



Mark Docherty
Director of Nursing, Quality & Clinical Commissioning



**Presentation to
Dudley HOSC**

Trust us **to care.**



Ambulance Activity

		Apr '15	May '15	Jun '15	Jul '15	Aug '15	ytd
NHS Dudley CCG	Actual	3,843	3,828	3,725	3,799	3,735	18,930
	Contract	4,095	4,080	3,950	4,321	4,100	20,546
	Variance vol +/-	-252	-252	-225	-522	-366	-1616
	Variance % +/-	-6.15%	-6.17%	-5.69%	-12.08%	-8.92%	-7.86%

Disposition - All Incidents							
CCG	Hear & Treat		See & Treat		See & Convey		Incidents
NHS Dudley CCG	176	5.0%	1,092	30.9%	2,263	64.1%	3,531

Disposition - All Incidents							
CCG	Hear & Treat		See & Treat		See & Convey		Incidents
NHS Dudley CCG	175	5.3%	1,072	32.3%	2,072	62.4%	3,531

Activity is currently below the contracted levels, with a year-to-date position of -7.86%



Access Targets

Red 1 (target 75% response within 8mins)	Apr '15		May '15		Jun '15		Jul '15		Aug '15		ytd	
	<u>Inc Cnt</u>	<u>Pass %</u>	<u>Inc Cnt</u>	<u>Pass %</u>	<u>Inc Cnt</u>	<u>Pass %</u>	<u>Inc Cnt</u>	<u>Pass %</u>	<u>Inc Cnt</u>	<u>Pass %</u>	<u>Inc Cnt</u>	<u>Pass %</u>
NHS Dudley CCG	106	84.0 %	99	79.8 %	98	82.7 %	101	87.1 %	97	76.3 %	501	82.0 %

Red 2 (target 75% response within 8mins)	Apr '15		May '15		Jun '15		Jul '15		Aug '15		ytd	
	<u>Inc Cnt</u>	<u>Pass %</u>	<u>Inc Cnt</u>	<u>Pass %</u>	<u>Inc Cnt</u>	<u>Pass %</u>	<u>Inc Cnt</u>	<u>Pass %</u>	<u>Inc Cnt</u>	<u>Pass %</u>	<u>Inc Cnt</u>	<u>Pass %</u>
NHS Dudley CCG	1,516	75.0 %	1,584	76.7 %	1,473	74.7 %	1,519	77.1 %	1,494	75.3 %	7,586	75.8 %

There is a strong performance in the Dudley CCG area.

Red 1 calls are those that are immediately life threatening (e.g. cardiac arrest), and an ambulance response is needed immediately. In the year to date, we have got to 82% of these people in under 8 minutes (target is 75% on a regional basis). Red 2 calls are those that are potentially life threatening, and in the year to date we have got to 75.8% of these in under 8 minutes (target is 75% on a regional basis).



Access Targets

CCG	Red 2 50th Percentile	Red 2 95th Percentile	Red 2 99th Percentile
NHS Dudley CCG	00:05:32	00:12:50	00:17:32

Over half of all 999 calls that were to somebody with a potentially life threatening condition arrived in under 5 ½ minutes, and almost none of these calls waited more than 17 ½ minutes.



Patient Handover Delays

Turnaround By Timeband Duration							
Hospital	0-30 mins	30-60 mins	Over 60 mins	Avg Time (mins)	Lost Hrs (hh:mm:ss)	Total	F/cast Total
Russells Hall	1,734	1,096	4	29	93:04:41	2,834	2,834

Hospital	Apr '15	May '15	Jun '15	Jul '15	Aug '15	ytd
Russells Hall	1,331	1,146	1,151	1,150	1,100	5,878

Handover delays at Russells Hall Hospital are problematic, and in August 2015 alone we lost 93 hours of ambulance time due to delays of over 30 minutes.

This is a consistent challenge, as each month we have over 1,100 patient care handovers of over 30 minutes at the hospital.



Why do people in Dudley call 999?

	Year To Date				
	Falls	Generally Ill	Breathing Problems	Chest Pain	Abdominal Pain
NHS Dudley CCG	3,064	2,749	1,859	1,824	980



Participation in National Audit

Audit		WMASFT Eligible	WMASFT Participation	Number of Cases Submitted
National Audits	National Non-Conveyance Audit (NANA)	✓	100%	The final AQI results are dependent on external information and will be available and published by the Trust in June 2015.
	Ambulance Quality Indicators (Clinical)	✓	100%	
	Clinical Performance Indicators	✓	100%	
	Myocardial Infarction National Audit Programme (MINAP)	✓	100%	



Participation in Local Audit

Local Audit

Trust Local Clinical Audits

1. Management of Mental Health
2. Deliberate Self-Harm
3. Patients Discharged at Scene
4. Feverish Illness in Children
5. Management of Head Injury
6. Management of Asthma
7. Management of Peri-Arrests
8. Management of Obstetric Emergencies
9. Clinical Records Documentation
10. Appropriateness of Medicines Management
11. Management of Acute Coronary Syndrome Audit
12. Management of Pediatric Pain
13. Paediatric Medicine Management
14. Paediatric Patients Discharged at Scene
15. Hear and Treat



Quality Priorities for 2015/16

Patient Safety

Patient Experience

Clinical Effectiveness



Patient Experience

- Improved engagement with Learning Disabled Service Users
- Working with Public Health England to reduce Health Inequalities

Patient Safety

- Reduce the risk of harm from delays in ambulance attendance
- Publicise lessons learnt and good practice from incidents, claims and complaints

Clinical Effectiveness

- Ensuring the care delivered on scene is timely and effective
- Continue to improve all clinical outcomes



Patient Experience

Patient Experience	Priority	WHY WE HAVE CHOSEN THIS priority	WHAT WE ARE TRYING TO IMPROVE	WHAT SUCCESS WILL LOOK LIKE
	Improved engagement with Learning Disabled Service Users	We recognise the importance of ensuring we communicate effectively with Learning Disability Service Users, the Trust would now like to ensure that they undertake engagement events with this service user group to find out their experiences of the service, do we communicate effectively and all key communication documents are in an easy read format, expanding on the work recently undertaken by the Trust	Communication with Learning Disability Users <ul style="list-style-type: none">An understanding of Learning Disability Service Users Experiences with the TrustIs it a good/Bad experience can lessons be learnt	<ul style="list-style-type: none">A positive experience by Learning Disability Service UsersTo be able to meet expectations of service usersTo be able to communicate in an effective way
	Working with Public Health England to reduce Health Inequalities (3 Year Project)	We know that "Health inequalities are preventable and there are unfair differences in health status between groups, populations or individuals. They exist because of unequal distributions of social, environmental and economic conditions within societies	We are trying to improve equal access to services for all members of society regardless of their social, environmental or economic background	Improve engagement for 3 key disadvantaged groups.
How we will monitor progress: Reporting frameworks have been established for each priority to be assessed against performance on a monthly basis and progress reported to the Quality Governance Committee				
Responsible Lead: Consultant Paramedic (RC) and Head of Patient Experience, Senior HR Manager				
Date of completion: March 2016				



Patient Safety

PATIENT SAFETY	PRIORITY	WHY WE HAVE CHOSEN THIS PRIORITY	WHAT WE ARE TRYING TO IMPROVE	WHAT SUCCESS WILL LOOK LIKE
	Reduce the risk of avoidable harm from delays in ambulance attendance.	We recognise the importance of providing safe and timely care to ensure the best clinical outcomes for our patients.	We aim to proactively ensure that the right resource is allocated to the right patient at the right time; first time without contributing to further harm to the patient.	Reduction in incidents, claims and complaints that result in moderate harm or above as a result of delayed attendance. Increased learning from audit of delays resulting in harm.
	Publicise lessons learnt and good practice from incidents, claims and complaints.	We want to demonstrate our commitment to being open and candid with both patients and staff when mistakes are made but also when achievements are realised.	We aim to improve the way in which we share lessons we have learnt from investigations, complaints and claims with all of our stakeholders to ensure we are able to demonstrate our candidness.	Compliance with Statutory Duty of Candour Monthly Patient Safety Bulletin Monthly published information on web site
How we will monitor progress: Reporting frameworks have been established for each priority to be assessed against performance on a monthly basis and progress reported to both the Learning and Clinical review Group.				
Responsible Lead: Head of Patient Safety				
Date of completion: March 2016				



Clinical Effectiveness

CLINICAL OUTCOMES	Priority	WHY WE HAVE CHOSEN THIS PRIORITY	WHAT WE ARE TRYING TO IMPROVE	WHAT SUCCESS WILL LOOK LIKE
	Ensuring the care delivered on scene is timely and effective	<p>With the pressure on the Hospital Emergency Departments there is a drive to deliver appropriate care to patients who call 999 which may not require transfer to ED.</p> <p>We want to be sure that the care we give is the right care first time using NHS resources safely and effectively.</p>	<p>Transfer decisions are made quickly.</p> <p>Time on scene is reduced where appropriate.</p>	<p>Patients requiring immediate transfer are taken to hospital quicker.</p> <p>Care delivered on scene including referrals to other agencies is safe and results in a positive patient experience.</p>
	Continue to improve all clinical outcomes	We have a number of Clinical Performance measurements that provide us with an indication that treatment given is appropriate and effective. We have decided that all of these are equally important to our patient care.	All Ambulance Clinical Performance measurements will improve based on 2014/15 data	Patients receive high quality care.
<p>How we will monitor progress:</p> <p>Reporting frameworks are well established for each priority to be assessed against performance on a monthly basis. Progress is, and will, continue to be monitored within the Trust Committees and to our Commissioners. Reports will be sent to the Trust Board of Directors and these will be published on our website.</p>				
<p>Responsible Director:</p> <p>Director of Nursing, Quality & Clinical Commissioning</p>				
<p>Date for Completion: March 2016</p>				



Update on NHS111

- WMAS became a step-in provider of the NHS111 service, taking over from NHS Direct
- WMAS offered to continue as a step-in provider of NHS111
- WMAS and Commissioners could not agree terms for WMAS to continue as a step-in provider
- NHS111 is therefore no longer provided by WMAS
- New provider NDUC commenced on 8 September 2015



July 2015

NHS111 Procurement Briefing: West Midlands

Following the outcome of the recent NHS111 re-procurement process in the West Midlands, the Commissioners, Sandwell and West Birmingham Clinical Commissioning Group, confirm that West Midlands Ambulance Service will cease to deliver the 111 service in the West Midlands when the current step-in arrangement comes to an end in the next few weeks.

However, discussions have been underway to negotiate a separate step-in arrangement which will ensure that a seamless service will be provided for our patients. This step-in arrangement will be provided by 'West Midlands Doctors Urgent Care*' from 8th September 2015, for a period of 12 months, with an option for a further six months.

We want to reassure you that we are committed to growing the service with new innovation and further integration with our Out of Hours providers to provide a strong service that continues to be available seven days a week on a 24 hour basis to support the urgent care system.

All of this work is currently in its initial stages and we hope to be in a position to incorporate the revised specification into a new procurement by the early Autumn. In the meantime the service will continue to provide support, help and advice for thousands of patients across the West Midlands. We currently take calls from over 20,000 patients per week, and are seeing a growing number of patients call the service every day.

West Midlands Doctors Urgent Care

West Midlands Doctors Urgent Care is part of the Vocare group and provides urgent care services to more than 4.5 million patients across the UK through urgent care centres, GP out-of-hours services, integrated urgent care centres and the NHS 111 service.



Part of the **vocare** group

Headquartered in North East England, Vocare began operating as Northern Doctors Urgent Care (NDUC) in 1996, before expanding operations in Staffordshire, trading as Staffordshire Doctors Urgent Care (SDUC) in 2012. This was followed by Bath and North East Somerset, trading as Bath and North East Somerset Doctors Urgent Care (BDUC), in 2014. Vocare expanded to Yorkshire, Somerset and East Leicestershire and Rutland in 2015, trading as Yorkshire Doctors Urgent Care (YDUC), Somerset Doctors Urgent Care (SDUC) and East Leicestershire and Rutland Urgent Care (ELRUC) respectively.