



**Minutes of the fifth formal meeting of the South Central Ambulance Service  
NHS Foundation Trust (SCAS) Hampshire Patient Forum held on  
Wednesday 18 May 2016 at North Harbour Resource Centre, Northarbour  
Road, Cosham, Portsmouth, P06 3TE**

- Present:** Al Tottle, Chair  
Tim Webster, SCAS Emergency Services Manager (seconded),  
Hampshire-South East  
Amanda Painter, SCAS Head of Patient Experience  
Monica Moro, SCAS Membership, Engagement and Marketing  
Support Officer
- Patient Forum members:  
Eddie Tiller  
Liz Steele
- In attendance:** Rachel Coney, SCAS Charity CEO;  
Alison Nicholson, Community Engagement Officer-Healthwatch  
Portsmouth;  
Anthony Spencer, FT member;  
Barry Lipscomb, SCAS Hampshire governor;  
Ben Muller, Portsmouth City Council;  
Caroline Hodkinson, Health representative for Lee-on-the Solent  
Residents Association;  
Diane Yexley, Chrysalis - Gender Identity Issues;  
Dawn Harding, Chrysalis - Gender Identity Issues;  
Doreen Smith, Committee Members of The National Osteoporosis  
Society-Portsmouth & S.E. Hants;  
Joanne Seale, Portsmouth City Council;  
Jon Cotterell, SCAS Hampshire governor;  
Paul Carnell, SCAS Hampshire governor;  
Richard Coates, SCAS Hampshire governor;  
Sandy Smith, Committee Member of The National Osteoporosis  
Society-Portsmouth & S.E. Hants;
- Apologies:** Ludlow Johnson, SCAS Equality and Diversity Manager;  
Chris Lynne, FT Member;  
Jean Hammerton, FT Member;  
John Price, FT Member and Volunteer Community First  
Responder;  
Lynne Hutchins, FT Member;  
Mike Allen, FT Member;  
Nick Birtley, Equality and Diversity Lead, NHS West Hampshire  
CCG;  
Sara Owen, NHS West Hampshire CCG-Commissioning Manager,  
Acute Transformation (South);  
Sue Smith, FT Member and North Hants Hospitals Public Governor

Patient Forum members:  
Diane Andrewes, ESPOPF (Eastleigh Southern Parishes Older People's Forum) representative  
John Stranger  
Ron Last  
Sam Goold, Healthwatch Southampton representative

**Not present:** Patient Forum members:  
Ali Beg, vice chair  
Cllr Martin Smethers  
Cllr Maureen Sollitt

#### HPF05/001

##### **Chair's Welcome and Apologies for Absence**

The chair welcomed all present to the meeting

#### HPF05/002

##### **Feedback from group on any local Hampshire issues – open discussion**

Tim Webster introduced himself and gave a brief introduction about his role and his designated coverage area.

He then gave a presentation about SCAS, its structure and services, together with information about its stakeholders within its coverage area (see *Appendix 1- Tim Webster's presentation*).

On slide 10 (see below) of his presentation TW showed that although South East Hampshire fared better than the whole of the Trust in the Red 1 and Red 19 categories, it did not meet the 75% target in the Red 1 and Red 2.



South Central Ambulance Service   
NHS Foundation Trust

### **Year End Position**

	SCAS	South East
Red 1	71.9%	72.3%
Red 2	72.7%	71.8%
Red 19	94.4%	95.4%



Emergency 999 calls are prioritised into one of two categories to ensure that the most life threatening cases receive the quickest response:

#### **1. Immediately life threatening**

A. Red 1 (the most time critical, where patients are not breathing or do not have a pulse): 75% to be responded to within 8 minutes

B. Red 2 (still serious, but less immediately time critical, like strokes or fits): 75% to be responded to within 8 minutes.

C. Red 19: 95% to be responded to within 19 minutes

All above targets are set up nationally.

**2. All other calls – For conditions that are not life threatening, response targets are set locally**

He advised that CFRs do not stop the clock or assist in meeting targets\*.

\*Clarification – The 8 minute response includes CFRs, Co-responders and military responders and the 19 minute response excludes them.

He also informed that we are consistently either second or third in the national 'league table' and that we are now much better at treating patients at home.

He then opened the Q&A with the group.

Q from forum: *Why nobody meets their targets?*

TW's A: Due to an ageing population and changing lifestyle choices there are now many more people living longer with long-term conditions such as heart disease, diabetes and asthma. This increase is translating into more hospital admissions and calls for an ambulance. However, we do not have the funding to meet the demand and we have been asked to do more for less.

Barry Lipscomb added that in this particular area we have the QA's problem and this should be emphasised.

Q: *Is this a national problem?*

TW's A: 'The demand for ambulance services keep increasing and this is an ongoing problem which affects all of the ambulance trusts in England.'

Q: *What proportion of calls are real emergencies?*

TW's A: Around 35% will be classified as Red calls, with a 40% to 50% non-conveyance rate. We are also getting better at filtering inappropriate calls.

Q: *How was the situation when junior doctors were on strike?*

TW's A: Because of the strike, it was very quiet as people didn't go to Q&A and didn't ring 999.

Q: *What's your frontline workforce level in this area?*

TW's A: We are currently at 96% of capacity.

Q: *Is it safe?*

TW's A: Yes, we have a telephone triage, specialist paramedics and safety is our number one priority.

Q: *What happens when you leave a patient at home?*

TW's A: Example: Elderly lady is fallen. In this case, we ensure that a full assessment has been carried out and, if necessary, we will also effectuate a referral.

### **HPF05/003**

#### **Introducing our charity**

Rachel Coney gave a presentation about her role as CEO of the SCAS Charity (see *Appendix 2- 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

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.

RC advised 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.

Q from the group: *What's the difference between a Community First Responder (CFR) and Co-Responder?*

RC's A: Community First Responders are volunteers living locally who support their local community by attending emergency calls ahead of an ambulance.

Co-Responders work in the fire service, HM Forces or RNLI (Royal National Lifeboat Institution). For instance, Fire Co-Responders are retained fire fighters who attend emergency calls on behalf of the Trust, as part of their day to day role with the fire and rescue service.

Q: *'Probably eight years ago I applied to be a Volunteer Car Driver. I did all the training at Southsea and then nothing happened. Ditto when I trained as a CFR. Are these schemes still on?'*

Richard Coates, who is also a CFR for the Hayling Island scheme, advised that the schemes are still in existence and he will be happy to speak to the enquirer after the meeting.

Q: *How does the 999 service know which CFR is available and what happens when the CFR receives the call from 999?*

RC's A: CFRs normally work in a team of people who all live and /or work within a certain area. They take it in turns to be 'on call' when they can and fit it in around other commitments and they will let the Call Centre know in advance when they are 'on call'.

When someone dials 999 for an ambulance in your area, the nearest ambulance resource will be sent and the ambulance control will then notify any 'on call' Community Responder by means of a mobile phone by call or by text.

Once the alert has been received the CFR is on their way and will be with the patient in a few minutes. The Dispatcher will often call the CFR on the way to provide them with the type of incident they are going to.

TW added that at the same time an ambulance will be dispatched - this could be a Specialist Paramedic on a Rapid Response Vehicle (RRV), a 2 Crew ambulance or even a helicopter, depending on the seriousness of the incident.

Q: *What sort of areas do CFRs cover?*

A: Within a 5 miles radius and it all comes down to responding within 8 minutes.

## SCAS Charity – sharing ideas with the forum

### **Name**

The group suggested the following key words:

- Community
- Local
- Volunteer
- Responder
- Friends

They emphasised that the charity should make it clear:

- where the money goes
- that it does not raise money for the Trust
- that it's about assisting

They also recommended that:

- the word NHS should not be included in the name
- the name should be modern and snappy
- the Trust's mascot should be used as part of the charity's engagement activities
- the charity establishes schemes in areas where there are none.

Suggested names:

- The Community Responder charity
- The Ambulance Friends

*Q: If a member of the public sends £20 as a thank you, is the crew notified?*

Amanda Painter's A: Yes, we have a process in place where we notify the crew and the Operations Director sends a thank you letter to them.

RC thanked the group for the productive discussion.

<b>Action 5/003a Group to send ideas to <a href="mailto:rachel.coney@scas.nhs.uk">rachel.coney@scas.nhs.uk</a></b>
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### **HPF05/004**

#### **Introducing Patient Experience - at the heart of quality of care**

Amanda Painter, SCAS new Head of Patient Experience gave a brief introduction about herself and the role of her Patient Experience department.

AP manages a team of five members of staff and her role includes many different responsibilities including the management of complaints, concerns, health care feedback and compliments.

The main objectives of her team are as follows:

- Help people sort out problems and concerns quickly, before they get more serious and cause anxiety
- Advise on how to make a complaint if that becomes necessary
- Record and investigate the aforementioned thoroughly and appropriately
- Work with NHS England to ensure the Trust delivers high quality patient experience

AP added that she sits on the National Ambulance Service Patient Experience Group and she reports to the Trust's Board on the activities of her department.

### Complaint process

AP explains that when a complaint comes through to her department, it will be forwarded to a team leader for investigation.

Once a thorough and fair investigation is complete, the complainant will be provided with a response.

All calls are audited and if there are any shortcomings we will ensure that people know that we have taken action.

She advised the group that in February the Trust received 83 complaints out of 45,341 calls with 53 and 56 complaints in March and April respectively.

Q: *What are the top theme complaints?*

AP's A: Delays and response times, followed by attitude of the crew.

Q: *How many were upheld?*

AP's A: I will need to find out.

<b>Action 5/004a Amanda Painter to find out number of upheld complaints for February, March and April.</b>
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### **HPF05/005**

#### **What happens next**

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

#### **Date of Next Meeting**

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

## Appendix 1 – Tim Webster’s presentation

Slide 1



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

# Who are we?

*Get involved*

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Slide 2

## South Central Ambulance Service

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TOWARDS EXCELLENCE

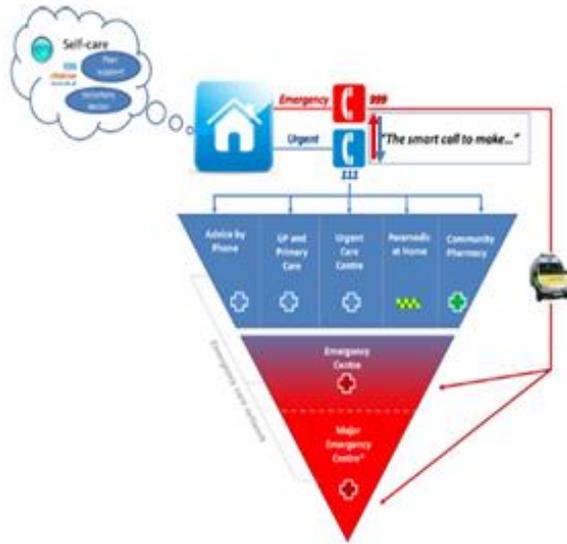
Saving lives and enabling  
you to get the care you need

999 | 111 | PTS

Proud to be caring for *you!*

Slide 3

## Pivotal role in urgent and emergency care systems



Slide 4

## A single fully integrated organisation



Slide 5

## Mobile healthcare across four counties



Slide 6

## We operate in a complex setting



## We interface with many other providers



- + 10 Acute sites
- 2 Major Trauma Centres
- ★ 7 Specialist sites
- 5 Mental health trusts
- ◆ 13 busy outpatient sites serviced by SCAS PTS
- 👨‍⚕️ 734 GP surgeries
- 🦷 480 Dental practices
- 👁️ 322 Opticians branches
- 💊 675 Pharmacies

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## Multiple commissioners and stakeholders



- ⚙️ 19 CCGs
- 🚩 28 Local authorities
- 👤 39 MPs
- 🗣️ 10 Local Healthwatch
- 📄 26 Safeguarding Boards
- 👥 13,500 FT members

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Slide 9



South Central Ambulance Service **NHS**  
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*Get involved*

Slide 10



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

## Year End Position

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Red 1	71.9%	72.3%
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*Get involved*  
**Business**  
Intelligence



SOUTH EAST HAMPSHIRE

1 OF 7 SCAS AREAS

1 MAIN HUB (NHRC), 1 SMALLER STATION (PETERSFIELD), 1

RRV ONLY STATION (GOSPORT)

APPROX 250 FRONTLINE STAFF

RESPOND TO APPROX 240 999 CALLS EVERY DAY

*Get involved*

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## Appendix 2 – Rachel Coney’s presentation



The slide features a yellow background. In the top left corner is the South Central Ambulance Service crest. In the top right corner, the text reads "South Central Ambulance Service NHS" with "NHS Foundation Trust" in smaller text below it. The main title "SCAS Charity" is centered in large, bold, black font. Below the title, the text "Patient Forum update and discussion May 17<sup>th</sup> 2016" is centered. At the bottom left, the slogan "Proud to be caring for you!" is written in a light pink font.

### 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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## 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 September
- Start fundraising in October/November

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

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## Re-launch in September

- 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 November...

- 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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## Vision for the SCAS charity

- Funding services that are all additional to the core NHS-funded services provided by SCAS
- Highly visible and much more “professional”
- Raising loads more money

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## Helping your local ambulance service to help you by investing in:

- **Our volunteers:** training and equipping them to do the work they do
- **Our patients:** providing equipment like de-fibs and information resources like [www.SCASkids.co.uk](http://www.SCASkids.co.uk) .
- **Improving the care we offer :** grants for our staff for specialist equipment , extra training, improving work spaces and piloting their ideas for clinical innovation.

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## The difference your support could make (draft)

- Your gift could help train and equip the 1000+ local lifesaving **volunteers** who enable us to get someone to you in an emergency while you wait for an ambulance.
- 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](http://www.SCASKids.co.uk).
- Your gift will help us improve the **care we offer** 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.

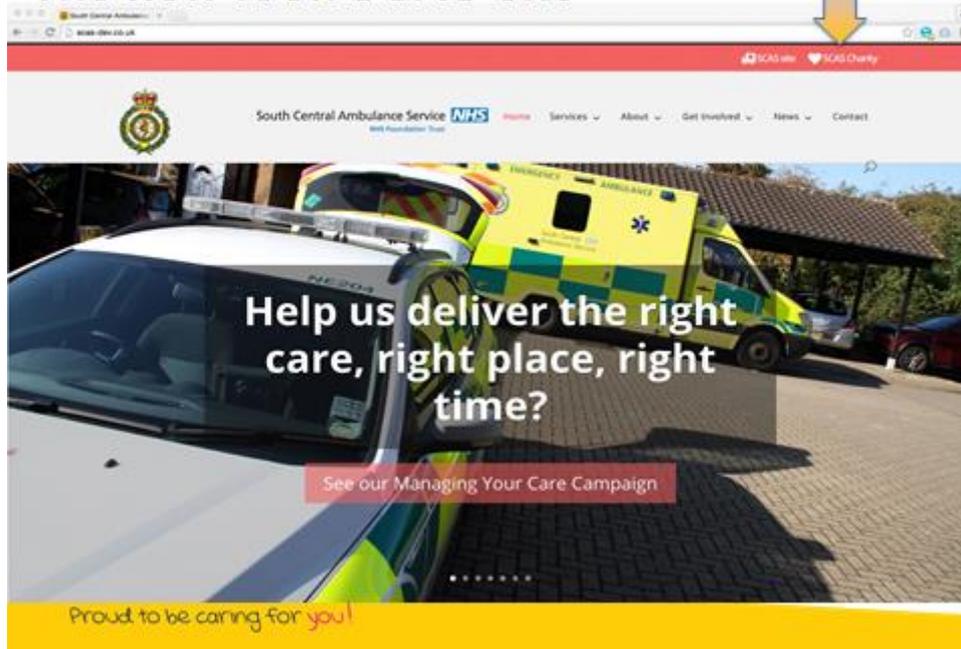
Proud to be caring for **you!**

## SCAS Charity brand

- What should the charity be called?
- What values do you think people should associate with it?
- Key words?

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## The new look SCAS site



## 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 for your community to help fundraise?
  - Basic information leaflets about the charity?
  - Collecting boxes?
  - Car stickers?
  - Branded goods to sell/give away?
  - Posters?
  - ????

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