

Shropshire Council  
Legal and Democratic Services  
Shirehall  
Abbey Foregate  
Shrewsbury  
SY2 6ND

Date: 16 October 2014

**Committee:**  
**Health and Adult Social Care Scrutiny Committee**

**Date:** Friday, 24 October 2014

**Time:** 10.00 am

**Venue:** Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

You are requested to attend the above meeting.  
The Agenda is attached

Claire Porter  
Head of Legal and Democratic Services (Monitoring Officer)

**Members of Health and Adult Social Care Scrutiny Committee**

Gerald Dakin  
David Minnery  
John Cadwallader  
Tracey Huffer  
Simon Jones  
Heather Kidd

Pamela Moseley  
Peggy Mullock  
Peter Nutting  
Madge Shineton  
Parry  
Vivienne Parry

Your Committee Officer is:

**Amanda Holyoak** Committee Officer

Tel: 01743 252718

Email: [amandaholyoak@shropshire.gov.uk](mailto:amandaholyoak@shropshire.gov.uk)

# AGENDA

## 1 Apologies and Substitutions

## 2 Disclosable Pecuniary Interests

Members are reminded that they must not participate in the discussion or voting on any matter in which they have a Disclosable Pecuniary Interest and should leave the room prior to the commencement of the debate.

## 3 Minutes of the Meeting held on 15 September 2014 (Pages 1 - 6)

To confirm the minutes of the meeting held on 15 September 2014 as a correct record.

## 4 Public Question Time (Pages 7 - 14)

To receive any questions, statements or petitions of which members of the public have given notice. Deadline for notification is Tuesday 21 October 2014 at 4.00 pm.

## 5 Member Question Time (Pages 15 - 16)

To receive any questions of which Members of the Council have given notice. Deadline for notification is Tuesday 21 October 2014 at 10.00 am.

## 6 West Midlands Ambulance Service Performance (Pages 17 - 42)

Dr Julie Davies, Shropshire CCG, will provide a presentation on Ambulance Performance which was recently delivered to the CCG Board (copy attached).

Barry McKinnon, Regional Manager, West Midlands Ambulance Service, will address questions on September 2014 performance figures (copy attached)

Gail Fortes-Mayer, Regional Commissioner, will also be present for this item.

## 7 NHS 111 Service (Pages 43 - 46)

Paul Tulley, Chief Operating Officer, Shropshire CCG and Gail Fortes-Mayer, Regional Commissioner, will provide a briefing on plans to re-procure the NHS

111 service.

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## SHOPSHIRE COUNCIL

### HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

**Minutes of the meeting held on 15 September 2014**  
**10.00 am – 12 noon in the Shrewsbury Room, Shirehall, Abbey Foregate,**  
**Shrewsbury, Shropshire, SY2 6ND**

**Responsible Officer:** Amanda Holyoak  
Email: amandaholyoak@shropshire.gov.uk Tel: 01743 252718

#### **Present**

Councillors Gerald Dakin, John Cadwallader, Simon Jones, Heather Kidd, Pamela Moseley, Peggy Mullock, Peter Nutting and Madge Shingleton

#### **18 Apologies for Absence and Substitutions**

Apologies were received from Mr D Minnery and Mrs T Huffer. Mrs V Parry substituted for Mrs Huffer.

#### **19 Disposable Pecuniary Interests**

Members were reminded that they must not participate in the discussion or voting on any matter in which they had a Disclosable Pecuniary Interest and should leave the room prior to the commencement of the debate.

#### **20 Minutes of Previous Meetings**

The minutes of the meetings held on 23 June 2014 and 14 July 2014 were confirmed as a correct record.

#### **21 Public Question Time**

There were no questions from Members of the Public.

#### **22 Member Question Time**

There were no questions from Members of the Council.

#### **23 Annual Safeguarding Report**

The Director of Adult Social Care introduced the Annual Safeguarding Report (a copy is attached to the signed minutes). He drew attention to the increasing number of referrals but explained that this was felt by the Board to be acceptable and linked to greater public awareness around adult safeguarding.

Current priorities focused on improving the experience of all within the safeguarding process and speed of investigations, on addressing a change in interpretation of the law around Deprivation of Liberties Legislation, and meeting the legislative duties in relation to implementation of the Care Act in time for April 2015.

The Care Act would put the Adult Safeguarding Board on the same legal framework as the Children's Safeguarding Board and involve a change in its composition. Consideration was being given as to whether these requirements would allow a Board across Shropshire and Telford and Wrekin to function effectively or whether there would be a need for separate ones.

Members questioned the Director of Adult Services on a number of areas, including whether there was a mechanism for feeding back to a person who had reported a safeguarding issue, in order that they could be satisfied that action had been taken on the concern they had raised.

Questions also covered the figures around staff training, and how much training was provided to those actually working with vulnerable people whether in a care setting or in their own home.

In response, the Director of Adult Services stated that when an adult safeguarding concern was raised, the details would be recorded and at that point, the person making the report should be informed what the likely feedback route for them would be, and reassurance provided that the report would be acted upon.

Members felt it was important that a person making a report should be informed once an investigation had been completed. They did not believe that any other information should be fed back but this would provide reassurance that the issue had been looked into. The Committee suggested that this mechanism should be reported on in next year's annual report. The Director of Adult Services said that staff should be aware that a person making a referral could be informed that an investigation had been concluded.

In addressing the questions asked about training, including how many domicillary workers were trained in safeguarding, the Director of Adult Services said that the Council needed to ensure that its contractors provided the same training as the Council would. All contractors were registered with the Care Quality Commission which took training provision into account and safeguarding was a mandatory element. The Committee asked how confident the Council was that this reflected 100% of the workforce who had contact with service users and the Director said he would report back on the actual figure.

Members also asked why the majority of incidents (43%) happened within care homes and some felt this was worrying considering these should be the places where vulnerable people would be most safe. The Director of Adult Care explained that a large scale investigation, for example into a residential care home, was deemed to impact on all residents in the setting, and these would all then be listed separately as a potential victim of abuse. Such incidences would now be addressed as large scale institutional investigations. Also, there were more people within an institutional setting who were better equipped to raise concerns and increase the chances of a safeguarding issue being spotted.

Members also asked what happened when cases were 'not substantiated' and whether this determination would lead to any increased monitoring. The Committee noted that where an investigation concluded with 'not-substantiated' a final meeting would be held and next steps identified if necessary, for example, increased monitoring by a social worker.

The Committee asked whether people receiving care in their own homes were advised on how to report abuse, particularly those who may have dementia or serious learning difficulties. A social worker and reviewing officer would check understanding of this during reviews which happened at least annually. The main Adult Social Care telephone number was the contact and 'First Point of Contact' cards were made available. The Director Adult Services said that in cases of severe learning disability or dementia there was likely to be a large number of people involved in providing care but there would be a lead person with responsibility for that person and this would be set out in contracts.

The Director of Adult Services reassured Members that he would know at any period in time if an organisation might be failing and what safeguarding action was in place. Intelligence would be shared in such cases between HealthWatch, the Care Quality Commission and Clinical Commissioning Group and checks were made where necessary. If there was a failure to reach an appropriate standard within a set period of time additional action would be taken.

Attention was drawn to some errors in the report which the Director of Adult Services said would be corrected (pie chart page 10, and in paragraph 7.1 figure should read 48, not 448.)

### **Deprivation of Liberty Safeguards (DoLS)**

The Director of Adult Services reported on the implications in a recent change of interpretation in law around the Deprivation of Liberty Safeguards. These were first introduced in 2009 as a way to keep someone in hospital or in a care home when the person needed to receive care and treatment but were unable to make this decision themselves. The Supreme Court had issued a decision earlier in the year on a number of cases which gave rise to significant implications in terms of the increase in numbers of people who would require assessments, even if they were compliant and happy. This also widened the setting in which deprivation of liberty became applicable and this now included supported living, foster care, shared lives schemes and domiciliary care.

The Committee heard that last year Shropshire had conducted 165 assessments in total but had received over 500 requests so far for this year. The process to grant an authorisation was complex, time consuming and costly, and the number of people qualified to carry out assessments was limited. Following an initial assessment review was also required within a maximum of a 12 month period, often much shorter periods of time.

When asked what action was being taken to address this, the Director of Adult Service reported that a formal approach for funding this new cost burden had been made to central government by the Local Government Association and the Association of Directors of Adult Social Services. The situation in Shropshire was being monitored on a monthly basis and some underspend was being used to fund this to date. A business case was being built around future requirements. There would also be a cost attached to any decisions which were challenged through the complaints procedure.

In response to a question from the Healthwatch representative, it was confirmed that every Deprivation of Liberty referral was considered by the DoLS Manager who would consider the urgency of the application and prioritise as necessary.

**RESOLVED:**

That the Director of Adult Services be asked to provide information through the Annual Safeguarding Report confirmation that people making referrals were informed that an investigation had been conducted and completed

That the Committee be provided with further information in the new year on the costs and challenges associated with the change in interpretation of Deprivation of Liberty legislation and the effect on the Social Care Budget

**24 Adult Social Care Bill**

The Head of Social Care Efficiency and Improvement delivered a presentation (copy attached to signed minutes) designed to brief the Committee on the Implementation of the Care Act in Shropshire, and following up on previous reports.

The outcome on the previous consultation on draft regulations and guidance for implementation of part 1 was expected in October but no major surprises were envisaged. Revised guidance was known to be an improved safeguarding section, and clarification in a number of areas to ensure better consistency with the legislation.

In responding to the Committee's questions regarding Shropshire's preparation for implementation, officers reported on the key issues facing the Council, the Programme Board Structure in place to provide governance, the project team leading implementation and the 11 workstreams each with a lead officer who would report to the Project Manager.

The presentation also covered funding streams, funding reforms (the care cap) and the impact of this and other financial burdens for Shropshire. A national communication programme was expected from November 2014 and Shropshire would develop a communication plan to all stakeholders based on real life experiences. The presentation concluded with the next steps required.

In response to questions, officers explained that there were potentially 10,000 carers within Shropshire who would become eligible for assessment. Data was being triangulated to refine this figure to allow the impact of this to be estimated.

The Committee also asked questions around the Funding Reforms, the separation of care and accommodation costs and the £123,000 upper capital threshold for means tested support in residential care and the £72,000 cap on total amount an individual would have to pay for care related costs.

The Committee asked for further information on this to be provided at a future meeting so it could better understand the situation.

**RESOLVED:**



That the Committee continue to monitor potential new burdens and implications of implementation of the Care Bill as necessary

That the Committee receive a future briefing to particularly clarify the impact of funding reforms once more guidance is available

**25 Work Programme**

The proposed work programme for the Committee was considered. A meeting had been planned for 24 October 2014 to consider Future Fit options for Emergency and Urgent Care Centres but Members agreed to put this item back as there had been a delay in the programme.

It was agreed that the 24 October meeting be used instead to look at performance of the West Midlands Ambulance Service.

**RESOLVED**

That West Midlands Ambulance Service be asked to attend the meeting on 24 October to address performance issues in Shropshire.

Signed ..... (Chairman)

Date: .....

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## HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

24 OCTOBER 2014

### PUBLIC QUESTION TIME

**Notification has been received of the following questions from  
Members of the Public:**

*It is proposed to deal with questions 1, 2 and 3 during public question time, question 4 during the item on the West Midland Ambulance Service and question 5 during the item on Re-Procurement of 111.*

#### **1. Monitoring Private Providers of NHS Services (submitted by Peter Gillard)**

A report in the Independent last week (<http://www.independent.co.uk/life-style/health-and-families/health-news/thousands-of-patients-at-risk-from-nhs-outsourcing-9799937.html>) suggests that outsourcing of ophthalmology services to private companies has led to significantly worse outcomes. The RNIB has said that the need to guarantee patient safety in the private sector was a “key concern.”

There were two private companies named in the article as providing sub-standard care, Vanguard Healthcare Solutions and The Practice. Both companies provide services to Shropshire currently.

As private companies are not subject to Freedom of Information laws, unlike NHS providers, what steps have the Scrutiny Committee taken to ensure that these providers are delivering their services to Shropshire with the level of patient safety and quality met by NHS provided services?

*Response to Question from Chair of the Committee:*

Like Pharmacies and General Practice, many ophthalmic services that are commissioned by the NHS are from within the private sector, e.g. High Street Opticians. The commissioning of such services rests with NHS England and not the CCG or Local Authority. Shropshire CCG has commissioned the Nuffield Hospital to provide assessment and treatment for some patients due to the waiting times at SaTH and whilst some updating of equipment was undertaken. Healthwatch, NHS England and the CCG would be the initial point for complaints for patients rather than the Health and Adult Social Care Scrutiny Committee.

It should be noted, however, that the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 extended the scope of health scrutiny to cover providers of health services (commissioned by NHS England, CCGs or Local Authorities) who are not themselves NHS bodies. This covers providers of primary care services to the NHS, such as pharmacists, opticians and dentists, private and voluntary sector bodies commissioned to provide NHS or public health services by NHS England, CCGs or Local Authorities.

Although the Scrutiny function is not there to deal with individual complaints, it can use evidence provided by members of the public or Healthwatch to get an impression of services overall and to question commissioners and providers about

patterns and trends. We have approached Healthwatch for comments on the above question and they have provided the following statement:

*'Healthwatch Shropshire receives and analyses comments on patient experiences. None of the comments that have been received to date on ophthalmology services relate to the two private companies referred to in the question. However, one comment raised a concern over the use of private providers for ophthalmology services in Shropshire, specifically not being informed when choosing where to go for an appointment.'*

*All ophthalmology comments have been shared with the CCG (under the Information Sharing Agreement) and are currently being followed up'*

## **2. Paediatric care in the community (submitted by Gill George)**

Professor Judith Ellis, the Chief Executive of the Royal College of Paediatrics and Child Health, has suggested Hospital trusts should ensure adequate children's community services are in place before consolidating in-patient units. She was quoted in Health Service Journal as saying "the services out in the community have to be capable, so you have professionals trained to recognise if a child starts to deteriorate they may need to come in [to hospital] quickly."

In Shropshire and Telford & Wrekin, there has been no extension of community services following the consolidation of Women's and Children at PRH. Although there has been an expansion of health visiting services, this is a 'wellness' service. The specialist community paediatric nursing service, to support sick children, remains at only 10 WTEs to cover our whole area. In this large geographical area, the service is unable to provide adequate care for all the children for whom it is responsible. I understand that requests for extra staffing have, so far, not received a positive response.

Has the Health and Adult Social Care Scrutiny Committee considered the implications for community services of the consolidation of Women's and Children's acute services, and does the Committee believe there is currently adequate provision in the community – particularly within the community paediatric nursing team - to adequately support children with long-term health needs?

### **Response to question from Chair of the Committee:**

As part of the process for considering the merits of changing the women and children's services within the county that has seen the new unit open in PRH, an Assurance Panel was established. This panel included local clinicians, patient representatives, NHS Commissioners and external clinical experts. These external assessors included a Paediatrician, an Obstetrician and a Director of Nursing from a specialist children's hospital. All three came from outside the West Midlands Region to ensure that there was no conflict of interest. Their role was to scrutinise the proposed model of service compared to the national best practice guidance from the appropriate Medical, Nursing and Midwifery Royal Colleges. Services in the community were also considered as part of the proposed model of service. The local CCGs will be reviewing the new service model, and community services across the county as part of Future Fit.

### **3. SaTH Staff Recruitment and Retention (submitted by Gill George)**

In a recently issued survey, supported by NHS Employers, Health Service Journal issued a list of the best 100 employers in the NHS – including acute, community, and mental health trusts, and CCGs. Not one NHS organisation that provides services to Shropshire was in the top 100.

The 2013 Staff Survey showed that SaTH staff were significantly more unhappy about their employer than the average in the NHS:

"Care of patients / service users is my organisation's top priority" – 55% (NHS 68%)

"My organisation acts on concerns raised by patients/service users" – 57% (NHS 71%)

"I would recommend my organisation as a place to work" – 48% (NHS 59%)

"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation" – 48% (NHS 64%)

These figures showed no improvement over 2012.

The Community Trust report showed that it was still a little below the national average but had shown significant improvements over 2012.

It has been publicly recognised that the difficulties that SaTH has in recruiting staff lead to potential issues with clinical quality.

Has the Scrutiny Committee investigated SaTH's poor results in the NHS Staff Survey to determine any possible impact on recruitment and retention? Will the Committee advise SaTH to urgently review what changes might be needed in HR policies and/or working conditions to improve staff morale and therefore improve staff recruitment and retention rates?

#### **Response from Chairman of the Committee:**

Although it is not a Scrutiny Committee's place to advise an organisation on its HR policies and Working Conditions as suggested in the question, a key factor in the 'Call to Action', which took place in 2013, was the Joint Health Overview and Scrutiny Committee's awareness of issues that the Trust faced including low morale and difficulty recruiting in key areas.

The Joint Health and Overview Scrutiny Committee Chairs for Shropshire and Telford and Wrekin have submitted comments to the Care Quality Commission to inform its inspection of SATH which is currently underway. This includes comments around low morale and difficulty recruiting as evidenced in the most recent staff survey.

This topic is a key part of the hospital reconfiguration plans as measures to centralise women's and children's services took into account the challenges of recruitment and retention. The discussions around Future Fit also focus on securing the appropriate staffing levels for all hospital services. Recruitment is a national challenge with, for example, many nurses leaving the profession as the freeze on

salaries has seen their pay suffer. Last week's strike and TUC March in London highlight the national concern. The major discussion locally around Future Fit will also have an effect on staff morale.

One of the key reasons for developing the University of Shropshire is to create a local centre of academic excellence for health care. Chester has an excellent reputation for its work in this field and the new facility will offer a range of courses that will enable local staff to have continuing education opportunities to assist them develop their careers.

#### **4. Ambulance Response Times (submitted by Peter Gillard)**

The CCG Board are requesting the Scrutiny Committee to approve their decision to “endorse the option of best performance achievable within current resources” for emergency ambulance services within Shropshire.

West Midlands Ambulance Service are consistently missing their targets for emergency response (Red calls) in Shropshire. These targets are set and regulated, not by the CCG, but by the Care Quality Commission.

The CCG Board recognise in their paper that it would require significantly increased resources (financial and staffing) to meet the targets. The CCG has decided that these would be unaffordable from their viewpoint as the commissioner and funder of the services. They have only looked at two options: resources required to ensure compliance with targets; and current resources. They have not looked at the effect of intermediate incremental resources improving response times.

The CCG board do not, in their paper, look at the effect on clinical outcomes of delayed responses and therefore the clinical risk associated with their decision. I asked at the last SaTH Board meeting whether SaTH recorded clinical outcomes against delayed ambulance response and they said they did not, and considered it was probably the responsibility of the CCG to do so. While CCG Board members have suggested in the past that there be little or no impact clinical impact of delayed responses, they have not provided any clinical evidence based on scenarios where comparisons can be made of any differential outcomes for the same acute hospital location.

As the CCG has not performed any analysis on the effect of incremental resources improving response times, or the clinical risk associated with the ambulance trust not meeting targets, will the Committee agree not to approve the CCG’s decision until the CCG have provided a more robust business case with an examination of clinical risk at the forefront?

***Representatives present at the meeting will be invited to respond to this question***



## **5. Re-Procurement of NHS 111 – (Submitted by Healthwatch Shropshire)**

Healthwatch Shropshire has read the Briefing Paper on the Re-procurement of NHS 111 with interest. The need to re-procure the service for the West Midlands is understood; although the paper refers to the local decision to continue with a separate number for GP out of Hours (Introduction para 5) in 2013 there is no reference to what the situation will be post the NHS 111 re-procurement exercise.

Healthwatch Shropshire has recently published its report on Accident & Emergency department attendance at Shrewsbury & Telford Hospital NHS Trust (July 2014) which explored the reasons behind attendance at A&E and awareness and usage of other local urgent care services. The report clearly shows a significantly higher awareness and usage of Shropdoc, as the GP Out of Hours provider, than NHS 111.

Healthwatch Shropshire is seeking re-assurance that the people of Shropshire will continue to have direct access to Shropdoc for out of hours care, in addition to the use of NHS 111.

***Representatives present at the meeting will be invited to respond to this question***

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## HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

24 OCTOBER 2014

### MEMBER QUESTION TIME

**Notification has been received of the following questions from  
Members of the Council**

*Notification has been provided of questions from the following Members, both related to the item on the West Midlands Ambulance Service.*

*It is proposed that Members be invited to put these questions during item 6 on the agenda.*

#### **Councillor Martin Bennett, Oswestry East**

There is public dissatisfaction in Oswestry, with the response times of Ambulances. A number of instances can be cited including one where as a result of an accident, an elderly lady was left waiting for 90 minutes and was eventually collected by Ambulance Car.

What response does WMAS make to public concern over response times and vehicle availability in the second biggest town in Shropshire? How will the Authority reassure residents about the promptness and appropriateness of the service provided to them?

#### **Councillor Chris Mellings, Wem**

There is local concern at the performance across the SY4 area – especially as large parts are not exactly “rural” given the close proximity to Shrewsbury & Whitchurch.

What is being done to improve performance across SY4? Does the use of an RRV provide an effective response mechanism – what is the average waiting time for a RRV to be backed up by an ambulance crew across SY4?

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# Ambulance Performance Update on Modelling for SCCG 24<sup>th</sup> September 2014

Julie Davies  
Director of Strategy & Service Redesign



# Background:-

- \* Shropshire CCG has historically been unable to achieve the Local or national Performance standards in a consistent way.
- \* A number of external agencies have reported on this issue and suggested that rural counties should expect a lower level of performance than Urban due to the geographical difficulties and lower activity numbers. (Lightfoot, ORH reports)
- \* The public of Shropshire have rightly asked why this is the case and what investment would be required to ensure they are able to have the same standard of service as the more urban areas.
- \* In partnership with the Shropshire CCG, WMAS agreed to look at this issue again and model some scenarios based on three simple questions posed by the CCG on behalf of the communities.

# Question 1

- \* What resources would be required by the West Midlands Ambulance Service within Shropshire to achieve all performance standards within every Postcode sector?
- \* *This also covers the infrastructure changes that may be required to facilitate this standard.*

# Question 2

- \* What resources would be required by the West Midlands Ambulance Service within Shropshire to attain all the performance standards for the CCG as a whole?
- \* *This will also covers any infrastructure changes that may be required to facilitate this standard.*



# Question 3

- \* What is the level of performance that can be expected within the Shropshire CCG with the level of resource currently available?
- \* This resource is as identified by the West Midlands Ambulance Service to operate within Shropshire in FY 2014-15.

# Ambulance Performance- SCCG

Year	Red 1- 8min Target -75%	Red 2 – 8min Target- 75%	Red - 19min Target 95%
2012/13	67.2%	72.0%	91.1%
2013/14	63.2%	68.0%	91.3%
2014/15 YTD	60.9%	65.2%	88.3%

Year 14/15 YTD	Hear & Treat	See & Treat	See & Convey	Convey to hospital	Convey to MIU
Shropshire CCG	3.5%	42.0%	54.5%	54.3%	0.25%

# Question 1 – to achieve in all post codes

- \* Current staff in county is ~ 200
- \* Additional staffing required +203 for ambulances (DCA) and 307 staff for additional rapid response vehicles (RRV)- total additional staff required would be 510
- \* An additional 23 facilitated posts would be required for the geographical coverage.
- \* An increase in operational DCA and RRV fleet.
  - \* DCAs – 7 , RRVs – 30
- \* **Unaffordable within current resources both workforce and financial**

## Question 2 – to achieve for SCCG as a whole

- \* Current staff in county is ~ 200
- \* Additional staffing required +203 for ambulances and 165 staff for additional RRVs- total additional staff required would be 368
- \* An additional 7 facilitated posts would be required for the geographical coverage.
- \* An increase in operational DCA and RRV fleet.
  - \* DCAs – 7
  - \* RRVs – 10
- \* **Unaffordable within current resources both workforce and financial**

## Question 3 – Best performance within current resources

Year	Red 1- 8min Target -75%	Red 2 – 8min Target- 75%	Red - 19min Target 95%
2013/14	63.2%	68.0%	91.3%
2014/15 predicted	69%	71%	92%

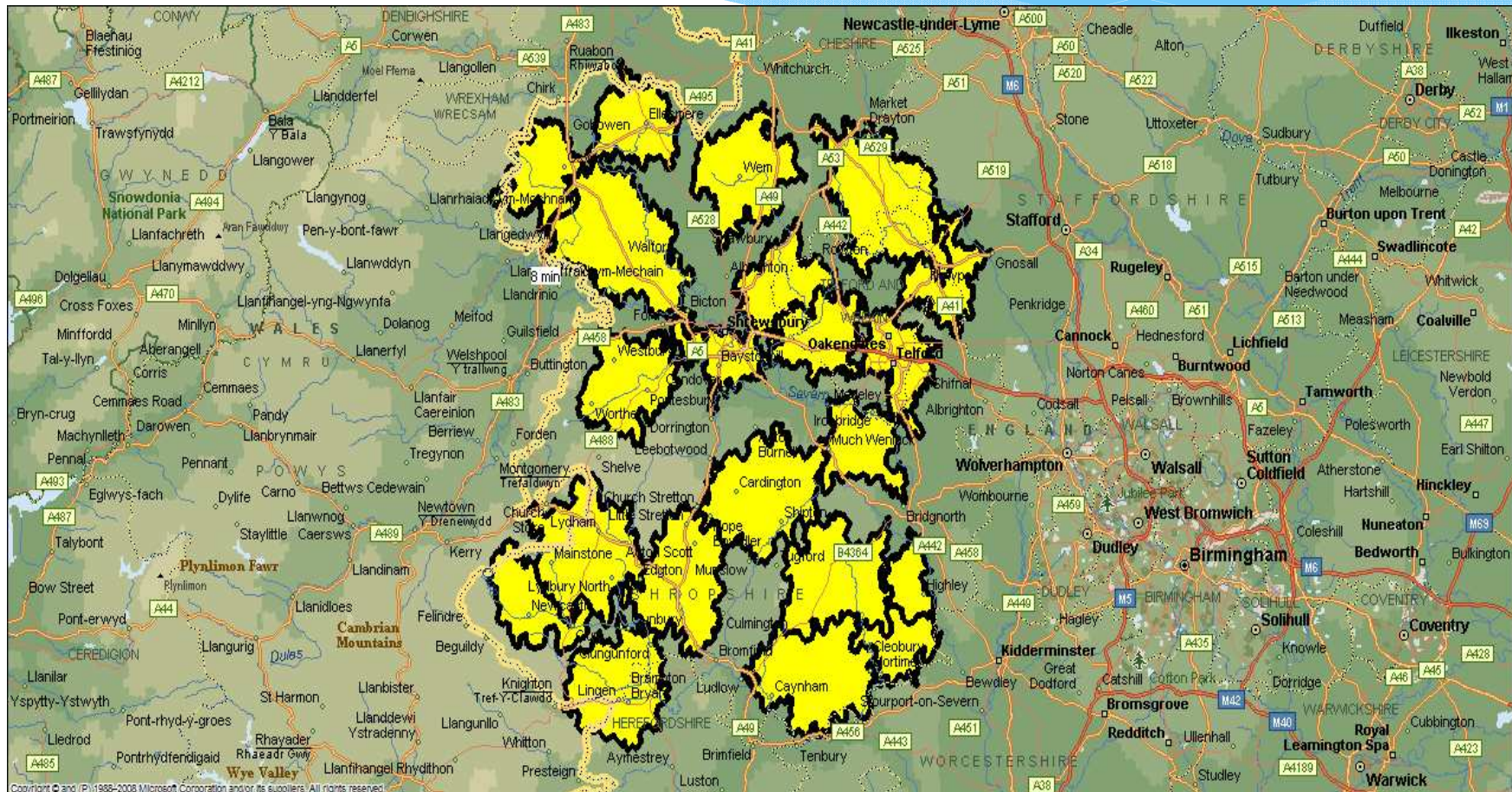
Need to validate and benchmark this against similar rural locations – requested equivalent data from NHS England but proving difficult to obtain

# Key assumptions

- \* No growth in activity over 13/14 level + planned increase –currently YTD 1.5% above plan. Plan included 4.5% growth built in
- \* No major changes to the hospital provision within the county
- \* No increase in community first responder teams

# Current CFR coverage

126 active CFRs across the county



# Current actions to improve performance to best predicted level

- \* Monthly local meetings with WMAS to review performance by postcode, quality and ensure delivery of planned improvement actions
- \* Recent actions taken directly by WMAS:-
  - \* Converted some Rapid Response Vehicles to Double Crewed Ambulances to reduce long waits for ambulances
  - \* Additional staff being brought into the county (22 between Sept-March 15) – these will crew DCAs next year
  - \* Re-jigging rotas to match where demand is greatest



# Current actions to improve performance to best predicted level

- \* Recent actions taken directly by WMAS continued:-
  - \* 4 additional Health Care Referral Team staff to deal with the GP urgent admissions – one crew from Telford x 5 days a week and one crew from Shrewsbury x 5 days a week
  - \* Introduction of clinical hub to make best use of alternative services locally available
  - \* DCA's now reporting directly to Bridgnorth, Oswestry, Craven Arms and Market Drayton
  - \* 300 defibrillators funded by WMAS and associated training spread across the county.

# Current actions to improve performance to best predicted level

- \* Pilot of a of new community response post including RRV at Wem
- \* Further promotion of CFR schemes particularly in SY4 and SY5 areas.
- \* Working with local businesses to sponsor dedicated CFR vehicles.
- \* Escalating cross border issues which are directly impacting on local resource being available for local demand
- \* Continually seeking patient experience and involvement in assuring quality and safety of services

# Planned actions:-

- \* Reduce demand to allow current resource to focus on 999 calls:-
  - \* Plan to use non-emergency patient transport to take clinically appropriate GP admissions
  - \* Review of frequent users of 999 and multi disciplinary reviews of these patients with GP practice to manage need differently
  - \* Working with patients and public re responsible use of 999 to ensure ambulance is available when needed not wanted
- \* Focus efforts to reduce longest waits for ambulance

# Summary

- \* Within current resources performance targets cannot be delivered at local CCG level.
- \* Best performance that can be achieved locally is Red 1 69%, Red 2 71% and Red 19 92%.
- \* Continue to ensure clinical quality is delivered
- \* By reducing demand and increasing CFR coverage we can make further incremental improvements
- \* Reduce the number of waits for an ambulance >1hr
- \* Whole community needs to work with the CCG and WMAS to make this happen!

# Conclusion

- \* The board is asked to:-
  - \* endorse the option of best performance achievable within current resources
  - \* approve the actions outlined to achieve this and further incremental improvements as possible
  - \* support the development of a communications plan with WMAS and patient reps to improve public awareness and responsible use of ambulance resources within the county
  - \* support the further development of this work into a rural strategic plan for ambulance services to align with Future Fit

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## West Midlands Ambulance Service Foundation Trust HOSC & Healthwatch Report - 2014/15

### September

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- #3 [Hospital Turnaround and Handover](#)
- #4 [Post Code Prefix Performance by CCG](#)

#### Please Note:

- 1: Referring to Post Code Prefix performance on Page 3; WMAS performance targets are on a regional basis only and not by Post Code Prefix, therefore please note that this is for information only.
- 2: Where WMAS figures are stated: This relates to Trust activity as a whole and not CCG's combined, unless otherwise stated.
- 3: If clarification is required on any section of this report, then please contact [information@wmas.nhs.uk](mailto:information@wmas.nhs.uk) .

#### Glossary:

- 1: **Green text/cell shading** indicates that target has been met.
- 2: **Red text/cell shading** indicates that target has not been met.
- 3: Red incidents are classified as either Red 1 or Red 2. There are no other classifications of Red calls for the purposes of measuring initial response time on scene.
4. Red 1 and Red 2 incidents have a target of 75% within the response time of 8mins. Such initial help may be via a first response vehicle or similar resource, which may or may not be capable of providing onward transport if needed.
5. Red 19 Incident Count equals the total of Red 1 + Red 2 incidents. The % figure shows what proportion of these had a conveying vehicle arrive within 19mins. These may or may not have been by a second vehicle following-up after the initial response on scene.
- 6: Information correct on 6th October 2014.







West Midlands Ambulance Service Foundation Trust HOSC & Healthwatch Report - 2014/15  
Hospital Turnaround And Handover Activity - September

	September Turnaround By Timeband Duration (minutes)						
	0-30	30-60	Over 60	Total	Avg	Lost Hrs	F/cast Total
Birmingham Childrens	511	100	7	618	00:24	14:57:54	604
Russells Hall	1,414	1,471	46	2,931	00:31	220:50:15	2,812
Good Hope	1,392	950	26	2,368	00:29	121:51:53	2,328
Heartlands	1,388	1,877	222	3,487	00:35	463:01:43	3,457
Solihull	384	274	12	670	00:29	15:36:48	625
New Cross	2,307	1,203	3	3,513	00:27	88:03:08	3,353
City (Birmingham)	1,457	983	30	2,470	00:29	118:15:50	2,383
Sandwell	1,306	506	2	1,814	00:26	40:58:24	1,847
New Queen Elizabeth Hosp	1,449	1,777	82	3,308	00:32	286:37:51	3,196
Walsall Manor	1,834	679	17	2,530	00:27	79:45:24	2,539
Hereford County	1,082	190	5	1,277	00:23	25:34:01	1,318
Princess Royal	900	431	21	1,352	00:28	61:46:17	1,348
Royal Shrewsbury	1,023	434	20	1,477	00:26	62:28:17	1,462
Alexandra	857	407	7	1,271	00:27	44:21:46	1,281
Worcestershire Royal	1,458	913	6	2,377	00:28	115:29:45	2,367
George Elliot	743	300	14	1,057	00:27	35:10:41	994
St Cross	5			5	00:21	00:00:00	43
Uni Hospital Cov & War	2,488	1,615	17	4,120	00:29	198:06:43	3,991
Warwick	828	483	5	1,316	00:27	48:24:48	1,359
Burton	1,002	191	1	1,194	00:24	13:07:59	1,196
Stafford General	865	58		923	00:23	3:45:05	1,297
Univ Hosp North Staffs	3,301	1,418	27	4,746	00:27	163:17:28	4,611

	Volume Of Turnarounds Greater Than 30mins												
	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD
Birmingham Childrens	113	115	137	144	75	107							691
Russells Hall	1,230	1,452	1,502	1,386	1,306	1,517							8,393
Good Hope	695	924	892	962	759	976							5,208
Heartlands	1,614	1,922	1,945	1,876	1,777	2,099							11,233
Solihull	240	234	196	189	220	286							1,365
New Cross	1,184	1,214	1,154	1,208	1,150	1,206							7,116
City (Birmingham)	841	965	938	919	841	1,013							5,517
Sandwell	538	603	525	558	487	508							3,219
New Queen Elizabeth Hosp	1,374	1,439	1,660	1,765	1,767	1,859							9,864
Walsall Manor	1,058	792	906	1,012	723	696							5,187
Hereford County	210	225	246	292	229	195							1,397
Princess Royal	409	446	460	412	378	452							2,557
Royal Shrewsbury	399	423	384	421	367	454							2,448
Alexandra	404	371	356	347	387	414							2,279
Worcestershire Royal	841	924	986	1,027	971	919							5,668
George Elliot	220	299	293	274	253	314							1,653
St Cross	1	1	6	1	2								11
Uni Hospital Cov & War	1,257	1,418	1,283	1,490	1,563	1,632							8,643
Warwick	489	505	455	494	473	488							2,904
Burton	213	210	211	227	238	192							1,291
Stafford General	222	218	260	143	67	58							968
Univ Hosp North Staffs	1,229	1,381	1,549	1,558	1,332	1,445							8,494

	September Handover By Timeband Duration (minutes)				
	0-30	30-60	Over 60	Total	Avg
Birmingham Childrens	594	28	6	618	00:10:50
Russells Hall	2,556	361	14	2,931	00:19:11
Good Hope	2,135	223	10	2,368	00:17:22
Heartlands	2,568	835	84	3,487	00:23:40
Solihull	613	51	6	670	00:16:32
New Cross	3,411	101		3,512	00:13:48
City (Birmingham)	2,306	150	14	2,470	00:15:50
Sandwell	1,749	64	1	1,814	00:13:33
New Queen Elizabeth Hosp	2,727	536	45	3,308	00:21:13
Walsall Manor	2,406	119	5	2,530	00:13:37
Hereford County	1,214	60	3	1,277	00:13:58
Princess Royal	1,245	93	14	1,352	00:15:21
Royal Shrewsbury	1,312	151	14	1,477	00:17:31
Alexandra	1,204	67		1,271	00:15:20
Worcestershire Royal	2,110	265	2	2,377	00:19:06
George Elliot	983	66	8	1,057	00:15:26
St Cross	5			5	00:21:17
Uni Hospital Cov & War	3,644	469	7	4,120	00:17:11
Warwick	1,219	96	1	1,316	00:16:03
Burton	1,165	29		1,194	00:10:48
Stafford General	914	9		923	00:10:58
Univ Hosp North Staffs	4,187	540	19	4,746	00:16:04

	Volume Of Handovers Greater Than 30mins												
	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD
Birmingham Childrens	41	44	43	63	27	34							252
Russells Hall	362	437	402	284	254	375							2,114
Good Hope	187	250	254	249	156	233							1,329
Heartlands	554	670	702	618	505	919							3,968
Solihull	43	31	25	19	30	57							205
New Cross	136	126	93	98	69	101							623
City (Birmingham)	124	162	136	160	94	164							840
Sandwell	77	78	98	108	50	65							476
New Queen Elizabeth Hosp	414	435	538	514	527	581							3,009
Walsall Manor	278	137	163	245	132	124							1,079
Hereford County	100	97	110	162	112	63							644
Princess Royal	92	106	106	93	59	107							563
Royal Shrewsbury	166	154	130	164	112	165							891
Alexandra	101	92	56	60	73	67							449
Worcestershire Royal	249	264	293	296	226	267							1,595
George Elliot	49	47	66	47	23	74							306
St Cross	1	1	6	1	1								10
Uni Hospital Cov & War	276	329	328	495	418	476							2,322
Warwick	91	87	64	100	69	97							508
Burton	39	69	52	36	28	29							253
Stafford General	34	65	63	34	11	9							216
Univ Hosp North Staffs	409	538	529	523	422	559							2,980

- Note:
- 1: Volumes shown are all transports with a known hospital code/name and known turnaround time periods, regardless of incident location.
  - 2: Turnaround calculated from 'time of arrival at hospital' to 'vehicle clear' where times are known.
  - 3: Handover calculated from 'time of arrival at hospital' to 'patient handover'. If 'patient handover' time field has not been completed then 'vehicle clear' time is used where times are known.
  - 4: 'Patient handover' times that have a time prior to the 'time of arrival at hospital' are excluded from handover data.
  - 5: Turnaround time lost is the total time lost above 30 minutes and does not include the 30 mins prior.

**West Midlands Ambulance Service Foundation Trust HOSC & Healthwatch Report - 2014/15**  
**Post Code Prefix Performance By CCG - September**
**Notes:**

- 1: WMAS performance targets are on a regional basis only and not by Post Code Prefix, therefore please note that this page is for information only.
- 2: CCG performance can be found on Page 2 of this report.

NHS Birmingham CrossCity CCG	Red 1 75% 8min		Red 2 75% 8min		Red 19 95% 19min		Green 2 90% 30min		Green 4 90% triage in 60min		Referral 90%	
	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %
B1	0	0.0%	83	88.0%	83	100.0%	49	87.8%	8	100.0%	1	100.0%
B10	2	100.0%	153	66.0%	155	98.7%	135	80.0%	34	100.0%	11	100.0%
B11	0	0.0%	41	65.9%	41	100.0%	40	87.5%	15	100.0%	5	60.0%
B12	0	0.0%	52	76.9%	52	100.0%	37	78.4%	8	100.0%	0	0.0%
B13	3	100.0%	120	75.0%	123	100.0%	144	82.6%	11	100.0%	18	94.4%
B14	5	100.0%	125	77.6%	130	99.2%	120	80.8%	18	100.0%	12	91.7%
B15	3	66.7%	149	87.9%	152	97.4%	172	86.0%	14	100.0%	30	76.7%
B16	0	0.0%	107	83.2%	107	100.0%	89	80.9%	7	100.0%	8	87.5%
B17	4	100.0%	155	76.1%	159	99.4%	147	87.8%	20	100.0%	23	87.0%
B23	6	100.0%	325	79.4%	331	99.7%	366	82.0%	46	100.0%	64	87.5%
B24	1	0.0%	194	85.1%	195	100.0%	181	86.2%	24	100.0%	26	76.9%
B25	4	100.0%	96	76.0%	100	97.0%	80	80.0%	22	100.0%	9	100.0%
B26	5	80.0%	159	73.6%	164	98.8%	174	87.9%	25	96.0%	27	96.3%
B27	7	85.7%	135	71.1%	142	97.2%	160	84.4%	28	100.0%	15	73.3%
B28	5	100.0%	134	72.4%	139	97.8%	145	86.9%	15	100.0%	21	61.9%
B29	2	100.0%	116	83.6%	118	100.0%	141	90.8%	14	100.0%	17	94.1%
B30	0	0.0%	2	50.0%	2	100.0%	5	80.0%	1	100.0%	1	0.0%
B31	5	100.0%	144	91.7%	149	99.3%	152	88.2%	18	100.0%	15	100.0%
B32	5	100.0%	197	82.2%	202	100.0%	232	85.8%	36	97.2%	30	96.7%
B33	7	100.0%	253	79.8%	260	99.6%	217	82.0%	29	93.1%	33	84.8%
B34	4	75.0%	111	77.5%	115	99.1%	130	84.6%	15	100.0%	20	80.0%
B35	1	100.0%	75	82.7%	76	100.0%	87	83.9%	7	100.0%	8	87.5%
B36	1	100.0%	88	75.0%	89	98.9%	86	87.2%	8	100.0%	11	90.9%
B37	0	0.0%	2	100.0%	2	100.0%	1	0.0%	1	100.0%	0	0.0%
B4	0	0.0%	63	81.0%	63	100.0%	83	92.8%	2	100.0%	1	100.0%
B42	0	0.0%	15	46.7%	15	100.0%	17	94.1%	1	100.0%	0	0.0%
B43	0	0.0%	3	66.7%	3	100.0%	1	100.0%	0	0.0%	0	0.0%
B44	5	100.0%	234	65.8%	239	100.0%	229	84.3%	29	96.6%	19	73.7%
B45	2	100.0%	101	82.2%	103	100.0%	112	87.5%	16	100.0%	14	92.9%
B5	0	0.0%	182	86.3%	182	100.0%	135	85.9%	14	100.0%	2	100.0%
B6	0	0.0%	4	100.0%	4	100.0%	8	100.0%	1	100.0%	0	0.0%
B62	0	0.0%	4	75.0%	4	100.0%	4	100.0%	0	0.0%	0	0.0%
B7	2	100.0%	79	77.2%	81	98.8%	74	85.1%	11	100.0%	2	50.0%
B72	0	0.0%	72	76.4%	72	100.0%	55	90.9%	5	100.0%	9	100.0%
B73	1	100.0%	90	75.6%	91	98.9%	88	87.5%	13	100.0%	15	86.7%
B74	1	0.0%	65	60.0%	66	100.0%	97	83.5%	12	100.0%	12	91.7%
B75	2	100.0%	125	80.0%	127	92.9%	142	79.6%	14	100.0%	86	82.6%
B76	2	100.0%	71	73.2%	73	98.6%	98	88.8%	6	100.0%	6	100.0%
B8	2	100.0%	291	80.8%	293	99.0%	199	89.4%	38	97.4%	8	75.0%
B9	4	75.0%	208	77.4%	212	99.5%	144	72.9%	31	100.0%	58	70.7%
N/V	0	0.0%	1	0.0%	1	100.0%	5	100.0%	1	100.0%	0	0.0%

NHS Birmingham South and Central CCG	Red 1 75% 8min		Red 2 75% 8min		Red 19 95% 19min		Green 2 90% 30min		Green 4 90% triage in 60min		Referral 90%	
Postcode Area	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %
B10	2	100.0%	10	90.0%	12	100.0%	6	66.7%	1	100.0%	0	0.0%
B11	5	80.0%	284	65.5%	289	99.3%	199	80.4%	34	97.1%	12	66.7%
B12	2	100.0%	112	77.7%	114	100.0%	97	85.6%	14	92.9%	4	75.0%
B13	4	75.0%	88	73.9%	92	100.0%	121	82.6%	21	100.0%	13	100.0%
B14	3	66.7%	129	61.2%	132	100.0%	130	80.0%	27	100.0%	19	89.5%
B15	0	0.0%	1	0.0%	1	100.0%	2	50.0%	0	0.0%	0	0.0%
B17	0	0.0%	4	75.0%	4	100.0%	9	100.0%	0	0.0%	1	100.0%
B28	0	0.0%	4	100.0%	4	100.0%	2	100.0%	0	0.0%	0	0.0%
B29	0	0.0%	84	81.0%	84	97.6%	93	87.1%	12	91.7%	10	80.0%
B30	3	100.0%	128	81.3%	131	99.2%	197	85.3%	13	100.0%	22	95.5%
B31	2	100.0%	185	82.2%	187	98.4%	158	88.0%	22	100.0%	27	100.0%
B38	3	66.7%	119	73.9%	122	99.2%	135	86.7%	16	100.0%	24	91.7%
B5	1	100.0%	25	80.0%	26	96.2%	29	82.8%	7	100.0%	3	100.0%
N/V	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

NHS Cannock Chase CCG	Red 1 75% 8min		Red 2 75% 8min		Red 19 95% 19min		Green 2 90% 30min		Green 4 90% triage in 60min		Referral 90%	
Postcode Area	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %
ST19	0	0.0%	0	0.0%	0	0.0%	2	50.0%	0	0.0%	0	0.0%
WS11	5	80.0%	302	71.9%	307	95.4%	299	89.6%	46	100.0%	25	96.0%
WS12	1	100.0%	154	70.1%	155	95.5%	193	88.1%	23	100.0%	20	100.0%
WS15	5	40.0%	182	78.0%	187	93.6%	188	94.1%	32	100.0%	22	95.5%
WS16	3	100.0%	89	73.0%	92	94.6%	109	83.5%	20	100.0%	12	100.0%
WV10	0	0.0%	4	100.0%	4	100.0%	7	100.0%	0	0.0%	0	0.0%
WV11	2	100.0%	13	61.5%	15	100.0%	19	100.0%	3	100.0%	2	50.0%

NHS Coventry and Rugby CCG	Red 1 75% 8min		Red 2 75% 8min		Red 19 95% 19min		Green 2 90% 30min		Green 4 90% triage in 60min		Referral 90%	
Postcode Area	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %
CV1	6	100.0%	348	86.8%	354	98.9%	359	88.0%	47	100.0%	14	92.9%
CV11	0	0.0%	2	0.0%	2	100.0%	3	100.0%	1	100.0%	0	0.0%
CV12	0	0.0%	0	0.0%	0	0.0%	1	0.0%	0	0.0%	0	0.0%
CV2	8	100.0%	356	84.6%	364	98.4%	396	89.9%	47	100.0%	66	98.5%
CV21	11	90.9%	146	85.6%	157	95.5%	201	91.0%	21	100.0%	38	97.4%
CV22	5	80.0%	159	81.8%	164	87.8%	242	86.4%	17	100.0%	60	91.7%
CV23	1	0.0%	58	60.3%	59	96.3%	81	93.8%	7	100.0%	13	92.3%
CV3	7	85.7%	316	76.9%	323	100.0%	378	90.5%	46	100.0%	48	95.8%
CV4	6	50.0%	138	62.3%	144	98.6%	183	91.3%	22	100.0%	23	95.7%
CV5	5	60.0%	157	65.6%	162	96.9%	270	90.4%	30	100.0%	48	87.5%
CV6	10	90.0%	483	82.0%	493	99.6%	448	89.3%	88	100.0%	59	96.6%
CV7	1	100.0%	18	44.4%	19	89.5%	13	100.0%	3	100.0%	1	100.0%
CV8	0	0.0%	13	46.2%	13	100.0%	26	96.2%	5	100.0%	4	100.0%

LE10	0	0.0%	3	33.3%	3	100.0%	3	100.0%	1	100.0%	0	0.0%
LE17	0	0.0%	1	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%
N/V	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

NHS Dudley CCG												
Postcode Area	Red 1 75% 8min		Red 2 75% 8min		Red 19 95% 19min		Green 2 90% 30min		Green 4 90% triage in 60min		Referral 90%	
	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %
B62	2	100.0%	91	79.1%	93	98.9%	110	86.4%	17	100.0%	12	75.0%
B63	2	100.0%	123	65.0%	125	100.0%	172	80.8%	27	96.3%	25	84.0%
B65	0	0.0%	0	0.0%	0	0.0%	1	0.0%	0	0.0%	0	0.0%
DY1	5	100.0%	271	88.9%	276	99.6%	232	87.5%	27	96.3%	18	94.4%
DY2	6	100.0%	214	86.9%	220	100.0%	158	85.4%	19	100.0%	23	87.0%
DY3	4	100.0%	152	75.7%	156	99.4%	173	87.3%	27	100.0%	17	82.4%
DY4	0	0.0%	2	100.0%	2	100.0%	4	100.0%	1	100.0%	0	0.0%
DY5	7	100.0%	268	81.7%	275	98.5%	235	85.1%	25	100.0%	31	77.4%
DY6	2	100.0%	83	72.3%	85	96.5%	116	87.9%	8	100.0%	10	100.0%
DY8	5	60.0%	251	67.7%	256	98.8%	314	81.2%	43	100.0%	38	92.1%
DY9	4	100.0%	101	68.3%	105	98.1%	117	84.6%	17	100.0%	13	92.3%
WV14	2	100.0%	75	64.0%	77	100.0%	84	85.7%	12	100.0%	6	100.0%
WV4	0	0.0%	4	100.0%	4	100.0%	3	66.7%	1	100.0%	0	0.0%

NHS East Staffordshire CCG												
Postcode Area	Red 1 75% 8min		Red 2 75% 8min		Red 19 95% 19min		Green 2 90% 30min		Green 4 90% triage in 60min		Referral 90%	
	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %
DE13	7	85.7%	140	57.9%	147	95.9%	196	93.4%	23	100.0%	38	81.6%
DE14	6	83.3%	189	85.2%	195	99.0%	191	92.7%	29	96.6%	24	75.0%
DE15	6	66.7%	94	72.3%	100	95.0%	111	84.7%	14	100.0%	13	92.3%
D6	1	0.0%	6	16.7%	7	85.7%	15	86.7%	1	100.0%	1	100.0%
N/V	0	0.0%	1	100.0%	1	100.0%	1	100.0%	0	0.0%	0	0.0%
ST10	0	0.0%	2	0.0%	2	50.0%	4	75.0%	1	100.0%	0	0.0%
ST14	2	50.0%	100	80.0%	102	91.2%	126	94.4%	20	100.0%	17	94.1%
WS13	0	0.0%	5	40.0%	5	100.0%	15	93.3%	2	100.0%	1	100.0%
WS15	1	100.0%	13	53.8%	14	78.6%	14	100.0%	5	100.0%	2	100.0%

NHS Herefordshire CCG												
Postcode Area	Red 1 75% 8min		Red 2 75% 8min		Red 19 95% 19min		Green 2 90% 30min		Green 4 90% triage in 60min		Referral 90%	
	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %
HR1	5	80.0%	183	74.9%	188	98.4%	207	95.2%	11	100.0%	89	95.5%
HR2	3	33.3%	160	85.0%	163	98.2%	162	97.5%	14	100.0%	24	100.0%
HR3	0	0.0%	9	11.1%	9	44.4%	9	88.9%	0	0.0%	1	100.0%
HR4	4	75.0%	133	75.2%	137	96.4%	167	97.0%	14	100.0%	20	95.0%
HR5	0	0.0%	27	44.4%	27	18.5%	36	77.8%	5	100.0%	18	83.3%
HR6	7	57.1%	76	77.6%	83	94.0%	106	94.3%	15	100.0%	13	100.0%
HR7	0	0.0%	42	83.3%	42	95.2%	42	92.9%	0	0.0%	8	100.0%
HR8	1	100.0%	57	68.4%	58	91.4%	68	98.5%	5	80.0%	9	100.0%
HR9	3	66.7%	97	74.2%	100	92.0%	114	95.6%	7	100.0%	16	100.0%
LDB	0	0.0%	1	0.0%	1	0.0%	0	0.0%	0	0.0%	0	0.0%
N/V	0	0.0%	2	50.0%	2	100.0%	0	0.0%	1	100.0%	0	0.0%
NP25	0	0.0%	1	0.0%	1	100.0%	1	100.0%	0	0.0%	1	100.0%
SY7	0	0.0%	1	0.0%	1	0.0%	3	100.0%	0	0.0%	0	0.0%
SY8	0	0.0%	7	14.3%	7	71.4%	9	100.0%	0	0.0%	1	100.0%
WR13	1	0.0%	6	0.0%	7	100.0%	29	96.6%	3	100.0%	1	100.0%
WR14	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%
WR6	0	0.0%	4	75.0%	4	100.0%	8	100.0%	1	100.0%	1	100.0%

NHS North Staffordshire CCG												
Postcode Area	Red 1 75% 8min		Red 2 75% 8min		Red 19 95% 19min		Green 2 90% 30min		Green 4 90% triage in 60min		Referral 90%	
	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %
CW12	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%
CW2	0	0.0%	1	0.0%	1	100.0%	1	100.0%	0	0.0%	0	0.0%
CW3	0	0.0%	34	26.5%	34	97.1%	27	88.9%	2	100.0%	9	100.0%
D6	0	0.0%	1	0.0%	1	0.0%	4	75.0%	1	100.0%	0	0.0%
SK11	0	0.0%	3	0.0%	3	100.0%	2	100.0%	1	100.0%	1	100.0%
SK17	0	0.0%	3	33.3%	3	33.3%	6	50.0%	1	100.0%	0	0.0%
ST10	0	0.0%	122	71.3%	122	88.5%	112	94.6%	20	100.0%	26	100.0%
ST11	2	100.0%	23	60.9%	25	100.0%	22	95.5%	8	100.0%	2	100.0%
ST13	2	0.0%	153	79.1%	155	85.2%	186	92.5%	19	100.0%	24	100.0%
ST14	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%
ST2	0	0.0%	6	50.0%	6	100.0%	6	100.0%	0	0.0%	1	100.0%
ST4	0	0.0%	1	0.0%	1	100.0%	3	100.0%	0	0.0%	0	0.0%
ST5	7	85.7%	492	82.3%	499	99.2%	469	91.5%	78	100.0%	91	98.9%
ST6	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%
ST7	2	50.0%	123	62.6%	125	99.2%	171	94.2%	14	100.0%	21	95.2%
ST8	1	100.0%	117	70.9%	118	96.6%	92	92.4%	16	100.0%	7	100.0%
ST9	0	0.0%	30	56.7%	30	100.0%	41	95.1%	2	100.0%	8	100.0%
TF9	0	0.0%	13	53.8%	13	76.9%	10	80.0%	0	0.0%	2	100.0%

NHS Redditch and Bromsgrove CCG												
Postcode Area	Red 1 75% 8min		Red 2 75% 8min		Red 19 95% 19min		Green 2 90% 30min		Green 4 90% triage in 60min		Referral 90%	
	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %
B14	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
B32	0	0.0%	0	0.0%	0	0.0%	3	33.3%	0	0.0%	0	0.0%
B38	0	0.0%	10	60.0%	10	90.0%	8	87.5%	0	0.0%	0	0.0%
B45	0	0.0%	32	75.0%	32	100.0%	59	88.1%	5	100.0%	8	100.0%
B47	2	50.0%	29	48.3%	31	100.0%	47	95.7%	6	100.0%	9	100.0%
B48	1	0.0%	27	29.6%	28	100.0%	32	96.9%	3	100.0%	1	100.0%
B60	2	100.0%	91	78.0%	93	100.0%	140	96.4%	20	100.0%	11	100.0%
B61	2	50.0%	130	79.2%	132	97.7%	170	93.5%	5	100.0%	18	94.4%
B62	0	0.0%	10	40.0%	10	100.0%	23	91.3%	1	100.0%	1	100.0%
B80	0	0.0%	1	100.0%	1	100.0%	2	100.0%	0	0.0%	0	0.0%
B90	0	0.0%	2	50.0%	2	100.0%	2	100.0%	0	0.0%	0	0.0%
B96	0	0.0%	9	55.6%	9	100.0%	12	91.7%	1	100.0%	1	100.0%
B97	3	100.0%	137	78.1%	140	95.7%	193	92.2%	14	100.0%	18	100.0%
B98	5	100.0%	201	88.6%	206	94.7%	245	94.3%	22	100.0%	59	91.5%
DY8	0	0.0%	2	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%
DY9	4	50.0%	30	36.7%	34	100.0%	41	82.9%	7	100.0%	6	83.3%
N/V	0	0.0%	1	100.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%

NHS Sandwell and West Birmingham CCG												
Postcode Area	Red 1 75% 8min		Red 2 75% 8min		Red 19 95% 19min		Green 2 90% 30min		Green 4 90% triage in 60min		Referral 90%	
	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %

Postcode Area	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %
B1	1	100.0%	90	90.0%	91	100.0%	38	84.2%	3	100.0%	0	0.0%
B16	0	0.0%	55	78.2%	55	100.0%	56	82.1%	5	100.0%	3	100.0%
B17	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%
B18	1	100.0%	224	88.4%	225	99.1%	179	72.1%	16	100.0%	32	75.0%
B19	2	100.0%	170	78.2%	172	98.3%	103	80.6%	33	100.0%	10	80.0%
B2	0	0.0%	52	78.8%	52	100.0%	68	85.3%	5	100.0%	0	0.0%
B20	1	100.0%	179	68.7%	180	99.4%	170	82.4%	25	100.0%	19	84.2%
B21	4	100.0%	239	75.7%	243	100.0%	178	82.0%	38	97.4%	10	60.0%
B3	1	0.0%	34	91.2%	35	100.0%	37	89.2%	2	100.0%	0	0.0%
B4	1	100.0%	42	88.1%	43	97.7%	49	69.4%	5	100.0%	1	100.0%
B42	3	100.0%	106	67.0%	109	99.1%	102	89.2%	18	100.0%	6	83.3%
B43	1	100.0%	78	70.5%	79	100.0%	81	95.1%	12	100.0%	8	75.0%
B44	1	100.0%	2	100.0%	3	100.0%	1	100.0%	0	0.0%	0	0.0%
B5	0	0.0%	2	50.0%	2	100.0%	1	100.0%	0	0.0%	0	0.0%
B6	1	100.0%	152	77.6%	153	98.7%	113	86.7%	33	100.0%	10	60.0%
B62	0	0.0%	5	80.0%	5	100.0%	3	100.0%	1	100.0%	0	0.0%
B64	4	100.0%	102	82.4%	106	100.0%	91	91.2%	14	100.0%	11	90.9%
B65	3	100.0%	124	77.4%	127	99.2%	142	85.9%	19	100.0%	12	91.7%
B66	5	60.0%	173	82.7%	178	97.8%	191	86.4%	26	100.0%	13	100.0%
B67	3	100.0%	179	78.2%	182	99.5%	133	82.0%	17	100.0%	8	100.0%
B68	5	100.0%	187	82.4%	192	99.5%	174	85.1%	26	96.2%	34	91.2%
B69	2	100.0%	170	77.1%	172	99.4%	175	85.7%	20	100.0%	16	81.3%
B70	4	75.0%	254	81.1%	258	99.6%	235	85.5%	30	96.7%	17	100.0%
B71	4	100.0%	248	84.3%	252	99.2%	174	89.7%	28	100.0%	18	94.4%
DY4	8	75.0%	276	80.1%	284	99.6%	261	85.4%	34	100.0%	22	90.9%
N/V	0	0.0%	2	100.0%	2	100.0%	1	100.0%	0	0.0%	0	0.0%
WS1	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%
WS10	6	100.0%	153	81.0%	159	100.0%	142	83.8%	20	100.0%	15	93.3%
WVS	0	0.0%	31	58.1%	31	100.0%	33	87.9%	7	100.0%	3	66.7%
WV14	0	0.0%	2	100.0%	2	100.0%	1	100.0%	0	0.0%	0	0.0%

Postcode Area	Red 1 75% 8min		Red 2 75% 8min		Red 19 95% 19min		Green 2 90% 30min		Green 4 90% triage in 60min		Referral 90%	
	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %
CW3	0	0.0%	1	100.0%	1	0.0%	1	100.0%	0	0.0%	1	100.0%
DY12	0	0.0%	1	100.0%	1	0.0%	8	100.0%	0	0.0%	0	0.0%
DY14	0	0.0%	18	33.3%	18	38.9%	24	91.7%	4	100.0%	4	75.0%
LD7	0	0.0%	1	0.0%	1	100.0%	3	33.3%	0	0.0%	0	0.0%
LL4	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%
N/V	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%
SY1	2	100.0%	151	81.5%	153	99.3%	162	98.8%	19	100.0%	26	96.2%
SY10	1	100.0%	45	53.3%	46	76.1%	39	84.6%	3	100.0%	10	90.0%
SY11	6	66.7%	103	68.0%	109	81.7%	105	90.5%	4	100.0%	40	100.0%
SY12	0	0.0%	23	13.0%	23	91.3%	46	91.3%	3	100.0%	7	100.0%
SY13	4	100.0%	66	86.4%	70	94.3%	72	93.1%	6	100.0%	12	100.0%
SY15	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%
SY2	3	100.0%	58	75.9%	61	100.0%	81	95.1%	6	100.0%	17	94.1%
SY21	0	0.0%	2	0.0%	2	50.0%	1	100.0%	0	0.0%	0	0.0%
SY22	0	0.0%	2	100.0%	2	100.0%	1	100.0%	0	0.0%	0	0.0%
SY3	4	50.0%	168	91.7%	172	98.3%	169	97.6%	10	100.0%	63	95.2%
SY4	1	100.0%	96	35.4%	97	92.8%	110	93.6%	15	100.0%	22	90.9%
SY5	2	50.0%	48	22.9%	50	80.0%	66	95.5%	8	100.0%	11	90.9%
SY6	1	0.0%	23	26.1%	24	62.5%	34	94.1%	2	100.0%	8	87.5%
SY7	1	100.0%	27	44.4%	28	60.7%	31	87.1%	1	100.0%	8	87.5%
SY8	1	100.0%	77	72.7%	78	94.9%	106	86.8%	9	100.0%	26	92.3%
SY9	0	0.0%	5	60.0%	5	20.0%	16	87.5%	1	100.0%	3	100.0%
TF10	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%
TF11	0	0.0%	31	61.3%	31	96.8%	27	96.3%	4	100.0%	2	50.0%
TF12	1	0.0%	23	34.8%	24	83.3%	28	85.7%	5	100.0%	5	100.0%
TF13	1	100.0%	7	57.1%	8	75.0%	17	94.1%	3	100.0%	2	100.0%
TF6	0	0.0%	1	0.0%	1	100.0%	1	100.0%	2	100.0%	0	0.0%
TF8	0	0.0%	1	0.0%	1	100.0%	1	100.0%	1	100.0%	1	100.0%
TF9	4	100.0%	83	65.1%	87	78.2%	64	96.9%	8	100.0%	21	90.5%
WR15	0	0.0%	6	33.3%	6	66.7%	9	100.0%	0	0.0%	1	100.0%
WV15	0	0.0%	28	64.3%	28	100.0%	31	96.8%	2	100.0%	12	91.7%
WV16	2	0.0%	66	68.2%	68	79.4%	93	87.1%	10	90.0%	23	91.3%
WV5	0	0.0%	5	0.0%	5	80.0%	1	100.0%	1	100.0%	1	0.0%
WV6	0	0.0%	2	0.0%	2	50.0%	3	66.7%	0	0.0%	0	0.0%
WV7	1	0.0%	29	37.9%	30	80.0%	41	90.2%	3	100.0%	7	100.0%

Postcode Area	Red 1 75% 8min		Red 2 75% 8min		Red 19 95% 19min		Green 2 90% 30min		Green 4 90% triage in 60min		Referral 90%	
	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %
B14	0	0.0%	1	100.0%	1	100.0%	2	100.0%	0	0.0%	0	0.0%
B26	0	0.0%	18	100.0%	18	88.9%	33	81.8%	2	100.0%	3	100.0%
B27	0	0.0%	8	75.0%	8	87.5%	11	45.5%	21	100.0%	3	100.0%
B36	2	100.0%	104	61.5%	106	99.1%	128	83.6%	23	100.0%	9	88.9%
B37	6	83.3%	227	63.0%	233	97.4%	252	75.8%	38	100.0%	17	82.4%
B40	0	0.0%	7	42.9%	7	57.1%	19	89.5%	1	100.0%	0	0.0%
B90	4	100.0%	168	61.3%	172	94.8%	199	80.4%	23	100.0%	36	91.7%
B91	6	66.7%	230	75.7%	236	86.9%	197	80.7%	23	100.0%	95	67.4%
B92	1	100.0%	149	64.4%	150	97.3%	156	83.3%	21	100.0%	29	93.1%
B93	1	100.0%	67	64.2%	68	97.1%	71	80.3%	12	100.0%	9	66.7%
B94	0	0.0%	3	66.7%	3	100.0%	12	75.0%	1	100.0%	1	100.0%
CV4	0	0.0%	1	100.0%	1	100.0%	3	100.0%	1	100.0%	0	0.0%
CV5	0	0.0%	2	50.0%	2	100.0%	1	0.0%	0	0.0%	1	100.0%
CV7	0	0.0%	27	14.8%	27	85.2%	46	82.6%	5	100.0%	5	100.0%
CV8	0	0.0%	1	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%

Postcode Area	Red 1 75% 8min		Red 2 75% 8min		Red 19 95% 19min		Green 2 90% 30min		Green 4 90% triage in 60min		Referral 90%	
	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %
B74	0	0.0%	15	40.0%	15	100.0%	12	91.7%	2	100.0%	2	0.0%
B75	0	0.0%	2	100.0%	2	100.0%	1	0.0%	0	0.0%	0	0.0%
B77	7	85.7%	258	71.3%	265	97.4%	282	90.4%	26	100.0%	24	83.3%
B78	1	100.0%	75	86.7%	76	94.7%	80	88.8%	8	100.0%	15	86.7%
B79	2	100.0%	123	64.2%	125	96.0%	171	93.0%	21	100.0%	17	88.2%
DY3	0	0.0%	19	68.4%	19	100.0%	29	82.8%	3	100.0%	5	80.0%
DY6	1	100.0%	3	33.3%	4	100.0%	4	75.0%	1	100.0%	0	0.0%
DY7	0	0.0%	20	35.0%	20	100.0%	26	84.6%	1	100.0%	8	87.5%

DY8	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
WS13	1	100.0%	137	83.2%	138	93.5%	192	88.5%	12	100.0%	24	91.7%
WS14	5	60.0%	63	58.7%	68	97.1%	89	96.6%	19	100.0%	16	93.8%
WS15	0	0.0%	7	57.1%	7	85.7%	6	100.0%	0	0.0%	0	0.0%
WS7	4	25.0%	120	56.7%	124	95.2%	173	93.6%	20	100.0%	22	100.0%
WS8	0	0.0%	1	100.0%	1	100.0%	1	0.0%	0	0.0%	0	0.0%
WS9	1	100.0%	6	16.7%	7	85.7%	6	83.3%	0	0.0%	0	0.0%
WV10	3	66.7%	66	90.9%	69	89.9%	25	72.0%	3	100.0%	3	100.0%
WV11	0	0.0%	0	0.0%	0	0.0%	3	66.7%	0	0.0%	0	0.0%
WV15	0	0.0%	1	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%
WV4	0	0.0%	6	50.0%	6	100.0%	11	90.9%	0	0.0%	2	50.0%
WV5	0	0.0%	61	54.1%	61	98.4%	52	76.9%	5	100.0%	11	81.8%
WV6	1	100.0%	29	34.5%	30	90.0%	33	87.9%	7	100.0%	3	100.0%
WV7	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
WV8	1	0.0%	66	53.0%	67	94.0%	55	78.2%	8	100.0%	11	90.9%
WV9	0	0.0%	1	0.0%	1	100.0%	2	100.0%	0	0.0%	1	100.0%

NHS South Warwickshire CCG		Red 1 75% 8min		Red 2 75% 8min		Red 19 95% 19min		Green 2 90% 30min		Green 4 90% triage in 60min		Referral 90%	
Postcode Area	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	
B49	0	0.0%	50	68.0%	50	96.0%	54	96.3%	11	100.0%	8	100.0%	
B50	0	0.0%	16	18.8%	16	100.0%	26	92.3%	3	100.0%	5	80.0%	
B80	0	0.0%	23	65.2%	23	91.3%	42	97.6%	1	100.0%	4	75.0%	
B93	0	0.0%	1	100.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	
B94	0	0.0%	16	43.8%	16	100.0%	19	94.7%	4	100.0%	1	100.0%	
B95	0	0.0%	40	55.0%	40	90.0%	50	92.0%	3	100.0%	2	100.0%	
B96	0	0.0%	2	50.0%	2	100.0%	3	100.0%	0	0.0%	1	100.0%	
B97	0	0.0%	1	100.0%	1	100.0%	2	100.0%	0	0.0%	0	0.0%	
B98	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	
CV23	0	0.0%	1	100.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	
CV3	0	0.0%	2	100.0%	2	100.0%	4	100.0%	1	100.0%	0	0.0%	
CV31	2	100.0%	137	79.6%	139	97.1%	190	93.2%	17	100.0%	13	92.3%	
CV32	7	85.7%	146	89.0%	153	98.7%	206	98.1%	11	100.0%	33	100.0%	
CV33	1	100.0%	19	63.2%	20	100.0%	33	93.9%	4	100.0%	4	100.0%	
CV34	3	100.0%	128	92.2%	131	99.2%	198	98.0%	20	100.0%	36	100.0%	
CV35	3	0.0%	59	55.9%	62	93.5%	98	96.9%	7	100.0%	13	100.0%	
CV36	1	0.0%	23	56.5%	24	66.7%	55	94.5%	2	100.0%	6	100.0%	
CV37	3	100.0%	205	81.5%	208	97.1%	301	96.0%	42	100.0%	33	100.0%	
CV4	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	
CV47	2	100.0%	62	48.4%	64	84.4%	65	93.8%	10	100.0%	7	100.0%	
CV8	4	25.0%	92	71.7%	96	100.0%	138	97.8%	12	100.0%	16	93.8%	
GL56	0	0.0%	5	40.0%	5	80.0%	1	100.0%	0	0.0%	1	100.0%	
N/V	0	0.0%	0	0.0%	0	0.0%	1	100.0%	2	100.0%	1	100.0%	
NN11	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	
OX15	0	0.0%	3	66.7%	3	100.0%	6	100.0%	0	0.0%	0	0.0%	
OX17	1	0.0%	1	100.0%	2	50.0%	3	100.0%	0	0.0%	0	0.0%	
WR11	0	0.0%	8	62.5%	8	100.0%	5	100.0%	1	100.0%	1	0.0%	

NHS South Worcestershire CCG		Red 1 75% 8min		Red 2 75% 8min		Red 19 95% 19min		Green 2 90% 30min		Green 4 90% triage in 60min		Referral 90%	
Postcode Area	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	
B49	0	0.0%	2	100.0%	2	100.0%	2	100.0%	2	100.0%	0	0.0%	
B60	0	0.0%	2	0.0%	2	100.0%	0	0.0%	0	0.0%	1	100.0%	
B61	0	0.0%	1	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	
B96	0	0.0%	2	50.0%	2	100.0%	4	100.0%	0	0.0%	0	0.0%	
CV37	0	0.0%	2	0.0%	2	100.0%	2	100.0%	0	0.0%	0	0.0%	
DY10	0	0.0%	1	0.0%	1	100.0%	2	100.0%	0	0.0%	0	0.0%	
DY11	0	0.0%	4	75.0%	4	75.0%	7	100.0%	0	0.0%	2	100.0%	
DY13	0	0.0%	7	85.7%	7	100.0%	18	94.4%	1	100.0%	2	100.0%	
DY14	0	0.0%	4	50.0%	4	75.0%	0	0.0%	0	0.0%	0	0.0%	
GL19	0	0.0%	4	0.0%	4	75.0%	5	80.0%	0	0.0%	0	0.0%	
GL20	1	0.0%	13	0.0%	14	92.9%	15	80.0%	2	100.0%	0	0.0%	
HR8	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	
N/V	0	0.0%	6	100.0%	6	100.0%	5	100.0%	1	100.0%	0	0.0%	
WR10	0	0.0%	125	92.8%	125	100.0%	156	97.4%	8	100.0%	6	100.0%	
WR11	0	0.0%	90	62.2%	90	93.3%	104	96.2%	9	100.0%	19	94.7%	
WR11	6	100.0%	185	82.7%	191	91.6%	213	95.8%	26	100.0%	22	90.9%	
WR12	1	0.0%	17	5.9%	18	94.4%	51	86.3%	5	100.0%	6	100.0%	
WR13	1	100.0%	18	27.8%	19	94.7%	19	100.0%	3	100.0%	3	100.0%	
WR14	5	100.0%	167	76.6%	172	97.1%	242	95.9%	25	100.0%	24	91.7%	
WR15	0	0.0%	9	11.1%	9	88.9%	28	100.0%	5	100.0%	2	50.0%	
WR2	1	0.0%	122	78.7%	123	100.0%	150	93.3%	14	100.0%	27	96.3%	
WR3	4	100.0%	78	89.7%	82	100.0%	100	98.0%	10	100.0%	19	94.7%	
WR4	3	100.0%	113	83.2%	116	100.0%	130	98.5%	14	100.0%	7	100.0%	
WR5	4	100.0%	169	94.7%	173	99.4%	162	98.8%	12	100.0%	112	97.3%	
WR6	0	0.0%	23	21.7%	23	100.0%	32	96.9%	4	100.0%	2	100.0%	
WR7	1	100.0%	8	62.5%	9	100.0%	15	100.0%	1	100.0%	2	100.0%	
WR8	0	0.0%	36	41.7%	36	94.4%	59	94.9%	4	100.0%	7	100.0%	
WR9	1	100.0%	120	72.5%	121	100.0%	147	96.6%	16	100.0%	18	94.4%	

NHS Stafford and Surrounds CCG		Red 1 75% 8min		Red 2 75% 8min		Red 19 95% 19min		Green 2 90% 30min		Green 4 90% triage in 60min		Referral 90%	
Postcode Area	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	
N/V	0	0.0%	3	33.3%	3	66.7%	2	100.0%	0	0.0%	0	0.0%	
ST11	0	0.0%	21	71.4%	21	95.2%	16	93.8%	3	100.0%	3	100.0%	
ST12	0	0.0%	18	38.9%	18	100.0%	23	91.3%	3	100.0%	2	100.0%	
ST15	3	33.3%	108	52.8%	111	91.9%	121	96.7%	13	100.0%	19	100.0%	
ST16	5	100.0%	168	89.3%	173	99.4%	244	85.7%	20	100.0%	24	95.8%	
ST17	2	100.0%	167	77.8%	169	98.2%	265	91.3%	24	100.0%	26	100.0%	
ST18	0	0.0%	67	64.2%	67	97.0%	88	88.6%	18	100.0%	15	100.0%	
ST19	1	0.0%	56	64.3%	57	89.5%	77	89.6%	12	91.7%	9	100.0%	
ST20	0	0.0%	30	53.3%	30	80.0%	31	87.1%	1	100.0%	3	100.0%	
ST21	0	0.0%	17	47.1%	17	76.5%	31	87.1%	2	100.0%	2	100.0%	
ST3	0	0.0%	14	85.7%	14	92.9%	19	100.0%	0	0.0%	4	100.0%	
ST4	0	0.0%	5	80.0%	5	100.0%	4	75.0%	0	0.0%	1	100.0%	
ST5	0	0.0%	3	100.0%	3	100.0%	8	100.0%	0	0.0%	0	0.0%	
TF11	0	0.0%	2	50.0%	2	50.0%	3	100.0%	0	0.0%	0	0.0%	
WS15	0	0.0%	1	100.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	
WV9	0	0.0%	2	0.0%	2	100.0%	8	100.0%	1	100.0%	1	0.0%	

NHS Stoke on Trent CCG		Red 1 75% 8min		Red 2 75% 8min		Red 19 95% 19min		Green 2 90% 30min		Green 4 90% triage in 60min		Referral 90%	
Postcode Area	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	
N/V	0	0.0%	1	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	
ST1	8	100.0%	282	85.5%	290	99.0%	339	93.5%	39	100.0%	33	93.9%	
ST10	0	0.0%	0	0.0%	0	0.0%	4	100.0%	0	0.0%	0	0.0%	
ST11	0	0.0%	5	80.0%	5	100.0%	2	100.0%	1	100.0%	0	0.0%	
ST2	2	100.0%	203	63.1%	205	99.5%	221	92.3%	25	100.0%	34	100.0%	
ST3	8	75.0%	332	74.7%	340	97.6%	391	94.6%	42	100.0%	45	100.0%	
ST4	5	80.0%	375	87.5%	380	100.0%	446	91.0%	31	100.0%	56	98.2%	
ST5	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	
ST6	12	100.0%	427	83.8%	439	99.3%	502	91.0%	49	100.0%	78	97.4%	
ST7	1	100.0%	6	100.0%	7	100.0%	4	75.0%	1	100.0%	0	0.0%	
ST8	0	0.0%	1	100.0%	1	100.0%	2	100.0%	0	0.0%	0	0.0%	
ST9	0	0.0%	24	45.8%	24	95.8%	26	84.6%	2	100.0%	5	100.0%	

NHS Telford & Wrekin CCG		Red 1 75% 8min		Red 2 75% 8min		Red 19 95% 19min		Green 2 90% 30min		Green 4 90% triage in 60min		Referral 90%	
Postcode Area	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	
N/V	0	0.0%	1	100.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	
SY4	0	0.0%	2	50.0%	2	100.0%	1	100.0%	1	100.0%	0	0.0%	
TF1	4	100.0%	245	88.6%	249	96.0%	211	95.7%	15	100.0%	81	97.5%	
TF10	3	33.3%	41	34.1%	44	93.2%	67	98.5%	4	100.0%	11	100.0%	
TF2	3	66.7%	146	83.6%	149	97.3%	141	100.0%	14	100.0%	37	94.6%	
TF3	1	100.0%	126	88.1%	127	96.9%	150	94.0%	16	100.0%	20	90.0%	
TF4	1	0.0%	62	71.0%	63	100.0%	90	93.3%	11	100.0%	15	93.3%	
TF5	0	0.0%	14	78.6%	14	100.0%	14	85.7%	1	100.0%	1	100.0%	
TF6	0	0.0%	11	36.4%	11	100.0%	20	95.0%	2	100.0%	11	100.0%	
TF7	0	0.0%	142	71.1%	142	95.8%	101	93.1%	18	100.0%	24	91.7%	
TF8	1	0.0%	7	28.6%	8	100.0%	14	85.7%	3	100.0%	2	100.0%	

NHS Walsall CCG		Red 1 75% 8min		Red 2 75% 8min		Red 19 95% 19min		Green 2 90% 30min		Green 4 90% triage in 60min		Referral 90%	
Postcode Area	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	
B43	0	0.0%	26	53.8%	26	100.0%	28	82.1%	8	100.0%	4	100.0%	
B74	1	100.0%	33	51.5%	34	97.1%	50	82.0%	6	100.0%	6	100.0%	
N/V	0	0.0%	1	100.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	
WS1	5	100.0%	269	78.4%	274	99.6%	233	87.6%	29	100.0%	12	83.3%	
WS10	1	100.0%	106	79.2%	107	100.0%	124	88.7%	17	94.1%	6	83.3%	
WS2	10	100.0%	379	87.3%	389	97.9%	261	88.1%	32	96.9%	50	88.0%	
WS3	10	90.0%	310	76.5%	320	98.8%	324	87.0%	42	95.2%	36	91.7%	
WS4	1	100.0%	87	73.6%	88	98.9%	109	91.7%	16	100.0%	8	100.0%	
WS5	2	100.0%	62	67.7%	64	100.0%	75	93.3%	21	100.0%	10	90.0%	
WS8	1	0.0%	81	53.1%	82	96.3%	92	80.4%	21	95.2%	11	81.8%	
WS9	2	50.0%	144	70.8%	146	100.0%	152	83.6%	24	100.0%	19	84.2%	
WV11	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	
WV12	4	100.0%	124	81.5%	128	100.0%	127	86.5%	19	94.7%	13	100.0%	
WV13	3	66.7%	91	80.2%	94	100.0%	105	88.6%	17	100.0%	5	100.0%	
WV14	1	100.0%	11	54.5%	12	100.0%	9	88.9%	4	100.0%	0	0.0%	

NHS Warwickshire North CCG		Red 1 75% 8min		Red 2 75% 8min		Red 19 95% 19min		Green 2 90% 30min		Green 4 90% triage in 60min		Referral 90%	
Postcode Area	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	
B46	0	0.0%	53	24.5%	53	94.3%	71	87.3%	5	100.0%	6	83.3%	
B75	0	0.0%	3	100.0%	3	100.0%	2	100.0%	0	0.0%	0	0.0%	
B76	1	100.0%	9	44.4%	10	100.0%	20	100.0%	4	100.0%	0	0.0%	
B78	1	100.0%	42	42.9%	43	97.7%	83	90.4%	6	100.0%	11	100.0%	
B79	1	0.0%	8	12.5%	9	100.0%	11	81.8%	2	100.0%	7	100.0%	
CV10	1	100.0%	251	79.3%	252	98.4%	278	90.3%	22	100.0%	68	95.6%	
CV11	2	100.0%	200	83.5%	202	98.5%	232	95.7%	13	100.0%	21	81.0%	
CV12	2	100.0%	147	77.6%	149	100.0%	147	93.9%	24	100.0%	22	100.0%	
CV6	0	0.0%	6	83.3%	6	100.0%	9	77.8%	3	100.0%	1	100.0%	
CV7	2	100.0%	76	69.7%	78	100.0%	112	90.2%	11	100.0%	10	100.0%	
CV9	4	75.0%	81	60.5%	85	91.8%	106	88.7%	18	100.0%	14	100.0%	
N/V	0	0.0%	0	0.0%	0	0.0%	1	0.0%	0	0.0%	0	0.0%	

NHS Wolverhampton CCG		Red 1 75% 8min		Red 2 75% 8min		Red 19 95% 19min		Green 2 90% 30min		Green 4 90% triage in 60min		Referral 90%	
Postcode Area	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	
DY3	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	
N/V	0	0.0%	1	100.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	
WV1	3	66.7%	230	81.7%	233	99.6%	200	81.5%	24	100.0%	11	81.8%	
WV10	6	100.0%	348	79.0%	354	97.2%	310	87.1%	58	96.6%	53	83.0%	
WV11	3	66.7%	180	79.4%	183	100.0%	160	85.6%	27	100.0%	19	94.7%	
WV12	1	100.0%	1	100.0%	2	100.0%	4	100.0%	0	0.0%	1	100.0%	
WV13	0	0.0%	40	87.5%	40	100.0%	28	89.3%	4	75.0%	4	100.0%	
WV14	4	100.0%	229	77.3%	233	99.6%	178	84.3%	27	100.0%	17	88.2%	
WV2	0	0.0%	150	78.7%	150	97.3%	111	84.7%	17	100.0%	13	76.9%	
WV3	6	100.0%	178	66.3%	184	99.5%	194	84.0%	22	95.5%	37	89.2%	
WV4	2	100.0%	218	76.6%	220	98.2%	186	85.5%	25	100.0%	26	96.2%	
WV6	6	33.3%	184	74.5%	190	98.9%	173	86.1%	25	100.0%	28	78.6%	
WV8	0	0.0%	24	54.2%	24	91.7%	18	100.0%	1	100.0%	4	100.0%	
WV9	0	0.0%	16	37.5%	16	100.0%	17	76.5%	2	100.0%	0	0.0%	

NHS Wyre Forest CCG		Red 1 75% 8min		Red 2 75% 8min		Red 19 95% 19min		Green 2 90% 30min		Green 4 90% triage in 60min		Referral 90%	
Postcode Area	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	
DY10	3	100.0%	164	80.5%	167	98.2%	196	96.4%	16	100.0%	11	90.9%	
DY11	5	100.0%	142	89.4%	147	93.9%	197	93.4%	15	100.0%	21	95.2%	
DY12	0	0.0%	40	55.0%	40	97.5%	52	90.4%	3	100.0%	6	100.0%	
DY13	1	100.0%	88	86.4%	89	97.8%	113	93.8%	9	100.0%	7	100.0%	
DY14	0	0.0%	4	25.0%	4	75.0%	10	100.0%	0	0.0%	1	0.0%	
DY9	0	0.0%	1	0.0%	1	100.0%	1	100.0%	0	0.0%	0	0.0%	
WR6	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	
WR9	0	0.0%	1	100.0%	1	100.0%	1	100.0%	0	0.0%	0	0.0%	

## Briefing paper to Health and Adult Social Care Scrutiny Committee 24<sup>th</sup> October 2014

### Re-procurement of NHS111 Service

#### 1. Introduction

NHS 111 is a free-to-call single non-emergency number medical helpline operating in England and Scotland. The service is part of the National Health Service and has replaced the telephone triage and advice services provided by NHS Direct.

NHS111 services are available 24 hours every day, offering a personalised priority contact service that responds to people's healthcare needs when they:

- need medical help fast, but it's not a 999 emergency
- don't know who to contact for medical help
- think they need to go to A&E or another NHS urgent care service
- require health information or reassurance about what to do next

The NHS 111 service assesses the needs of people and determines the most appropriate course of action.

Following the failure of NHS Direct (the then appointed NHS111 provider for the West Midlands) in 2013, step-in providers were secured with contracts running from November 2013 to April 2015 with provision to extend for a further 6 months to September 2015. This service legally needs to be procured to avoid competition challenge due to the process used to secure the step-in providers.

NHS 111 is the telephone answering service for GP Out of Hours in the West Midlands with the exception of Shropshire/T&W. Following the failure of NHS Direct as described above, the decision was taken locally to revert back to having a separate number.

The current step-in service providers are:

- West Midlands Ambulance Service (WMAS) for 16 West Midland CCGs
- Staffordshire Doctors On-Call (SDUC) for the remaining 6 Staffordshire CCGs

#### 2. NHS111 in the context of national and local urgent care strategy

Latest and developing national policy supports a model where NHS111 is integrated with the wider urgent care system as described below:-

*“For people with more serious or life threatening emergency needs: We should ensure they are treated in centres with the very best expertise and facilities in order to maximise their chances of survival and a good recovery; Specifically, an enhanced NHS 111 service will deliver one of the key changes needed to ensure the vision of improvements to patient care can be achieved.*

*The NHS 111 service is critical to help people with urgent care needs to get the right advice in the right place, first time.....To make this happen NHS 111 needs to develop service protocols and underpinning technical functionality that will enable greater integration with all other elements of the urgent and emergency care system. This includes ambulance services, primary care (in hours and out of hours), urgent care centres, emergency departments and both community and hospital based services". (Sir Bruce Keogh 2013 – national review of urgent and emergency care)*

The latest local policy direction comes from Futurefit, which states:-

***"6.1 Acute and episodic care***

*Acute and episodic care will be fully networked, co-ordinated and needs led, with clear signposting to the correct level of care to meet patient need. Gaining access to the right part of the system will be easy and comprehensible through the development of tiered, consistent and 'branded' services.....*

*A 'Smart' single point of telephone access (111) will intelligently triage all requests for urgent care (defined as requests for same day assessment) and signpost patients to the right point of care, including the capacity to make appointments at their GP practice if less urgent, or at one of the urgent care centres." (Futurefit Clinical Design Workstream June 2014)*

**3. Regional Commissioning Collaborative**

NHS111 services in the West Midlands are commissioned through a regional collaborative approach with Sandwell & West Birmingham CCG acting as the lead collaborative commissioner. Sandwell & West Birmingham CCG are leading the re-procurement process on behalf of all 22 local CCGs. CCGs are engaged in the re-procurement of the service through membership of a Programme Board and Design and Delivery Group.

In June 2014, NHS England published new NHS111 Commissioning Standards. The standards describe the core requirements and quality metrics for NHS 111 services. These standards do not constitute a detailed specification, they describe the core requirements. The intent is not to prescribe nationally how commissioners deliver these requirements but to ensure that patients can depend upon receiving the same high quality service wherever they live or access NHS 111 services in England. Commissioners can enhance and add to these requirements to ensure that local specifications for NHS 111 are comprehensive and appropriate for their local area.

**4. Procurement Timeline**

- Formal procurement process commenced 8<sup>th</sup> October 2014
- Contract award Spring 2015
- Contract start date 1<sup>st</sup> September 2015

**5. Patient and Clinical Engagement**

Sandwell and West Birmingham CCG, as Lead CCG for NHS111 in the West Midlands, is committed to patient engagement activity to support the development of the NHS111 service in the West Midlands. This work is described below and will inform all levels of the procurement process to achieve the following outcomes:-

- Inform the service specification with qualitative data and research outputs
- Assurance that local initiatives are supported by the patient population
- Ensure that patient opinion is included from service design to delivery



- Patient Focus Groups

A series of independent Focus Groups across the West Midlands will aim to produce qualitative data on the future service design of the service. There are 3 proposed in November.

Participants will be recruited through Press Release in local press, participants will have a range of knowledge of the NHS 111 service. To ensure a level piece of research all participants will be invited to telephone the 111 service (test line) and carry out a scenario to experience the service.

- Patient and Public Involvement Groups

The West Midlands 111 Team are offering to attend all local groups to update on the developments in the service delivery and receive feedback. The Team are proactively contacting all groups and activity will take place Nov/Dec.

- Participation in Bidder Evaluation

A Patient Panel will be established, sourcing members from patient groups and Clinical Governance groups across the region. This professional panel will support the ongoing development of the service specification, the PQQ, ITT and potentially the evaluation of bidders.

The regional commissioner will ensure robust clinical engagement in the development of the service specification through a clinical leads group made up of members nominated from each of the 22 CCGs. Shropshire's clinical lead is Dr Peter Clowes.

Locally, Shropshire and Telford & Wrekin CCGs have a joint local NHS111 Project Board which includes clinical and patient representation from both CCGs to lead and co-ordinate the procurement process including the development of the local requirements.

## **6. Recommendation**

The Health and Adult Social Care Scrutiny Committee are recommended to note the contents of this briefing paper.

**Paul Tulley**  
**Chief Operating Officer**  
**Shropshire Clinical Commissioning Group**

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