

Health & Adult Social Care Scrutiny Committee

25th July 2016

SCCG Ambulance Update

Items to be updated

- * Ambulance Handover Performance
- * Physician Response Unit
- * High Intensity User Project

Ambulance Handover - Actions from Risk Review Meeting

- * WMAS & SaTH NHS Trust to agree a Divert Protocol between hospital sites and implement as soon as agreed
- * Lead Commissioner for ambulance contract to undertake an audit of incidents reported by WMAS to assess potential risk of failure to attend to emergency calls resulting in avoidable Harm
- * Local system to assess all data to determine underlying issues and develop an action plan to recover performance

Ambulance Handovers- Progress / Next Steps

- * Divert protocol:-
 - * WMAS Senior Ops to confirm the definitions within the WMAS escalation plan and what they mean to SATH
 - * WMAS Senior Ops to send WMAS escalation level definitions to SATH for information.
 - * RCMT sent report on WMAS escalation levels
 - * RCMT invited SATH colleagues to the EMS changes workshop
 - * Senior Ops from both WMAS and SaTH to produce a joint escalation policy by end of August 2016

Ambulance Handover -Progress / Next Steps

- * Clinical audit – being completed over the next few weeks, results were due to come back to June LHE meeting – still outstanding
- * Local system action plan:-
 - * All partners shared data with ECIP within a week of the risk review meeting
 - * ECIP reviewed and reported back findings at COO meeting 25th May
 - * ECIP conducted Ambulance diagnostic across both sites 7/8th July
 - * Findings and recommendations presented to SRG 15th July
 - * System workshop being arranged in August (re-arranged from 12th July) to finalise action plan by end of August
 - * Monthly progress to be monitored through LHE ambulance meeting with exception reporting to SRG from July

Ambulance Handover- Latest Performance

- * Significant improvement in *May and June*
- * Particularly at PRH
- * Improving at RSH but still have issues when demand peaks

Physician Response Unit- Update

- * Went live 11th July
- * High calibre doctors
- * Majority out of area so providing additional capacity to the county
- * 7days/wk – 10am-8pm in Shrewsbury area including SY4/SY5
- * Targeting cases where enhanced skilled Drs can have maximum impact supporting patients to be treated and stay at home to avoid conveyance and admission
- * Detailed update on initial impact will be brought back in September

High Intensity User

- * A new project/case worker started on 11th July directly employed by the CCG. This follows an initial pilot delivered by WMAS during last winter.
- * Aim – work with high volume service users of emergency and urgent care services to identify triggers which result in them ringing for an ambulance, or attending A&E - find solutions to support them in changing their behaviour, including them taking responsibility for their actions.
- * Very different approach to that historically employed with this type of service user and is based on a very successful model pioneered in Blackpool.
- * Non-punitive, e.g. case worker will not make reference to the individual's high volume use of services nor tell them that they should not call an ambulance or go to A&E. It is underpinned by the principle of coaching and mentoring.
- * The worker completed their induction and supported by an intensive training programme with the project lead from Blackpool and will be starting to take patients on their caseload from next week.
- * Patients are identified from a known list of Top 100 high volume service users of A&E and admission.