



Health and Social Care Overview & Scrutiny Committee

July 2016



Trust us **to care.**



Trust Vision

Vision

Delivering the right patient care, in the right place, at the right time,
through a skilled and committed workforce, in partnership
with local health economies

Strategic Objectives

Achieve Quality
and Excellence

Accurately assess
patient
need and
direct resources
appropriately

Establish market
position
as an
Emergency
Healthcare Provider

Work in
Partnership

Values

- World Class Service
- Patient Centred
- Dignity and Respect
for All
- Skilled Workforce
- Teamwork
- Effective
Communication

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Ambulance Response Programme

From 08 June 2016 WMAS has been implementing the national pilot of the Ambulance Response Programme.

The objective of the pilot is to:

The Ambulance Response Programme aims to increase operational efficiency whilst maintaining a clear focus on the clinical need of patients, particularly those with life threatening illness and injury. It is the right thing to do for patient care.



New Call Categories

Category Red: Life threatening. The patient needs immediate treatment at the scene to preserve life where life can be saved.

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

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



Comparing Performance

It should be noted that the new call categorisations are not comparable with previous categorisations for the following reasons:

- The review has assessed all available disposition codes and for each re-assigned the code to a new group i.e. the new Red category does not contain the same code set as the old Red 1 or Red 2 category.
- Changes have been made to the “clock stop” criteria, where appropriate.



Operational Performance YTD to 8 June 2016

Category	Target	Region	Shropshire CCG
Red 1	75%	76.2%	55.8% (n=199)
Red 2	75%	73.9%	57.6% (n=2,980)
Red 19	95%	97.1%	85.6% (n=3,179)
Green 2	90%	90.5%	91.3% (n=3,288)
Green 4	95% Triage in 60 min	99.5%	99.7% (n=362)

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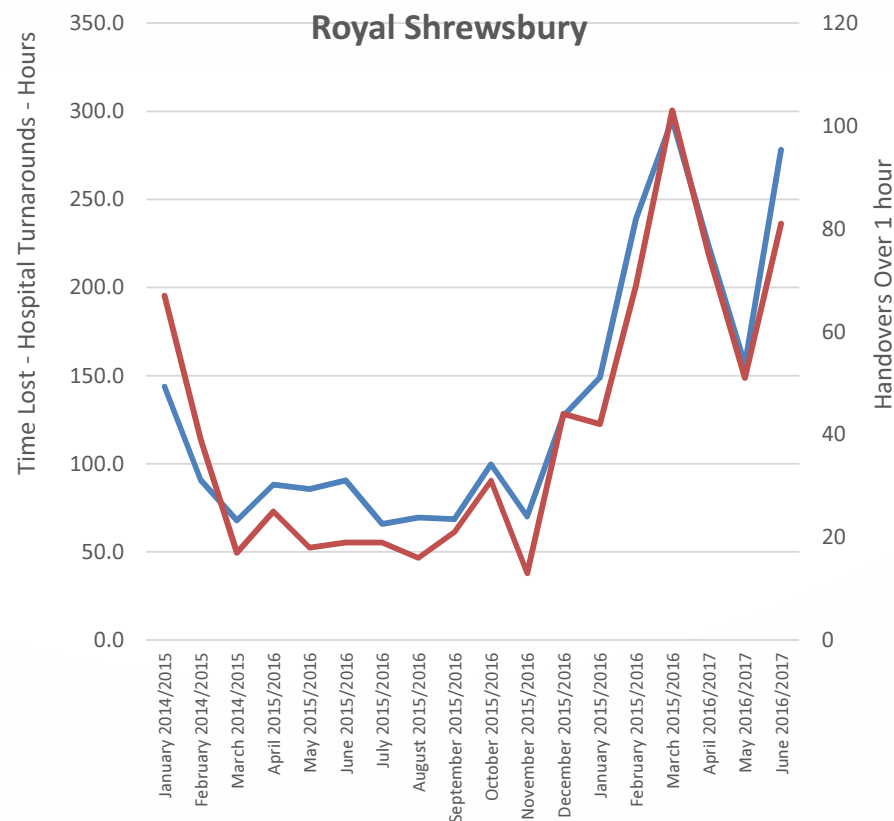
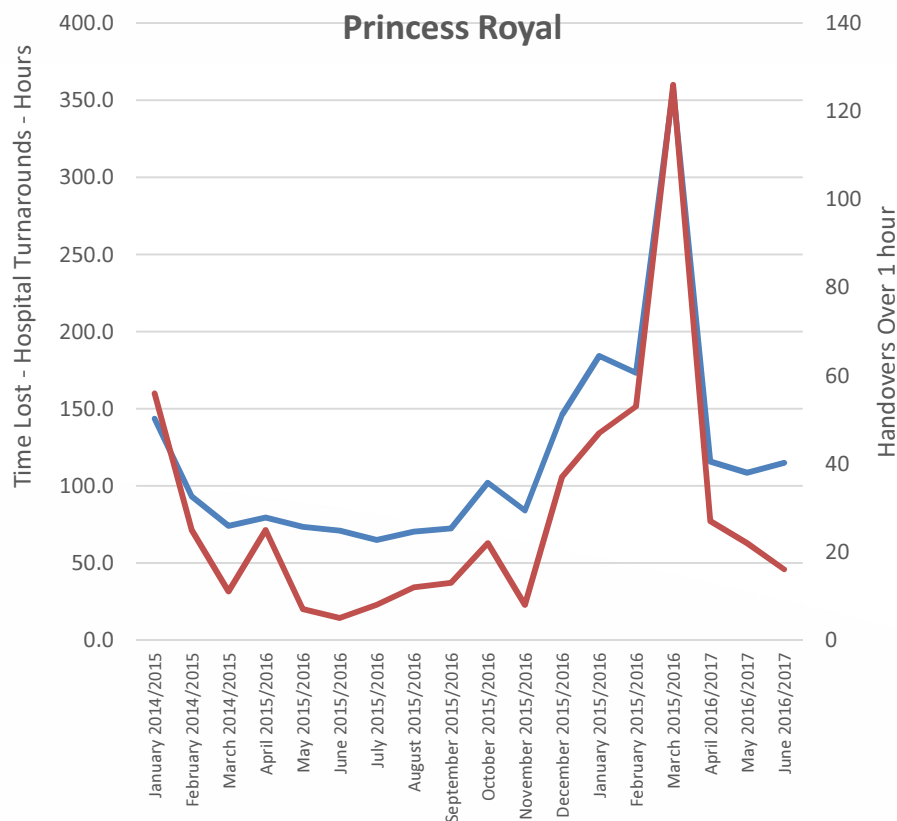


Operational Performance 9 June 2016 to 19 July 2016

- Performance information for the Trial is not available as it is being validated prior to any publication.



Hospital Handover



Time Lost - Hospital Turnarounds - Hours
Handovers Over 1 hour

Time Lost - Hospital Turnarounds - Hours
Handovers Over 1 hour

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Lost Hours – Hospital Turnarounds

Financial Month	Princess Royal			Royal Shrewsbury		
	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 2016/2017	184.2	15	77	148.8	12	62
February 2016/2017	173.2	14	72	239.2	20	100
March 2016/2017	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

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

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Challenges

Ambulance Turnaround delays at hospitals:

SATH accounts for 28% of all our long delays (June 2016 Data)

Acute Hospital Reconfigurations

Longer journey times

‘Vortex’ effect

Skill Mix

ShropDoc recruiting Paramedics



Thank You

Any Questions?



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