



South Central Ambulance Service **NHS**

NHS Foundation Trust

Minutes of the fifth formal meeting of the South Central Ambulance Service NHS Foundation Trust (SCAS) Bucks and MK Patient Forum held on 4 May 2016 at Buckingham Community Centre

Present: Bob Duggan (chair)
Ludlow Johnson, SCAS Equality and Diversity Manager
Mark Begley, SCAS Area Manager for Bucks and MK
Monica Moro, SCAS Membership, Engagement and Marketing Support Officer

In attendance: Rachel Coney, SCAS Charity CEO
Cllr. Andy Mahi, Buckingham Mayor
Anna Clarkson, SCAS PTS Patient Experience Manager
Barbara Cameron, member of the public
Cllr Margaret Gateley, Highlands and Watchcroft Ward
Cllr Jenny Bates, Buckingham South
Jenny Begley, FT member
John Dale, FT member
Julie Anderson, Reception Manager, The Swan Practice

Apologies: Amanda Painter, SCAS Head of Patient Experience
Dr Nessian Carson, Milton Keynes CCG
Cllr Derrick Isham, Aylesbury Vale District Councillor for Buckingham North
Cindy Shilton, Healthwatch MK
Yvette Dumbah, FT Member
Jean Mattinsley, FT Member
Chris Cook, FT Member
Graeme Johnston, FT Member
Pauline Bateman, N.S.I.C. Lead Medical Records Officer, Stoke Mandeville Hospital
Maureen Ghirelli, FT member

Not present: Steve Acton, FT member and CFR
Sally Sell, member of the public

Patient Forum members:
Tony Peirson (Buckinghamshire governor)
Christine De.Myers-Robinson
Peter Ballantyne
Jean Ley

BMKPF05/001

Chair's Welcome and Apologies for Absence

The Chair welcomed all present to the meeting and introduced SCAS representatives.

BMKPF05/002

Introducing our charity

Rachel Coney gave a presentation about her role as CEO of the SCAS Charity (see *Appendix 1- SCAS Charity presentation-Rachel Coney*), the charity's rationale and aims. She also explained that the meeting will be an opportunity to consult attendees about the main aspects of the charity, including ideas for a strapline, website, new name and fundraising activities.

SCAS Charity – Rationale and aims

RC explained that SCAS is the only Ambulance Trust in the country which wants to develop the charity.

In our coverage area there are other charities such as the Air Ambulance and The Ambulance Services Charity (TASC).

There are 11 charities which raise funds for SCAS and RC'S role will be to work collectively.

She cited that the high profile financial collapse of Kids Company, which provided valuable support to vulnerable young people, have urged a radical change in charity regulation and practice. RC emphasised that the SCAS Charity will be very transparent.

The charity will be launched in September and a large scale fundraising campaign will start in autumn.

A Charity Finance Officer will be appointed to provide financial and administrative duties to the charity and ensure that the accounting records are maintained on an accurate and timely basis.

SCAS Charity – sharing ideas with the forum

RC explained that the money raised by the charity will be spent as follows:

1. To train and equip Community First Responders (CFR) and other volunteers
2. To train and equip local communities to help save lives by raising money for public access defibrillators, Heart Start training and other training and education events and activities
3. To transform 999 care and support staff through investments in:
 - state of the art equipment
 - research projects
 - piloting ideas for clinical innovation
 - extra training and development
 - making improvements to working environments.

Andy Mahi commented that he can see the charity's merit. However, he stressed that the key to the charity is the volunteers and the public might be reluctant to give to the SCAS Charity as they already pay taxes. Furthermore they might be reluctant to give their bank details if approached by street fundraisers.

RC informed the group that the SCAS Charity will not be asking people for their bank details on the street, but that we might have a lottery as part of the fundraising activities.

AM added that the SCAS Charity lottery in the Buckingham area will not be a good idea as the Vale Lottery* has been recently launched.

*The Vale Lottery is a weekly lottery that directly supports good causes which benefit the Aylesbury Vale community. The scheme was launched in November 2015.

Ludlow Johnson asked if there is a national regulation about the ROI for charities.

RC advised that our charity will aim to generate between £3 and £4 for every £1 spent on fundraising activities.

Jenny Bates commented that patients' stories would be a very powerful tool for generating money for the charity. She herself has been recipient of the help of a CFR.

Name

RC asked what the name for the charity should be.

The group suggested that their key words should be as follows:

- Ambulance
- Volunteer
- Local
- Neighbourhood

JD suggested 'The Yellow and Green Charity'

Strapline

Margaret Gateley suggested 'Supporting your local ambulance service'

MB: 'Here when you need us'

The group commented that the word NHS should not be included because the charity is not funded by the NHS.

Values

The group suggested the following key words:

- Reliable
- Caring
- Professional
- Trustworthy

Website

RC asked the group what they would expect to find on the website if they were to organise a fundraising event on behalf of the charity.

The group agreed with the list as per RC's presentation (please see *Slide 10 – Appendix 1*) and added the following:

- Bank payment slips
- Roller banners
- Frames for outdoor events
- Name badges
- Balloons
- 'Advice on how to manage an event' pack
- Raffles (*will need a licence*)

RC informed the group that SCAS has about 20,000 contacts which we could introduce the charity to.

AM commented that patients might be more receptive to raise money with raffles rather than send a cheque.

BD asked how SCAS will keep the people who attend our Forums up-to-date with the charity activities.

RC advised that she will do this with Monica Moro

Organisations which the charity could target

The group made the following suggestions as possible local fundraisers and supporters of the charity:

- Buckingham Rugby Club
- Supermarkets
- Business Network Group
- Silverstone Grand Prix

RC thanked the group for the productive discussion.

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| Action 5/002a Group to send ideas for the name to rachel.coney@scas.nhs.uk |
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BMKPF05/003

Feedback from group on any local Bucks and MK issues

Mark Begley introduced himself and explained that he is responsible in the Bucks and MK area for:

- developing and delivering emergency services
- managing operational staff
- building and maintaining effective partnerships within the local community, in particular with other healthcare providers, local authorities, social services and other emergency services

MG asked if, with the constant re-organisation of the health service, there will still be an A&E at the MK Hospital.

MB replied that hospitals are very busy. We now take patients to specialist units if needed and we have to look at making the MK and Bedford Hospitals cost effective.

SCAS needs to ensure that we can still take patients to the right unit. If someone has a stroke or cardiac arrest is taken to the Wycombe Hospital where they have specialist units.

The JR is the hospital in the area which has a Trauma Unit.

BD asked who decides where patients are taken.

MB replied that the ambulance service decides where to take the patient and we have very clear guidelines.

JB commented that there are still queues at hospitals.

MB advised that everything is done on triage. The ambulance service works tirelessly with hospitals to improve the patients' experience. He also emphasised that the treatment continues with the ambulance service until the patient is taken inside the hospital.

BD asked about the safety of discharging patients from hospitals after they have been transported by our NEPTS (Non-Emergency Patient Transport Service).

Anna Clarkson advised that we have recently taken over a new contract* and we have a special discharge policy which asks health professionals to explore with the patient how he/she will be travelling home once the patient is identified as ready for discharge, as follows:

- Do they have friends or family that are able to collect them?
- Are they able to use public transport?

AC added that SCAS works very hard with the hospitals and vet all taxi firms. The Trust is also supported by volunteer car drivers (VCDs).

VCDs provide transport using their own cars, for patients who experience difficulties travelling to their appointments. They must undertake a Disclosure and Barring (DBS) as part of their application.

Julie Anderson said that the Swan Practice uses the VCDs.

*From 1 April 2016, South Central Ambulance Service NHS Foundation Trust (SCAS) will provide the Non-Emergency Patient Transport Service (NEPTS) for all patients registered with GPs in the Thames Valley contract area. This contract covers all patients registered with GPs in the following CCG areas:

NHS Oxfordshire CCG,
NHS Aylesbury Vale CCG,
NHS Chiltern CCG,
NHS Wokingham CCG,
NHS South Reading CCG,
NHS North West Reading CCG,
NHS Newbury CCG,
NHS Bracknell and Ascot CCG,
NHS Slough CCG,
NHS Windsor Ascot and Maidenhead CCG,
Buckinghamshire Healthcare Trust,
Berkshire Health Foundation Trust (Mental Health).

SCAS has provided the NEPTS service in these areas previously, but this is a new contract with some enhanced features and service standards.

BMKPF05/004

Equality and Diversity Delivery System (EDS) assessment

Ludlow Johnson gave a brief presentation about his role and explained that his presentation will cover how communities assessed SCAS as part of the SCAS Equality & Diversity Strategy which was due for renewal in April this year.

Three of the organisations which are part of the SCAS Equality & Diversity Steering Group, chaired by Will Hancock, our Chief Executive, took part in the assessment. These were as follows:

- Healthwatch Reading
- Hampshire Independent Equality Forum
- Milton Keynes Equality Council

Each of the above organised an Equality Delivery System grading day on behalf of SCAS, with a panel made up of local residents who spanned whenever possible the 9 protected characteristics*.

These individuals were specifically brought together to offer experiential support and evidence to effectively grade SCAS's work in providing the following goals:

EDS GOAL 1 – BETTER HEALTH OUTCOMES FOR ALL

(assessed and graded by Healthwatch Reading)

The five outcomes covered by Goal 1 were:

- Services are designed and procured to meet the health needs of local communities
- Individual people's health needs are assessed and met in appropriate and effective ways
- Transition from one service to another, for people on care pathways, is made smoothly with everyone well informed
- When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
- Screening, Vaccination and other Health promotion services reach and benefit all local communities

EDS GOAL 2 – IMPROVING PATIENT ACCESS AND EXPERIENCE

(assessed and graded by Hampshire Independent Equality Forum)

The four outcomes covered by Goal 2 were:

- People, carers and communities can readily access services, and should not be denied access on unreasonable grounds
- People are informed and supported to be involved as they wish to be in decisions about their care
- People report positive experiences of the NHS
- People's complaints about services are handled respectfully and efficiently

EDS GOAL 3 – A REPRESENTATIVE AND SUPPORTIVE WORKFORCE

EDS GOAL 4 – INCLUSIVE LEADERSHIP

(assessed and graded by Milton Keynes Equality Council)

The six outcomes covered by Goal 3 were:

- Recruitment and selection processes lead to a more representative workforce at all levels
- The NHS is committed to equal pay for work of equal value and expects employers to use audits to help fulfil their legal obligations
- Training and Development opportunities are taken up positively evaluated by all staff
- When at work, staff are free from abuse, harassment, bullying and violence from any source
- Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
- Staff report positive experiences of their membership of the workforce.

The three outcomes covered by Goal 4 were:

- Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
- Papers that come before the Board and other major committees identify equality-related impacts including risks, and how these risks are to be managed
- Middle Managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

Overall SCAS achieved a 89% score, compared to 80% achieved four years ago.

JL added that when assessing and grading performance on a particular outcome, NHS organisations can grade themselves using a RAG rating system (Red, Amber and Green). For most outcomes the key question is:

how well do people from protected groups fare compared with people overall? There are four grades – undeveloped (Red), developing (Amber), achieving (Green) and excelling (Purple).

In response to the question how well do people from protected groups fare compared with people overall, the answer is:

- Undeveloped if there is no evidence one way or another for any protected group of how people fare or ...
- Undeveloped if evidence shows that the majority of people in only two or less protected groups fare well
- Developing if evidence shows that the majority of people in three to five protected groups fare well
- Achieving if evidence shows that the majority of people in six to eight protected groups fare well
- Excelling if evidence shows that the majority of people in all nine protected groups fare well

BD asked what the repercussions are if a Trust is undeveloped.

LD informed that in such cases the CQC (Care Quality Commission) will stop the Trust from being a health provider and he gave the example of Mid Staffs Hospital.

He also advised the group that as from 1 April this year all organisations are measured on EDS by the CQC.

He concluded that SCAS needs to improve with regard to BME staff representation and a plan is in place to meet this objective.

*The 9 protective characteristics are:

Age, Disability, Gender reassignment, Marriage and civil partnership, Pregnancy and maternity, Race, Religion and belief, Sex, Sexual orientation

BMKPF05/005

What happens next

The Chair explained that forums meet every six months, equivalent to two meetings per year. Frequency may vary at members' request.

The Chair informed the group that a copy of the meeting's minutes will be sent to all attendees and those who were unable to attend.

Date of Next Meeting

Next meeting will be held in November 2016 (date and venue: tba).

Appendix 1

SCAS Charity presentation-Rachel Coney

Slide 1



South Central Ambulance Service **NHS**
NHS Foundation Trust

SCAS Charity

Patient Forum
update and discussion

Proud to be caring for you!

Slide 2

Basic facts about the SCAS Charity

- 1 of 11 charities directly supporting SCAS service delivery and/or staff.
- Primary activity: c. 750 volunteers raising c£200k p/a to deliver CFR service with extremely limited resources.
- At 30/9/15 just under £383k in Berks and Hants CFR budgets and just under £150k of other funds.
- SCAS LoF charity holds funds for Oxon and Bucks CFR – but plans underway to move this to the SCAS charity.

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Slide 3

Why SCAS wants to develop the charity

- Recognises value of the fundraising CFRs do and the lack of support /resources they have received to date.
- The Trust wants the Charity to do much more than process money in and out for CFRs.
- Governance requirements are getting much tighter nationally and we need to get our house in order to protect volunteers and the Trust.

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Timetable

- Board sign off all the plans in late June
- Re-launch August
- Start fundraising in September

So everything said today is still just a suggestion and subject to Board approval

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Re-launch in August

- Make the charity visible: brand, website, leaflet, press campaign, freebies....
- New fundraising activities: lottery; charity challenge events; legacy campaign; give as you earn scheme; corporate partners....
- New fundraising resources for us all to use: how to guides; poster templates; just giving page links; event registration forms; donate now; text to give....
- Better service to CFRs: dedicated Charity Officer taking over liaison with CFRs from finance department

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And by October...

- New collecting box management regime.
- New event registration process (light touch as possible).
- New brand management process for signing off anything that uses the logo/name/charity number.
- New offers for businesses that support the charity

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Slide 7

(Very draft) Case for Support – what do you think?

The SCAS charity exists to support the people who provide your emergency care. We will do this by investing your donation in our volunteers, our patients and our staff.

- Your gift could help train and equip the 1000+ local lifesaving **volunteers** who enable us to get someone to you in an emergency in 4 minutes.
- Your gift will help us buy specialist equipment like public access defibrillators for **your local community**, and will help us teach people how to avoid ever needing to dial 999 by developing information resources like www.SCASKids.co.uk.
- Your gift will help us improve the **lives of our staff** by investing in: the innovative ideas they have for improving the service they offer you, specialist equipment that would improve your care; extra training for teams and individuals and improvements to working environments like call centres and ambulance stations.

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Slide 8

SCAS Charity brand

- What should the charity be called?
- What values do you think people should associate with it?
- One brand that 200+ CFR schemes and other local fundraisers will/can all use?
When do we really need to make it local?

Proud to be caring for you!

Slide 9

The new look SCAS site

The screenshot shows the new SCAS website. At the top, there is a yellow banner with the text "Proud to be caring for you!". Below this is a navigation bar with the SCAS logo and the text "South Central Ambulance Service NHS Foundation Trust". The main content area features a large image of an ambulance with the text "Help us deliver the right care, right place, right time?" overlaid. Below the image is a red button that says "See our Managing Your Care Campaign". At the bottom, there is another yellow banner with the text "Proud to be caring for you!".

SCAS Charity website

- What should go on the front page?
- What will people need to find on the website to help with our fundraising?
- What else do you think might be needed?
 - Basic information leaflets about the charity?
 - Collecting boxes?
 - Car stickers?
 - Branded goods to sell/give away?
 - Posters?
 - ????

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