

**TO: HEALTH OVERVIEW AND SCRUTINY PANEL
2 JULY 2015**

**SOUTH CENTRAL AMBULANCE SERVICE
Assistant Chief Executive**

1 PURPOSE OF REPORT

- 1.1 This report invites the Health Overview and Scrutiny (O&S) Panel to receive updates on the South Central Ambulance Service NHS Foundation Trust's (SCAS) performance and future plans.

2 RECOMMENDATION

That the Health Overview and Scrutiny Panel:

- 2.1 Reviews the South Central Ambulance Service's performance and future plans.**

3 SUPPORTING INFORMATION

- 3.1 The Health O&S Panel last met SCAS on 11 July 2013, with particular reference to out-of-hospital cardiac arrest survival rates, and Ambulance response times. The relevant extract from the minutes of that meeting are at Appendix 1.
- 3.2 The Chief Executive of SCAS has sent in the attached outline of key, current issues affecting the Trust (commencing at page 13 of the agenda).
- 3.3 Further background information is provided in:
- The most recent inspection report by the Care Quality Commission, of January 2015 (commencing at page 17 of the agenda); and
 - The SCAS Operational Plan for 2015-16 (commencing at page 47 of the agenda).

ALTERNATIVE OPTIONS CONSIDERED/ ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS/ EQUALITIES IMPACT ASSESSMENT/ STRATEGIC RISK MANAGEMENT ISSUES / OTHER OFFICERS/ CONSULTATION – Not applicable

Contact for further information

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HEALTH OVERVIEW AND SCRUTINY PANEL 11 JULY 2013

South Central Ambulance Service

The Panel received a report that updated them on the South Central Ambulance Service NHS Foundation Trust's performance on two issues that had been identified by the Panel as being of interest and concern. These two issues included out of hospital cardiac survival rates and ambulance response times.

The Chairman welcomed Steve West, from the South Central Ambulance Service (SCAS) to the meeting and stated that having visited the SCAS control room at Bicester he had been impressed with the state of the art facilities at their site.

Steve West made the following points:

- He stated that SCAS provided a 111 service now as well as the 999 emergency service. They were pleased to be delivering the 111 service and this entailed identifying the caller's clinical needs and then sending an appropriate responder for these identified needs. The integration of the two services had meant that they were able to respond more efficiently to callers.
- He stated that whilst last year they had not been delivering in terms of ambulance response times or cardiac arrest survival rates, this year SCAS was delivering above targets for both these issues. This had been achieved by moving their control room from Wokingham to Bicester where they were able to utilise state of the art facilities and technology to improve response times.
- He reported that activity had increased by 10% this year, the previous week had been the busiest week in the whole year and as a result performance had dipped however on the whole, performance had improved over the last year as the data showed.
- In relation to cardiac arrest survival, he recognised that SCAS needed to improve their capture of clinical data, this was being addressed and a tender process to tackle this was nearing completion. This would include moving away from their current paper based system in 2014.

The Chairman congratulated SCAS on their work to ensure great outcomes for patients.

In response to members' queries, Steve West made the following points:

- SCAS had widespread defibrillator schemes across the region and they worked with each partner differently to ensure that schemes were effective. He stated that there was potential to use pharmacies as sites where defibrillators could be accessed, however work had not yet progressed with working with pharmacies. It was noted that pharmacies provided an ideal location for defibrillators as they had the expertise, had long opening hours and were often based within parades of shops in housing estates.
- It was reported that in addition, having defibrillators attached to the outside of GP surgeries was also being explored. This programme involved the public being instructed to use the defibrillator either by the ambulance service or via instructions attached to the defibrillator. The Department of Health's vision was that defibrillators should be as widely available as fire extinguishers.
- It was reported that much work had gone into improving ambulance response times at SCAS, including hospital admissions and when targets were not met, fines were levied by Clinical Commissioning Groups. It was noted that these fines were compensated if ambulances were left to queue outside hospitals.

- He stated that in peak times, six ambulances would be deployed to Bracknell Forest. There were 26 ambulances in total for the entire SCAS region. This was a small number taking into consideration the area covered by the region.

The Chairman thanked Steve West for his presentation and update and the panel

RESOLVED to make the following recommendation:

That the Panel congratulate the SCAS on ambulance response times and out of hospital cardiac arrest survival rates; both of which have improved since the previous year.