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Shropshire HOSC
26 September 2016

WMAS Performance

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Ambulance Response Programme

Mark Docherty
Director of Clinical Commissioning and Service Development
Executive Nurse

Up to 2011

Category A – immediately life-threatening – target time 8 minutes

Category B – serious but not immediately life threatening – target time 19 minutes

Category C – not serious or life threatening – target time 30 minutes

Up to 2016

Red 1 – immediately life threatening – response in 8 minutes (75%)

Red 2 – all other life threatening – response in 8 minutes (75%)

Green 2 – Non life threatening, but urgent – response in 30 minutes (90%)

Green 4 – Telephone assessment and referral onward if necessary (60 minutes)

Since 8 June 2016

Category Red

Red R (Response): Life threatening. The patient needs immediate treatment at the scene to preserve life where life can be saved. Target 75% in 8 minutes.

Red T (Transport): Life threatening. The patient needs to be transported to an acute hospital. Target 19 minutes.

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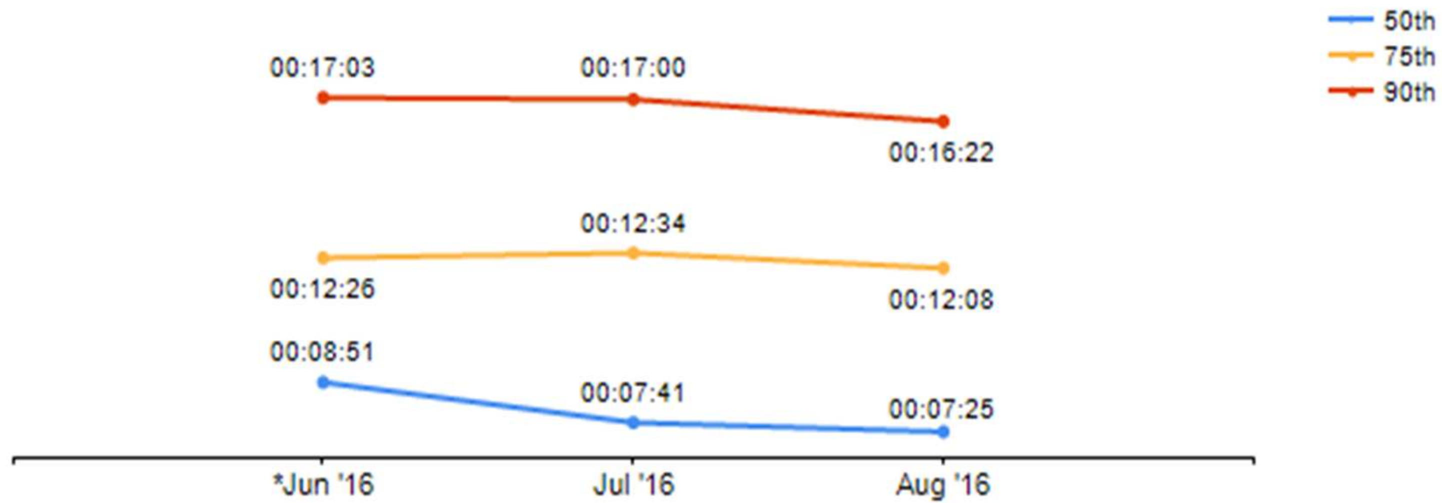

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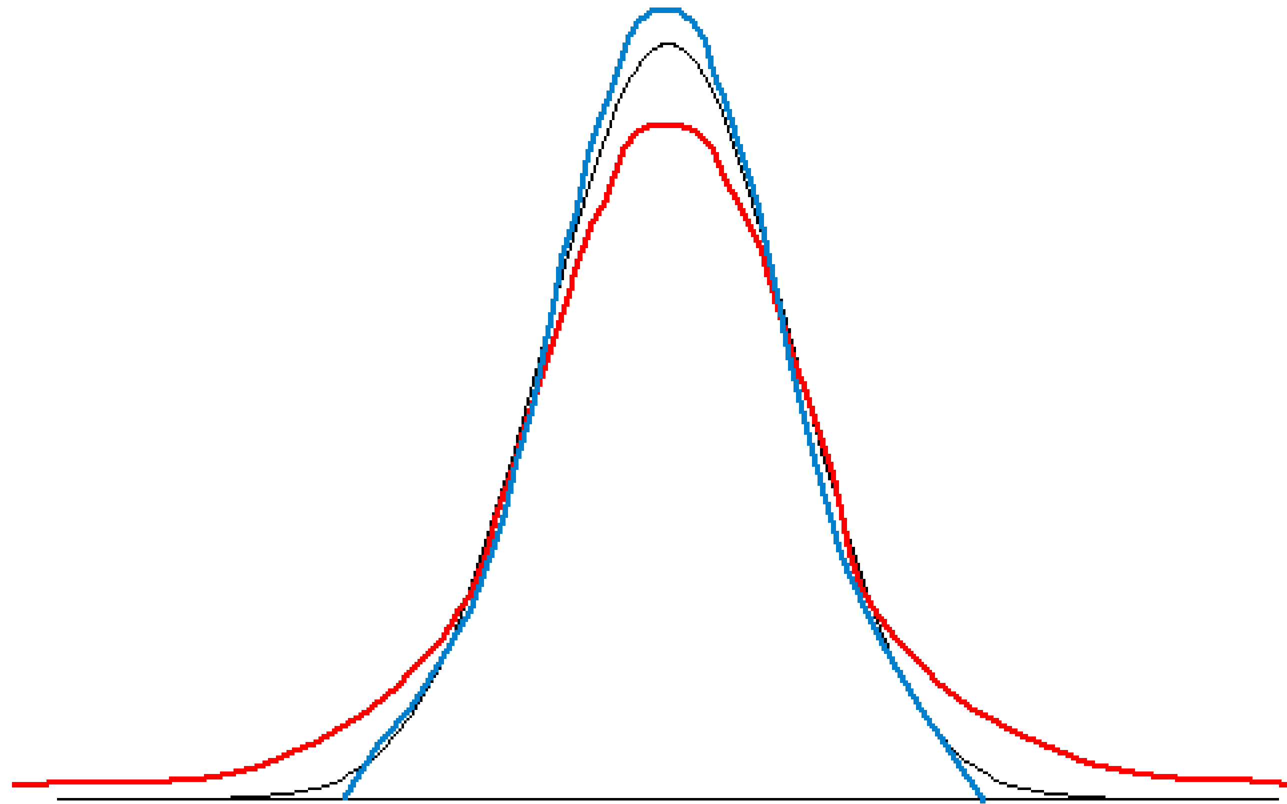
Category Amber: Emergency. The patient needs an emergency response.

Amber R (Response): Patient requires a face to face assessment at scene, possible treatment at scene and a vehicle that can convey to hospital.

Amber F (Face to Face): Patient treatment (at scene) is a priority; the patient may or may not need subsequent transportation to hospital, depending on the circumstances.

Amber T (Transport): Patient transportation is a priority because they require the services of a hospital, often a specialist facility



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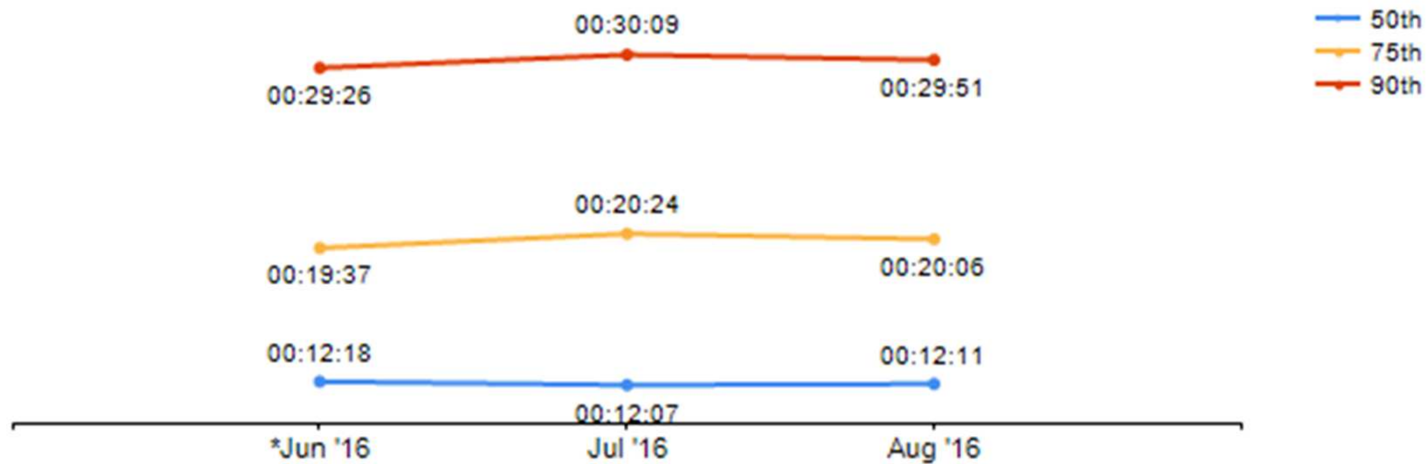
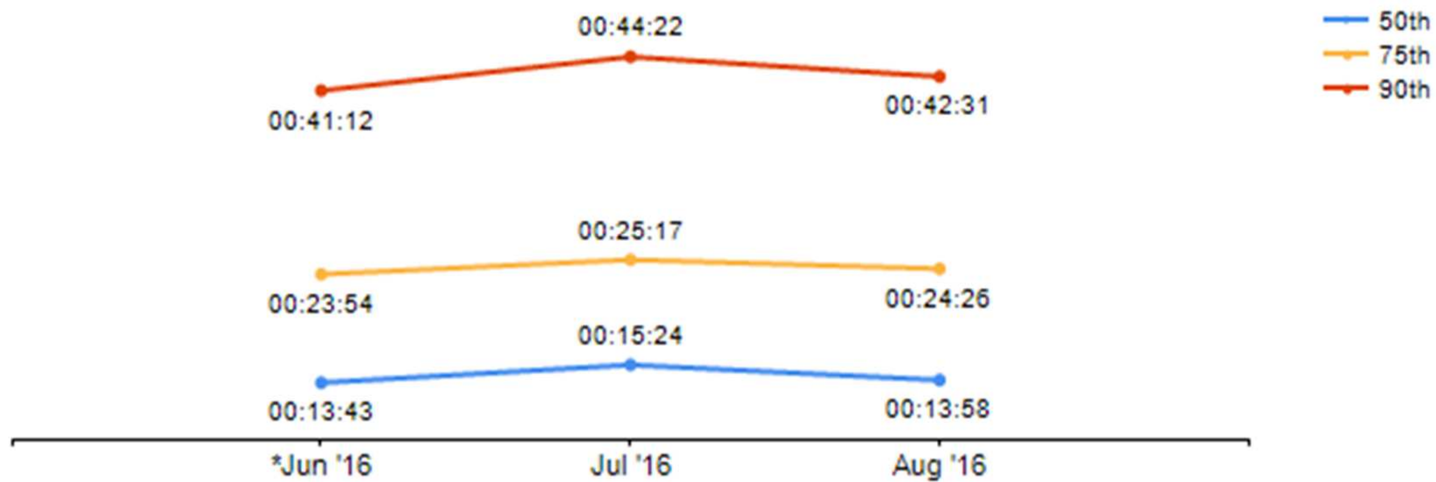


Category Green: Urgent. The patient needs an urgent response.

Green F (Face to Face): Patient treatment (at scene) is a priority; the patient may or may not need subsequent transportation to hospital, depending on the circumstances.

Green T (Transport): Patient transportation is a priority because they require the services of a hospital, often a specialist facility.

Green H (Hear & Treat): Patients who can be managed without dispatching an ambulance response.



Green: Time from clock start to resource on scene (clock stopping resource on scene - percentile)
50th
75th
90th
00:44:22
00:41:12
00:42:31
00:25:17
00:23:54
00:24:26
00:15:24
00:13:43
00:13:58
*Jun '16
Jul '16
Aug '16

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Shropshire Community Response

Michelle Brotherton
General Manager for West Mercia Division

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- 84 Active CFR's
- 11 Co-Ordinators
- 17 Scheme Cars
- 467 PAD Sites (97 CPAD)

Scheme Locations

Telford
Bridgnorth
Shrewsbury
Broseley
Pontesbury
Much Wenlock
Bishops Castle
Newport
Mardu
Market Drayton
Clun

Whitchurch
Craven Arms
Ellesmere
Ludlow
St Martins
Cleobury Mortimer
Oswestry
Bucknell
Bishops Castle
Highley
Alveley

Priority Recruitment Areas

- Newport
- Market Drayton
- Whitchurch
- Wem
- Ludlow
- Bishops Castle

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Update on the Physician Response Unit

Julie Davies
Interim Director of Performance & Delivery
Shropshire & Telford CCG

NHS
Shropshire
Clinical Commissioning Group

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Overview

- All 6 PRU doctors following have completed their induction and are now fully working with WMAS. This means that the rota will is now running at 97% cover
- The Scheme launched 11/07/2016
- Week commencing 05/09/2016 PRU were given access to the CAD which will enable them to self select work

Achievements and Performance to date

- Since launch to the first week of September the PRU doctors have been assigned to assess 243 patients
- 71% of patients they have responded to have avoided a conveyance
- PRU have also supported 93 additional advice telephone calls to crews resulting in 73% of these patients not being conveyed
- This means that in total with calls and visits the PRU has avoided 71% of patients they have had involvement with being conveyed to hospital

Next Stages

- Currently the PRU are seeing on average 6 patients a day, the target is 10 however they have been reliant on referrals and ‘control’ task assignment, it is anticipated that now PRU have access to the CAD their activity levels will significantly increase
- Work has commenced to further align patient pathways between PRU and ICS to strengthen admission avoidance and ensure access to rapid assessment and decision making for frail patients

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Update on the High Intensity Service Users (HISU)

Julie Davies
Interim Director of Performance & Delivery
Shropshire & Telford CCG

NHS
Shropshire
Clinical Commissioning Group

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Overview

- The project worker (Anna)started in post on 11th July
- Induction now complete and Anna received shadowing experience and training from leading CCG
- Data sharing agreements are in place with Primary Care (from w/c 11th September)
- CSU have developed and have shared with Shropshire CCG a ‘bubble report’ which clearly identifies the most frequent users, their reasons for attendance and previous history access to this enables HISU to target the most appropriate patients with ease

Achievements and Performance to date

- Anna has commenced working with 10 of the most frequent users of A&E
- The 3 most complex patients on Anna’s case load (in the top 20 users of A&E) have considerably reduced their presentation at the front door by 50%
- 2 patients that Anna has commenced working with are now no longer in the top 20 users of A&E

Next Stages

- The plan is to increase the HISU case load to 25 by the end of September
- In order to access the most frequent users of A&E a data sharing agreement is required from SaTH this has been delayed due to their internal governance concerns. This has been escalated through execs and in the interim HISU are accepting referrals directly from A&E once patient has given consent

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Ambulance Patient Handover Performance

Sara Biffen
Deputy Chief Operating Officer
Shrewsbury & Telford Hospital NHS Trust

The Shrewsbury and Telford Hospital NHS
NHS Trust

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Lost Hours – Hospital Turnarounds

	Princess Royal			Royal Shrewsbury		
Financial Month	Time Lost - Hospital Turnarounds - Hours	Equivalent 12 hour WMAS shifts	Potential Reds not attended due to delays (5 per shift)	Time Lost - Hospital Turnarounds - Hours	Equivalent 12 hour WMAS shifts	Potential Reds not attended due to delays (5 per shift)
January 2014/2015	143.5	12	60	143.9	12	60
February 2014/2015	93.2	8	39	90.8	8	38
March 2014/2015	74.0	6	31	67.8	6	28
April 2015/2016	79.4	7	33	88.2	7	37
May 2015/2016	73.4	6	31	85.6	7	36
June 2015/2016	71.0	6	30	90.6	8	38
July 2015/2016	64.9	5	27	65.9	5	27
August 2015/2016	70.2	6	29	69.4	6	29
September 2015/2016	72.3	6	30	68.5	6	29
October 2015/2016	102.0	8	42	99.7	8	42
November 2015/2016	84.0	7	35	70.0	6	29
December 2015/2016	146.0	12	61	127.0	11	53
January 2015/2016	184.2	15	77	148.8	12	62
February 2015/2016	173.2	14	72	239.2	20	100
March 2015/2016	357.1	30	149	295.3	25	123
April 2016/2017	115.6	10	48	223.4	19	93
May 2016/2017	108.5	9	45	156.0	13	65
June 2016/2017	115.0	10	48	278.2	23	116
July 2016/2017	132.0	11	55	129.7	11	54
August 2016/2017	127.6	11	53	237.5	20	99

"Time Lost" is to Turnarounds in excess of 30 minutes

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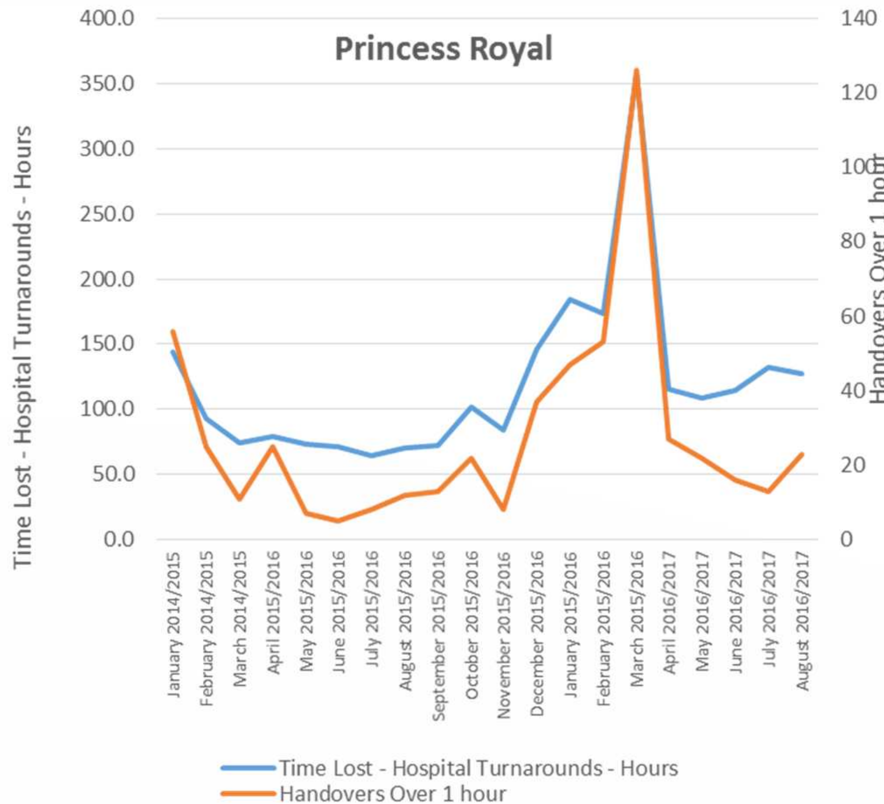
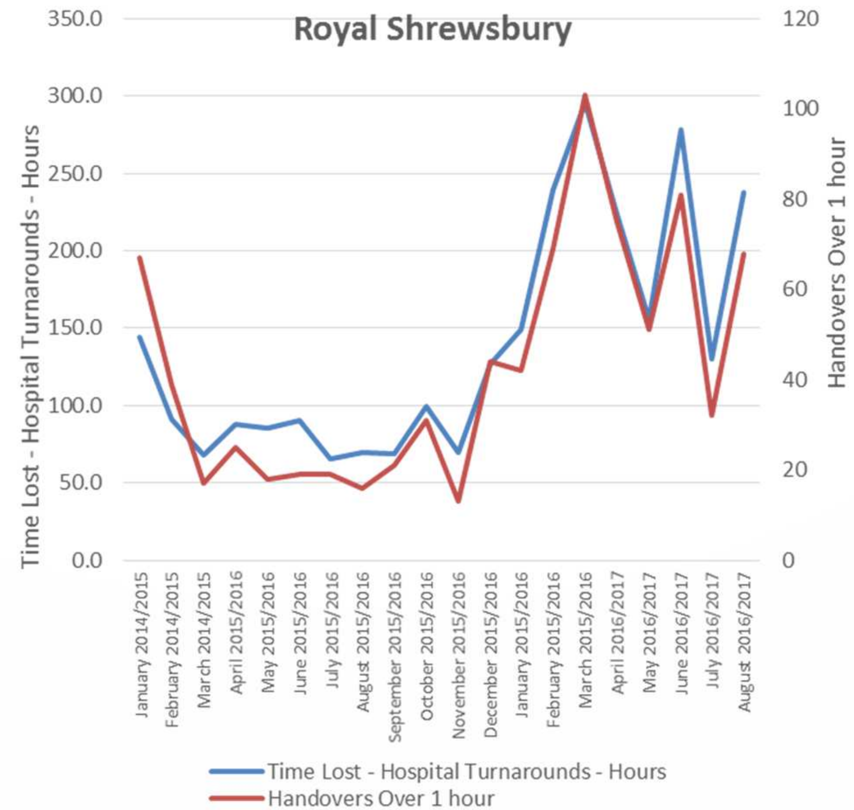
Lost Hours – Hospital Turnarounds





“Time Lost” is to Turnarounds in excess of 30 minutes

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Handover Concordat

Shropshire SRG area

Improving outcomes for emergency and urgent acute care;

Ambulance Handover

Handover Concordat: the joint statement (draft)

A shared awareness of the risk for patients and service delivery created by ambulance handover and/or turnaround delays. A pledge that there is clear ownership across the system and an ambition to improve.

The system has joint agreed tangible actions which will reduce lost time associated with ambulance handovers/turnarounds. Currently 54% of all ambulance turnarounds across the two sites exceed 30 minutes, this month alone losing 165 operational emergency ambulance hours.

We as a system will review the concordat and associated actions to ensure there is a reduction in clinical risks to patients and an improvement in system resilience a 'joint' zero tolerance approach to ambulance handovers >15minutes.

	Objective	Action	Area	Timescale	Measure	Led by	Constraints/Context
1	Review of current alternate pathways for all HCP's (including ambulance service)	• DOS profiling and testing to help inform alt pathways • DOS usage across the wider system to include all healthcare professionals avoiding ED/transportation • Develop a DOS 'insight meeting' for Shrops & Telford In doing the above then develop; • Access to all clinicians where service is available on the DOS • Times and suitability against activity • Look at SPA/R (Single point of access/referral & criteria) • Clinician led SPA	Telford & Shropshire	<30 days <60 days	Reduction in Conveyances to hospital Increases in referrals to community based services	Sara Biffen Jenny SB (WMAS DOS lead) Sara Biffen Yvonne Gough Sharon Clennell	• Aim to reduce conveyance • Constraint around current service specifications in that multiple SPA's have been set up • Staffing for clinician led SPA (consistent/commissioned)

	Objective	Action	Area	Timescale	Measure	Led by	Constraints/Context
2	Streaming in or prior to ED	• Develop pathways/dispositions for patients across the system in line with the A+E plan with the full implementation of access to emergency ambulatory care. (Telford) • Increase utilisation of GP led car with the use of mobile CAD and interagency familiarisation • Explore the utilisation of ECP's (x2) in the current system • Trial redirection in T&O	Telford & Shropshire	<60 days	Reduction in specialty breaches Reduction in turnround times	Vanessa/Sara	• Constraint. Attitude, behaviour and culture changes. • CAD access – 3g connectivity WMAS led • Funding for ECP's to work alongside GP unit
3	Review ED handover processes	• Visit to both Worcester and Dudley group of hospitals to look at 'que out' and a standard approach to clinical coordination for ambulance handover • PDSA action/s associated with both Ambulance Handover and flow (Safer, Faster, Better) • Establish clear visible single point of handover • Ensure consistent operating procedures for RSH and PRH	Telford & Shrewsbury	< 60days	Report back on visits Plan for implementing improvements at RSH and PRH	Rebecca Houlston & Sara Biffen Mick Hipgrave (WMAS HALO)	• Look to reduce clinical risks with retaining patients in ED • Look to reduce clinical risks with associated ambulance delays • Change in attitude, behaviour and culture **NB – needs to include the new HALO (Mick Hipgrave)**