



# Health Scrutiny Panel

## 27 March 2014

<b>Report title</b>	West Midlands Ambulance Service Quality Account 2013/14 - performance update	
<b>Cabinet member with lead responsibility</b>	Councillor Sandra Samuels Cabinet Member for Health and Well Being	
<b>Wards affected</b>	All	
<b>Accountable director</b>	Sarah Norman, Community	
<b>Originating service</b>	West Midlands Ambulance Service	
<b>Accountable employee(s)</b>	Nick Henry Tel Email	General Manager for Black Country 07971 305209 nick.henry@wmas.nhs.uk
<b>Report to be/has been considered by</b>	None	

---

### Recommendation(s) for action or decision:

The Panel is recommended to comment on the progress against priorities detailed in the West Midlands Ambulance Quality Accounts report 2013/14.

## **1.0 Purpose**

- 1.1 The Panel is invited to comment on progress against key performance targets detailed on West Midlands Ambulance Service (WMAS) Quality Accounts report 2013/14.

## **2.0 Background**

- 2.1 All NHS healthcare providers are required to produce a Quality Account - an annual report to the public to provide details about the quality of the services they provide. The Quality Account presents Trust priorities for the coming year ensuring that they are covering the 3 domains of quality; Patient Safety, Patient Experience and Clinical Effectiveness.

## **4.0 Financial implications**

- 4.1 There are no financial implications arising from this report

## **5.0 Legal implications**

- 5.1 There are no legal implications arising from this report.

## **6.0 Equalities implications**

- 6.1 There are no legal implications arising from this report.

## **7.0 Environmental implications**

- 7.1 There are no environmental implications arising from this report.

## **8.0 Human resources implications**

- 8.1 There are no human resource implications arising from this report

## **9.0 Corporate landlord implications**

- 9.1 There are no implications for the Council's property portfolio arising from this report.

## **9.0 Schedule of background papers**

- 9.1 18.7.13 – West Midlands Ambulance Service -Update on Foundation Trust Application and Make Ready – Health Scrutiny Panel

## Appendix 1: WMAS Quality Account update for Wolverhampton HOSC

### 1. Performance 999

There are nationally set standards for ambulance services to achieve as a service:

**Red 1:** Respond to 75% of calls within 8 mins. These are for the most life threatening conditions, the most time critical patients

**Red 2:** Respond to 75% of calls within 8 mins. These calls may be life threatening but less time-critical and should receive an emergency response within 8 minutes in 75% of cases.

**Red 19 Mins:** Respond to 95% of calls within 19 mins

West Midlands regionally set standards are:

**Green 2:** Respond to 90% of calls within 30 mins

**Green 4:** Triage 90% of calls in 60 mins

Category (standard)	Wolverhampton CCG YTD (Apr 2013 – Jan 2014)	Trust YTD (Apr 2013 – Jan 2014)
Red 1 (75%)	83.4%	86.7%
Red 2 (75%)	73.1%	73.9%
Red 19 (95%)	98.8%	98.9%
Green 2 (90%)	83.5%	84.4%
Green 4 (90%)	99.4%	99.5%

Demand in the Wolverhampton Clinical Commissioning Group area is 2 per cent over the contracted level so far this year with 40,110 calls.

Unfortunately, Red 2 performance is currently not being achieved to the national standard, which is due to a variety of reasons such as unusual spikes in demand. To counteract this, we have been increasing the number of resource available to help patients and this is leading to an improvement in the standard.

Another cause of the disappointing position are the delays we have been encountering at the local hospital. Having vehicles tied up at A&E means ambulances are not available to respond to the next patient. We have a very good working relationship with our acute colleagues and will continue to work to improve this situation for patients.

## 2. Hospital Turnaround Times

There is a national agreement and target of 30 minutes in regards to the turnaround of ambulances at an Emergency Department (ED). It is agreed that in the vast majority of cases, it should take no more than 15 minutes to hand the patient over to the care of the hospital and this leaves a further 15 minutes for the ambulance crew to complete their patient documentation and tidy the vehicle in preparation for the next call/patient.

This year has seen the Clinical Commissioning Groups (CCG's) introduce hospital turnaround fines for all hospitals in the region and WMAS. These fines are set for patient handovers that exceed 30 minutes (£200) and for delays of 60 minutes and over (£1,000). For WMAS, if ambulance staff exceed 30 minutes to be available after handing over the patient, then a £20 fine applies. The fines are collected by the local CCG.

The fines are "non-cumulative" – meaning penalties will not be charged for both more than 30 and more than 60 minutes.

From 1<sup>st</sup> April 2013 to 31<sup>st</sup> Jan 2014, (from WMAS data) there have been 694 delays that exceeded 30 min and 6 over 60 min, which totals £143,600. For the same period, WMAS have had 167 delays that exceeded 30 min and 3 over 60 min, which totals £3,580.

Hospital	Ave Turnaround YTD (mins)	Hours lost over 30 mins YTD (hours)	Longest handover YTD	Over hour delays YTD
Royal Wolverhampton	26:53	822	2:10:38	60

## 3. Incident Disposition for 999 calls

This is a breakdown in percentages of how the calls are managed by either being telephone triaged by a clinician (hear and treat), where we attend and discharged at scene (see and treat) and where we attend and convey the patient to a treatment centre (see & convey). The Trust is contracted to achieve under 64 percent of patients being transported to hospital

	Wolverhampton CCG YTD (Apr 2013 – Jan 2014)	Trust YTD (Apr 2013 – Jan 2014)
Hear & Treat	7.3%	7.2%
See & Treat	29.2%	33.0%
See & Convey	63.5%	59.8%

#### 4. High Volume Service Users

There is assertive, proactive management of people who frequently use the 999 service, very often inappropriately. In the Wolverhampton CCG area we have identified 50 such patients (Apr 2013 – Jan 2014).

We have brought together a multi-agency response to these cases. Together we are able to establish why the individual repeatedly dials 999 and work together to put in place solutions to reduce the number of calls. This could be through additional care packages or making changes to the individuals surrounds which for example reduces the number of falls the patient has.

#### 5. Patient Experience

To date this year for the Black Country division there have been 20 formal complaints of which 5 were justified ( 3 clinical, 1 attitude and 1 'other'). There have also been 73 Patient Advice and Liaison Service (PALS) incidents reported of which 25 were for lost property, 21 for attitude and 12 clinical. This compares to the 126 complements received in the same period.

PALS offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers.

#### 6. Staffing, skill mix and vehicles in the Wolverhampton Clinical Commissioning Group Area

Number of staff	165 WTE
Paramedic skill mix	55%
Date to achieve 70% paramedic skill mix	March 2016
Mandatory training (completed/planned)	95%
Staff appraisals (completed/planned)	95%
Ambulances	30
Rapid Response Vehicles	17
Hub	1
Community Ambulance Stations	4

Patient Safety Priorities 2013/14

An update of these priorities will be presented at the meeting