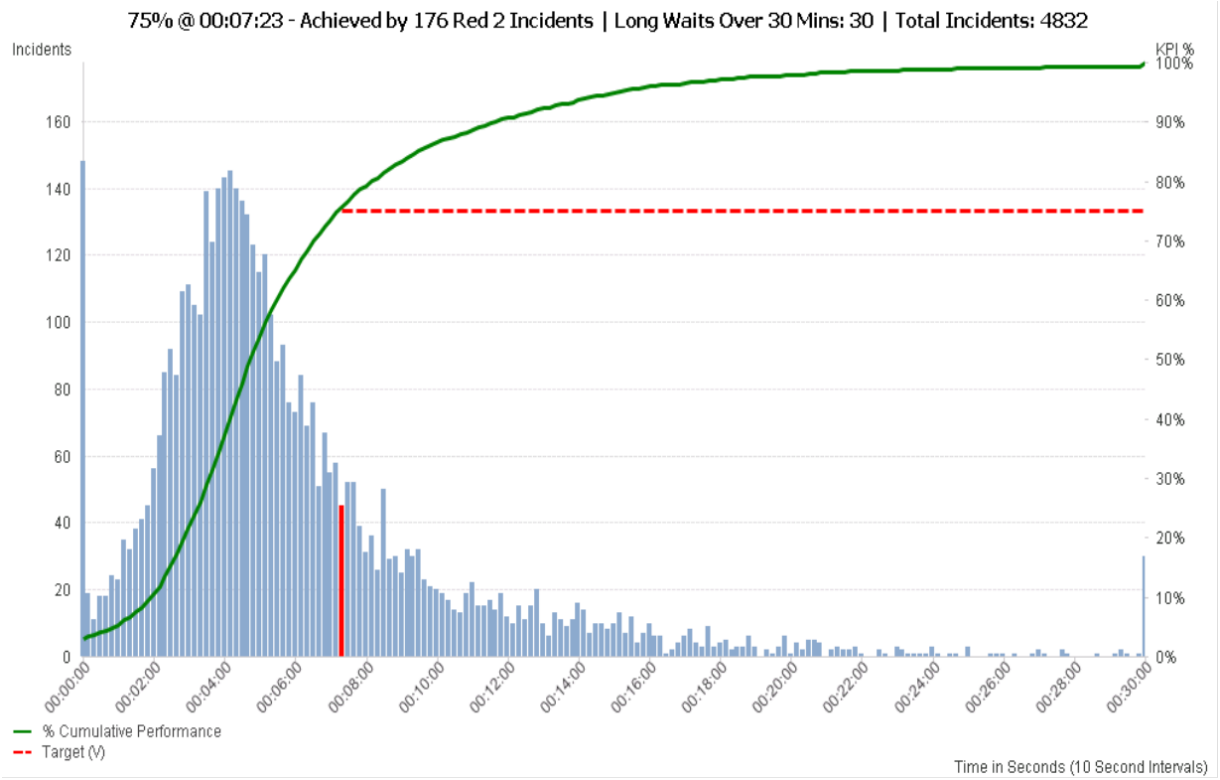
Cherwell Local Authority Performance

We have demonstrated the Local Authority Performance in frequency graphs. The graphs show the response time in minutes, with the bar charts representing the number of incidents with that time of response. The green line represents the cumulative percentage total of incidents with the red lines showing the 75th or 95th percentile. The graphs represent the time period from April 2015 until the end of December 2015.

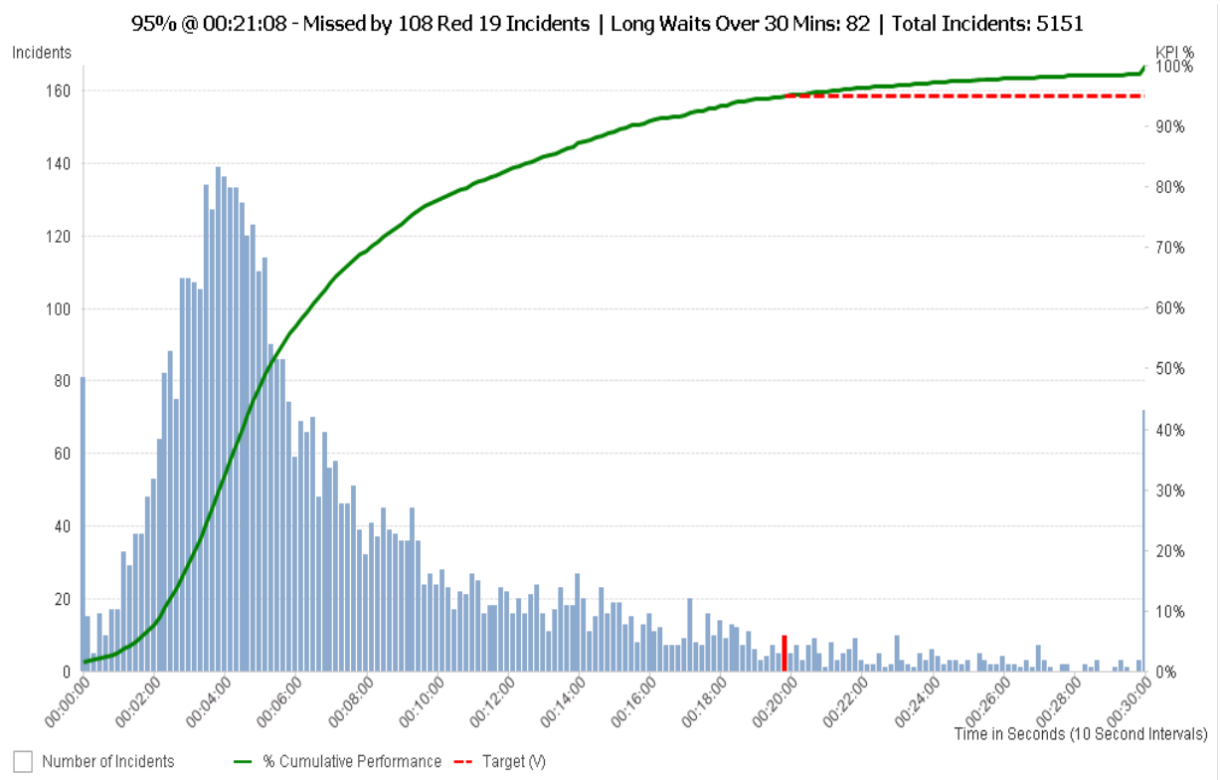
Red 1 Performance Standard:



Red 2 Performance Standard:

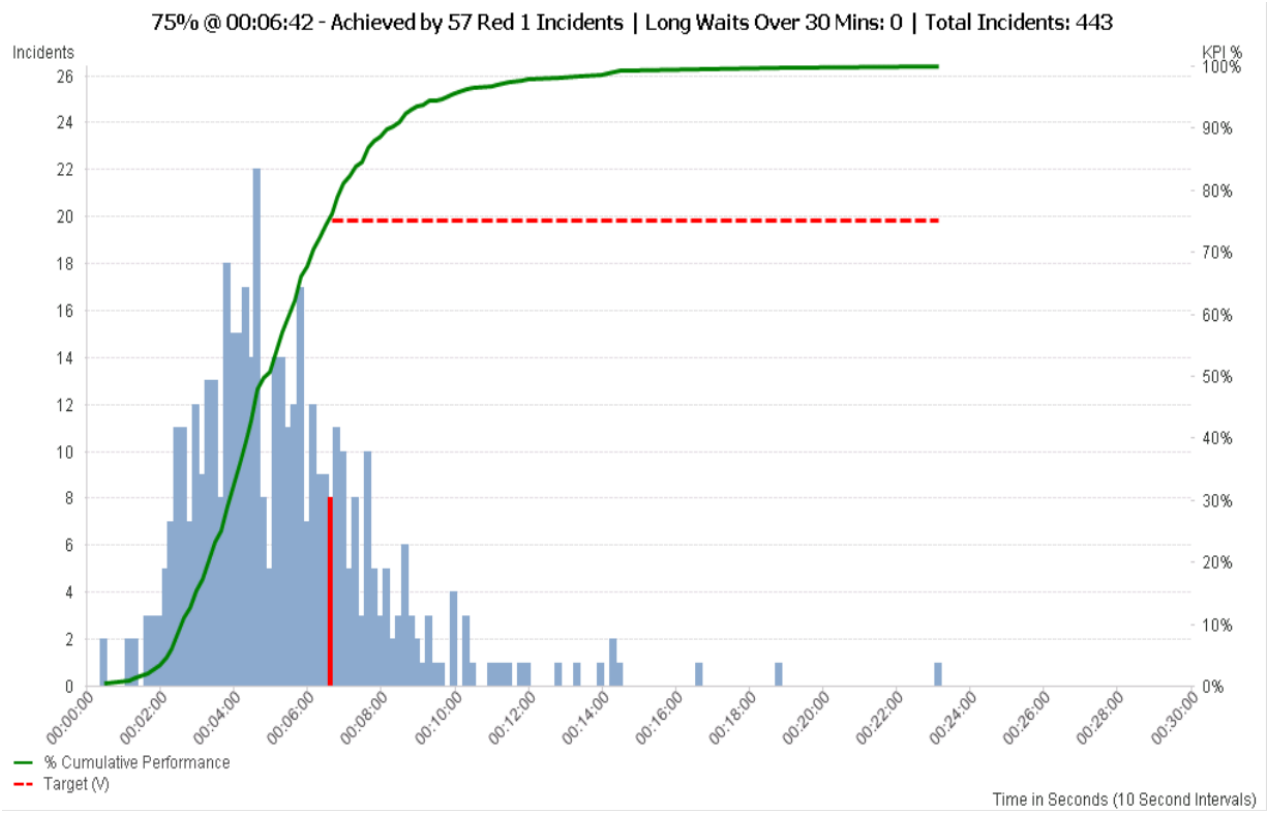


Red 19 Performance Standard:

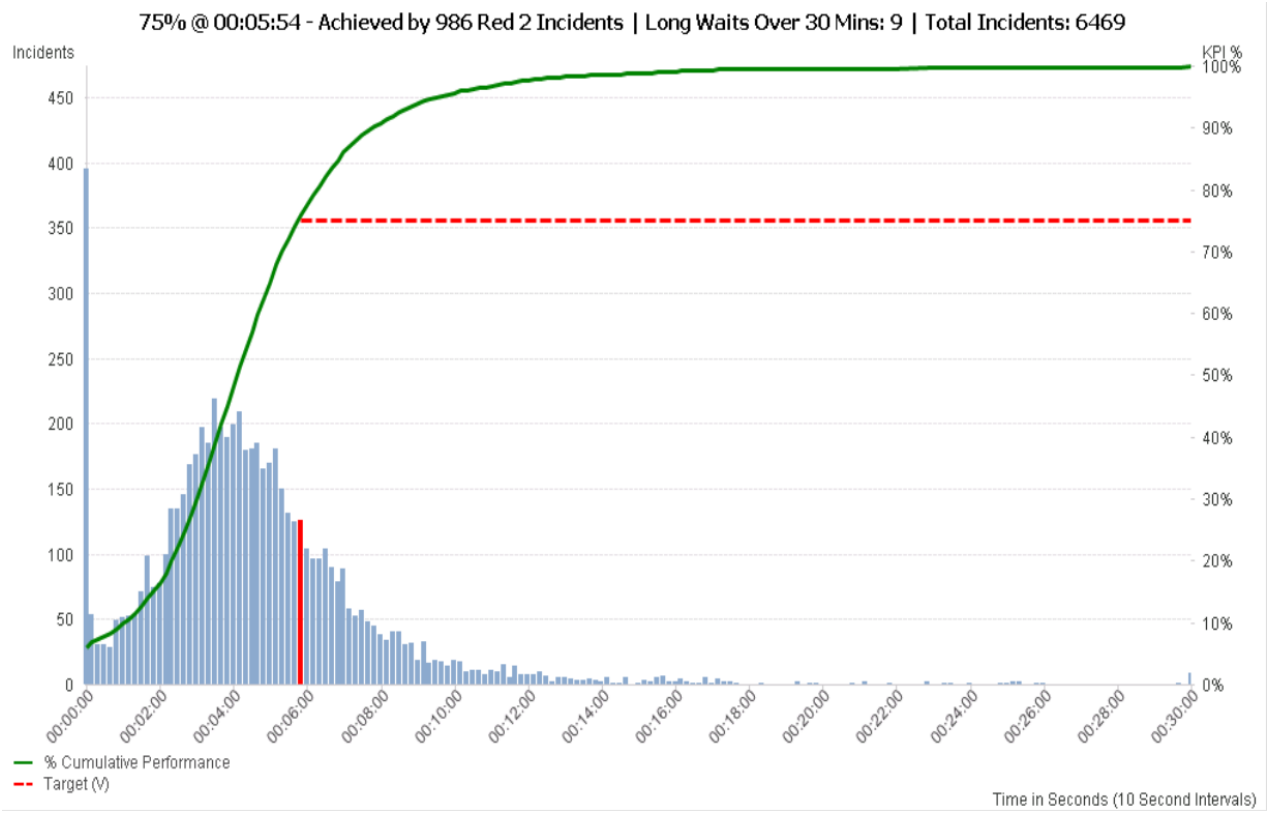


Oxford Local Authority Performance

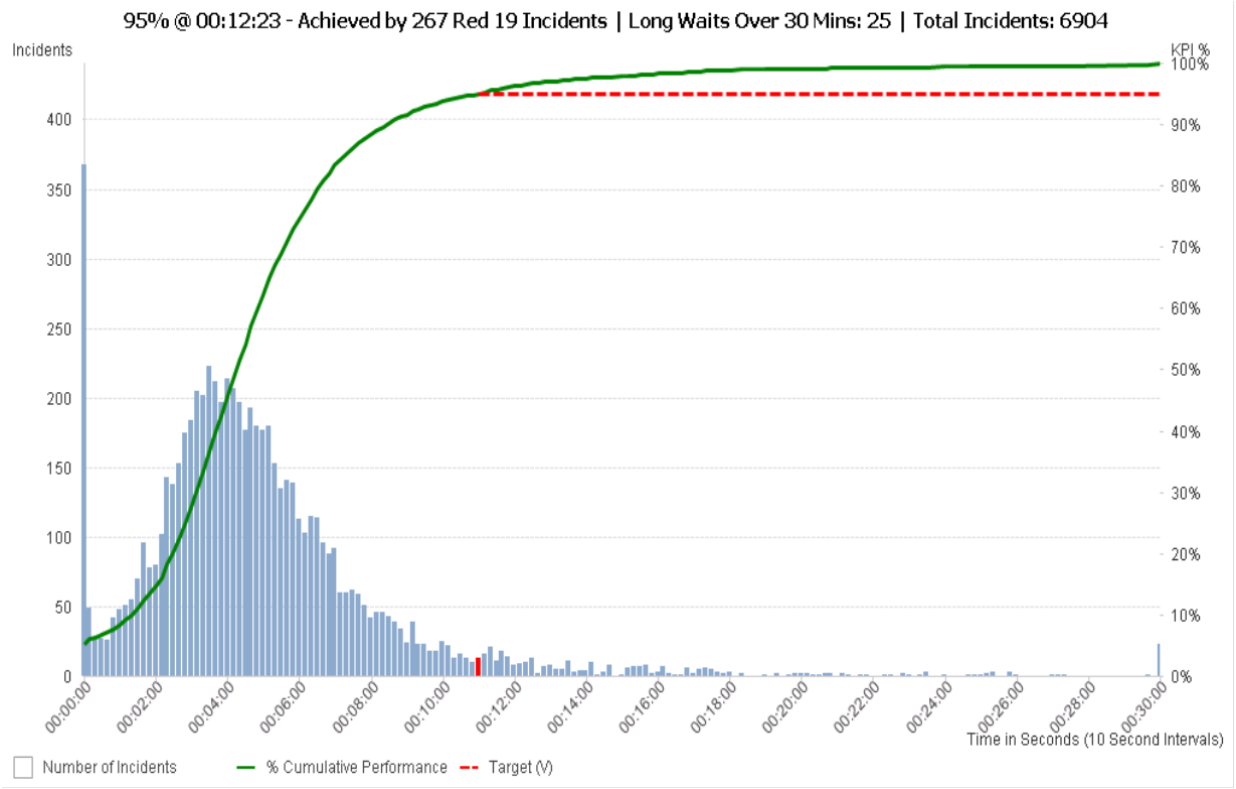
Red 1 Performance Standard:



Red 2 Performance Standard:

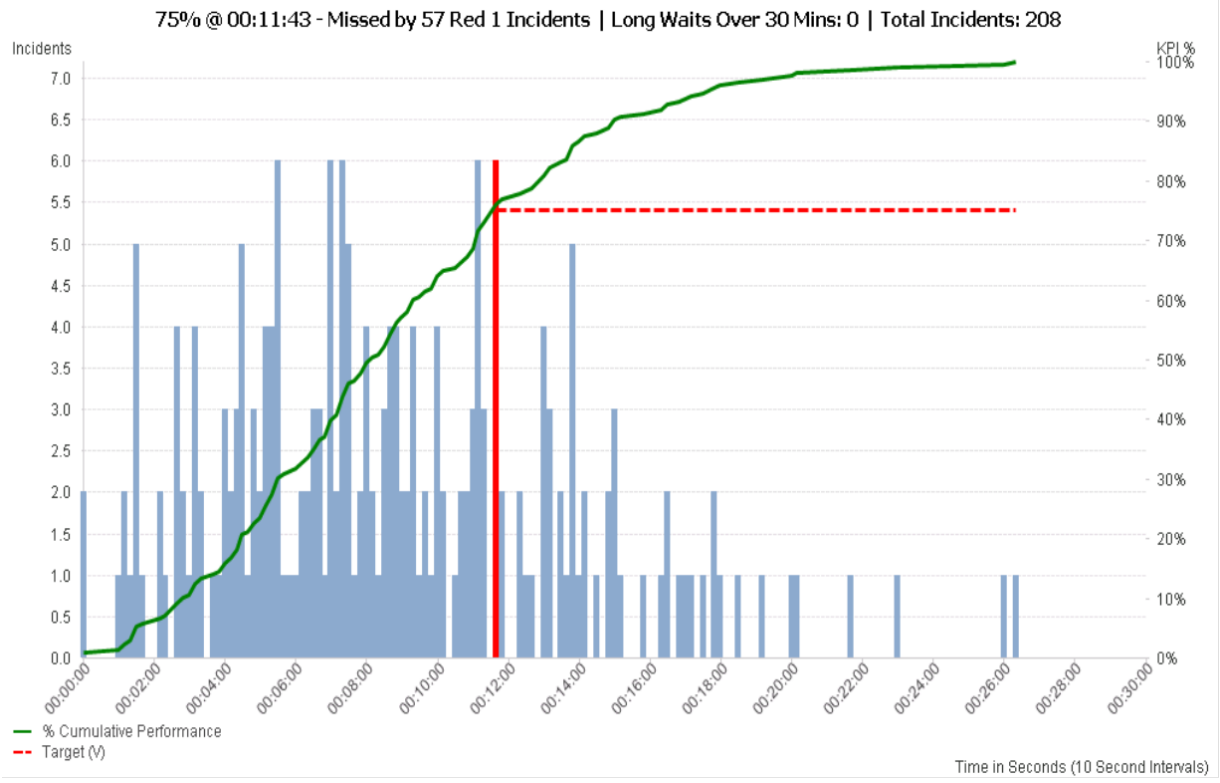


Red 19 Performance Standard:



South Oxfordshire Local Authority Performance

Red 1 Performance Standard:



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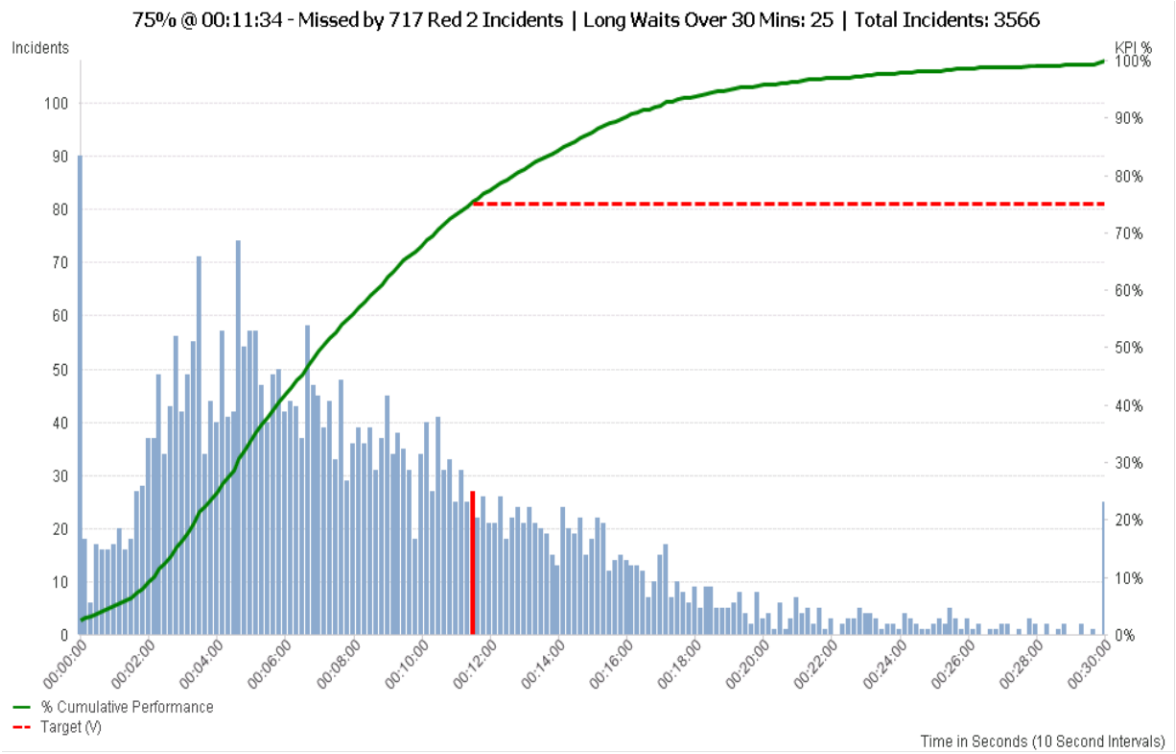

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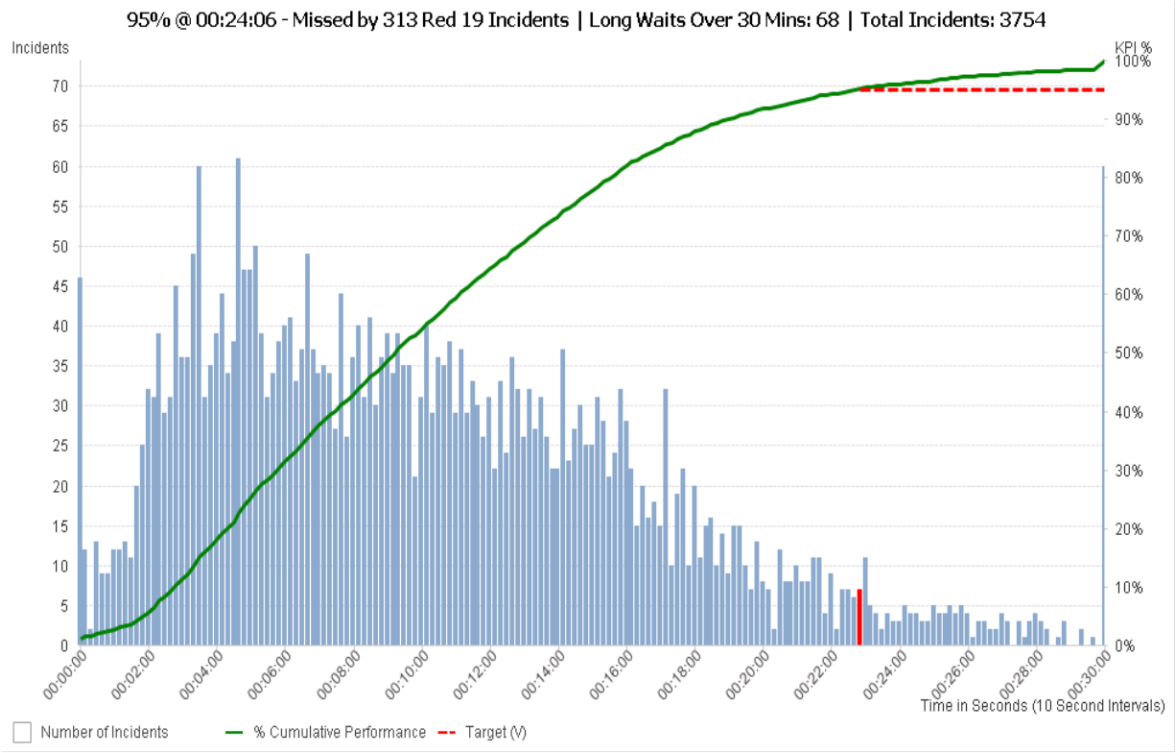
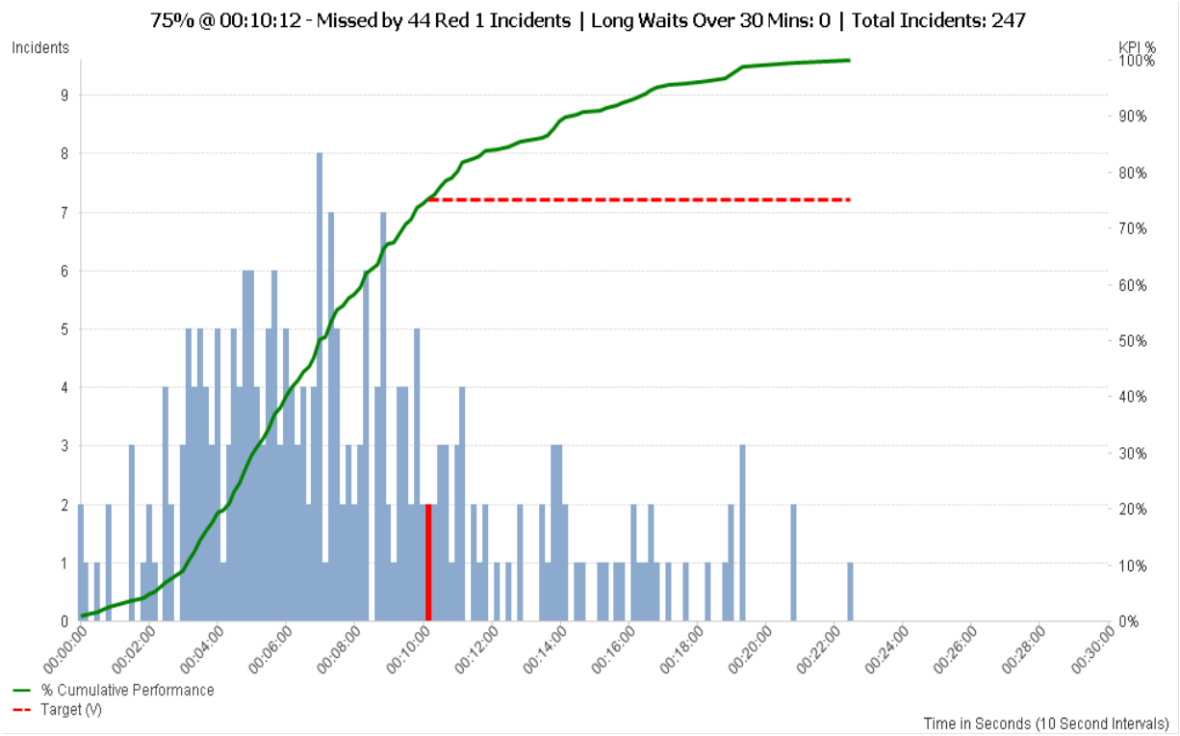


Vale of White Horse Local Authority Performance

Red 1 Performance Standard



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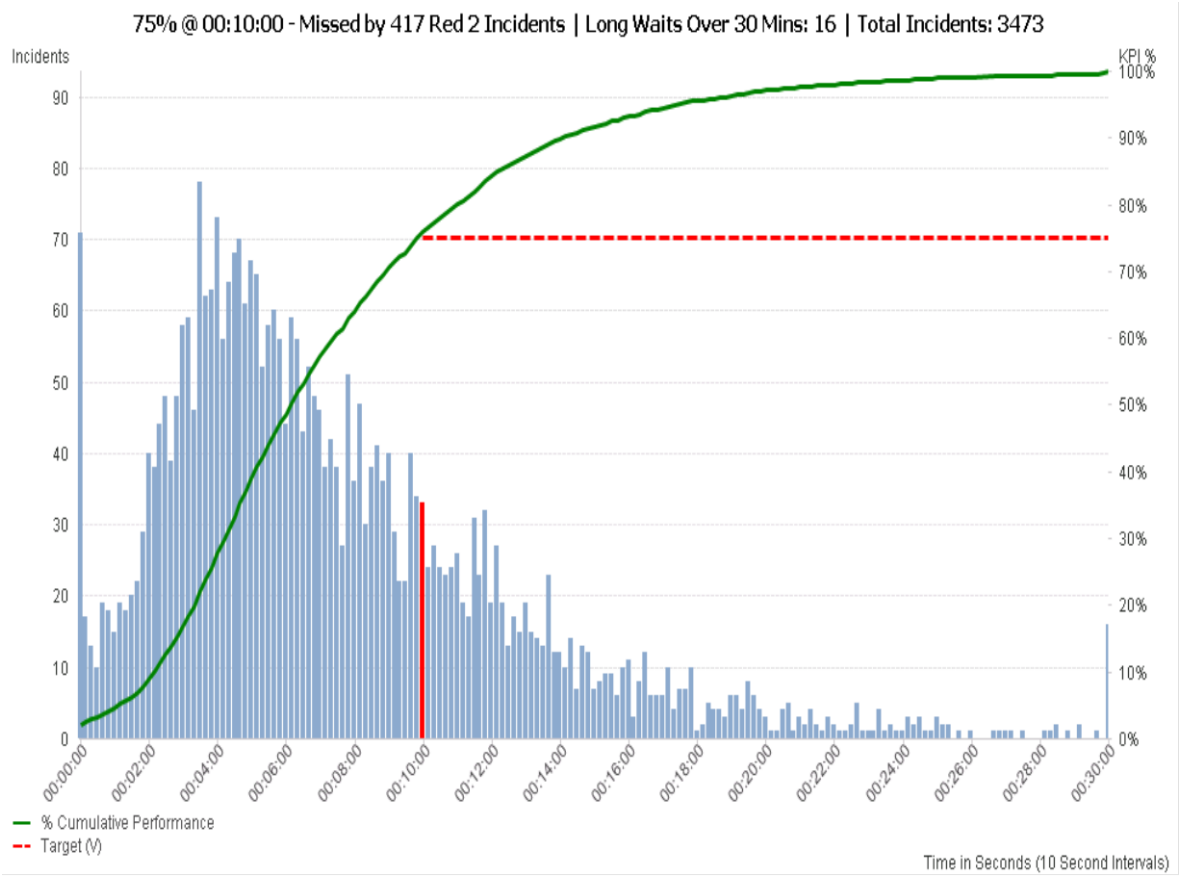
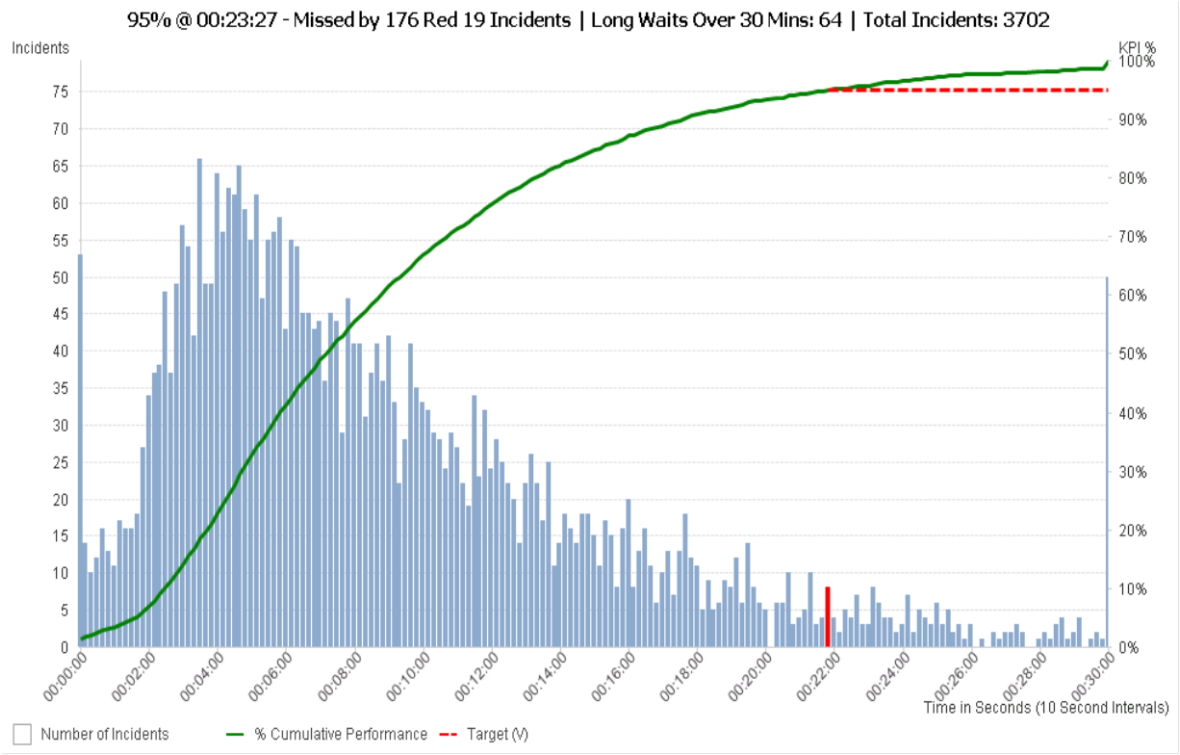
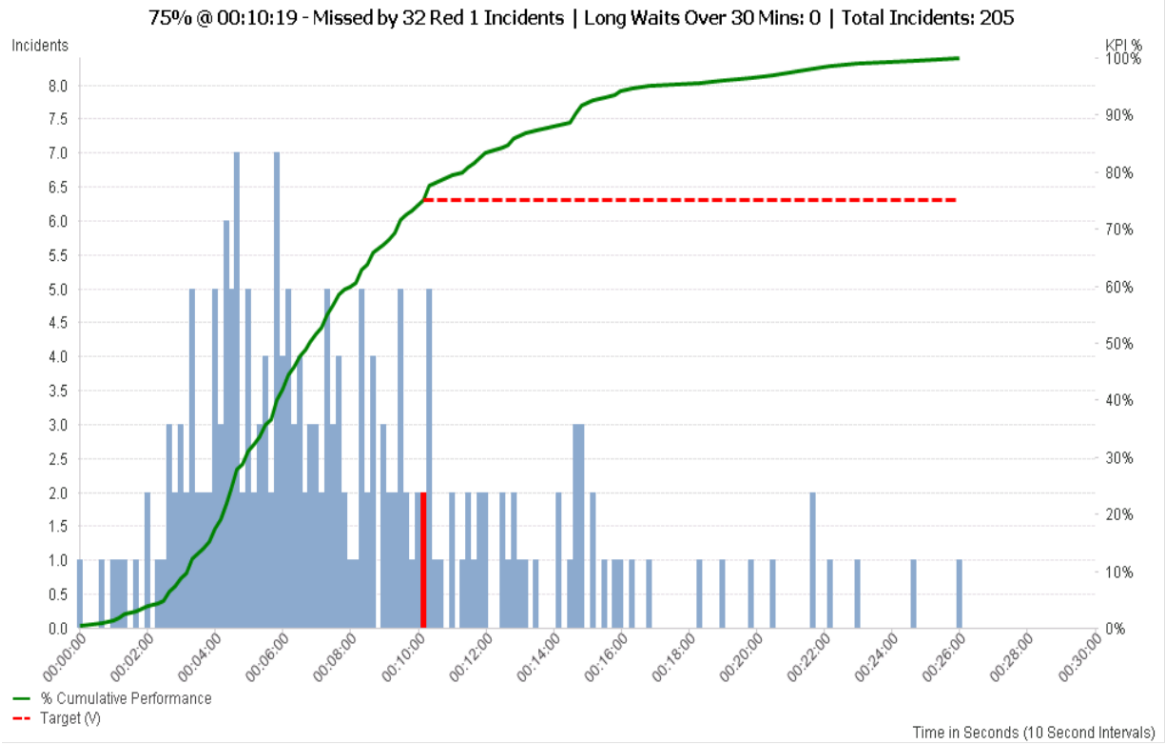


Red 19 Performance Standard:

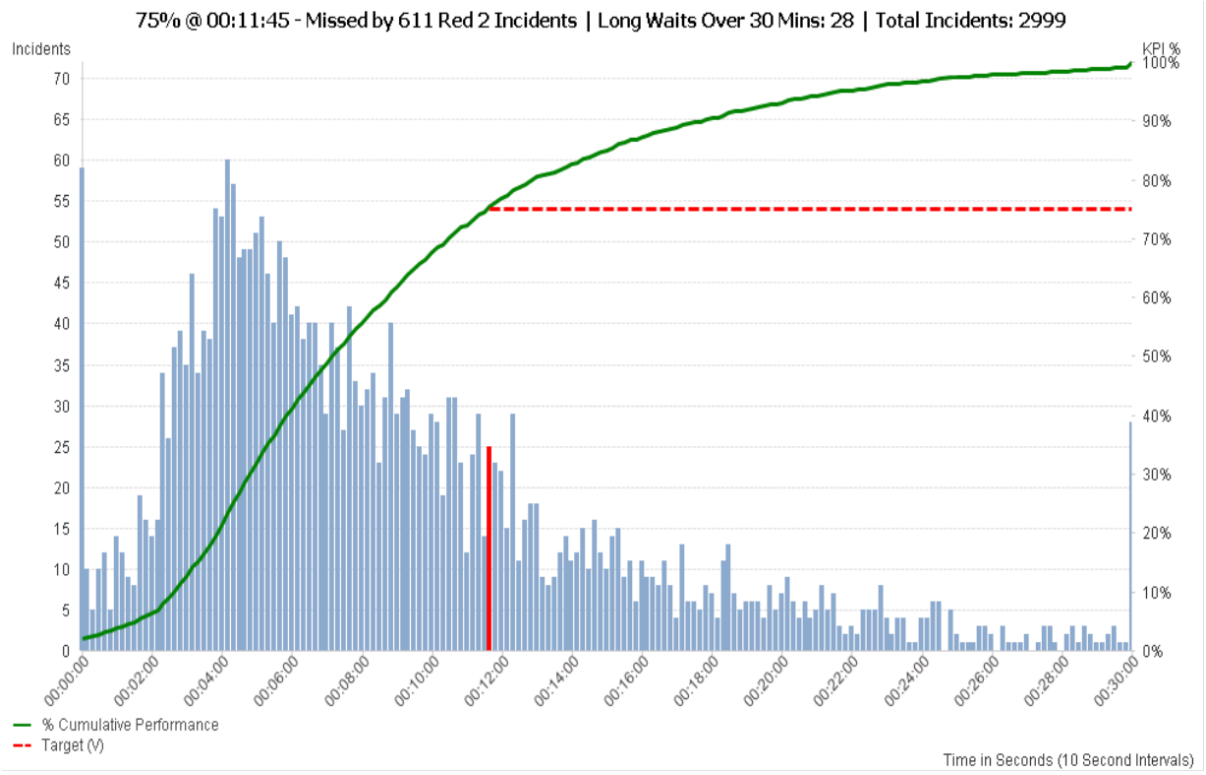


West Oxfordshire Local Authority Performance

Red 1 Performance Standard:



Red 2 Performance Standard:



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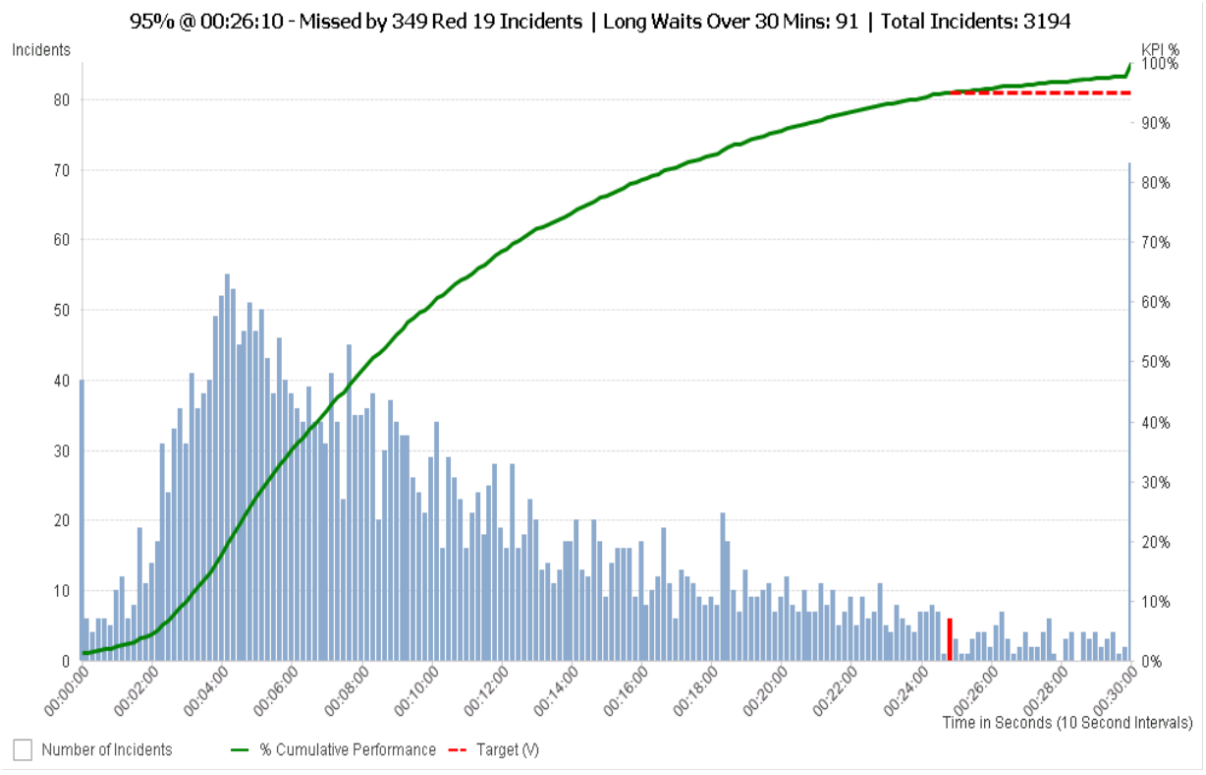
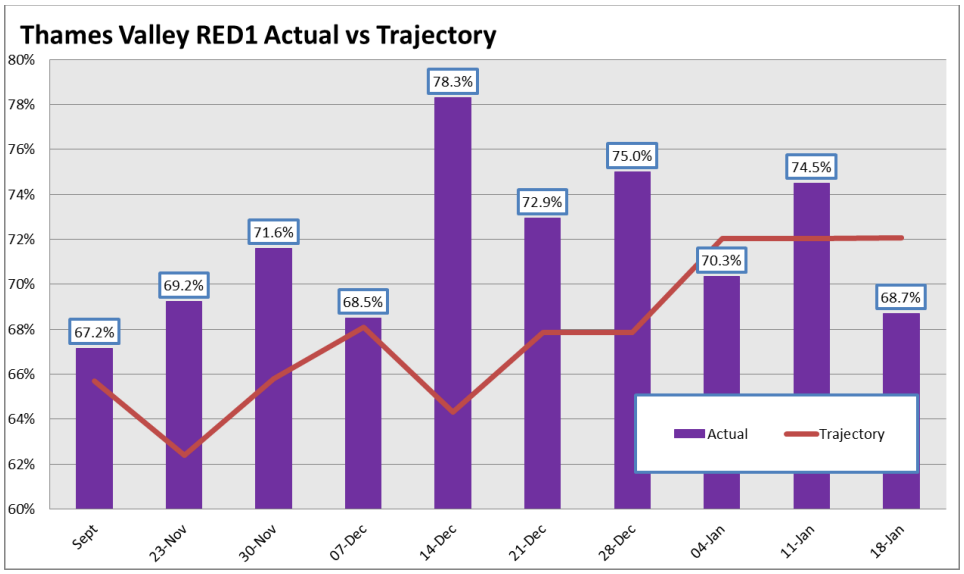


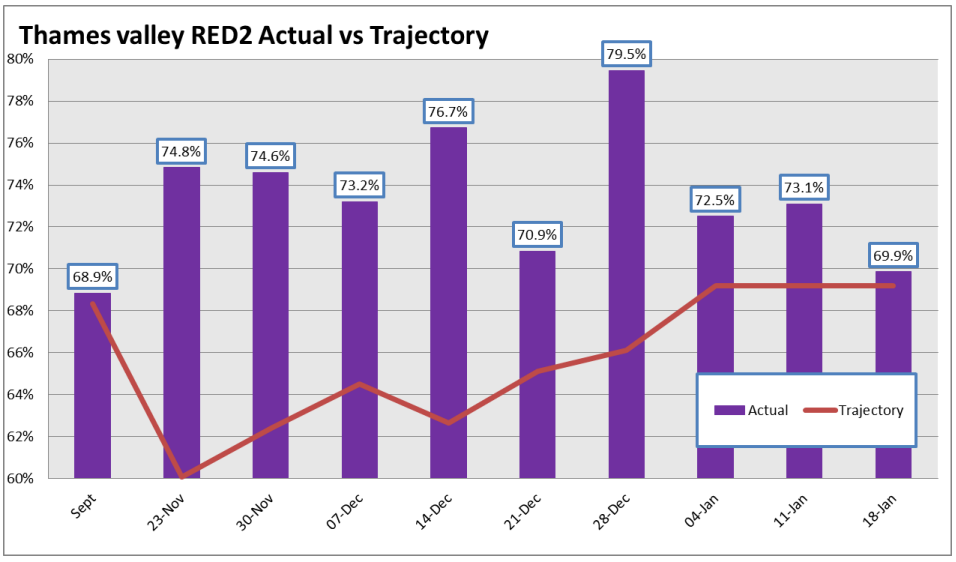
Internal Turnaround

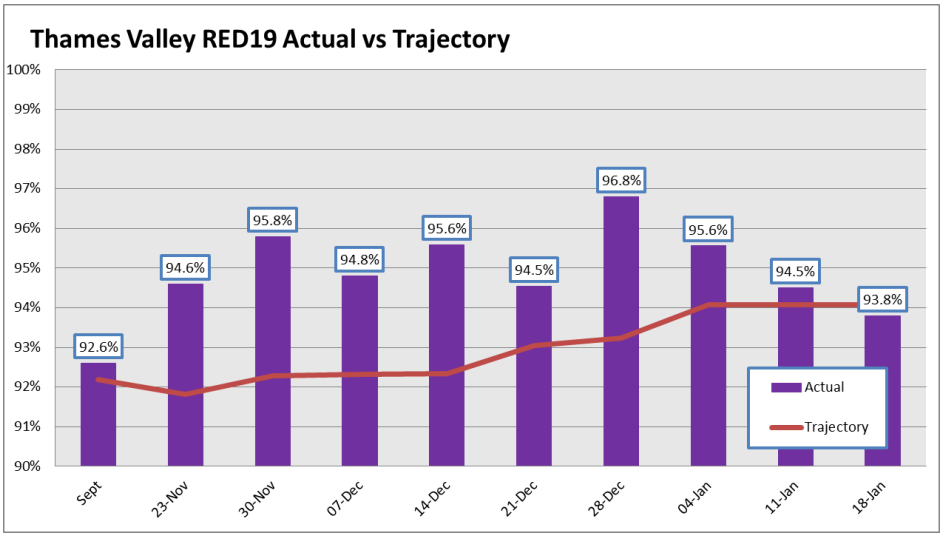
As with many NHS organisations, SCAS is under immense pressure to meet performance standards in a tight financial envelope. In response to our financial and performance challenges, SCAS has placed itself into internal turnaround program. This is an executive

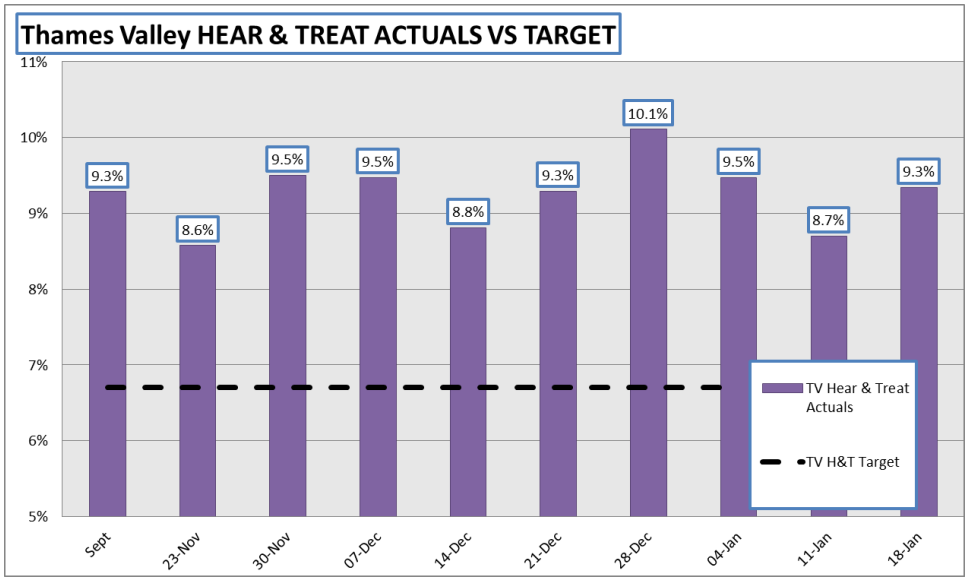
lead focus where the organisation realigns to focus on key aspects. Three key areas for SCAS are Building Capacity to Reduce Pressure, Aligning our Provision to Patient Need and Improving our Response to Patients. The progress against the Turnaround plan is being monitored on a week by week basis by the Executive and Senior management team, ensuring that actions result in improvements in performance, resources and care delivered by our staff.

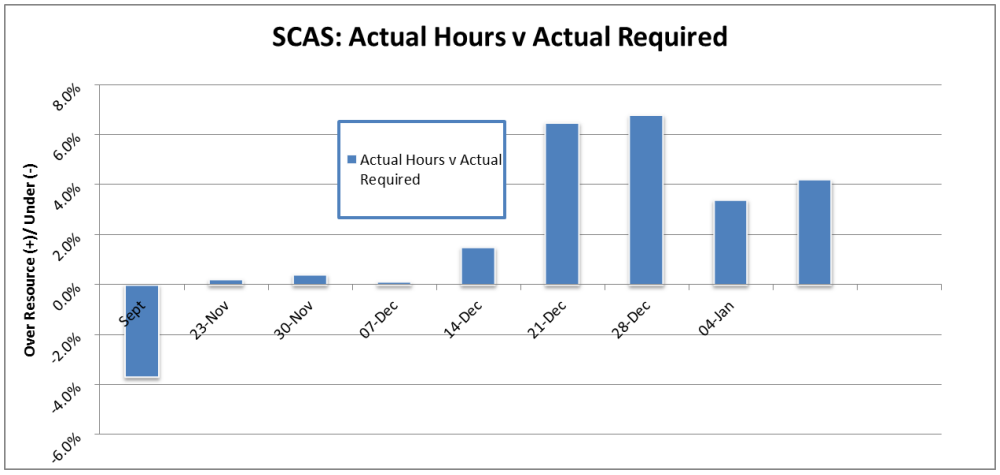
Since beginning our turnaround programme, the Trust has exceeded our recovery trajectories for performance standards, including red 1, red 2, red 19, hear and treat and internal trajectories for staff recruitment and retention.

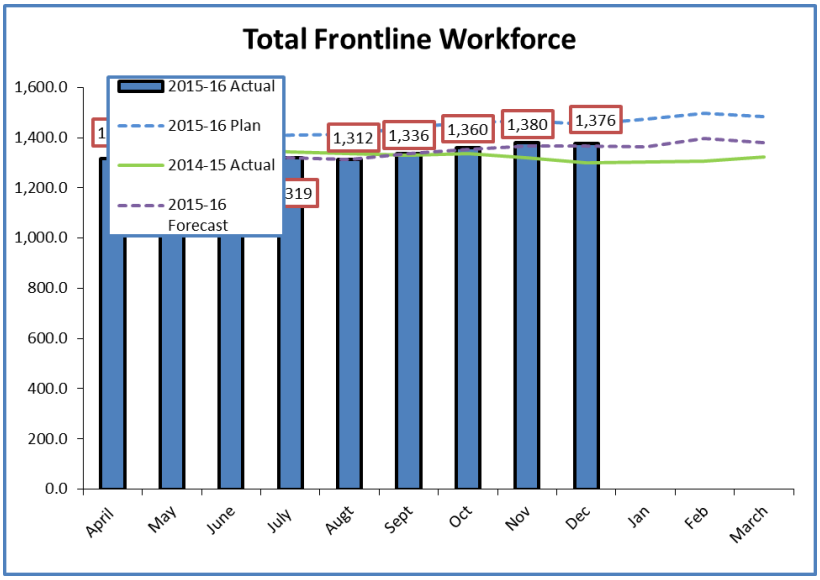


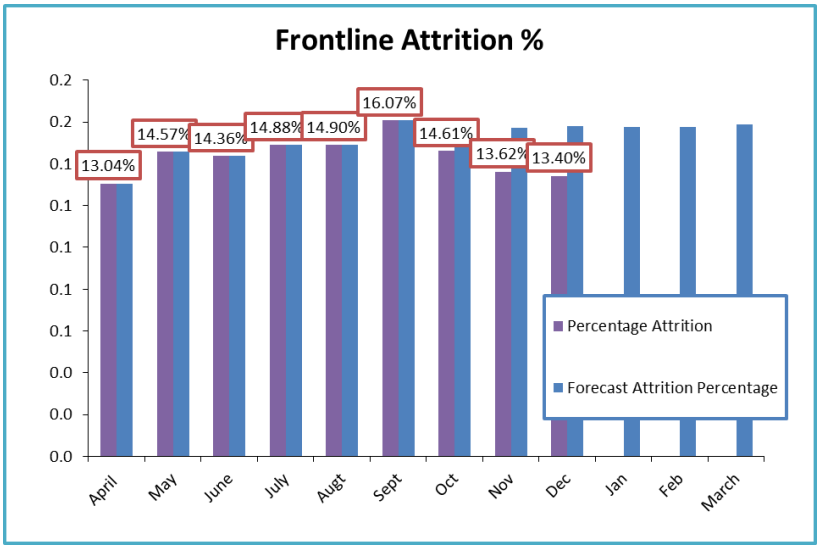



Thames Valley RED19 Actual vs Trajectory
100%
99%
98%
97%
96%
95%
94%
93%
92%
91%
90%
92.6%
94.6%
95.8%
94.8%
95.6%
94.5%
96.8%
95.6%
94.5%
93.8%
Actual
Trajectory
Sept
23-Nov
30-Nov
07-Dec
14-Dec
21-Dec
28-Dec
04-Jan
11-Jan
18-Jan


Thames Valley HEAR & TREAT ACTUALS VS TARGET
11%
10%
9%
8%
7%
6%
5%
9.3%
8.6%
9.5%
9.5%
8.8%
9.3%
10.1%
9.5%
8.7%
9.3%
TV Hear & Treat Actuals
TV H&T Target
Sept
23-Nov
30-Nov
07-Dec
14-Dec
21-Dec
28-Dec
04-Jan
11-Jan
18-Jan


SCAS: Actual Hours v Actual Required
Over Resource (+)/ Under (-)
8.0%
6.0%
4.0%
2.0%
0.0%
-2.0%
-4.0%
-6.0%
Actual Hours v Actual Required
Sept
23-Nov
30-Nov
07-Dec
14-Dec
21-Dec
28-Dec
04-Jan





Demand Management and Electronic Patient Records

The National Ambulance Response Programme is the leading process in managing our demand. The additional time that the emergency call takers now have provides time for them to gather vital information to be able to direct patients to the most appropriate service for them.

Oxfordshire CCG has also recently funded a Demand Practitioner for the Oxfordshire area. The Demand Practitioner is reviewing patients that require our services on a frequent basis, working with our partners across the health and social care system, to create a multi-disciplinary lead care plan that results in the patients receiving the most appropriate care reducing their reliance on acute and emergency care. The care plans are shared across the health and social care system, ensuring the patient receives the appropriate care regardless of how or where they access the NHS system.

Within SCAS we ensure that the care plans are stored within our Computer Aided Despatch (CAD) system, so if the patient calls either 999 or NHS 111, a clinician based within our Clinical Contact Centres can, where appropriate, manage these patients without an ambulance response being required or the despatcher is able to send the most appropriate

ambulance resource to this patient the first time that they call. If a response is required the responding ambulance crew will be notified of the special patient note.

SCAS operate electronic patient records (EPR) across the Trust. Oxfordshire is the last area that will be operational with EPR and this is scheduled for 1st February 2016. The EPR system allows the ambulance clinicians to notify and share information with the hospitals live, have instant access to previous ambulance patient records and access a patient's medical history using their NHS number. As the system develops SCAS clinicians will also have access to the NHS Directory of Services to enable them to be able to direct and refer patients along the appropriate care pathway.

Alternative Care Pathways

SCAS have an emphasis on ensuring the right care in the right place is delivered for the patient whilst assessing the wider urgent care impact. SCAS have a consistently good performance on supporting people where they are (on the phone and at the scene) and therefore not requiring conveyance.

The Trust continues to increase the amount of calls able to be dealt with over the phone without the need to dispatch an ambulance with improvements in performance being achieved year on year.

SCAS work closely with other health and social care providers within Oxfordshire to influence provision of alternative care pathways other than admission to an A&E department. SCAS clinicians are highly trained to take a holistic view of the patient's health and social care needs and have access to alternative care pathways to ensure rapid and safe referrals to other health and social care providers. A successful example of how this is achieved in Oxfordshire is the use of Emergency Medical Units provided across the county by Oxford Health NHS Foundation Trust.

Community First Responders and Co-Responder Schemes

SCAS is committed to improving our response to patients in rural areas. One aspect of this is the use of Community First Responders (CFRs). CFRs are nationally defined as people trained as a minimum in basic life support and the use of a defibrillator, who attend potentially life-threatening emergencies. Our CFRs use life-saving skills, such as the use of the automated external defibrillator (AED), to provide early and often vital intervention for patients suffering life-threatening emergencies in the immediate vicinity of where they live or work. The Trust recruits and trains volunteers to provide life-saving treatment at a recognised level and they are always backed up with the nearest available ambulance. It is mandatory for CFRs to complete training every six months to maintain competency and we also offer the option for CFRs to have monthly refresher training as required. We respond CFRs to mostly Red categorised (life-threatening) calls which are normally to patients suffering from conditions such as cardiac arrests, heart attacks, strokes, choking, diabetic emergencies, traumatic emergencies (not road traffic collisions), breathing difficulties, patients suffering from seizures, chest pains, unconscious patients and paediatric patients aged one year and over.

We have specifically targeted the recruitment of CFRs to rural areas of Oxfordshire, specifically West Oxfordshire, Vale of White Horse and South Oxfordshire. The Trust considers CFRs to be a crucial part of our response to patients in these areas. CFRs

respond to calls in their neighbourhood, therefore, the potential for them to arrive on scene before an ambulance, especially in rural areas, is vital in providing immediate life-saving treatment. These extra minutes do help to save lives.

Similar to CFRs, SCAS also work closely with Oxfordshire Fire and Rescue Service (OFRS) and the Royal Air Force (RAF) to provide similar schemes across Oxfordshire. OFRS provide a retained response, similar to a CFR, to Red calls within their area, whilst maintaining their ability to respond to Fire and Rescue Emergencies within the local area.

We have recently expanded our collaborative work with OFRS to include responses in Abingdon and Didcot. We are continuing to work with all the Fire Services across the South Central Region, developing, aligning and improving our co-responding agreements to ensure a rapid and appropriate response to patients.

The RAF medics provide qualified clinicians to work in Rapid Response Vehicles (RRVs) which are deployed to cover areas of demand as required. SCAS are continuing to work with both organisations to improve this response capability and productivity. There is ongoing work to continue to building upon these schemes.

Hospital Turnaround

SCAS work diligently with our colleagues within Oxfordshire Clinical Commissioning Group (OCCG) at Oxford University Hospitals NHS Trust (OUHT) to minimise delays when handing over patient care at the hospitals run by OUHT. OUHT run four hospital sites in Oxfordshire: John Radcliffe Hospital, Churchill Hospital, Nuffield Orthopaedic Centre and Horton General Hospital. Both the John Radcliffe Hospital and Horton General Hospital have A&E departments. The John Radcliffe Hospital is also a specialist centre for many specialities including Trauma, Stroke, Paediatrics, Cardiac and Ophthalmology.

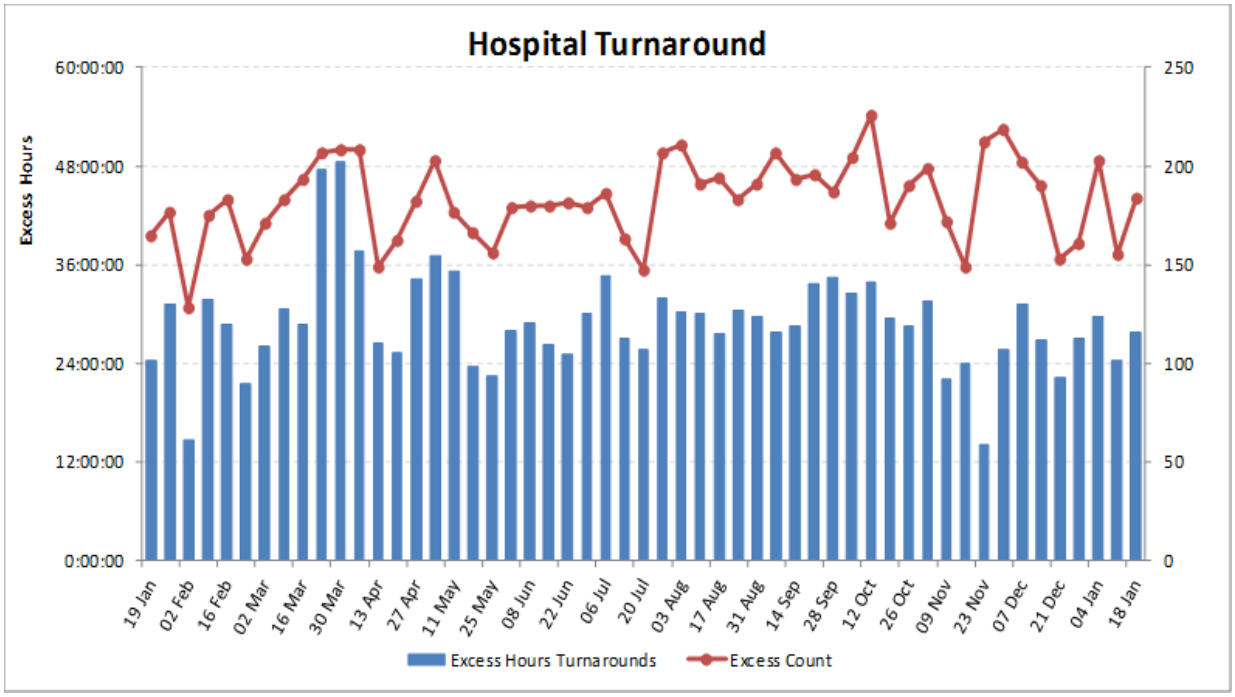
The national performance standard for the complete handover of patient care to occur between the ambulance clinician and the hospital clinician is for the 85% of handovers to occur within 15 minutes of the ambulance arrival outside the A&E department. Locally across the Thames Valley Region, the expected standard handover time of 15 minutes is expected across all wards within the hospital and contractual levers are in place to achieve this. The ambulance service also has a national performance standard to achieve with regards to completing handover and being available to respond to the next call. This performance standard is also set at 85% of clear ups to occur within 15 minutes of the completion of handover.

Clinical and operational managers from SCAS and OUHT meet fortnightly to review the handover and clear up processes to improve our performance against the national and local standards.

The table and graphs below shows the excess hours (above the 15 minute national standard) lost at Oxfordshire hospitals due to delayed handovers.

Oxfordshire		
Week Starting	Excess Hours	Excess Count
19/01/2015	24:21:56	165
26/01/2015	31:09:35	177
02/02/2015	14:39:55	128
09/02/2015	31:43:49	175
16/02/2015	28:42:49	183
23/02/2015	21:32:50	153
02/03/2015	26:06:00	171
09/03/2015	30:34:20	183
16/03/2015	28:45:44	193
23/03/2015	47:29:21	207
30/03/2015	48:24:07	208
06/04/2015	37:32:46	208
13/04/2015	26:27:57	149
20/04/2015	25:18:09	162
27/04/2015	34:18:10	182
04/05/2015	37:01:32	203
11/05/2015	35:09:16	177
18/05/2015	23:29:29	166
25/05/2015	22:26:33	156
01/06/2015	27:52:25	179
08/06/2015	28:52:42	180
15/06/2015	26:08:59	180
22/06/2015	25:02:10	181
29/06/2015	29:57:28	179
06/07/2015	34:33:53	186
13/07/2015	27:03:03	163
20/07/2015	25:33:46	147

Oxfordshire		
Week Starting	Excess Hours	Excess Count
27/07/2015	31:50:17	207
03/08/2015	30:12:06	211
10/08/2015	30:07:04	191
17/08/2015	27:37:19	194
24/08/2015	30:21:49	183
31/08/2015	29:36:04	191
07/09/2015	27:45:10	207
14/09/2015	28:34:23	193
21/09/2015	33:37:13	196
28/09/2015	34:27:37	187
05/10/2015	32:26:39	204
12/10/2015	33:53:01	226
19/10/2015	29:32:03	171
26/10/2015	28:34:25	190
02/11/2015	31:27:59	199
09/11/2015	21:59:24	172
16/11/2015	24:00:31	149
23/11/2015	14:06:11	212
30/11/2015	25:44:49	219
07/12/2015	31:11:46	202
14/12/2015	26:47:01	190
21/12/2015	22:13:58	153
28/12/2015	27:01:34	161
04/01/2016	29:41:06	203
11/01/2016	24:21:32	155
18/01/2016	27:42:18	184



SCAS works closely with our health and social care partners to ensure that the patients are transported to the most appropriate hospital which may or may not be their closest hospital. With the improvements in the provision of centralised specialist care such as Trauma, Cardiology and Neurology, SCAS clinicians will often bypass the nearest Accident and Emergency department to transport the patient to a specialist centre. In Oxfordshire, an example of this would be bypassing Horton General Hospital in Banbury to transport a

patient directly to the John Radcliffe Hospital in Oxford for Trauma care at the Regional Trauma Centre. SCAS are members of the clinical networks and provide input into their design and implementation. Discussions are held with commissioners should an impact be expected upon the service and mitigating actions are taken to ensure that the ambulance service provisions to patients in those areas are not affected.

SCAS works closely with our partners to ensure system wide improvements continue to progress. An example of this would be the involvement of the Trust in the 'Breaking the Cycle' weeks where we supported the Oxfordshire Health and Social Care System with additional Patient Transport Provision and Hospital Ambulance Liaison Officer support at the John Radcliffe Hospital.

Workforce

Workforce planning continues to be challenging for Ambulance Trusts due to the national shortage of Paramedics. SCAS is working with Health Education Thames Valley (HETV) and multiple universities to fund paramedic development opportunities for internal and external candidates to train to become paramedics. This year we have courses taking place with Oxford Brookes, Northamptonshire and Portsmouth Universities.

SCAS has worked with Commissioners to introduce a new role of Enhanced Paramedic. This role has a requirement of additional qualifications supporting the paramedic in progressing, enhancing their knowledge and skills in urgent and emergency care and improving their ability to coach and mentor other clinicians.

The Trust is also introducing a new role of Associate Ambulance Practitioner (AAP). This new clinical role will provide a platform for our current staff to progress to and new staff to enter our service at AAP level, which can then progress onto Paramedic level. The role is supported by a new Qualifications Careers Framework (QCF) Level 4 course and those qualifying as AAPs will provide an autonomous clinical role in treating and managing patients across a broad range of emergency, urgent and social care settings.

The workforce position within Oxfordshire has improved year on year with high levels of recruitment from local universities. The Trust is also currently exploring wider options including international recruitment, agency working and collaboration with the armed services.

Since the beginning of this year the overall number of frontline staff has increased, we are continuing to recruit in the UK and overseas. Since April 2015, 49 international paramedics have joined SCAS with another 51 planned to join in 2016. Over the last quarter 56 new ECAs and 76 new Paramedics have joined SCAS. We have also seen a reduction in the number of staff leaving SCAS.

The Trust has implemented and is embedding a service design change based on a review of our demand and capacity modelling. We have implemented an alternative response to Health Care Professional (HCP) calls, where the patients have been assessed by a clinician and only require low-level care and transport. With the increased use of this service by GPs, this will improve our response to the HCP Calls by providing a purpose built resource to respond to these types of calls only and will also free up A&E clinical ambulances to respond to 999 calls. The new HCP provision has increased the number of non-clinical posts within the area and provides a new position that may be attractive to retain staff in long-term and attract new staff into the organisation.

Within Oxfordshire we are trying an innovative approach to the review of working patterns. The local work under way to review rotas and flexible working within our A&E services provides the opportunity to create a more resilient workforce with increased flexibility, a greater compliance of resourcing against demand, better clinical supervision and support to frontline A&E staff and the strengthening of our team working culture. We look forward to updating you with our progress as this develops.

NHS 111

SCAS also provides the NHS 111 service in Oxfordshire. The NHS 111 service signposts callers to the most appropriate service for their needs through NHS Pathways triage and clinical advice as required. SCAS provides this service for the South Central region (excluding Milton Keynes) and Bedfordshire and Luton. Through the virtualisation of our Clinical Contact Centres (CCC), a more resilient call answering service is provided.

This year concerns were raised in a national newspaper regarding the NHS 111 service provided by SCAS. We investigated the concerns raised, identified and implemented lessons that have been learnt from the concerns. The investigation report was approved by the service commissioners.

In November 2015, the Care Quality Commission (CQC) conducted a focussed inspection of the SCAS NHS 111 service. Their very positive formal report has been recently published and is available on their website. The report recognised SCAS as being a very safe and effective provider of NHS 111 services and whose services were both responsive and well led. The CQC did not award SCAS a rating on this occasion as the inspection was focused on particular aspects rather than a general review.

SCAS welcomes the report findings and found that the rigorous process has reaffirmed our view that we have some of the most dedicated, committed and passionate staff working for us. The vision and values of the service were evident in that staff were positive about the improvement of quality of care that they provided. The CQC inspectors observed and listened to staff expressing how proud they were to work for the NHS 111 service in SCAS and staff morale in the service was good. The findings also recognised that patients were involved in their care and treatment decisions and all patients were assessed and treated appropriately using best practice and current national guidance.

The inspectors were reassured, post media coverage of the service, that none of the specific issues raised by the media were substantiated to give significant cause for concern over the safety of the care given to patients. Robust recruitment processes were in place and the inspectors were aware of the enhanced induction, training and coaching arrangements that were in place to support staff.

SCAS was acknowledged as an organisation that placed a great deal of importance on continuous learning and improvement and had clearly demonstrated the actions it had taken to support staff who highlighted areas needing improvement. Feedback mechanisms for staff were evident which supported the open and transparent culture which is nurtured and encouraged in the organisation. Staff were seen to have clear roles and responsibilities and adjusting staffing and skill mix to meet ever changing demands was well managed.

Summary

The ambulance service is undergoing a period of substantial challenge arising from increasing demand, acuity, variation of traditional demand patterns, staffing shortages and impact from other services through the demands within the wider health and social care economy including hospital waits and Primary Care capacity, especially in the out of hours period.

SCAS compares well nationally, generally performing in the upper quartile on all measures. SCAS works well with stakeholders and the community to provide year on year improvement as well as innovative partnerships such as fire service, military, maternity and dental line and supports the wider health and social care economy to provide the care patients require.

We are an improving and learning organisation, continually striving for excellence.

Richard McDonald
Area Manager - Oxfordshire
South Central Ambulance Service NHS Foundation Trust