Minutes of the fourth formal meeting of the South Central Ambulance Service NHS Foundation Trust (SCAS) Berkshire Community Engagement (formerly Patient) Forum held on Thursday 27 April from 3pm to 4.30pm at the Chalvey Community Centre, The Green, Chalvey, SL1 2SP.

Present: Colin Godbold, chair  
Andy Battye, Head of Operations (South Buckinghamshire and East Berkshire)  
Amanda Painter, Head of Patient Experience  
Monica Moro, SCAS Membership, Engagement and Marketing Support Officer

Patient Forum members:  
Colin Hill  
Sue Thomas, SCAS Partner governor representing Thames Valley and Hampshire and Isle of Wight Air Ambulances

In attendance:  
Ana Marshal, Community Engagement Worker-Healthwatch Windsor, Ascot and Maidenhead;  
Caris Thomas, Healthwatch Slough Officer-Help and Care;  
Ken Demmen, SCAS FT member  
Mike Connolly, Lay Member Patient and Public Involvement, Slough CCG Board;  
Nick Smith, SCAS Communications and Marketing Manager;  
Roger Kemp, Healthwatch Wokingham Borough;  
Tony Lloyd, SCAS FT member and Wokingham PPG Area Forum representative.

Apologies:  
Cathy Winfield, Chief Officer-Berkshire West Federation of CCGs;  
Chris Oxtoby, Friends of Cookham Surgery;  
Emma Campolucci, Outreach Director, Reading Samaritans;  
Frank Epstein, SCAS Berkshire governor;  
Jo Marty, SCAS FT member;  
Ludlow Johnson, SCAS Equality and Diversity Manager;  
Margaret Campbell-White, Healthwatch Wokingham Borough;  
Mark Davis, SCAS Berkshire governor;  
Cllr Mollie Lock, West Berkshire Council;  
Rachel Coney, SCA charity CEO;  
Sabahat Hassan, Senior Social Marketing and Communications Manager, Berkshire East Federation of CCGs;
Patient Forum members:
Martin Hamilton, Reading Samaritans;
Nick Durham, Healthwatch Wokingham
Sheila Laws, SCAS FT member and Berkshire Patient Forum +
volunteer at Healthwatch Wokingham and member of Thames Valley SPIN (Suicide Prevention and Intervention Network);

Not present:
Mark Sanders, Project Manager Healthwatch Bracknell Forest;
Zahra Sharif, SCAS FT member

Patient Forum members:
Bernard Dominic Vice Chair, Priory Avenue PPG

BERPF04/001
Chair’s Welcome and Apologies for Absence
The Chair welcomed all present to the meeting.

BERPF04/002
Feedback from group on any local Berkshire issues – open discussion

1. **ANDY BATTYE’S PRESENTATION**
Andy Battye introduced himself and gave a brief introduction about his role and designated coverage area.

AB then gave a presentation about SCAS, its structure and services, together with information about its stakeholders within its coverage area (see Appendix 1- Andy Battye’s presentation). He also focused on performance, the Trust’s forums’ purpose and certain services which not many people might know about.

Specialist sites and major trauma injury units
There are seven specialist sites for stroke and heart attacks across the Trust’s coverage area*and two Major Trauma Injury Units. The latter are based at the John Radcliffe Hospital in Oxford and at the Southampton General Hospital.

* Bucks and MK: Wycombe Hospital.
Stroke patients from MK: either the JR in Oxford or the Luton and Dunstable Hospital.
Cardiac patients from South Bucks and East Berks: Harefield Hospital;

**Oxfordshire**: John Radcliffe Hospital;

**Berkshire**: Royal Berkshire Hospital and Frimley Park Hospital (the latter also provides the service for Surrey and parts of Hampshire);

**Hampshire**: Basingstoke and North Hampshire Hospital and Royal Hampshire County Hospital

HART (Hazardous Area Response Team)
HART is a team of paramedics specifically trained and equipped to deliver first class care to patients who are injured or ill in hazardous environments.

The HART Teams are based in each of England’s eleven NHS Ambulance Trusts, which means they are able to cover the whole of the country. In our region they are based in
Eastleigh, Hampshire, which is closed to Portsmouth and Southampton ports (identified as potential risk areas for hazardous situations).

The Ambulance Service’s HART teams came into being after the 7 July 2005 bomb attacks on the London Underground in order to provide clinical care in difficult, potentially contaminated environments. At that time the paramedics did not have the equipment, notably the requisite breathing apparatus, to venture into the smoke-filled Tube tunnels after the attack and it would have therefore been unsafe for ambulance staff to do so.

By ensuring ongoing specialist training with partner agencies such as the Police, Fire Service and Maritime & Coastguard Agency, and by having the correct specialist equipment and procedures, we are able to provide the public with greater reassurance that we can respond to challenging, complex incidents where they need help.

**Air Ambulance**

SCAS works in partnership with both South Central Region Air ambulance charities (the Thames Valley Air Ambulance, based at Benson and the Hampshire and Isle of Wight Air Ambulance, based at Thruxton Airfield near Andover).

The charities receive no Government funding and SCAS supply the paramedics.

The service operates from 7am to 2am, seven days a week, 365 days a year. The majority of incidents they are called to involve patients who have been seriously injured in road traffic collisions, have suffered life-threatening medical emergencies or sustained serious injuries from incidents such as sporting or industrial accidents.

Both air ambulance charities are able to carry out night operations until 2am every day. They are equipped to be able to land safely at the scene of an incident in the dark, including on to motorways during rush hour in winter which could mean any time from 4.00pm onwards.

AB gave an example of a road traffic collision in Taplow, involving a young person who was hit by a car, which required multiple agencies’ intervention. The first crew to arrive was from Aylesbury, AB joined from Wexham Resource Centre, the doctor came from Sandhurst and the helicopter was deployed from Southampton. The patient was then taken to the John Radcliffe Hospital in Oxford.

AB also informed the group that an helicopter will only land on a motorway if both carriage ways are closed.

**Performance and demand**

*Slide 6*

AB showed the latest available figures for Slough and Windsor, Ascot and Maidenhead (WAM).

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% of calls must be responded to within 8 minutes
   - **B. Red 2** (still serious, but less immediately time critical, like strokes or fits): 75% must be responded to within 8 minutes.
   - **C. Red 19**: 95% must 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

   The clock starts when the call hits the call centre.
   Although demand is very high, we are the best performance Trust and also have the highest percentage rate of heart survival in the country.

   **CQC ratings**
   *(Slide 7)*
   SCAS was the first ambulance trust in the country to be rated ‘Good’ by the CQC following an inspection of its wide range of services in 2016 and is now in a much better position than other trusts to aim for the ‘Outstanding’ rate.

   **SCAS campaigns**
   *(Slides 12 to 28)*
   The Trust undertakes regular educational campaigns such as *Is Your Number Up?, Message in a Bottle* and *Blue Light Aware*.

   He then opened the panel discussion.

   **Caris Thomas’s Q: How do people know when to ring and not to ring 999?**
   **AB’s A:** It’s about education. There are people who regularly call 999. These are often drugs and/or alcohol abusers and we work with multiple agencies such as Social Services and the Police. Sometimes we take a court order against certain repeat callers. We also have a Clinical Support Desk in the Control Centre which can assist.

   Amanda Painter added that we have meetings with other organisations to ensure that patients’ needs are met.

   **AB then gave an example of a caller who made 80 calls a day. The Trust put a bespoke plan in place with other organisations which would be beneficial to this particular caller.**

   **Tony Lloyd’s Q: You have AEDs across our region. How can you improve the batteries’ longevity?**
   **Sue Thomas’s A:** Dick Tracey, the person at SCAS who is responsible for defibrillators, gave an update about his work at our recent SCAS Membership and Engagement Committee meeting. As I chair this committee I will be more than happy to speak to DT about this and report back to this group.
Roger Kemp’s Q: Bed blocking in hospitals and ambulance queues at hospitals. Can the voluntary sector help?
AB’s A: SCAS successfully trialled a six-week taxi scheme in Portsmouth in December last year. It saw patients needing medical treatment for minor conditions being assessed by a Clinician over the telephone and if deemed safe and appropriate to do so then taken to walk-in clinics or the emergency department at Queen Alexandra Hospital in Cosham in commercial taxis. By doing this, we were free to treat patients who had more serious health needs.

The drivers from the participating taxi firms have all been rigorously checked by us and the providers are already used by SCAS for our Non-Emergency Patient Transport Service.

AP added that the same issue was raised at our Oxfordshire Community Engagement Forum last week.

RK’s Q: Who should be leading on this project across SCAS coverage area?
AP’s A: The CCGs should get together with SCAS and the voluntary organisations to look at developing a homogenous programme which can be implemented across all four of our counties.

Colin Hill commented that the system should be more joined up and agrees that the CCGs are responsible for taking this further.

TL’s A: Thames Valley 111 Integrated Urgent Care service contract. Any news?
Nick Smith’s A: The contract is very much live and its implementation will be in autumn.

Mike Connolly’s Q: May I first thank Andy for a very good presentation. Can you tell me more about your use of private providers and what you have done to recruit more paramedics?
AB’s A: Nationally we have a shortage of about 3,000 paramedics. I cover the North East area of SCAS. High Wycombe has the highest percentage of paramedic vacancies (40%) in the whole of SCAS coverage area. We recruited paramedics from Poland, Australia and New Zealand but these are not enough to cover all vacancies.

Private providers have to meet certain standards and their performance is reviewed by SCAS on a regular basis once the contract is awarded to them.

We have a Skillstream System which automatically blocks a provider from working with us if their skills have expired.

Colin Godbold commented that our Council of Governors recognised that this method is exemplary.
**CH’s Q: Wokingham Fire service will soon provide firefighters as Co-Responders for SCAS. Is this going to be national?**

*AB’s A: This is a national scheme. In Hampshire the scheme will go live on the 1st of May and other counties will follow thereafter.*

---

### 2. AMANDA PAINTER’S UPDATE

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

SCAS encourages feedback from service users in a number of ways including regular Community Engagement Forums, Community Engagement Roadshows, distributing paper and online surveys, NHS choices, encouraging feedback via our website, asking crews to offer the Friends and Family Test survey to service users. All feedback is analysed via the Trust’s Patient Experience Review Group which is held quarterly and chaired by the Chief Executive. The lay member is the Chair of our Hampshire Community Engagement Forum.

All complaints are taken seriously and thoroughly recorded and investigated, within a target 25 day timescale and sent to the relevant team (e.g. Board, Operations etc).

We work hard to try to ensure every complainant receives a comprehensive and clear response to all issues raised.

TL commented that his Wokingham PPG Forum conducted a 111 survey and will send the report to Amanda Painter

---

**Action BERPF04/002/2**

*Tony Lloyd to send Wokingham PPG Forum report on 111 to Amanda Painter*

---

**BERPF04/003**

**SCA Charity update**

Monica Moro advised the group that Rachel Coney sent her apologies and gave an update on her behalf (see Appendix 2).

She advised the group that, with local communities’ help, the charity can make sure everyone is within 8 minutes of a defibrillator and that everyone knows where they are and how to use them. She also added that you don’t need training to use a defibrillator. They are very easy to use and with clear spoken instructions.

Ken Demmen commented that he had to use one and it gave simple, clear guidelines.
BERPF04/005
Involving local communities - Speed Networking

In this session representatives from organisations were given a three minute slot each to talk about their service(s) and any new initiatives and were welcome to bring some leaflets for distribution and business cards.

- **Mike Connolly, Lay Member Patient and Public Involvement, Slough CCG Board**
The CCG has set up the Berkshire Community Forum and it’s rotated monthly in different locations. Every month the Forum focuses on different topics of discussion such as mental health, street drunkenness and diabetes. Andy Battye usually attends the forum but it would be nice to have someone from SCAS and/or a governor attending if Andy is unavailable.

**Action BERPF04/005/1**
Michael Connolly to send details of next CCG Forum to Monica Moro

- **Tony Lloyd, SCAS FT member and Wokingham PPG Area Forum representative**
The Wokingham CCG is currently running a week of online broadcasts, with the aim of reaching a broader group of people.

  Senior GPs and managers recorded short films in which they describe how key challenges will be addressed and the improvements to services patients can expect to see as a result.

- **Ana Marshal, Community Engagement Worker-Healthwatch Windsor, Ascot and Maidenhead**
  No update

- **Caris Thomas, Healthwatch Slough Officer-Help and Care**
  No update

- **Roger Kemp, Healthwatch Wokingham Borough**
  No update

**Date of Next Meeting**
Next meeting will be held in November 2017 in Newbury (date and venue: tba)
Appendix 1
Andy Battye, Head of Operations-South Buckinghamshire and East Berkshire’s presentation

Slide 1

Slide 2
Slide 3

We are a single fully integrated organisation

- 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: HM Queen
  Theresa May – Sunning & Maidenhead
  Chequers
- 1 secure hospital

Slide 4

We operate in a complex setting

- 12 Acute sites
- 2 Major Trauma Centres
- 7 Specialist Sites
- 6 Mental health trusts
- 835 GP Surgeries
- 568 Dental practices
- 380 Opticians branches
- 791 Pharmacies
- 21 CCGs
- 31 Local Authorities
- 45 MPs
- 13,500 FT members
Slide 5

South Central Ambulance Service

What do we do?

- Respond to emergency (999) calls
  - Community/Co-responders
  - Rapid Response Vehicles (RRV)
  - Ambulance
  - Helicopter
- Respond to specialist calls
  - Specialist Paramedics
  - HART
- Respond to non-emergency (111) calls
- Provide non-emergency patient transport services
- Commercial training (HSE First Aid, FPOS, etc.)

Slide 6

Performance & Demand

South Central Ambulance Service

- Slough & Windsor Ascot & Maidenhead (WAM)
- Red 1 – highest priority call Low numbers - Demand increase by 8.42%
- Red 2 – Lower priority call Higher numbers - Demand increase by 18.77%
Slide 7

CQC Ratings

- All Ambulance Trusts facing increased pressure
- Evidence of challenges faced by UK Ambulance Trusts
- SCAS identified alongside CQC, still areas to improve & focus, including:
  - Shift patterns
  - Shift over-runs
  - Late meal-breaks
  - Ability to stand staff down to complete face-to-face training

Slide 8

South Central Ambulance Service

Why do we do it?

Get involved
Slide 9

How do we do it?

- Caring
- Professional
- Team working
- Innovative

Slide 10

Strategic themes

- Clinical excellence
- Operational excellence
- Partnership working
- Sound governance
- Commercial viability
Our commitment

Put patients at the heart of everything we do
  ➢ ‘no decision about me, without me’

Achieve outcomes that are among the best in the world
  ➢ Focus on continuously improving clinical outcomes rather than focusing on monitoring inputs or processes
  ➢ Targets without clinical justification will be removed
  ➢ Clinical leadership

Empower clinicians to deliver results based on the needs of patients

Get involved

Slide 12

Other Activity

- Is your number up?
- Where is the nearest AED?
- Message in a bottle
- Blue light campaign
- Pubwatch campaign
- 999 Use it, don’t abuse it

Get involved
Is You Number Up?

- Can our staff find your property...and you?
- Do you have a house name or number?
- Where are they?

How can you help?
- Lights on
- Illuminated sign
- **BIG NUMBERS/LETTERS**
- Car on the drive?
  - Hazard lights
- Shrubbery; nice to look at, hard to read a number through

---

Find an AED

- Public Access Defibrillators
- Save a life with no training!
- Find a collapse/cardiac arrest
- Use the App find a defib
- Help save a life!
Slide 15

- Supported by Lions Club
- Vital information can be kept for emergency services
- Stored in fridge
- Next of Kin

Slide 16

See a flashing blue light in your mirror?
- Look & listen
- Consider the size of the vehicle
- Signal your intentions
- Pull in or move over safely
- Don't stop opposite obstructions
- Avoid mounting kerbs if possible
- Signal when you pull away
- Stay alert to other emergency vehicles
Slide 17

**Pubwatch Campaign**

South Central Ambulance Service

- Reducing risk of assault to SCAS staff
- Pilot in High Wycombe, potential to become national program
- Interfere with our staff as we work, you will be banned from all Pubwatch affiliated properties

![Image of paramedics working](image)

How would you feel in our shoes?
Step away and let us work!

Slide 18

South Central Ambulance Service

Get involved
ANY QUESTIONS?
Appendix 2
SCA Charity update – Monica Moro, SCAS MEMS Officer

- **SCA Charity** is an NHS Charity and, like most NHS charities, the Trustee of the Charity is the Board of the South Central Ambulance Service NHS Foundation Trust

- **The patron is Simon Weston OBE**
  In 1982 the Sir Galahad was destroyed in Bluff Cove on the Falkland Islands. On board was Simon Weston, Welsh Guardsman, a name and face that was going to become well known for his struggle to overcome his injuries (46% burns) and redefine his role in life. Simon’s message is one of achievement, of triumph over adversity, of seizing the moment and succeeding.

- **The Chief Executive is Rachel Coney.**
  Rachel.coney@sca-charity.org.uk

- **The charity serves Berkshire, Buckinghamshire, Hampshire and Oxfordshire**

- **Main charity objectives:**
  - **IT FUNDS COMMUNITY FIRST RESPONDERS (CFRs)**
    The trained volunteers in your community provide a lifesaving response to their neighbours while an ambulance is on its way. In 2016/17 the 1000+ CFRs answered nearly 19,000 calls for help, usually arriving on scene in less than 6 minutes.

    *For more information about the role of CFRs please see separate leaflet*

  - **IT BUYS PUBLIC ACCESS DEFIBRILLATORS**
    With your help the charity can make sure everyone is within 8 minutes of a defibrillator and that your community knows where they are and how to use them.
We can all save lives without access to any specialist training – and often all we need is access to an Automatic External Defibrillator (sometimes known as a defib or an AED) to help restart someone’s heart. If you call 999 suspecting someone is having a cardiac arrest, our teams can locate your nearest AED, give you the code to unlock its cabinet and talk you through how to use it. Every minute saved in restarting someone’s heart increases their chance of survival by 10%.

We want everyone in Hampshire, Berkshire, Oxfordshire and Buckinghamshire to be within 8 minutes of an AED – but we need your help to achieve this as SCAS receives no NHS money to supply or install AEDs in public places.

We need your help to get AEDs into the communities that SCAS knows do not yet have an AED. We want the charity to raise enough money to install at least 1 additional AED every 6 weeks in the communities that we know are in need.

£1850 will enable the charity to buy an AED and get it installed in a locked cabinet. Another £200 enables us to provide an AED awareness training session to the local community.

You can help in four ways:

- If your organisation wants to purchase an AED and you would like our help, and want to make sure 999 know the location of your AED then email defib@scas.nhs.uk
- If you would like to help fund a new AED in one of those underserviced corners of our region to help us save lives in these areas then please make a donation and email defib@scas.nhs.uk.
- If you would like to help raise funds for new AEDs in your area then please let us know by applying to become a volunteer.
• If you’ve paid for or installed an AED, check that it is listed on our AED app, and if it is not, then email defib@scas.nhs.uk, and we’ll get it registered.

  IT SAYS THANK YOU ON YOUR BEHALF
  The charity uses your donations to improve the working lives of the amazing people who provide our ambulance service 24 hours a day, every day of the year.
  In January the charity awarded its first grants and gave:
  ▪ £800 to fund printing of 3000 pocket guides for front line staff on suicide prevention and the implementation of the Mental Health Act.
  ▪ £500 to buy soup kettles and panini makers for 3 ambulance stations to enable staff to make hot meals on site.
  ▪ £10,000 to develop a Trauma App for the smartphones that all our frontline staff carry, so that they can access information really quickly on the best available care for patients with specialist needs like strokes, vascular emergencies and maternity emergencies.

  • Donations to the charity have increased from £123k in 2015/16 to over £500k in the financial year to March 31st 2016/17

  • It has won a grant of £150k from the government in recognition of SCAS’s role as a national leader in the use of technology to deploy its volunteers.

  The grant will help the charity:
  ▪ Increase the number and diversity of its volunteers
  ▪ Provide enhanced training to all its CFRs
  ▪ Fund 3 pilot projects that will test the use of smartphone video calling to provide clinical back up to CFRs instead of always sending an ambulance out with them

For more information about the latest news, how to fundraise and sign up to play our charity lottery, please see separate document and also go to www.sca-charity.org.uk