STAFFORDSHIRE LINK LOCAL INVOLVEMENT NETWORK

Enter and View Visit Report

The visit report will aim to:

- **Focus on patient/service user benefit**
- **Concentrate on key issues**
- **Be clear and concise**
- **Be balanced.**

Date of visit: Monday 18th July 2011

Service/premises visit: West Midlands Ambulance Service

Authorised Representatives who undertook the visit:
Bernard Bester
Hester Parsons

Reason for the visit:
To observe and assess the quality of service provided by the West Midlands Ambulance Service.

West Midlands Ambulance Service (WMAS) Enter and View Visit

1. Report Overview

Lea Washington in his introductory comments advised us that the service had now started to implement the new "Pathways" model of operation and reported that the new system appeared to be working well.

The model is in the process of being implemented nationally on an incremental basis.

The computer system (Cleric) used by WMAS has the new Pathways system embedded in it and some initial glitches were now thought to have been ironed out.

Lea outlined some of the changes and the new standards which now applied.

"Pathways" has been agreed by the RCN, RCGP, RCS and most importantly was fully supported by GPs.

One of the main aims of the new system is to reduce the number of hospital admissions and to shift the emphasis from hospital being seen as the first port of call/the default position for the WMAS and patients.

Early indications were that this is already beginning to happen.

When calls are received at the Control Centre there is a structured algorithm approach to dealing with all callers.

This is a national standard/approach with the objective being to "Hear and Treat."

2. Reason for the visit

- To observe and assess the quality of service provided by the West Midlands Ambulance Service.

3. Approach used

- Direct Observation
- Talking to staff on duty
- Talking to patients/relatives directly using the service
- Evidencing procedures

4. Observations/findings

Control Centre:

What is the general atmosphere within the centre?
The atmosphere was calm, professional and business like.

The operatives were split into a number of teams based on locality (N.Staffs/S. Staffs/ Coventry and Warks) and function (Call receiving /Vehicle dispatch)

There is additional capacity within the centre along with an ability to easily and immediately switch calls to other centres within the region (Dudley/Birmingham) There is also the ability to easily transfer calls to Stafford when demand in those centres becomes excessive.

How would you describe the attitudes of staff involved?
The attitudes of staff we observed were exemplary. They appeared to be focussed on their respective tasks which they conducted with a calm professionalism. The "Duty Manager/Supervisor" was available within the centre and was approached by members of staff on a number of occasions during our time with him. He dealt with their queries in a calm and efficient manner

How quickly do call handlers respond to callers?
Calls are picked up virtually immediately. There is additional capacity within the Stafford Control Centre and the technology exists to pass calls to other call centres if a backlog develops.

Is there a standard for this part of the operation?
There is a national standard relating to time taken to pick up a call and from the information available it would appear that this standard is met by the staff in the Stafford control room.

How would you describe the tone/attitude of the call handler?
The call handlers we observed were calm and efficient. They talked to the callers as they gathered and recorded the requisite information. They gave the caller appropriate information and advice and advised them as to the outcome of the call i.e. "an ambulance will be with you shortly".

Do the call handlers have a good level of understanding of conditions/procedures/protocols?

Given the new ”Pathways” approach all staff have been trained and judged as being proficient in the use of the system. The new Pathway is said to allow little scope for individual decision making.

How long does the average call last?

Life threatening conditions once identified are immediately passed to the dispatchers who will mobilise a crew. If the Pathways algorithm is used, the average call is expected to last 5 minutes before a decision is taken as to the outcome of the call.

How quickly and efficiently is information passed to ambulance staff?

Information is passed instantaneously, electronically and then verbally to ambulance crews. The information passed is recorded and represents the initial sections of the patients’ record which is completed by the crew and if the call results in transfer to hospital accompanies the patient there. It otherwise remains with the patient to pass to GP or other health care professional.

What was the outcome of call?

The call we listened to went though the Pathways process but still resulted in an ambulance due to the age of the patient and uncertainty regarding why the patient had fallen to the floor.

Make Ready Facility:

The Staffordshire area is the only one to operate a make ready service for the cleaning and re-stocking of emergency ambulances. It is a 24hour service employing dedicated staff to clean and re-stock the vehicles. There is no standard nationally in relation to this aspect of the service and within WMAS this is seen as a gold standard to which other services will aspire in the future. All emergency ambulances undergo a deep clean once a month and a full make ready clean and restock every 24hours. All drugs and equipment are checked following which they are tagged with a plastic seal which needs to be broken before the contents can be used.

Is there an agreed standard for vehicle cleanliness and comfort?

This element of the service which started in Staffordshire AS is seen as part of a gold star standard. There is no national standard for this element of the WMAS operation. The Service has its own standards and protocols. Each ambulance has a deep clean every month. It has all drugs and equipment checked and replenished every 24 hours. Supplies are topped up and then tagged in the relevant location on the vehicle. There is a dedicated team who carry out what is regarded as a vital task in the smooth operation of the service.

Who monitors against the standards?

There is an internal quality team of WMAS who audits this work. There is an audit book for each vehicle which is filled in by the make ready staff on completion of the daily clean and restock. This provides a written audit trail. It is said to be also the case that individual crews/individuals also always check equipment when taking control of a vehicle.

Do the same standards apply to equipment?

Yes they do. Equipment is checked and replenished every 24 hours.

What is the general condition of equipment?

Equipment is kept in good condition and is checked regularly. In addition the vehicles are checked daily in respect of tyre pressures, oil levels etc.

What, when and how are relevant provisions renewed?

See above but in addition crews can return to the make ready facility replacement respiratory bag or other equipment/drugs at any time.

What is final checking/monitoring process?

Each crew checks drugs and equipment on taking control of vehicle.

Accident and Emergency Service

What is condition of ambulance on arrival at A&E?

The condition of the ambulance on arrival will depend on the nature of patient's condition en route to hospital. Opportunities exist to clean vehicle at A&E pending a deep clean at Control centre at the end of the shift. If the vehicle is excessively contaminated by body fluids it can be returned to the make ready facility to be cleaned and a replacement will be provided for the crew

What the attitudes of the delivery and reception staff on arrival at A&E?

Despite a busy and bustling environment at A&E (UHNS) the ambulance crews dealt with their respective patients in a careful and proper manner whilst waiting in the ambulance corridor. There appeared to be good cooperation and joint working between A&E staff and crews with each patient.

What was the experience of patients and carers on arrival?

A gentleman and his carer (son) were spoken to on arrival at A&E. Both were pleased with their experience. The First Responder had arrived within 5 minutes and an ambulance within a further 10 minutes. Following a number of routine investigations the gentleman was transported to A&E with chest pains. The patient and carer were kept fully informed. The ambulance was clean and comfortable.

Were there any dignity and respect issues?

There were no dignity and respect issues. All patients were cared for and suitably covered up etc.

What information was given to patient and carer?

Relevant information and advice was offered to patients and carers.

What info was passed to A&E staff?

The patient's record, soon to be held electronically, having been completed at the Control Centre and by the Crew was handed to A&E staff.

Were patients assisted with disembarkation?

This was not observed but there is no reason to suspect that no one was treated with anything but complete respect and care. All patients bar one who was in a wheelchair were brought to A&E on a stretcher and transferred to a hospital trolley using a slide board. If no trolley was available and the crew were ready to get back on the road they would take a spare stretcher/trolley so as not to waste time.

How were they transferred in to A&E?

With proper care and diligence and appropriate information. Most patients observed were transferred on stretchers.

What was the conduct of the paramedic (HALO) based in A&E?

The role of the HALO is to liaise between the hospital and ambulance service. From our observations he was fully conversant with matters within A&E and the anticipated arrival of ambulances at the hospital. From a patient's perspective the role appears to be a valuable one and ensures the smooth transition of patients through the A&E system from the point of arrival to the point of discharge. From the WMAS perspective the role is valuable in ensuring the most effective use of the staff and resources of that service.

Additional Information re Mid Staffs HALO and Service Redesign:

The Accident and Emergency Unit at Mid Staffs Hospital is in the process of undergoing a significant refurbishment. A key component of this is to facilitate a greatly improved environment for the ambulance service activity.

The environment is much improved with corridors and side rooms having been cleared and cleaned and freshly decorated thereby giving a more professional and systematic service.

Improvements to the technology are in hand with plans for two docking ports for the ambulance crews to download their records to the main hospital database to be installed at the Ambulance desk in the ambulance reception corridor.

The current location of the screen for the WMAS, ECS is also to be located in this area giving the crew immediate view of the activity level within the A&E area so that the information can be interpreted and properly communicated to patients and their carers.

The patient having arrived at A&E is transferred by the ambulance crew to the supervision of the designated liaison nurse. This allows a further period of observation and assessment, with all patients situated in a position where the faces of the patients are clearly seen by the named nurse.

In the event of patients suffering with an acute condition the ambulance crew is able to make contact with the A&E Medical staff in advance of their arrival at A&E to enable proper arrangements to be made for the patient.

The patients we observed at the time of our visit were generally elderly, very frail and poorly looking.

There is a designated room for distressed relatives with comfy chairs and a coffee machine.

The staff we observed were very industrious and displayed a genuine team approach with their colleagues within the WMAS and also within the wider A&E Unit.

Throughout the unit great care was taken to ensure that all patients were treated with dignity and respect. Single sex observation areas have now been created. When there is higher than anticipated demand, resulting in 4 or more patients being retained in the entrance corridor on trolleys, the A&E department provide a nurse to observe and attend to the needs of these patients. If the number of patients waiting is greater than 6 and if staffing levels allow 2 nurses will be assigned to care for the patients.

Within the A&E Unit there is a wide range of additional support services. There exists a liaison psychiatry team with CPNs and Consultants available when required, intermediate care team and OT. Age UK are on hand and provide support to front line medical and nursing staff. Health care assistants are available to support patients when this is needed.

From our observations communications appeared to be excellent.

The HALO is very clearly totally committed to his role and is very supportive of his colleagues and the wider A&E team.

5. Conclusions

These were particularly interesting and rewarding observations.

The WMAS appears to have embedded within it a culture of care, efficiency and effectiveness. It appears to be an organisation which constantly seeks to improve itself and its performance.

The staff to whom we spoke epitomised this. This included the receptionist who had worked for the Service for over 20 years in a number of different roles and the office cleaner who at nearly 70 years of age clearly still relished and enjoyed his role.

The staff who were allocated to us were excellent advocates for the service and their enthusiasm and commitment easily communicated itself.

This is a service of which the people of Staffordshire should feel proud.

We would like to thank the staff who worked with us on the different elements of enter and view.

6. Recommendations

No recommendations were made as a result of this visit.

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Draft Report checked for accuracy/appropriate use of language:	✓
Draft Report submitted to service provider for comments:	✓
Final Report approved by the LINk:	✓
Final Report submitted to service provider:	✓
Distribution/circulation/publication of the report agreed:	✓
Evaluation of visit/report completed:	✓