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TRAFFORD
COUNCIL

AGENDA PAPERS FOR HEALTH SCRUTINY COMMITTEE MEETING

Date: Tuesday, 26 June 2018

Time: 6.30 p.m.

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

A G E N D A	PART I	Pages
3.	MEMBERSHIP OF THE COMMITTEE 2018/19 MUNICIPAL YEAR	1 - 2
	To note the membership of the Committee, as determined by Council, for the Municipal Year 2018/19.	
7.	CQC ACTION PLAN UPDATE	3 - 14
	To receive an update from the Corporate Director of Children Families and Wellbeing.	
11.	NWAS UPDATE	15 - 28
	To receive a report from the Senior Communications Manager for the North West Ambulance Service.	

THERESA GRANT
Chief Executive

Membership of the Committee

Councillors R. Chilton (Chairman), S. Taylor (Vice-Chairman), S.K. Anstee, J. Bennett, Mrs. J.E. Brophy, Mrs. A. Bruer-Morris, A. Duffield, Mrs. L. Evans, Mrs. D.L. Haddad, S. Longden, J. Slater, D. Acton (ex-Officio) and D. Western (ex-Officio)

Further Information

Health Scrutiny Committee - Tuesday, 26 June 2018

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

Alexander Murray,

Tel: 0161 912 4250

Email: alexander.murray@trafford.gov.uk

This agenda was issued on **Monday, 18 June 2018** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford M32 0TH.

TRAFFORD COUNCIL

MEMBERSHIP OF COMMITTEES 2018/19

Notes on Membership:

(1) The Health Scrutiny Committee shall have a membership of 11, or, where this does not achieve the political balance required under the Local Government and Housing Act 1989, whatever figure is necessary to reflect the proportional representation of political groups.

(2) The Health Scrutiny Committee shall be chaired by a Councillor who is not a member of the largest political group on the Council, unless there is no such person serving on the Committee. The person appointed as Vice-Chair shall be a member of the largest political group on the Council.

(3) The Chairs of both the Scrutiny Committee and the Children and Young People's Scrutiny Committee shall be appointed as ex-officio Members of the Health Scrutiny Committee.

COMMITTEE		NO. OF MEMBERS	
HEALTH SCRUTINY COMMITTEE		11 (plus the Chair of the Scrutiny Committee as an ex-officio Non-Voting Member)	
LABOUR GROUP	CONSERVATIVE GROUP	LIBERAL DEMOCRAT GROUP	GREEN PARTY GROUP
Councillors:	Councillors:	Councillors:	Councillors:
Joanne Bennett Anne Duffield Steven Longden Jane Slater Sophie Taylor V-CH	Mrs. Angela Bruer-Morris Robert Chilton CH Mrs. Laura Evans Mrs. Denise Haddad <i>Vacancy</i>	Mrs. Jane Brophy	-
TOTAL	5	1	0

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TRAFFORD
COUNCIL

Pennine Care 
NHS Foundation Trust

Health Scrutiny

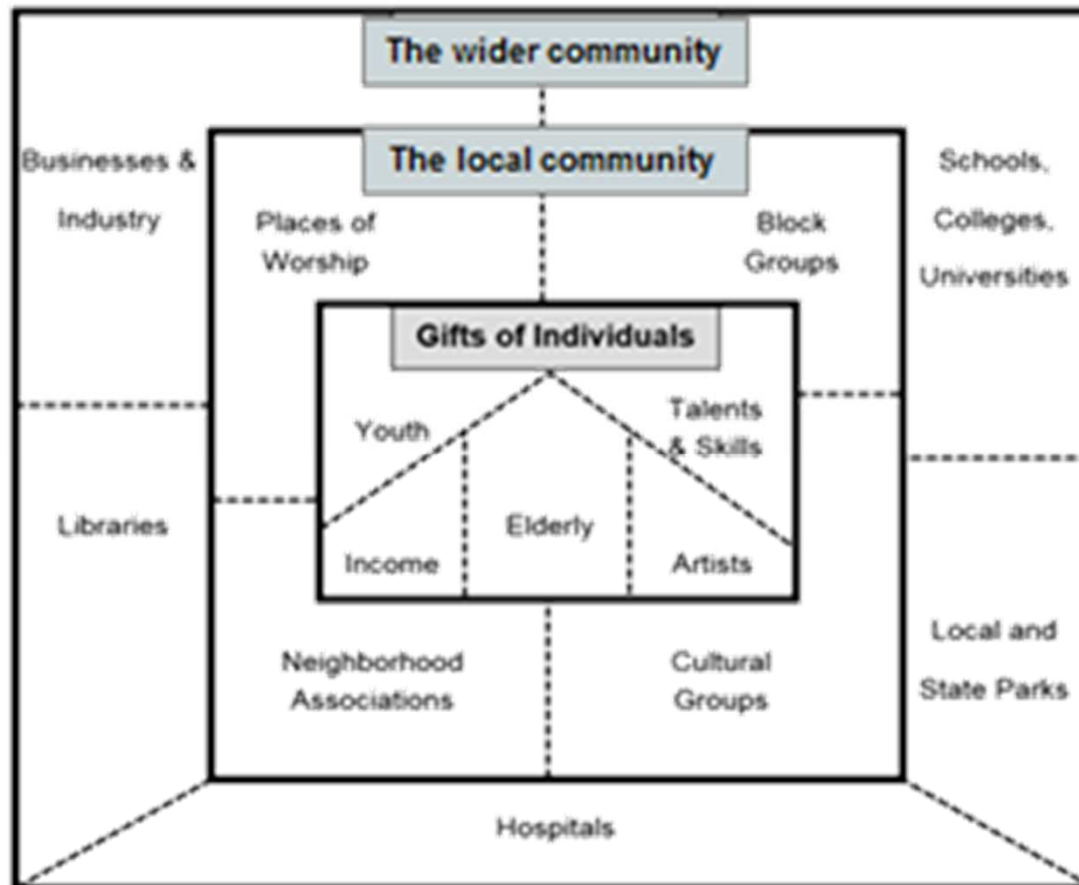
CQC System Review Action Plan: Deep Dive

Diane Eaton, Director of Integrated Care

Karen Ahmed Director of Commissioning



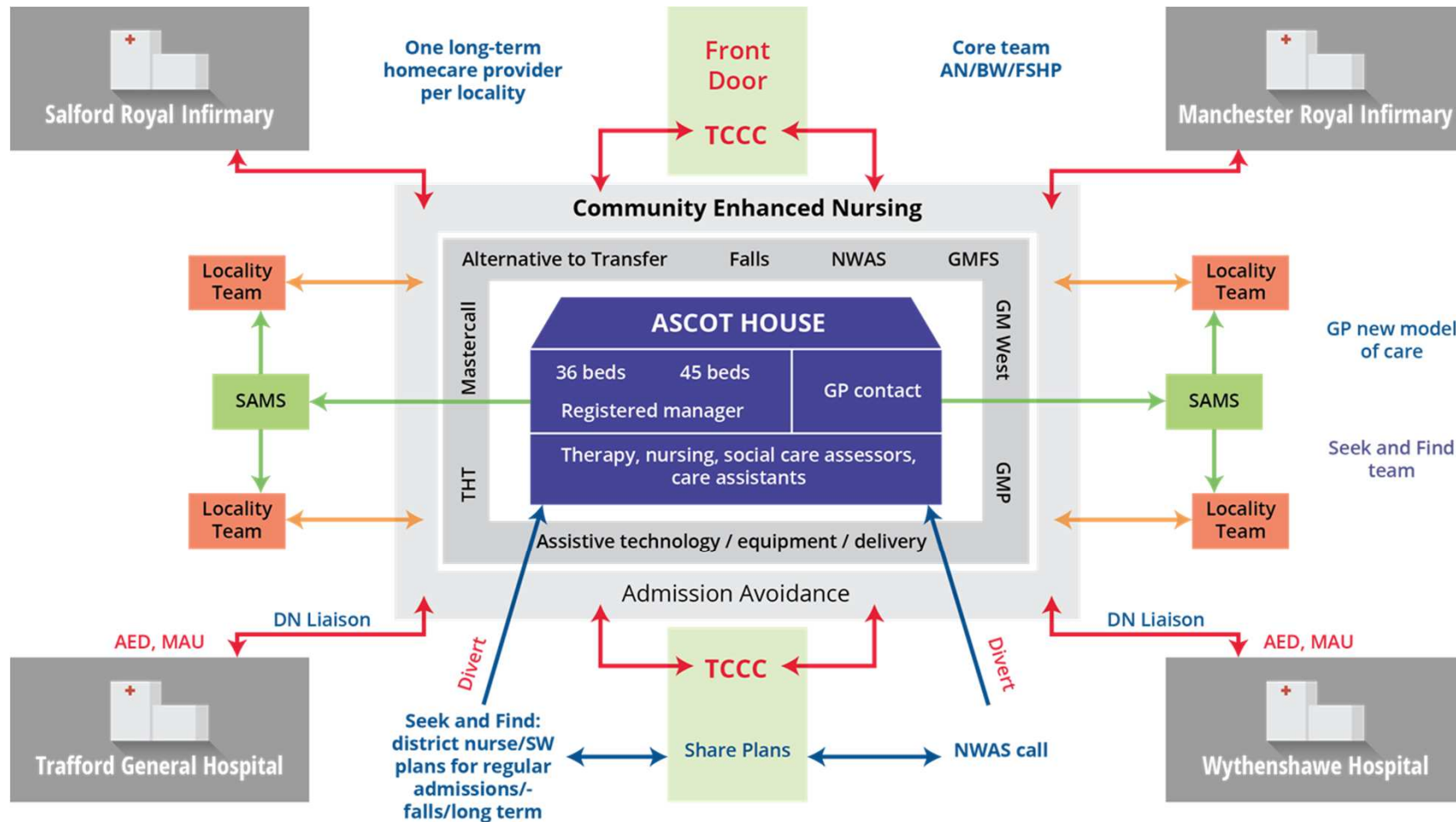
Asset Based Approach – The Trafford Way

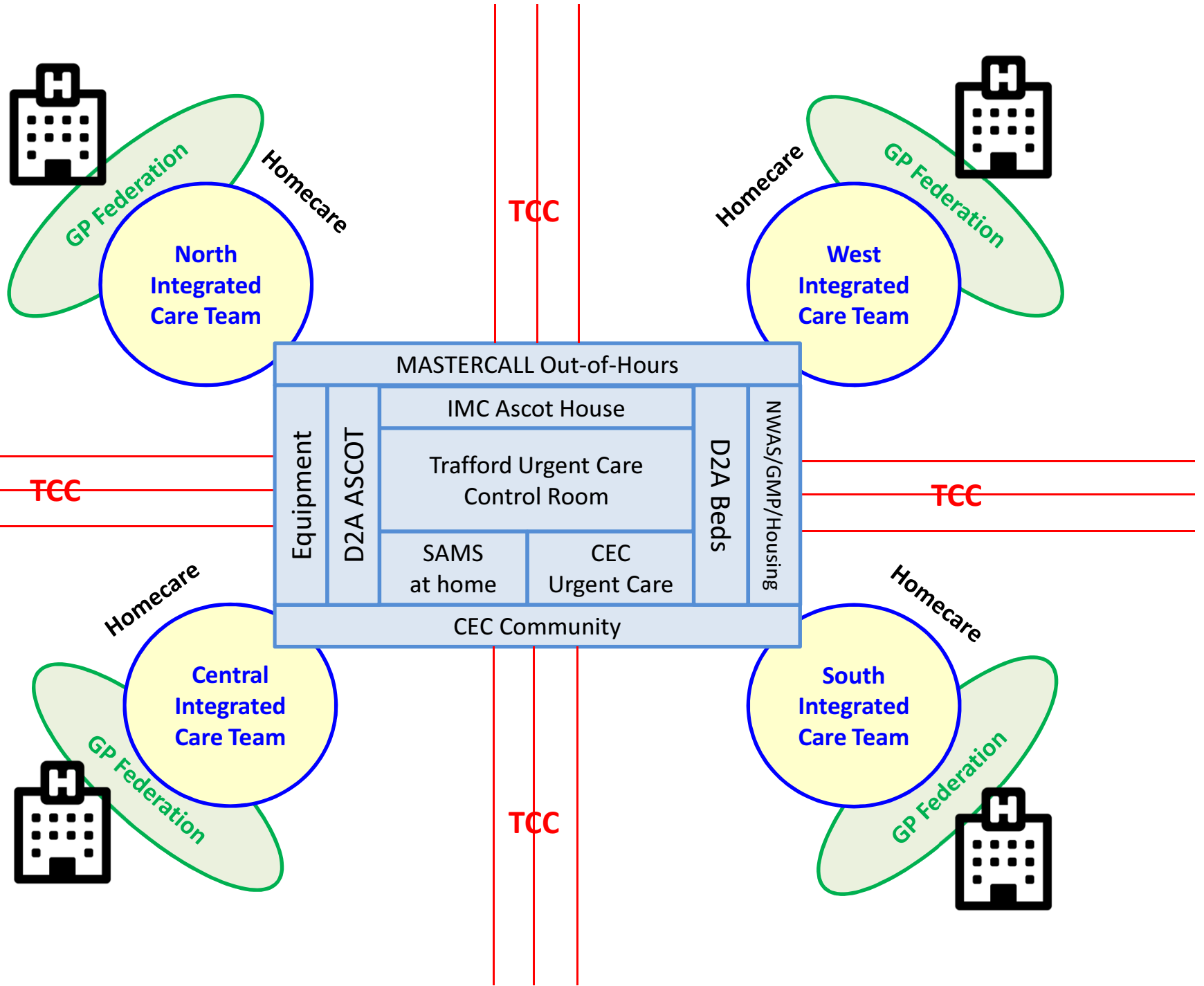


Context

- Over the last 12 months Trafford Urgent Care work has been developing components of the High Impact Model issued by DOH
- Equipment stores in each acute setting and development of rapid minor adaptations with fire service
- Including Ascot house intermediate care unit
- (36 beds)
- The development of Integrated care discharge teams in each associated site
- Development of Discharge to assess methodology
- Creation of the Urgent Care Control Room

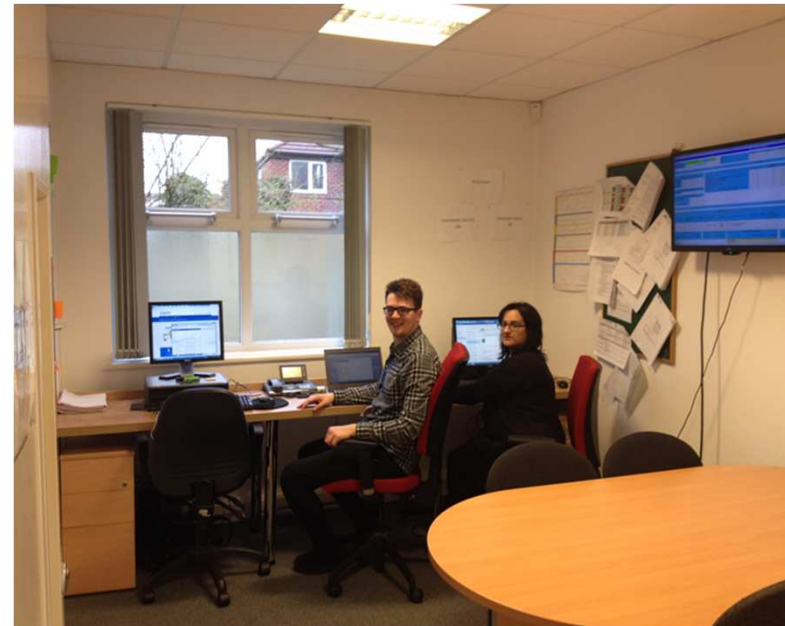
Ascot House (Therapy Led Intermediate Care Unit)





Urgent Care Control Room

- Opened in November in Trafford
- Meadway health centre – co-located with all the 24/7 services
- Daily information of leavers and availability of resources



Daily community resource status reports

The image shows a detailed daily community resource status report form. It is organized into several distinct sections:

- Top Section:** Contains administrative information, including a date field and a header area with blue and orange accents.
- Resource Status Tables:** Multiple tables with blue headers and white bodies, containing columns for resource names, status, and other metrics. Some rows are highlighted in yellow.
- Summary Table:** A large table with multiple columns, likely summarizing the data from the previous sections. It features a central column with a yellow background.
- Bottom Section:** Includes a section for "Planned Discharges (24 hrs)" with a table for recording discharges, and a section for "Care Home Availability (24 hrs)" with a table for recording availability.

**TRAFFORD
Discharge to Assess**

‘No decision about long-term care needs should be taken in an acute setting and as such, all adult patients should have the opportunity to access a discharge to assess pathway’ - GMCC Standards for Greater Manchester (GM): Discharge to Assess

TRAFFORD DISCHARGE TO ASSESS PATHWAYS

Person is Medically Optimised

During their hospital stay info is gathered about the person's priorities, lifestyle and resources they have available. Hospital staff should be focused on medical optimisation of the patient. They will identify and communicate the potential short or long term effect the person's condition may have on their wellbeing and desired outcomes



There will be a ward based MDT managing the patient through their acute episode in addition there will be the support of the wider out of hospital MDT supported by Ascot House, the Trafford Urgent Care Control Room and other relevant specialists

Discharge MDT Agree Pathway

Trusted Assessors	Trusted Assessors and Social Care Assessors	Trusted Assessors and Social Care Assessors	RAID, BIA, Social Workers	RAID, Social Workers, CHC Nursing
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GM - Pathway 0	GM - Pathway 1	GM - Pathway 2	GM - Pathway 3	GM - Pathway 4
For patients who can go home (or return to their care home) with no support or with the continuation of their existing packages of care. ALL patients may be able to return home without any additional support. This pathway should be made available as soon as the patient is ready for transfer.	For patients who can return home with additional support. The patient is discharged home and care and therapy are provided by a community support and reablement team in order to support the patient's recovery to independence. During this time, the patient will be assessed and referred to the most appropriate ongoing care.	For patients who could potentially return home after a period of additional rehabilitation. Through this pathway, the patient is discharged to temporary residential care/intermediate care facility/community hospital/ supported accommodation setting and are provided with rehabilitation and reablement services in this setting. An assessment of their long-term care needs are completed and appropriate referrals made.	For patients likely to need ongoing care in a residential setting. Through this pathway the patient is referred to a nursing or care home facility with recovery and comprehensive assessment. These patients will have been assessed by the multi-disciplinary care team as having complex care needs and are likely to require continuing care in a residential home. The pathway will be common for those whom continuing health care (CHC) funding is likely.	For patients who have a significantly specialist need and therefore cannot be discharged for assessment.

Personalised services available through each Pathway in Trafford

Deep house clean services and temporary accommodation (where appropriate)	Stabilise and making safe (SAMS) Urgent Community Enhanced Care (CEC)	Ascot House: Non-nursing rehab beds Discharge to assess nursing/residential	Discharge to assess in a residential home Discharge to assess in a nursing home	The person will remain cared for by specialist teams and will require specialist support until
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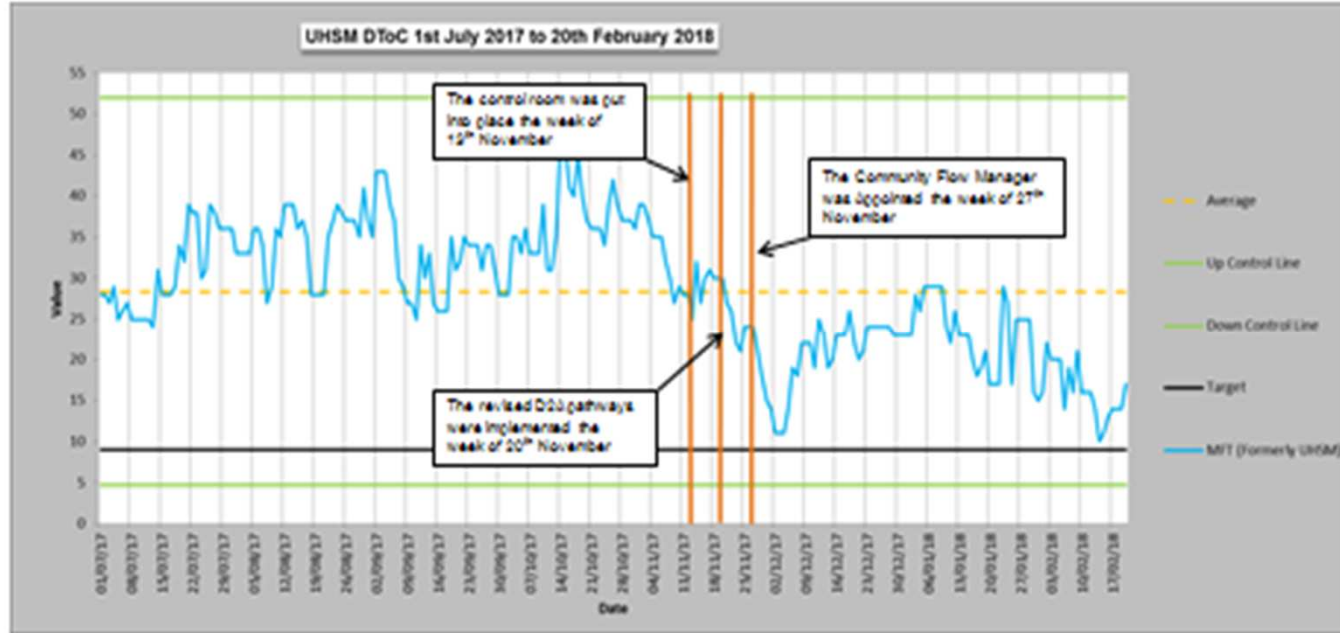
Stabilise and Make Safe (SAMS)

- Three services in place to deliver SAMS in Trafford
- 25 places a week
- 3 weeks intervention
- 60% of people are independent after the intervention

Discharge to Assess beds

- Time to recover
- Time to ensure we are promoting asset based assessment and recovery
- Time to choose long term destinations
- Time for the council and CCG to agree long term funding arrangements and support peoples personal choices
- 36 beds in community homes and 9 beds in Ascot house

What the data is telling us



Questions and comments



TRAFFORD COUNCIL

Report to: Health Scrutiny Committee

Date: 26th June 2018

Report of: North West Ambulance Service NHS Trust

Report Title

NWAS Performance & Activity

Summary

An overview of the performance of North West Ambulance Service NHS Trust against national standards and the activity within the Trafford area.

Recommendation(s)

That the Health Scrutiny Committee note the contents of this report

Contact person for access to background papers and further information:

Name: Maddy Edgar, Senior Communications Manager

Contact Number: 01204 498306



1.0 PURPOSE

1.1 To give an overview to the Trafford Health Scrutiny Committee of the performance against national standards and activity in Trafford of the North West Ambulance Service NHS Trust

2.0 BACKGROUND

2.1 Since the trust last presented to Trafford Health Scrutiny Committee, the national ambulance response standards (targets) have changed, the data in this report therefore is from the implementation of the new standards introduced on 7 August 2017, to 7 June 2018.

2.2 Also included in this report is a brief summary of achievements from the last year.

2.2 The new performance standards are as follows:

Category	Description	Response Time
Category 1	Time critical life-threatening injuries and illnesses that need immediate intervention eg cardiac arrest, serious allergic reaction, airway obstruction, ineffective/abnormal breathing.	7 minutes on average for all responses & 90% in 15 minutes
Category 2	Emergencies that need rapid assessment, urgent on scene intervention or urgent transport eg heart attack, epilepsy, stroke, sepsis, major burns.	18 minutes on average for all responses & 90% in 40 minutes
Category 3	Urgent problems that need treatment to relieve suffering eg burns, diabetic and hypoglycaemic episodes, abdominal pain, injuries, drug overdose.	90% in 120 minutes
Category 4	Problems that are not urgent but need assessment in person or over the phone.	90% in 180 minutes

3.0 Performance

- 3.1 For the purposes of this report, NWS has supplied the number of incidents per category for each month, with the average response times for each category for that month. These are incidents which have originated from within the Trafford CCG area.
- 3.2 Working to the new ambulance response programme (ARP) standards has proved to be challenging for NWS but the trust firmly believes that the changes focus on making sure the best, most appropriate response is provided for each patient, first time.
- 3.3 Since adopting the new system in August last year, feedback from NWS and the trust's experience in implementing the changes has resulted in amends being made to some of the national coding used which will benefit other ambulance services and patients.
- 3.4 When adopting the new standards, NWS focused on both the life-threatening categories and the lower acuity calls. While we have performed very well in responding to the lower priority calls, we have been very aware that improvement is required for the higher priority calls.
- 3.5 A dedicated focus group was established to investigate what could be done to improve performance – this ranged from checking telephony systems, training, auditing by external bodies to undertake a full review of frontline resources, additional staff and a change in technology to speed up processes.
- 3.6 NWS has also undertaken a review of the vehicle mix and the replacement of rapid response vehicles with emergency ambulances, enhanced clinical support in our emergency operations centres with a full staffing in our clinical hub, reviewed our processes for dispatching ambulances to patients who call NHS 111, explored opportunities for training for staff and worked with BT to benchmark the 999 call answering performance.
- 3.7

Incidents	Mon-YY	Category	AVG Response
151	Aug-17	C1	0:10:34
1015	Aug-17	C2	0:24:10
564	Aug-17	C3	0:46:07
104	Aug-17	C4	1:22:03
32	Aug-17	C4H	0:38:01
117	Aug-17	C4HCP	1:02:55
173	Sep-17	C1	0:11:19
1360	Sep-17	C2	0:26:10
602	Sep-17	C3	1:04:08
111	Sep-17	C4	1:31:49
34	Sep-17	C4H	1:00:26

125	Sep-17	C4HCP	1:12:12
198	Oct-17	C1	0:09:35
1494	Oct-17	C2	0:29:26
543	Oct-17	C3	1:02:19
121	Oct-17	C4	1:27:00
37	Oct-17	C4H	0:45:41
140	Oct-17	C4HCP	1:35:37
197	Nov-17	C1	0:10:27
1489	Nov-17	C2	0:37:33
527	Nov-17	C3	0:59:49
109	Nov-17	C4	1:17:38
37	Nov-17	C4H	1:09:04
129	Nov-17	C4HCP	1:34:01
266	Dec-17	C1	0:10:47
1664	Dec-17	C2	0:58:59
442	Dec-17	C3	1:35:03
100	Dec-17	C4	1:47:52
15	Dec-17	C4H	0:57:42
100	Dec-17	C4HCP	1:58:20
257	Jan-18	C1	0:09:46
1372	Jan-18	C2	0:47:35
525	Jan-18	C3	1:52:56
109	Jan-18	C4	1:33:39
28	Jan-18	C4H	0:37:50
110	Jan-18	C4HCP	1:34:06
223	Feb-18	C1	0:10:38
1215	Feb-18	C2	0:41:58
367	Feb-18	C3	1:57:55
86	Feb-18	C4	1:24:52
13	Feb-18	C4H	1:22:17
91	Feb-18	C4HCP	1:35:41
267	Mar-18	C1	0:08:25
1354	Mar-18	C2	0:39:13
478	Mar-18	C3	1:43:15
96	Mar-18	C4	1:31:17
15	Mar-18	C4H	0:41:18
116	Mar-18	C4HCP	1:39:34
220	Apr-18	C1	0:08:55
1236	Apr-18	C2	0:29:06
531	Apr-18	C3	1:19:34
105	Apr-18	C4	1:18:30
14	Apr-18	C4H	0:24:42

90	Apr-18	C4HCP	1:13:47
244	May-18	C1	0:08:56
1274	May-18	C2	0:29:33
586	May-18	C3	1:26:04
79	May-18	C4	1:25:20
8	May-18	C4H	0:28:01
88	May-18	C4HCP	1:35:20

3.8

	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	APR	MAY
Gtr Manchester										
Trafford CCG										
C1 Best Response Average	00:10:36	00:11:19	00:09:35	00:10:27	00:10:47	00:09:46	00:10:38	00:08:25	00:08:55	00:08:56
C1 90th Percentile	00:13:37	00:16:31	00:15:07	00:15:44	00:16:46	00:16:33	00:15:25	00:13:19	00:14:24	00:13:25
C2 Best Response Average	00:23:35	00:26:10	00:29:27	00:37:33	00:58:59	00:47:35	00:41:58	00:39:13	00:29:06	00:29:33
C2 90th Percentile	00:50:48	00:59:34	01:07:30	01:22:37	02:12:06	01:44:44	01:33:30	01:23:57	01:03:40	01:04:09
C3 90th Percentile	01:36:44	02:25:53	02:27:59	02:25:55	03:11:10	04:11:01	04:23:00	03:50:55	02:51:54	03:11:01
C4 90th Percentile	02:24:18	02:36:36	02:48:04	02:30:43	03:07:03	02:48:01	02:45:17	03:00:21	02:12:00	02:45:50
Wigan Borough CCG										

4.0 Key Factors Affecting Performance

- 4.1 Managing Hospital Handover. The target is 15 minutes, but unfortunately, it often it takes longer and these delays do have a huge impact on NWAS' ability to respond to patients waiting in the community, as while ambulance crews are waiting at hospitals, their vehicle is off the road.
- 4.2 Appendix A shows the hospital turnaround for those accident and emergency departments which patients from within Trafford are predominately taken to – Wythenshawe and Manchester Royal Infirmary.
- 4.3 Tightening Financial Position - £9.85 million savings
- 4.4 Recruitment and Retention Challenge

5.0 Patient Transport Service

- 5.1 The North West Ambulance Service undertakes approximately 1.2 million non-emergency journeys every year. We provide Patient Transport Services in Lancashire, Greater Manchester, Merseyside and Cumbria
- 5.2 The service requirements are as follows:

Calls answered:

Within 20 seconds

Time spent on the vehicle:

Aim for no more than 60 minutes on board

Arrival at appointment:

The majority of patients will arrive on time for their appointments and no more than 60 minutes before (45 minutes before for EPS patients)

Collect following appointment:

Within 60/90 minutes of scheduled/notification pick up time

5.3 The Greater Manchester performance for PTS is shown in Appendix B.

6.0 What we are proud of

6.1 The trust has introduced the role of Community Paramedics to provide a stable central presence within the community, add additional capacity as a 999 responder and to build relationships with patients, the public and other provider organisations, to create a more integrated and patient-centred approach and improve the local community infrastructure and to provide safe care closer to home. The borough of Trafford is one of those communities to have it's own Community Paramedic, Sara Harris, whose current projects include improving healthcare services for those who are homeless.

6.2 Trafford is also set to benefit from additional double manned emergency vehicles at Urmston, Eccles and Salford, which it is envisaged will contribute to improving performance and timely response.

6.3 IIP Gold, Health and Wellbeing Award and shortlisted for the Northern Power Women Awards

6.4 During 2016/17 NWS trained 39,000 people in Basic Life Support & AED use

6.5 Clinical staff progression to paramedic and beyond. There are now Consultant Paramedics in each county who oversee the clinical skills and development of their teams.

6.6 We are committed to the development of apprentices as part of our future workforce model as they offer a way to provide high quality training and education, leading to a recognised qualification. NWS is delivering the national Associate Ambulance Practitioner (AAP) programme to 125 new EMT1 recruits, with the first due to qualify mid-2018. The trust met the public sector apprenticeship targets last year which require us to develop 2.3% of our workforce through apprenticeships.

6.7 In the North West we receive nearly 95,000 emergency 999 calls a year relating to patients under 16 years old and more than 400,000 urgent 111 calls. Our aim is to ensure the highest standard of care is provided both over the telephone and face-to-face. To achieve this we are actively engaging with children, their parents and carers across the region by establishing the Children's Patient Priority Group.

6.8 The Urgent Care Development Team work collaboratively with community and primary care professionals, on the development of pathways and individual care plans for patients. Care planning ensures that any ongoing and long-term care needs, including baseline observations, are available for the attending ambulance crew. The presence of a care plan should be flagged to the crew, on route.

6.9 83 staff completed a Higher Education Certificate in healthcare this last year which contributed to 49 of the 80 staff progressing to become paramedic students that year being EMT1s. We also supported 45 staff that lacked formal qualifications to complete access courses. These staff are now going on to complete an Associate Ambulance Practitioner qualification which will enable them to access future paramedic training.

6.10 We have developed a triage tool for nursing and residential home staff which enables them to determine themselves whether a patient requires an emergency ambulance or it would be more appropriate for them to be cared for by a GP or urgent care service.

7.0 Recommendations

7.1 That the Trafford Health Scrutiny Committee note the contents of this report.

7.2 That any questions arising from this document can be submitted by emailing madeline.edgar@nwas.nhs.uk

7.3 That the Committee notes that Nwas is happy to arrange for a representative to attend any future meetings

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	Year	Hospital	Over 20 Mins	N2H_over60mins	A&E	Clinic	AverageHandOver	AverageHandOver(hh:mm:ss)
August	2017	Manchester Royal Infirmary	422	28	Y	AE Dept	812	0:13:32
August	2017	Wythenshawe	407	8	Y	AE Dept	805	0:13:25
September	2017	Manchester Royal Infirmary	308	6	Y	AE Dept	719	0:11:59
September	2017	Wythenshawe	515	31	Y	AE Dept	905	0:15:05
October	2017	Manchester Royal Infirmary	485	37	Y	AE Dept	855	0:14:15
October	2017	Wythenshawe	493	22	Y	AE Dept	884	0:14:44
November	2017	Manchester Royal Infirmary	446	59	Y	AE Dept	908	0:15:08
November	2017	Wythenshawe	562	30	Y	AE Dept	964	0:16:04
December	2017	Manchester Royal Infirmary	643	112	Y	AE Dept	1132	0:18:52
December	2017	Wythenshawe	941	150	Y	AE Dept	1375	0:22:55
January	2018	Manchester Royal Infirmary	540	101	Y	AE Dept	1104	0:18:24
January	2018	Wythenshawe	744	73	Y	AE Dept	1200	0:20:00
February	2018	Manchester Royal Infirmary	434	64	Y	AE Dept	977	0:16:17
February	2018	Wythenshawe	696	34	Y	AE Dept	1150	0:19:10

March	2018	Manchester Royal Infirmary	538	90	Y	AE Dept	1069	0:17:49
March	2018	Wythenshawe	852	67	Y	AE Dept	1290	0:21:30
April	2018	Manchester Royal Infirmary	370	20	Y	AE Dept	822	0:13:42
April	2018	Wythenshawe	732	39	Y	AE Dept	1117	0:18:37
May	2018	Manchester Royal Infirmary	506	32	Y	AE Dept	894	0:14:54
May	2018	Wythenshawe	601	15	Y	AE Dept	940	0:15:40

Greater Manchester Quality Performance

	Area	Metric	Definition	Target	Jul-16	Aug	Sep	Oct	Nov	Dec	Jan-17	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-18	Feb	Mar	Apr	May			
Planned	Booking Systems	Online booking system availability	% availability of online booking system	99%	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	100%	99%			
		Telephone booking system availability	% availability of booking system	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	100%	99%	
		Call Answering	% of calls to Provider answered by a human being inside working hours	99%	97%	98%	93%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		Call Answering	% of calls to Provider answered by human being within 20 seconds	75%	79%	79%	56%	76%	75%	85%	81%	79%	76%	79%	64%	71%	72%	68%	63%	77%	77%	76%	68%	78%	63%	70%	67%			
		Call Handling - Average Waiting Time	Average length of time taken for Provider personnel to answer inbound calls	1 minute	28 seconds	26 seconds	75 seconds	35 seconds	34 seconds	17 seconds	19 seconds	23 seconds	29 seconds	26 seconds	63 seconds	31 seconds	30 seconds	30 seconds	39 seconds	21 seconds	18 seconds	27 seconds	33 seconds	19 seconds	59 seconds	31 seconds	42 seconds			
	Planned	Missed Collection	% of non-aborted booked journeys for which no collection is made by the Provider	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
	Planned	Misidentification of Patients	Reports submitted to National Patient Safety Agency / Serious Untoward Incidents	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Unplanned	Confirmation of Booking	% of collection time confirmed to the booker and / or patient within 15 minutes of acceptance of the booking	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Eligibility	Application of eligibility criteria	Number of bookings for which eligibility evaluated prior to acceptance / total number of bookings x 100	98%	99%	99%	100%	100%	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		

Planned	Travel time	Travel time	Passenger time on vehicle is <60 minutes	80%	92%	94%	92%	93%	92%	93%	95%	93%	93%	94%	93%	93%	93%	94%	92%	93%	91%	92%	93%	93%	93%	94%	93%
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	Arrival at treatment centre	On time arrival	% of patients arriving within -60< t <0 minutes of scheduled appointment time	90%	59%	66%	59%	65%	68%	74%	74%	72%	73%	76%	74%	74%	74%	78%	71%	75%	72%	74%	76%	73%	73%	78%	74%
	Collection from Treatment Centre	Timeliness of departure	% of patients collected within 60 minutes of scheduled collection time or patient readiness notification	80%	61%	65%	63%	71%	67%	72%	73%	68%	68%	73%	70%	65%	64%	70%	63%	66%	63%	67%	67%	65%	62%	68%	65%
			% of patients collected within 90 minutes of scheduled collection time or patient readiness notification	90%	81%	85%	85%	89%	86%	89%	89%	86%	86%	88%	87%	84%	83%	86%	82%	85%	82%	85%	86%	83%	81%	87%	85%

page 26 planned	Travel time	Travel Time	Passenger time on vehicle is <60 minutes	80%	92%	93%	91%	91%	91%	92%	94%	93%	92%	93%	92%	91%	91%	92%	90%	91%	88%	89%	91%	91%	92%	92%	92%
	Collection from Discharge Centre	Less than 60 minute wait	% of journeys where the patient is picked up no later than 60 minutes after booked collection time	80%	44%	70%	75%	77%	71%	77%	79%	73%	71%	77%	74%	68%	68%	70%	63%	68%	64%	68%	71%	65%	64%	70%	68%
			On the day pick up within 90 minutes	90%	65%	81%	85%	87%	82%	87%	88%	85%	83%	87%	84%	78%	80%	80%	75%	78%	75%	79%	82%	77%	74%	83%	80%

SD1	Travel Time	Travel Time	Passenger time on vehicle is <60 minutes	85%	92%	95%	94%	95%	94%	95%	96%	95%	95%	96%	95%	96%	95%	96%	95%	95%	94%	95%	95%	96%	96%	96%	95%
	Arrival at treatment centre	On time arrival	% of patients arriving within 45 minutes prior to scheduled appointment time	90%	55%	66%	62%	67%	70%	74%	77%	77%	77%	79%	79%	79%	79%	82%	77%	79%	80%	81%	81%	79%	80%	82%	83%
	Collection from treatment centre	Timeliness of departure	% of patients collected within 60 minutes of scheduled collection time or patient readiness notification	85%	69%	81%	78%	83%	81%	86%	87%	85%	87%	90%	88%	85%	84%	88%	84%	86%	83%	86%	85%	87%	86%	88%	87%
% of patients collected within 90 minutes of scheduled collection time or patient readiness notification			90%	87%	93%	92%	95%	94%	96%	96%	95%	95%	96%	95%	94%	94%	96%	94%	95%	93%	95%	95%	95%	95%	94%	96%	95%

*N.b. During the period of the cyber attack, call volumes increased up to 55% in May 2017 due to external online booking agents having had their internet access blocked.

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