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| **AGENDA ITEM** |
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| **EMERGENCY AMBULANCE SERVICES COMMITTEE**  |

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| **Ambulance Quality Indicators1 October 2019 – 31 December 2019** |

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| **Date of meeting** | (21/02/2020) |

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| **FOI Status** | Open/Public |

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| **If closed please indicate reason** | Choose an item. |

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| **Prepared by** | Jonathan Jones, Programme Manager |
| **Presented by** | Ross Whitehead, Assistant Director of Quality and Performance Management |
| **Approving Executive Sponsor** | Stephen Harrhy, Chief Ambulance Services Commissioner |

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| **Report purpose** | FOR DISCUSSION / REVIEW  |

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| **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**  |
| **Committee/Group/Individuals** | **Date** | **Outcome** |
| EASC Management Group  | 21 Feb 2020 | DISCUSSED NO DECISION |

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| **ACRONYMS** |
| AQIEMSWAST | Ambulance Quality IndicatorsEmergency Medical ServicesWelsh Ambulance Services NHS Trust |

1. **SITUATION/BACKGROUND**
	1. The purpose of the report is to provide an overview of the most recent quarter data which was published on Wednesday 29January 2020.
	2. This report should be read in conjunction with the public release of the Ambulance Quality Indicators attached as **Appendix 1**.
	3. These Indicators are for the period: 1 October 2019 to 31 December 2019 and the narrative below describes performance across the 5 Step Ambulance Care Pathway
	4. Members of the Committee will be aware that the Ambulance Quality Indicators were developed to monitor and improve performance across the 5 Step Ambulance Care Pathway.
	5. The Ambulance Care Pathway is designed to ensure that ambulances are dispatched to calls where there is an immediate need to save life or provide treatment which requires an ambulance. For other less serious cases, alternative treatments such as referrals to other parts of the NHS or telephone advice will be provided. The pathway is intended to ensure the ambulance service is providing the right response for a patient dependent on their clinical need.

1.6 Members will recall previous commitments to develop a user friendly version of the Ambulance Quality Indicators, and an interactive demonstration of this work will be presented at the meeting.

1. **SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)**

**Step One – Help Me Choose**

* WAST organised 77 community engagement meetings across Wales between 01 October 2019 and 31 December 2019.
* Community engagement events help WAST listen to the concerns and ideas of people in Wales and communicate information with people in Wales about self-care, choice and appropriate use of the Welsh Ambulance Service and the wider NHS.
* In the period 01 October 2019 and 31 December 2019 there were 1,279,982 visits to the NHS Direct Wales website.
* Measuring the number of visits to the NHS Direct Wales website helps identify periods of high demand and examine links to call volumes to both NHS Direct Wales and the Clinical Contact Centres.
* Dental problems are the top reason for the public to call NHS Direct Wales. There were 10,920 calls to NHS Direct Wales about dental problems between 01 October 2019 and 31 December 2019.
* Identifying the top 10 reasons for calling NHS Direct Wales helps identify the topics for advice that NHS Direct Wales needs to be able to provide. It also allows Local Health Boards to develop services where there is an unmet need.
* Frequent callers are defined as people who call WAST via the 999 system five times or more in a month. 8,016 incidents were generated by frequent callers in the period 01 October 2019 and 31 December 2019.
* Identifying frequent callers helps WAST manage the needs of this group of callers, many of whom are vulnerable adults who have an unmet need. Simply sending ambulances to these patients does not necessarily mean they get the help they need. Frequent caller patient needs are managed via multi-disciplinary teams including primary, secondary care and clinical managers in the Local Health Boards and WAST. This may involve WAST referring a patient to a GP service or a specialist team such as a mental health service.

**Step Two – Answer My Call**

* There were 21,109 calls for an urgent (1-4 hour) admission from health care professionals between 01 October 2019 and 31 December 2019.
* A health care professional is defined as: a Doctor usually a General Practitioner, Paramedic, Nurse, Midwife, Dentist or Approved Social Worker. Measuring the number of calls from healthcare professionals helps WAST plan and develop strategies to manage the needs of these patients.
* 141,340 - 999 calls were answered between 01 October 2019 and 30 December 2019.
* 125,331 calls were taken through the medical priority dispatch system, a system that WAST uses to assess the severity of 999 calls.
* 15,789 of these calls were regarding breathing problems, 15,112 of these calls were regarding falls and 13,459 of these calls were regarding chest pain a between 01 October 2019 and 31 December 2019.
* 11,841 calls were ended following WAST telephone assessment; ‘Hear and Treat’. ‘Hear and Treat’ is the telephone clinical advice that callers who do not have serious or life threatening conditions receive from WAST. This may mean an ambulance response will not necessarily be sent immediately. Instead, patients may be given more appropriate healthcare advice based on what they tell the clinician over the phone. They may receive advice on how to care for themselves or where they might go to receive appropriate assistance, for example a GP or a Pharmacy. They may also be advised to make their own way to hospital where this is safe or be provided with alternative transport rather than an ambulance.
* Re-contact rates measure the number of patients who dial 999 after receiving telephone advice (‘hear and treat’) services or after being treated at the scene (‘see and treat’); this may be for an unexpected or new problem within the following 24 hours. To ensure WAST is providing safe and effective care, first time, this indicator measures how many patients call WAST back within 24 hours of the initial call being made.
* Of the 11,841 calls ended following ‘hear and treat’ there were 655 re-contacts within 24 hours between 01 October 2019 and 31 December 2019.
* Of the 8,600 treated at scene (‘see and treat’) there were 79 re-contacts within 24 hours.

**Step Three – Come to See Me**

* There were 8,560 RED calls between 01 October 2019 and 31 December 2019.
* The Wales national target for a response arriving to RED calls in 8 minutes is 65%. At an all Wales level this target was only met in October 2019 this quarter. The target for each Health Board area is 60%, this was also missed across each month this quarter, in October, Powys’ performance was 57.6%; in November Cwm Taf Morgannwg performance was 58.2%, Hywel Dda’s performance was 58.2% and Swansea Bay’s performance was 58.8% and in December Betsi Cadwaladr’s performance was 59.9%, Cwm Taf Morgannwg’s performance was 55.7% and Hywel Dda’s performance was 58.0%.
* RED calls are immediately life threatening so it is important to measure not just how WAST performs against the Wales national target, but the distribution of performance.
* The median RED response time in December 2019 was 6 minutes and 37 seconds. 65% of Red calls were responded to within 8 minutes and 27 seconds and 95% of calls were responded to within 19 minutes and 11 seconds.
* There were 64,000 AMBER calls between 01 October 2019 and 31 December 2019.
* AMBER calls are serious, but not immediately life threatening. AMBER calls are measured by the standard of care provided by WAST.
* There were 6,326 GREEN calls between 01 October 2019 and 30 December 2019.
* GREEN calls are 999 calls received that are considered neither serious or life threatening.
* It is important to make the best use of available ambulance resources and to measure the number of resources that are allocated to an incident. There are occasions when it is appropriate for more than one ambulance to be allocated, for example, a multiple response to a very serious call where there is an immediate threat to life (categorised as RED) or multi-casualty incidents such as road traffic collisions.
* In December 2019, for incidents that would normally only require one resource; one resource was allocated to 77.8% of incidents, two resources to 19.3% of incidents, 3 resources to 2.5% of incidents and 4 resources to 0.4% of incidents.
* Community First Responders are volunteers trained by WAST who are sent to certain incidents to provide immediate care before the arrival of an ambulance. These volunteers are vital to saving lives across Wales.
* Community First Responders attended 5,160 incidents between 01 October 2019 and 31 December 2019. They were first on scene in 4,435 of these incidents (85.9%).

**Step Four – Give Me Treatment**

* Treatment given by ambulance clinicians before a patient reaches hospital is a major factor in their chances of survival and recovery. Ambulance clinicians use packages of care, assessment and treatment known as care bundles for certain conditions.

Care bundles are a series of assessments, treatments and actions that are clinically recognised to improve a patient’s outcome and experience. This information is gained from clinical patient records completed by staff using their digital pens. In this release we have highlighted the performance against seven key clinical indicators for Cardiac Arrests, Strokes, Heart Attacks (called STEMI), fractured hips (known as neck of femur injuries), febrile convulsion, sepsis and hypoglycaemia.

* Cardiac arrest (no pulse and not breathing): this indicator measures how many patients who are in cardiac arrest, but are successfully resuscitated at the scene by WAST and have a pulse/ heartbeat on arrival at hospital. It is recognised that providing resuscitation as early as possible to those in cardiac arrest is key to improving the chances of recovery.
* Stroke: a stroke happens when the supply of blood to the brain is suddenly interrupted. This indicator measures the number and percentage of suspected stroke patients assessed face to face who received all of the elements of the stroke care bundle. The measures include a F.A.S.T (Face Arm Speech Test) assessment, the recording of blood glucose and blood pressure readings.
* Fractured hips (known as neck of femur injuries): fractured hips cause significant pain which can be exacerbated by movement. Pain control for patients with a fractured neck of femur in the immediate post-trauma period is paramount to promoting recovery and patient experience. This reduces suffering and the detrimental effects uncontrolled pain may have. This indicator measures the recording of initial and subsequent verbal pain scores and administration of appropriate pain medicines before arrival at hospital.
* STEMI: STEMI is a type of heart attack caused by a blood clot in the heart which is diagnosed by an electrocardiogram taken by the ambulance crew. The care bundle includes taking verbal pain scores from the patient, administering aspirin to reduce blood clotting, Glyceryl Trinitrate to relax and widen blood vessels and the provision of pain relief.
* Sepsis: Sepsis, also referred to as blood poisoning or septicaemia, is a potentially life-threatening condition, triggered by an infection. This indicator records patients with a suspected diagnosis of sepsis or septic shock who have been reviewed using a screening tool (NEWS) and have a documented score. This promotes early recognition of suspected sepsis and enhances handover in hospital.
* Febrile convulsion: is a seizure that can happen when a child has a fever. This indicator measures patients under 5 with suspected febrile convulsion who are documented as receiving the appropriate care bundle comprising of the measurement of heart rate, respiratory rate, oxygen saturation, temperature and blood glucose.
* Hypoglycaemia: is an abnormally low level of glucose (sugar) in the blood. This indicator measures patients who are documented as receiving the appropriate care bundle, which comprises of blood glucose measurement before treatment, treatment and blood glucose measurement after treatment.
* Between 01 October 2019 and 31 December 2019 15,535 incidents did not result in a conveyance to a hospital or another destination. The reasons for non-conveyance is that 8,600 of these incidents were treated at scene and 6,935 were referred to an alternative provider.
* WAST has different types of ambulance resource that can be dispatched to incidents. It is important for patient care and the most effective use of resource that the ideal resource is dispatched and arrives on scene first. Between 01 October 2019 and 31 December 2019 the ideal resource arrived on scene first for Amber incidents 23.1% of the time.
* There is no ideal resource for Red incidents, which are immediately life threatening and time critical. For these incidents the nearest available resource will be dispatched with further resources dispatched as back up**.**

**Step Five – Take Me to Hospital**

* 46,637 patients who called 999 were conveyed to a hospital or another destination between 01 October 2019 and 31 December 2019.
* NHS Wales guidance is that the handover of care of patients from an ambulance crew to hospital staff should be within 15 minutes. Across Wales, between 01 October 2019 and 31 December 2019 this occurred in 35.3% of cases.
* The handover of care is important as taking more than 15 minutes means the patient remains in the ambulance which means the ambulance is not available to respond to other calls in the community. Between 01 October 2019 and 31 December 2019, 36,427 hours were lost to delayed handovers of care.
* Once an ambulance crew has handed over the care of a patient to a hospital or other destination NHS Wales guidance is that ambulances clear and be ready for the next call within 15 minutes or less.
* Between 01 October 2019 and 31 December 2019, 88.6% of ambulances cleared within 15 minutes or less.
* The handover to clear is an important efficiency measure. Between 01 October 2019 and 31 December 2019, 1,059 hours were lost to delayed handovers to clear.
1. **KEY RISKS/MATTERS FOR ESCALATION TO THE COMMITTEE**
	1. The purpose of the report is to provide an overview of the most recent quarter data which was published on Wednesday 29 January 2020.
2. **IMPACT ASSESSMENT**

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| **Quality/Safety/Patient Experience implications**  | There are no specific quality and safety implications related to the activity outined in this report. |
| However, the subject matter relates to quality indicators for patient safety and experience |
| **Related Health and Care standard(s)** | ALL are relevant to this report |
| **Equality impact assessment completed** | Not required |
| **Legal implications / impact** | There are no specific legal implications related to the activity outlined in this report. |
| **Resource (Capital/Revenue £/Workforce) implications /** **Impact** | There is no direct impact on resources as a result of the activity outlined in this report. |

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| **Link to Commissioning Intentions** | The Committee’s overarching role is to ensure its Commissioning Strategy for Emergency Ambulance Services utilising the five step patient pathway outlined within the National Collaborative Commissioning Quality and Delivery Agreement and the related outcomes for each care standard aligned with the Institute of Healthcare Improvement's (IHI) ‘Quadruple Aim’ are being progressed.  |
| **Link to Main WBFG Act Objective** | ALL are relevant |

1. **RECOMMENDATION**
	1. The Emergency Ambulance Services Committee is asked to:
* **DISCUSS** and **NOTE** the contents of the report.