



Update - Trafford OSC

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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

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

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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

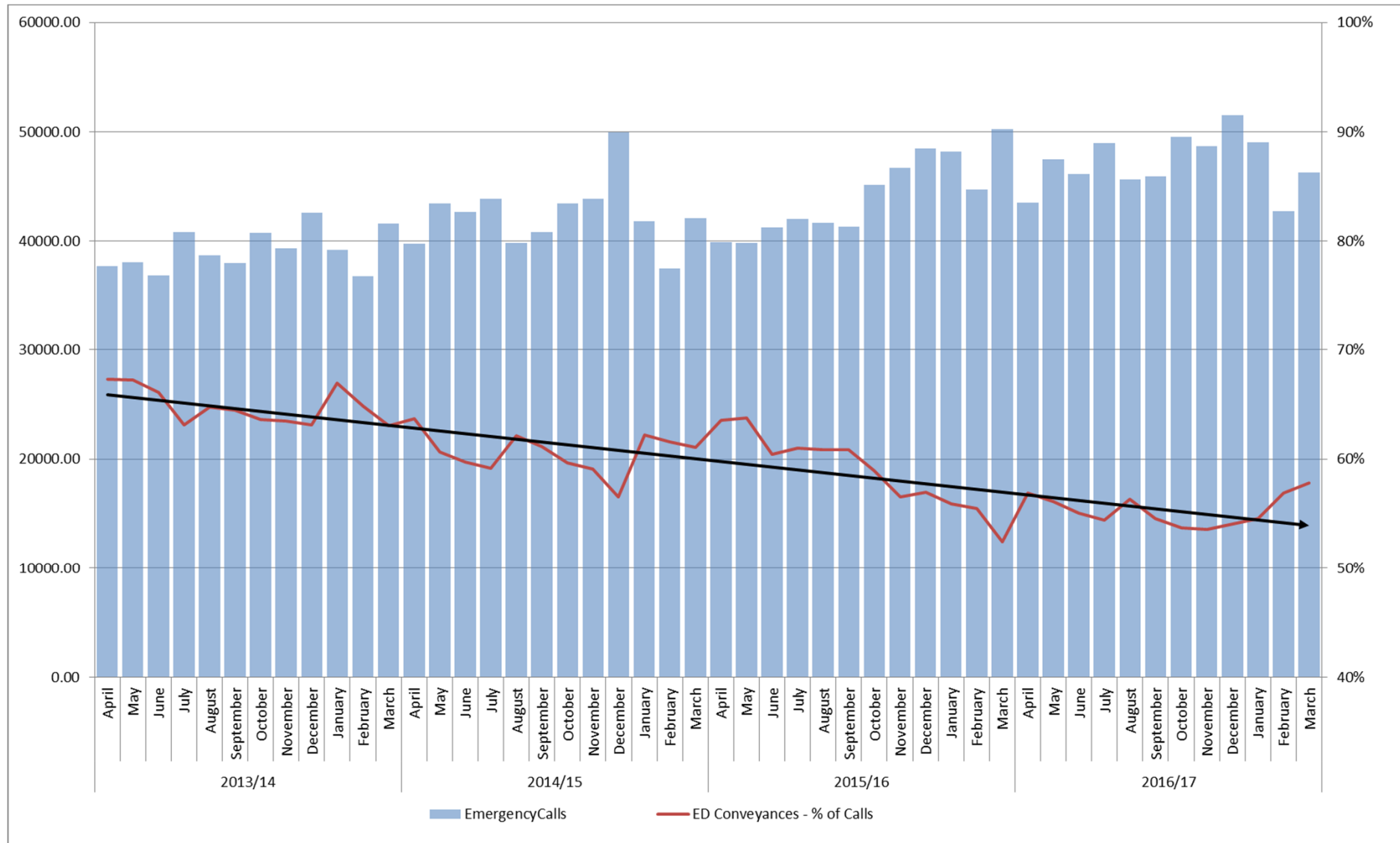
- § Community First Responder (CFR) Teams active in:
 - § Sale
 - § Altrincham
 - § Bowden (recruitment ongoing)
 - § Partington (recruitment ongoing)
- § Static Automated External Defibrillators (AEDs)
- § Public Access AED's

“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 |
|---------------------------|--------------|---------------|-----------------------|
| Greater Manchester | | | |
| Hear and treat | 52146 | 60516 | +16.1% |
| See and treat | 92413 | 104111 | +12.7% |

Patients taken to ED in GM



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 |
| Overall | Requires improvement | Good | Good | Good | Requires improvement | Requires improvement |

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

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%

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

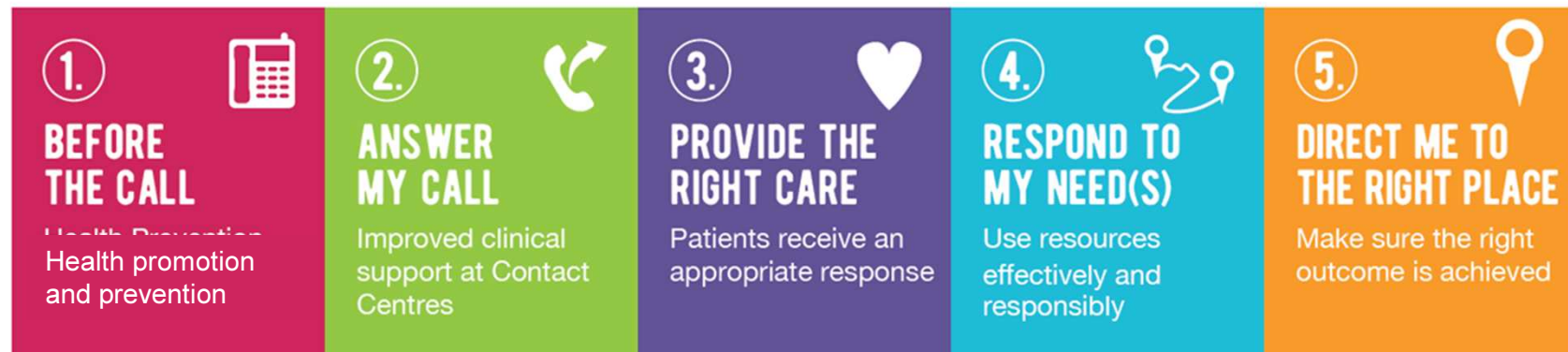
AMBITION

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

