West Midlands Ambulance Service **NHS**
NHS Foundation Trust

Information Pack for Shropshire HOSC
20 February 2017

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Items we are covering

- Background to the Service
- CQC Rating
- Vision / Strategic Objectives / Strategic Values
- Two Year Operational Plan
- Draft Quality Account Priorities
- Activity, Demand and Performance
- Physician Response Unit
- Collaboration with Fire and Rescue Service
- Ambulance Response Programme
- The Electronic Record

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Overview

- Only Ambulance Service to achieve each of the national emergency access targets 2015/16 and best performing of each

- Only Ambulance Trust in Segment One of Single Oversight Framework

- WMASFT remains the top performing service in the Country

- One of four Ambulance Trusts to achieve statutory Financial duties

- No Paramedic vacancies – circa 2,500 nationally

- Lowest sickness absence rate in Country

- Highest paramedic skill mix ratio in Country

- Best fleet in the Country

Firmograhics

- Established in July 2006 merging with Staffordshire in October 2007

- 5.6 million population (Circa 10.5% of the English population)

- Over 5,000 square miles, 80% rural

- Approaching 3000 *999* calls per day

- Over 532,000 emergency journeys annually

- £250 million budget

- Fleet of over 850 vehicles

- 4,500 Staff and 1,000 Volunteers

- 5 x Helicopters

- 1 x Motorcycle

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CQC Rating

Overall Outstanding

Read overall summary

Safe	Good	●
Effective	Outstanding	☆
Caring	Outstanding	☆
Responsive	Good	●
Well-led	Good	●

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Two Year Operational Plan - Key Messages

Activity

– Evidence of continued growth at around 4% per year, forecast between 2.6% and 3.1%

– Regular review of operational model to ensure continued focus on efficiency

– Early implementation site for the Ambulance Response Programme (ARP). WMAS taken lead role in developing the way in which calls are categorised with the aim of dispatching the right resource in a timely manner to improve clinical outcomes.

– Regular dialogue with commissioners throughout the region

Quality

– Overview of governance arrangements and the process for assessing implications of changes on quality

– Quality Account Priority areas for Patient Experience, Patient Safety and Clinical Effectiveness

Workforce

– Arrangements for creating and updating the Workforce Plan

– Ambitious recruitment and education programme to support optimum skill mix

– Links with Health Education England to address skill shortages

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Draft Quality Account Priorities

Patient Experience

- Educate Trust clinicians and implement the *ReSPECT form in order to improve understanding and treatment of patients with specific careplans such as those people at the end of their life
- Work with partner agencies to provide improved care pathways for patients ie mental health, maternity and end of life (Joint partners patient satisfaction surveys)
- Increase Friends and Family Test feedback in order to identify patient satisfaction.

Patient Safety

- Improve timeliness of response based on clinical need
- Reduce the risk of harm that occurs to patients whilst in our care
- Deliver the objectives set within our Sign up to Safety pledge (specific to top 5 risks identified through learning)

Clinical Effectiveness

- Improve the level of care delivered as measured by national Ambulance Quality Indicators
- Use the learning from external regulator reports to improve further
- Work with Higher Education Institutions to provide a skilled workforce able to provide for the changing needs of the community.
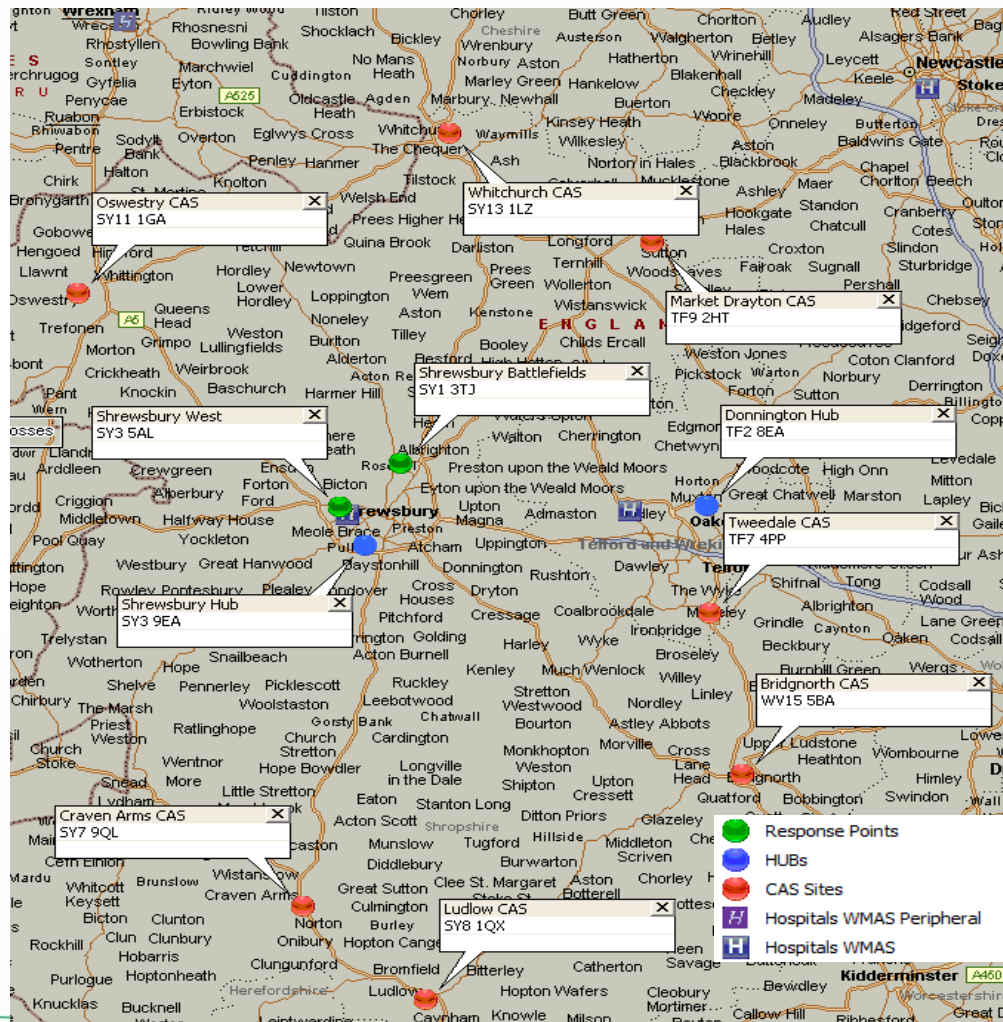
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Shropshire Response Posts

- Hub
- Response post
- Community Ambulance Station

- 2 x Hubs

- 7 x Community Ambulance Stations

- 2 x Response posts

Community Response Scheme Locations

- Ludlow
- Tweedale
- Bridgnorth
- Oswestry
- Whitchurch
- Market Drayton
- Craven Arms

Response Post Locations

- Shrewsbury Battlefields
- Shrewsbury West

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Activity, Demand and Performance

Hospital Handover Performance
April 2016 to January 2017

- Performance

		Average	Longest
Princess Royal	At hospital to handover	22 minutes	2 hours 57 minutes
	At hospital to crew clear	34 minutes	3 hours 1 minutes
Royal Shrewsbury	At hospital to handover	33 minutes	3 hours 37 minutes
	At hospital to crew clear	42 minutes	4 hours 31 minutes

- Over hour delays are considered unacceptable
- WMAS meets regularly with hospital colleagues

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Hospital Handover Delays

Handover Activity At WMAS Main Hospitals

Handover Breaches

From 01/01/2017 to 31/01/2017

Collated on 01/02/2017 at 10:41:36 - Report ref 101

**Conveyed To	Total	Handover Time Duration						
		*0-15 mins	*15-30 mins	*30-45 mins	*45-60 mins	*45-60 mins %	*Over 1 hr	*Over 1 hr %
Birmingham Childrens	732	578	108	35	6	0.8%	5	0.7%
Russells Hall	3,625	1,843	1,166	373	135	3.7%	108	3.0%
Good Hope	2,746	1,047	1,294	258	87	3.2%	60	2.2%
Heartlands	4,063	1,846	1,836	298	58	1.4%	25	0.6%
Solihull	822	577	223	16	3	0.4%	3	0.4%
New Cross	4,142	2,213	1,468	275	125	3.0%	61	1.5%
City (Birmingham)	2,347	1,535	668	119	20	0.9%	5	0.2%
Sandwell	2,260	1,368	744	112	26	1.2%	10	0.4%
New Queen Elizabeth Hosp	3,932	1,802	1,706	323	82	2.1%	19	0.5%
Walsall Manor	3,045	1,483	1,063	307	101	3.3%	91	3.0%
Hereford County	1,651	708	660	198	51	3.1%	34	2.1%
Princess Royal	1,771	585	642	300	124	7.0%	120	6.8%
Royal Shrewsbury	1,408	310	473	295	142	10.1%	188	13.4%
Alexandra	1,427	683	539	127	52	3.6%	26	1.8%
Worcestershire Royal	2,868	944	1,191	440	164	5.7%	129	4.5%
George Elliot	1,288	502	597	140	30	2.3%	19	1.5%
St Cross	0							
Uni Hospital Cov & War	4,513	1,905	1,677	707	199	4.4%	25	0.6%
Warwick	1,568	1,151	375	38	3	0.2%	1	0.1%
Burton	1,445	1,061	319	49	8	0.6%	8	0.6%
County Hospital (Stafford)	989	939	38	9	2	0.2%	1	0.1%
Royal Stoke Univ Hosp	5,364	3,346	1,481	424	90	1.7%	23	0.4%

WMASFT Annual Activity Growth

Shropshire CCG						
Financial Year	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17 (to Jan 17)
Assigned Incidents	33,172	36,027	37,512	40,151	41,876	36,047
Annual Growth		8.6%	4.1%	7.0%	4.3%	3.5%

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Ambulance Clinical and Quality Indicators

- Return of Spontaneous Circulation (ROSC)

	YTD
West Mercia	30.34%
WMAS	31.66%
National Mean	29.51%

- ST Elevation Myocardial Infarction (STEMI)

	YTD
West Mercia	79.35%
WMAS	80.03%
National Mean	79.47%

- Survival to discharge

	YTD
West Mercia	10.49%
WMAS	9.36%
National Mean	8.54%

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Ambulance Clinical and Quality Indicators

- Stroke Care Bundle

	YTD
West Mercia	97.96%
WMAS	97.92%
National Mean	97.75%

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Physician Response Unit

Background

- The Scheme launched 11/07/2016

- All 6 PRU doctors completed their induction and began working with WMAS

- Week commencing 05/09/2016 PRU were given access to the CAD which enabled them to self select work

- Following reported concerns with the operation of the scheme, the decision was taken to suspend the operating model to allow further discussions to take place

Current Position

- WMAS has offered to run a similar model to that in Worcester in which:
    - Doctors will respond to WMAS calls in their own cars
    - Blue lights will not be used
    - The response model will predominantly be a secondary response
- WMAS is currently awaiting a response to allow this model to be implemented

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Collaboration with the Fire
& Rescue Service

Current Position

- A meeting took place between WMAS and the Fire and Service in December

- A proposal has been presented to the Fire Service

- Two further meetings are planned in March 2017

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The Ambulance Response Programme (ARP)

Ambulance Response Programme

The Ambulance Response Programme (ARP) aims to increase operational efficiency whilst maintaining a clear focus on the clinical need of patients, particularly those with life threatening illness and injury.

NHS England have confirmed that we are not permitted to report any performance at this stage. The evaluation report will be with NHS England for review at the end of February 2017

Phase 2.2 – Categories

Cat 1

- Cat 1 R (Response)
- Cat 1 T (Transport)

Cat 2

- Cat 2 R (Response)
- Cat 2 T(Transport)

Cat 3

- Cat 3 R (Response)
- Cat 3 T(Transport)

Cat 4

- Green T (Transport)
- Green H (Hear and Treat)

Referral

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- Category 1:

Immediately life threatening: cardiac arrest and threatened cardiac arrest. Resuscitation often required.

- Category 2:

Emergencies requiring assessment and treatment, +/- transport:

    C2T: Assess, treat, transport

    C2R: Assess and treat

- Category 3:

Urgent problems requiring treatment to relieve suffering and/or timely transport

    C3T: Assess, treat, transport

    C3R: Assess and treat

- Category 4:

Non-urgent

    C4R: Assess and treat +/- transport

    C4H: Non-ambulance response ("hear and treat")

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Phase 2.2 – Categories
Cat 1

- Approx 7% of activity

- 75% in 8 minutes target still remains

- 19 minute transport target still remains, though now only includes patients that were transported.

- Includes Cardiac Arrests – as per old Red 1

- Also includes:
  - Fitting Now
  - Under 5s only – specific disposition codes.

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Phase 2.2 – Categories
Cat 2

- 45% of activity

- Focus on getting the right response to the patient, not necessarily the fastest.

- Cat 2 R – Assess Treat Transport
- Cat 2 T – Assess Transport

Phase 2.2 – Categories
Cat 3

- 40% of activity

- Focus on getting the right response to the patient, not necessarily the fastest.

- Cat 3 R – Assess Treat Transport
- Cat 3 T – Assess Transport

Phase 2 – Categories
Cat 4

- Around 10% of activity

- Cat 4 T - Transport
- Cat 4 H – Hear and Treat

ARP – Measuring the Trial

- The ARP trial, throughout phases 1 and 2.2 is being closely monitored by NHSE.

- Monthly data submissions are supplied from all Trusts.

- Phase 2.2 trial sites are providing daily, weekly and monthly data returns.

- Staff Surveys undertaken

- University of Sheffield are academic partner, and are evaluating the trial

- Evaluation report due out to NHSE at end of Feb 17

Electronic Patient Record

The Zoll X Series Monitor is linked to the EPR
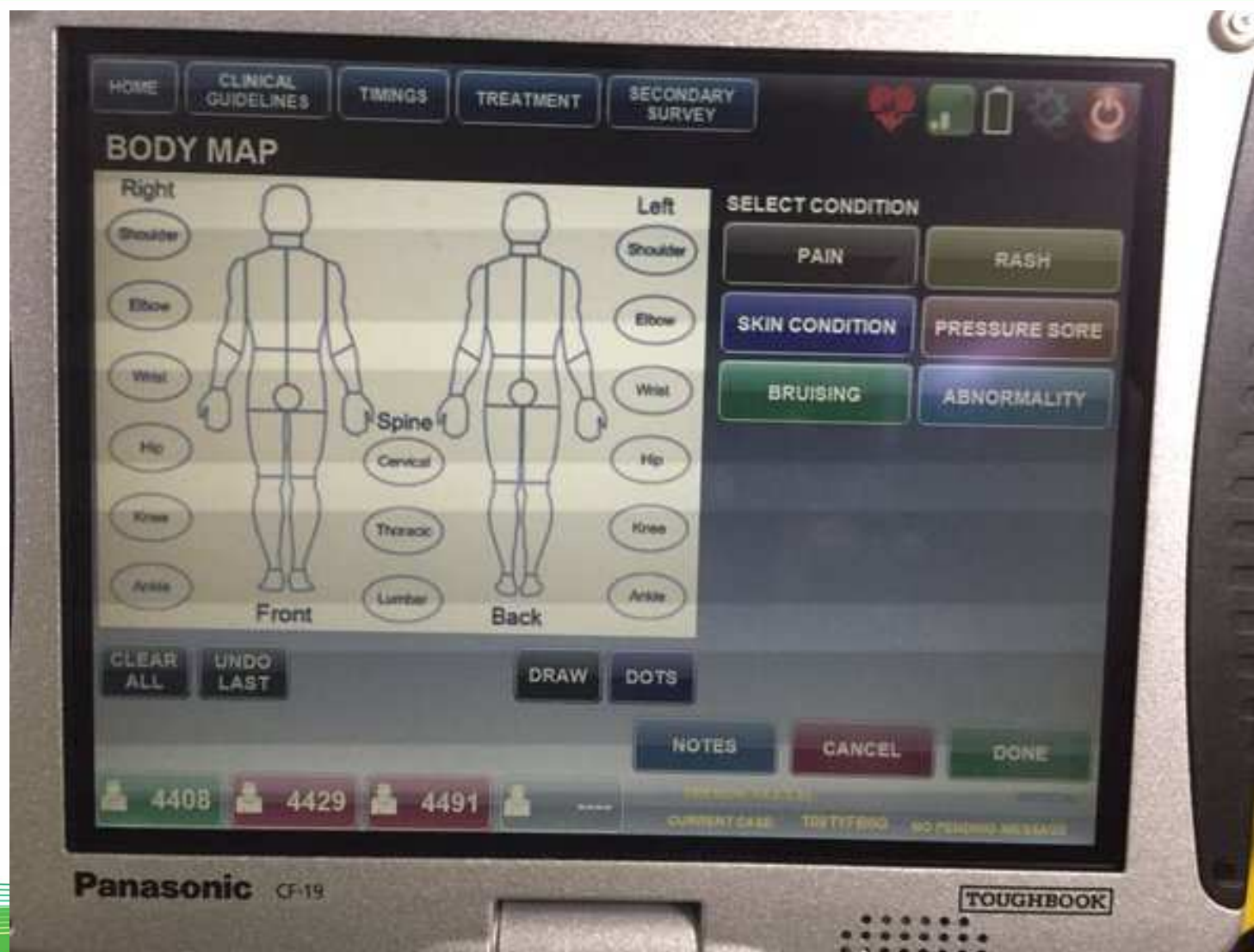
Demographics are collected including NHS Number

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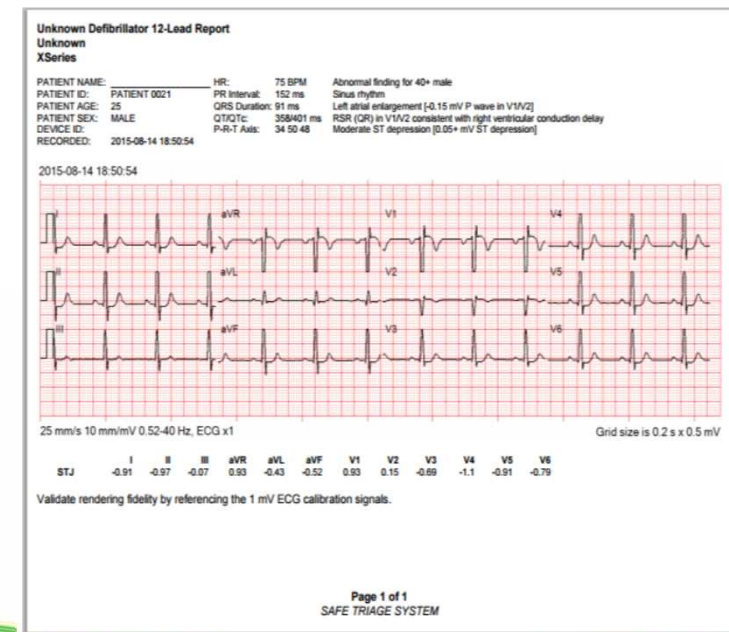
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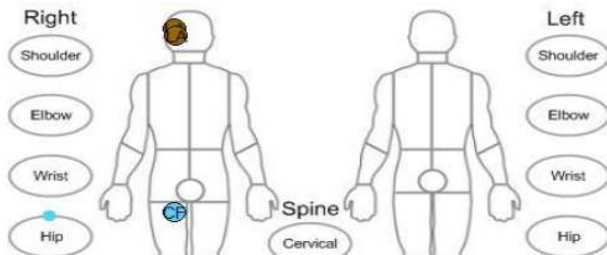ASSESSMENT: -2016 07:21:54

Images can be captured on the device, and are automatically uploaded to the system

Once the Destination has been selected then images are available to view

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Active Cases (36) Last Served: 12:23:18   Cases Onsite: 31   Cases Handed Over: 33

Alert	Last Updated	Vehicle	Case	Name	Gender	Age	Reported Condition	Impression	SafeGuarding	ATMIST	Images	ECG	Case Details	Download Summary	Close Case
	1 Minutes			KQBG	Male	88 years	Illness-?stroke symptoms	STROKE / TIA		▤	✖	✖	GO▸	📄	✖
	1 Minutes			KQBG	Female	82 years	Chest Pain Cardiac Upper Back Pb	OTHER: CHEST PAIN		▤	✔	✖	GO▸	📄	✖
	7 Minutes			KQBG	Female	85 years	Illness-hip and knee pain			▤	✖	✔	GO▸	📄	✖
	11 Minutes			JQBG	Female	12 years	Trauma	DISLOCATION KNEE		▤	✔	✖	GO▸	📄	✖
	12 Minutes			KQBG	Female	73 years	Illness-?pe sob	PLEURITIC CHEST PAIN,PULMONARY EMBOLISM		▤	✔	✔	GO▸	📄	✖
	23 Minutes			JQBG	Male	84 years	Illness-chest and upper back pain - pacemaker fitted 3/4 wk ago			▤	✔	✔	GO▸	📄	✖
	32 Minutes			JQBG	Female	28 years	Fitting	CONVULSION,EPILEPSY		▤	✖	✔	GO▸	📄	✖
	44 Minutes			JQBG	Female	87 years	Illness-? fit - now stopped	CONVULSION		▤	✔	✔	GO▸	📄	✖
	44 Minutes			JQBG	Female	89 years	Illness-abnormal ecg, bradicardic & dizzy			▤	✔	✔	GO▸	📄	✖
	49 Minutes			HQBG	Female	86 years	chest pain dizzy	OTHER: CHEST PAIN		▤	✔	✔	GO▸	📄	✖

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Developing for the Future

- Development following feedback from Staff to further improve the experience

- Safeguarding Module

- Access to previous WMAS Patient Records

- Barcode entry for WMAS Drugs

- Decision making software

- Directory of Services