



# Solihull Patient Participation Groups Network



**Andy Jeynes** *Community Response Manager*



# Trust Vision & Values

## Vision

Delivering the right patient care, in the right place, at the right time, through a skilled and committed workforce, in partnership with local health economies

## Strategic Objectives

Achieve Quality and Excellence

Accurately assess patient need and direct resources appropriately

Establish market position as an Emergency Healthcare Provider

Work in Partnership

## Values

- World Class Service
- Patient Centred
- Dignity and Respect for All
- Skilled Workforce
- Teamwork
- Effective Communication

Trust us to care.



# WMAS “your Ambulance Service”

Established in July 2006 merging with Staffordshire in October 2007

5.6 million population (Circa 10.5% of the English population)

Over 5,000 square miles, 80% rural

Over 3500 999 Emergency calls per day

Over 532,000 emergency journeys annually

£250 million budget

4,500 Staff and 1,000 Volunteers

Fleet of over 850 vehicles including ...

Ambulances / Cars / Specialist Vehicles / Helicopters



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## Your Area

Erdington HUB 296 staff - between 30 & 34 DCA's a day

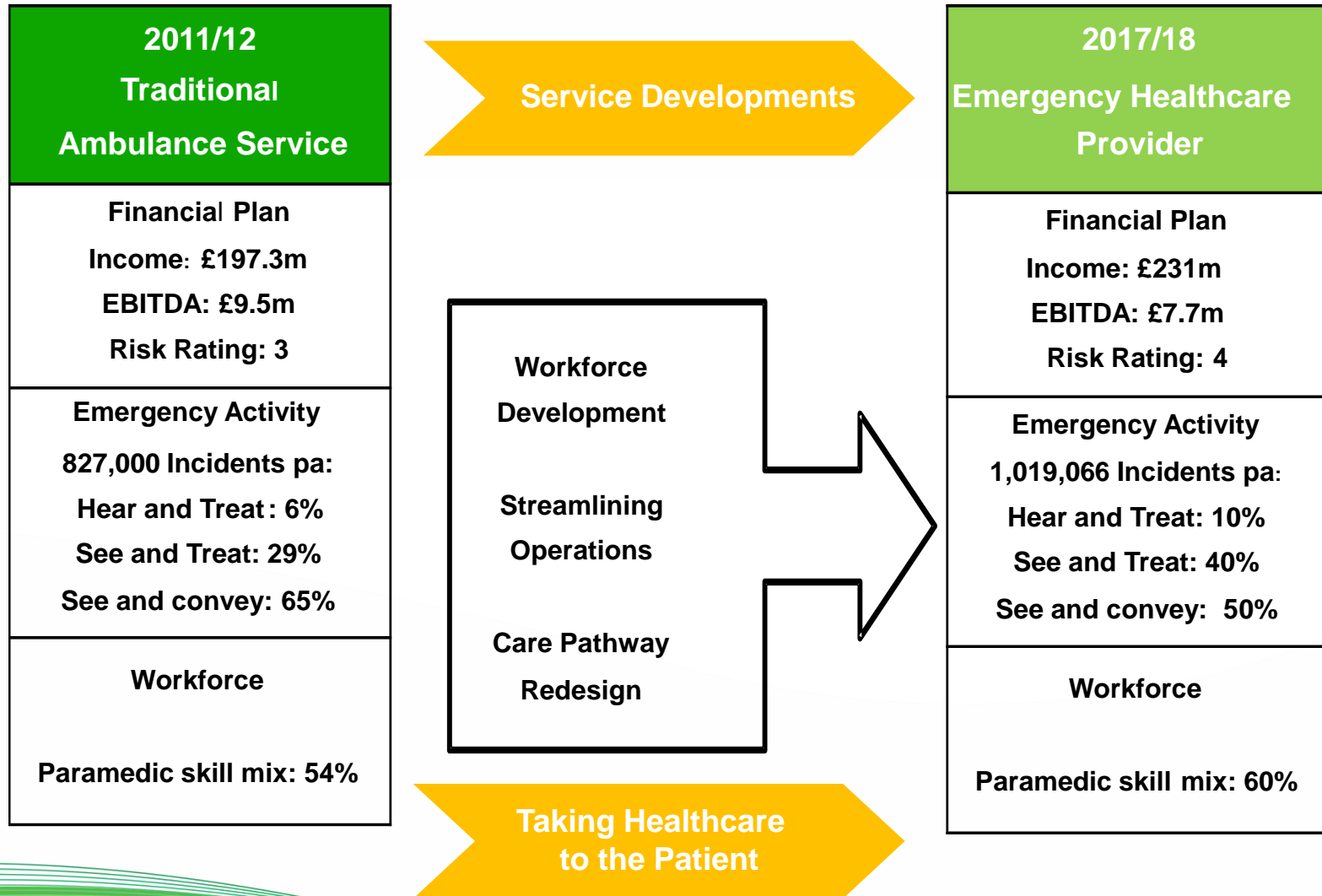
Solihull subHUB 25 staff - 2 x DCA / 1 x RRV

Community Paramedics in Solihull, Shirley, Dorridge

Community First Responders – FastAid

Community Defibrillators, nearly 100 across the borough







## Future Developments

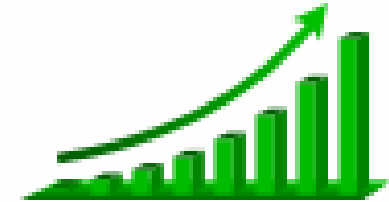
- Continue to Paramedic skill mix
- Maximising front line staff = 2,515
- Urgent care system changes
- New Hub – Stoke On Trent
- Embedding Make Ready
- Ongoing Seasonal planning
- Continue to provide value for money
- Modern new fleet
- Community Engagement



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# Challenges



- Financial Pressures
- Paramedic Workforce
- Service Reconfigurations
- CQC Inspection (June 2016)
- Demand Patterns
- Performance
- Ambulance Response Programme





## Operational Performance 2014/15 and 2015/16

Category	Target	2014/2015	2015/16
<b>Red 1</b> Immediately Life Threatening	75%	77.5%	78.5%
<b>Red 2</b> Life Threatening	75%	74.3%	75.1%
<b>A 19</b> Serious but not life threatening	95%	96.8%	97.2%
<b>Green 2</b> Less Serious / non life threatening	90%	88.3%	89.8%
<b>Referral</b> Non Life threatening / GP admissions	90%	91.5%	88.5%

**Best Performing Service in the Country**





# National Performance/Costs

Trust	Red 1	Red 2	A19	Call Pick up <5 Secs	Call Delays >2 mins	Cost Per Incident
<b>West Midlands</b>	<b>78%</b>	<b>75%</b>	<b>97%</b>	<b>96%</b>	217	185.82
East of England	71%	60%	89%	94%	269	223.60
London	68%	63%	93%	95%	631	232.25
East Midlands	69%	60%	87%	93%	740	184.64
Yorkshire	70%	71%	94%	95%	1178	207.83
North East	68%	68%	91%	93%	1701	183.06
South Western	73%	63%	89%	89%	1740	194.61
North West	74%	70%	92%	94%	1986	191.78
South Central	71%	72%	94%	92%	3315	227.00
South East Coast	71%	69%	94%	86%	3855	204.34



# Ambulance Response Programme (ARP)

WMAS, SWAS, YAS, NEAS & SCAS have the opportunity to lead the country in testing and assuring the project. The programme is lead nationally by Prof Keith Willets Director for Acute Care NHS England and Prof Jonathan Benger National Clinical Director for Urgent Care NHS England. The programme sets new response categories for 999 calls.

**Red** (8min response approx. 6% of calls)

**Amber** (19min response approx. 70% of calls)

**Green** (locally agreed response). There are further sub categories within the Amber and Green which specify the type of vehicle that would stop the clock. These substantial changes will align response time targets with the clinical need of the patient.



# Aims & Method

Increase operational efficiency whilst maintaining a clear focus on the clinical need of patients. Improved outcomes for all patients contacting the 999 ambulance service, with reduced clinical risk by utilizing ....

1. New pre-triage questions to identify those patients in need of the fastest response at the earliest opportunity (Nature of Call; NoC)
2. Dispatch the most clinically appropriate vehicle to each patient within a timeframe that meets their clinical need (Dispatch on Disposition; DoD).
3. A new evidence-based set of clinical codes that better describes the patient's presenting condition and response/resource requirement.

The Secretary of State has requested an ARP report by end of summer 2016 insisting on:

- A clear clinical consensus that changes are beneficial to patient and reduce clinical risk
- Evidence that these changes have the intended benefits, and are safe for patients.
- Evidence of an associated increase in operational efficiency.



# East Midlands

*After much speculation, East Midlands Ambulance Service has announced a number of changes to its senior team. The Trust has confirmed that current Acting Chief Executive, Richard Henderson will continue in the role until further notice. He will be supported by David Whiting as Chief Operating Officer. David, was previously Director of Operations with the Trust before going on to be Chief Executive of Great Western and Yorkshire Ambulance Services. More recently he has been working with the Association of Ambulance Chief Executives. In addition our own Chief Executive, Anthony Marsh, is to be appointed as an Improvement Advisor, working one day a week with EMAS. He will be providing advice and support to the Executive Team and Board. His current role as Chief Executive of WMAS is unaffected.*

June 2016

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## Reflecting on 2015/16 – How did we do ...

- All Cost Improvement Targets met
- Achieved Statutory Financial Duties (+£400k)
- Fleet Mix Review – reduced RRV's / All fleet under 5 years old
- Significant challenges and pressures (Increased demand/winter/Hospital delays)
- Workforce
  - Lowest sickness levels in the country 3.6%
  - 363 Student Paramedics recruited
  - Mandatory Training 95% completed
  - Upskill Training Completed & Mandatory Training 95% completed
  - Organisational Restructure
  - CBRN/MTFA Uplift Training
  - JESIP/Major Incident Training with Police and Fire Service
  - New Command Vehicle

**“Best Performing Ambulance Service in the UK”**



# Complaints and Compliments

Complaints	Compliments
Reduced by 9%	Increase of 4%
358 in 2015-16 (393 previous year)	1,279 in 2015-16 (1,229 previous year)





# Community Defibrillators

*Placed in all Golf courses across the region*

*Marks & Spencer / ASDA / Tesco's*

*Gymnasiums / Swimming baths / Sports halls*

*Retails Parks / Shopping Centres*

*Airport / World Resort / NEC*

*Acorns Trust*

*Birmingham Royal Ballet*

*Grand Central & New Street St & Bullring*

*Ackers Trust*

*Solihull Council*



# How many AED's in the Community

MONTH	Birmingham & Solihull	Black Country	Coventry & Warwick	Stafford shire	Hereford	Shrop shire	Worcester	South Staffs
Jan16	447	418	435	818	187	446	418	29
Feb 16	455	418	435	830	200	446	422	30
March16	459	424	440	840	193	450	429	31
April 16	467	431						
May 16	474	443						







# National Restart-a-heart day



Hundreds of Schools across the region have expressed an interest ... several in Solihull including: Tudor Grange / Lyndon / Langley / John Henry Newman College / Arden Academy / Alderbrook / Lode Heath





# Thank You



## Any Questions?