

# Public Document Pack



**TRAFFORD  
COUNCIL**

## **AGENDA PAPERS MARKED 'TO FOLLOW' FOR HEALTH SCRUTINY COMMITTEE**

**Date: Tuesday, 27 June 2017**

**Time: 6.30 p.m.**

**Place: Committee rooms 2 &3, Trafford Town Hall, Talbot Road Stretford,  
M32 0TH.**

<b>A G E N D A</b>	<b>PART I</b>	<b>Pages</b>
<b>6.</b>	<b>NWAS UPDATE REGARDING PROGRESS SINCE CQC INSPECTION</b>	<b>1 - 18</b>

To receive a presentation from the Acting Head of Service for Greater Manchester and the Acting Sector Manager for NWAS.

**THERESA GRANT**  
Chief Executive

### Membership of the Committee

Councillors J. Harding (Chairman), Mrs. P. Young (Vice-Chairman), Miss L. Blackburn, Mrs. J.E. Brophy, Mrs. A. Bruer-Morris, R. Chilton, Mrs. D.L. Haddad, J. Lloyd, K. Procter, S. Taylor, Mrs. V. Ward and M. Young (ex-Officio).

### Further Information

For help, advice and information about this meeting please contact:

Alexander Murray,  
Tel: 0161 912 4250  
Email: [alexander.murray@trafford.gov.uk](mailto:alexander.murray@trafford.gov.uk)

This agenda was issued on **Monday, 19 June 2017** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH

## **Health Scrutiny Committee - Tuesday, 27 June 2017**

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Any person wishing to photograph, film or audio-record a public meeting is requested to inform Democratic Services in order that necessary arrangements can be made for the meeting.

Please contact the Democratic Services Officer 48 hours in advance of the meeting if you intend to do this or have any queries.



# Update - Trafford OSC

**Pat McFadden, Acting Head of Service**

**Dave Aston, Acting Sector Manager**

# What we do

- § Emergency Services (1.23 million incidents 2016/17)
- § NHS 111 (1.5 million calls answered in 2016)
- § Patient Transport Services (1.2 million journeys) in Greater Manchester, Cumbria, Lancashire and Merseyside (Cheshire – WMAS)



Delivering the right care, at the right time, in the right place

# Workload

10% life threatening:

- § Advances in cardiac care, stroke, major trauma, cardiac arrest
- § Acute service reconfigurations-maternity, paediatrics, surgery
- § Trauma centres
- § Improving response times
- § Sharing data to review clinical effectiveness of care and clinical outcomes

90% urgent care

- § Advanced and specialist paramedic roles-expanded clinical decision making, advanced clinical assessment, diagnostic skills, prescribing
- § Paramedics working alongside community, primary care, social care, mental health
- § Increase care closer to home

# Trafford performance

<b>PERFORMANCE</b>	<b>RED 1</b>	<b>RED 2</b>	<b>A19</b>
<b>01-04-2016 to 31-03-2017</b>	<b>Year end performance</b>	<b>Year end performance</b>	<b>Year end performance</b>
<b>GREATER MANCHESTER</b>	<b>69.09%</b>	<b>62.03%</b>	<b>89.17%</b>
<b>NWAS</b>	<b>67.73%</b>	<b>62.68%</b>	<b>89.05%</b>
<b>Trafford</b>	<b>58.14%</b>	<b>55.19%</b>	<b>86.61%</b>

# Additional resources in Trafford

- § Partington Community Specialist Paramedic (CSP)
- § Red 1
- § Community care planning
- § Frequent Caller
- § Increase See & Treat
- § Care Home Work

# Complimentary resources in Trafford

- § Community First Responder (CFR) Teams active in:
  - § Sale
  - § Altrincham
  - § Bowden (recruitment ongoing)
  - § Partington (recruitment ongoing)
- § Static Automated External Defibrillators (AEDs)
- § Public Access AED's



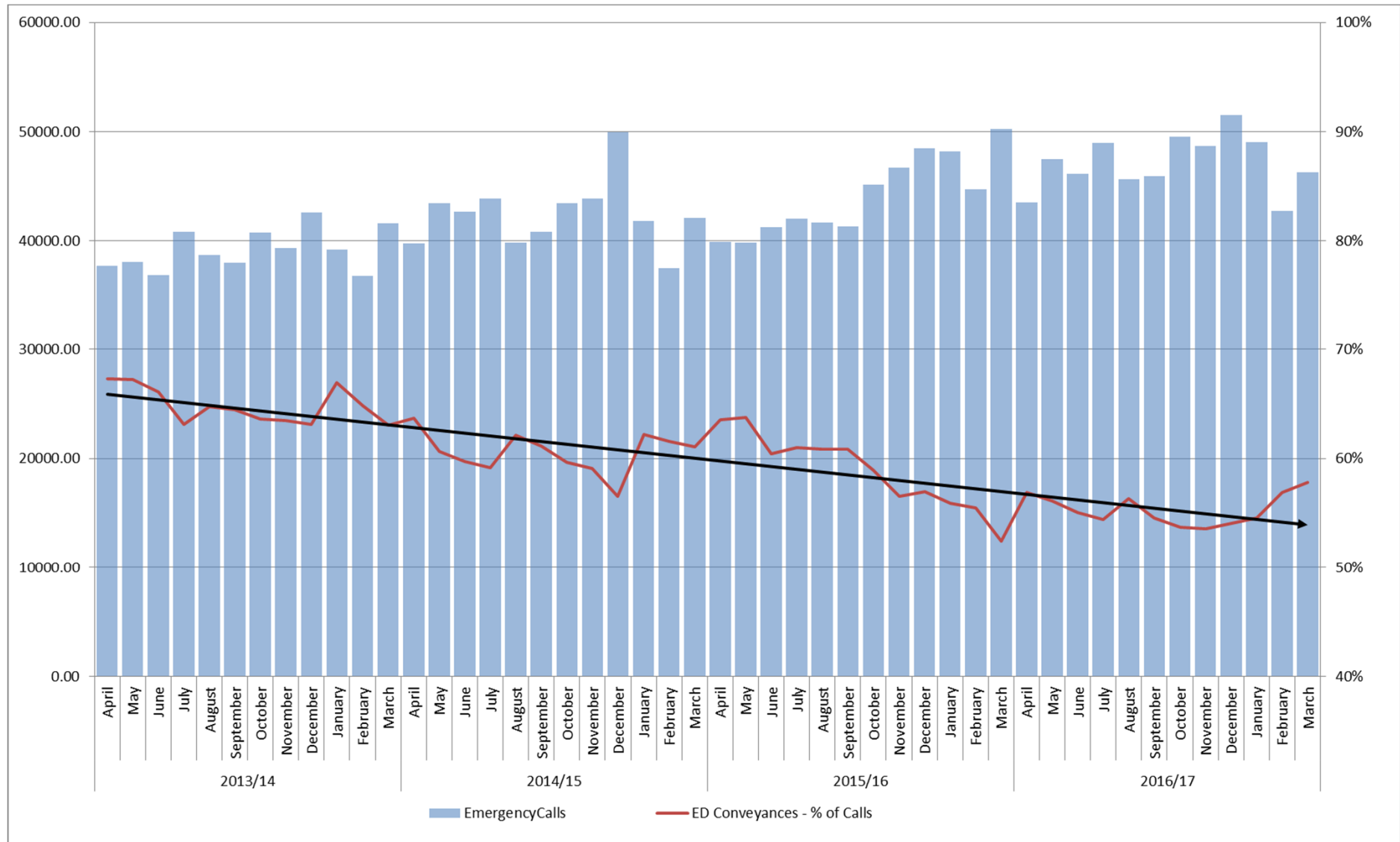
# “Safe care closer to home”

- § Despite increases in demand, we take proportionately less patients to emergency departments each year...
- § Hear and treat – helping patients over the phone
- § See and treat – helping patients at the scene
- § Acute Visiting Scheme (AVS) referrals in Trafford are 8% of overall activity. 1.5% above GM average.
- § See & Treat in Trafford: YTD 32.82% of overall activity.

	2015/16	2016/17	2016/17 vs 2015/16
<b>Greater Manchester</b>			
<b>Hear and treat</b>	<b>52146</b>	<b>60516</b>	<b>+16.1%</b>
<b>See and treat</b>	<b>92413</b>	<b>104111</b>	<b>+12.7%</b>

# Patients taken to ED in GM

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# CQC ratings

- § Week long inspection in May 2016
- § Our first CQC inspection with a rating
- § CQC asked ‘Is it safe, effective, caring, responsive to people’s needs and well-led?’

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Patient transport services (PTS)	Good	Good	Good	Good	Requires improvement	Good
Emergency operations centre (EOC)	Requires improvement	Good	Good	Good	Good	Good
NHS 111 service	Good	Good	Good	Good	Good	Good
<b>Overall</b>	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement

# A positive experience

- § Pleased to be rated good for care, responsiveness and effectiveness.
- § Good ratings for NHS 111, patient transport service and emergency operations.
- § Recognition that our staff are kind, compassionate, caring and treat patients with dignity.
- § Welcome and accept the findings.
- § Inspection took place one year ago and most issues have since been addressed.
- § A robust plan is in place to deliver remaining actions.

# Outstanding practice

- § Noted in many areas including:
  - Hazardous Area Response Teams
  - Implementation of community care pathways
  - Use of new technology to map public defibrillator locations and sharing that information with control centres so they can be used to help patients in the community.



Delivering the right care, at the right time, in the right place

# CQC recommendations

- § Emergency and Urgent Care:
  - 23 Must Do, 14 Should Do
- § Emergency Operation Centre (EOC):
  - 5 Must Do, 9 Should Do
- § Patient Transport Service (PTS):
  - 3 Must do, 11 Should do
- § Actions in relation to 25 of the Must Do and 25 of the Should Do are completed or progressed significantly.

**65  
actions**

# Areas of progress

## Training

- § Mandatory training 100% complete for frontline staff in 2016, ahead of schedule for 2017 (59% complete).
- § New cycle includes all issues identified by CQC: Mental Capacity Act, safeguarding (FGM, duty of candour) and EOC support around mental health and suicidal callers
- § Increased level 3 trained safeguarding staff
- § Emergency telecommunications course for EOC staff provides a further weeks training at induction focusing on challenging callers and resilience

## Appraisals

- § Rates of appraisal completion improved by 21% since the inspection to 71%

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# Areas of progress

## **Vacancies**

- § Overall vacancy position now 1.3% compared with 5.6%
- § Paramedic vacancies now 9.3% compared with 16.2%

## **Emergency Services**

- § Review of PRF and approach to Mental Capacity Act completed
- § Joint approach to reviewing complex patients needs including bariatric care implemented

## **Patient Transport Service**

- § Implementation of full management and meetings structures



# A robust action plan

- § We are working to a robust action plan on remaining actions which is being monitored by the executive team and commissioners.
- § These relate to our duty of candour and safeguarding of adults procedures and policies, together with the need to increase the recording and learning from incidents.

# Our vision

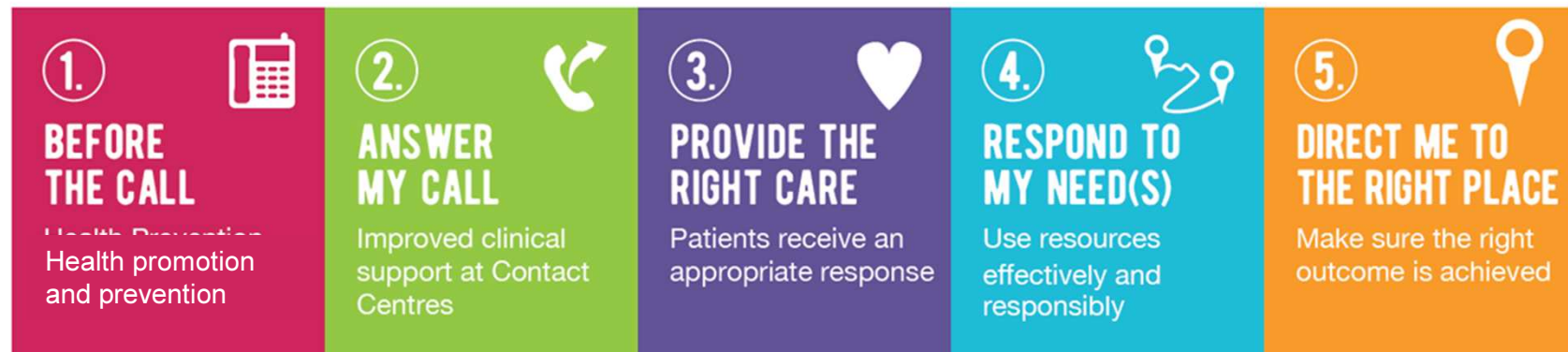
## AMBITION

To be the best ambulance service in the UK, by providing the right care, at the right time, in the right place.

## VISION

To make sure clinical decisions are taken as far forward in the patient journey as possible to ensure that no patient is needlessly waiting.

The five key principles that will support our approach are as follows.



# Any questions?

Keep in touch with us...

[www.nwas.nhs.uk](http://www.nwas.nhs.uk)



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