

# Quality Report

## Management Group

Latest Data loaded May 2023



GIG  
CYMRU  
NHS  
WALES

Pwyllgor Gwasanaethau  
Ambywlans Brys  
Emergency Ambulance  
Services Committee

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# Purpose

## The Duty of Quality

The Committee has a responsibility to support the delivery of Emergency Ambulance Services and therefore must do so with a view to securing improvement in the quality of the services provided.

## The Duty of Candour

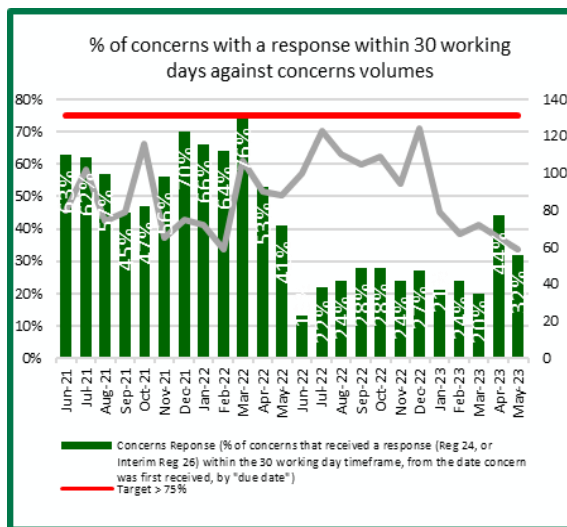
The Committee has a responsibility to ensure Emergency Ambulance Services are identifying and learning from incidents that have caused harm and supporting the development of initiatives to stop similar incidents from happening again.

The purpose of this report is to ensure both requirements are addressed and to inform the Committee of progress in improving quality of Emergency Ambulance Services.

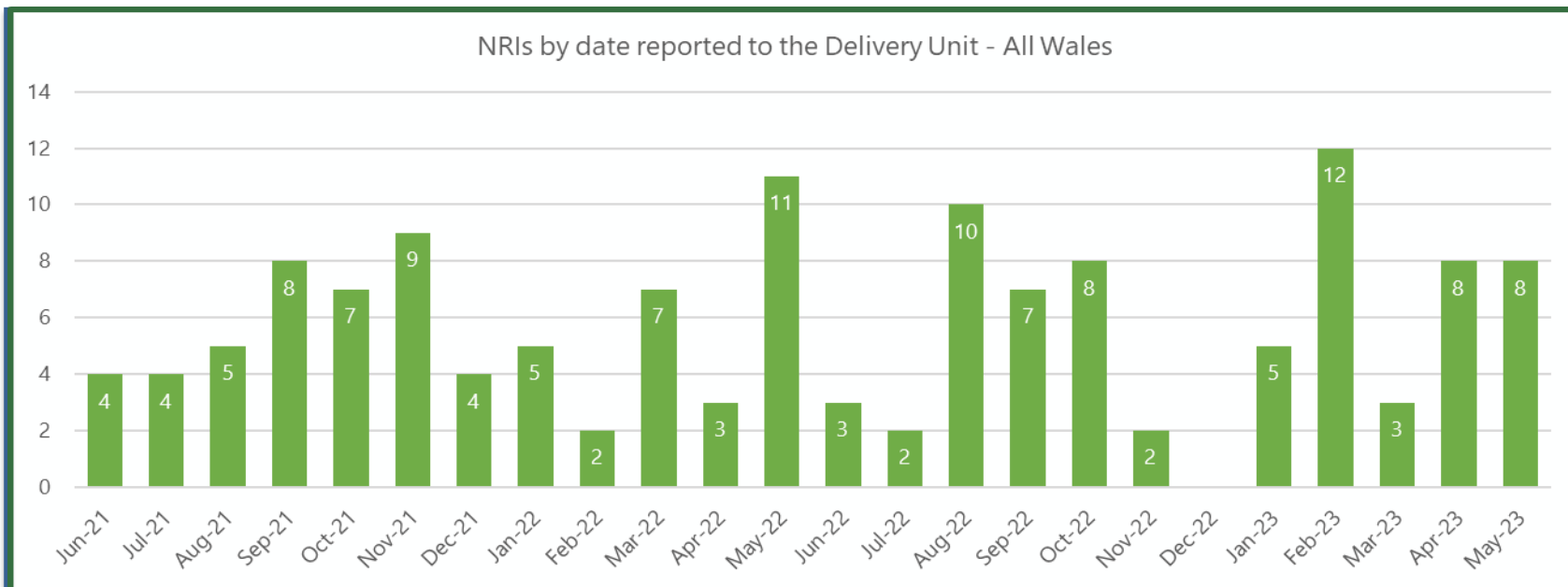


# Safe Care

*A system level focus on commissioning and ensuring sufficient levels of resource availability to provide safe services.*



Recruitment, redeployment and assessment of workload along with a review of Putting Things Right functions will help mitigate this.



**Themes:** 'delayed community response' and 'call categorisation'.

**Immediate improvement actions**  
Education of individual staff,  
Updates to Standard Operating Procedures,  
Circulation of bulletins



# Safe Care

*A system level focus on commissioning and ensuring sufficient levels of resource availability to provide safe services.*

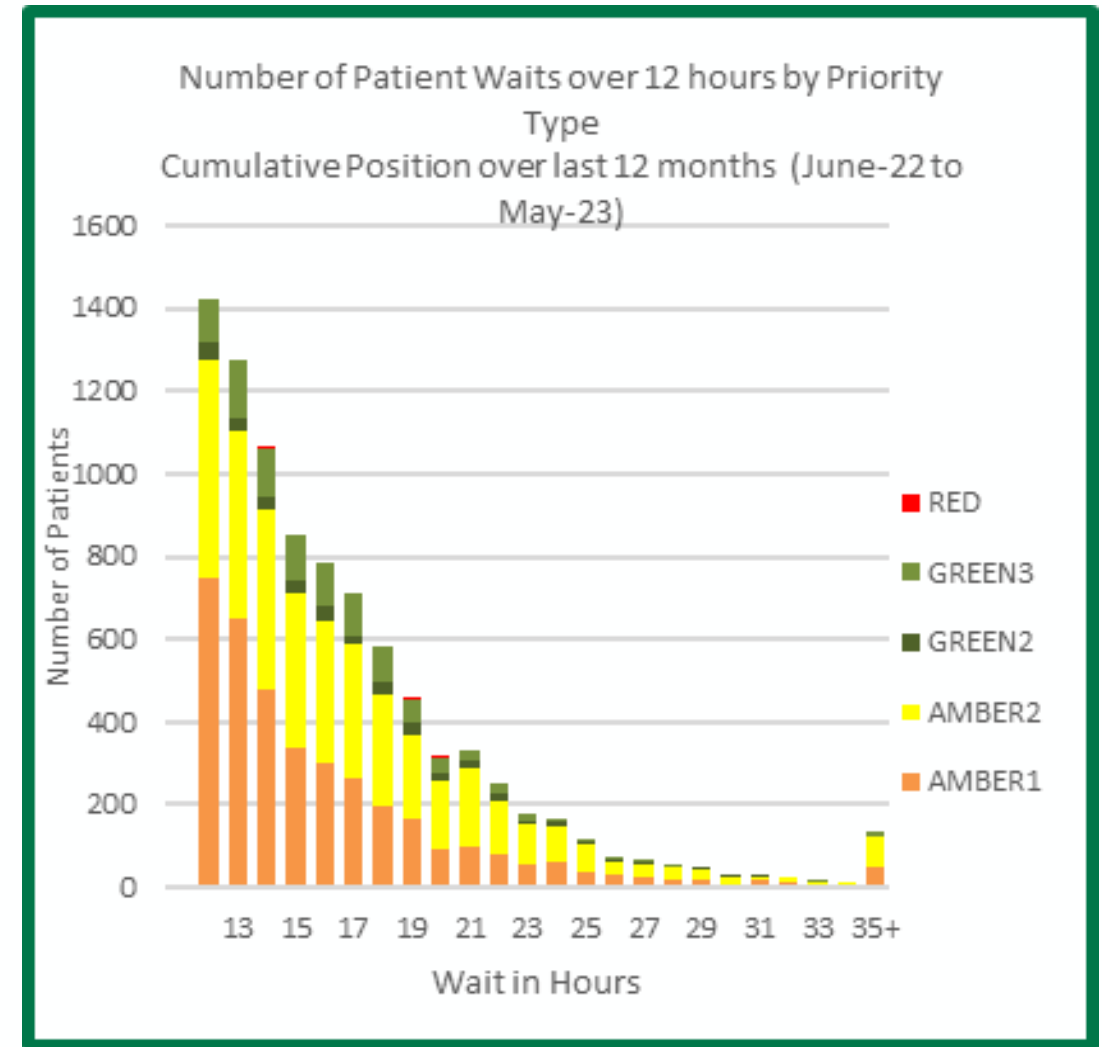
## Joint Investigations

In May 2023, WAST identified 25 Joint Investigations and there were no referrals from health boards into WAST under the Joint Investigation Framework.

### Themes

- Delay in raising concern
- Lack of clinical input
- End of Life Care

End of Life Care  
planning- feedback to be  
taken to 6 Goals for  
Urgent and Emergency  
Care Programme  
Steering Group



# Timely Care

*Commissioning services to provide a response within timescales that contribute to improving clinical outcomes and patient satisfaction*



## Red

The longest wait time for a Red incident in May was 00:51:01.  
There were 4,028 incidents categorised as Red.



## Amber (1&2)

The median wait for Amber was 00:58:10.  
There were 25,811 incidents categorised as Amber.



## Green (2&3)

The median wait for Green was 01:10:59  
There were 5,962 incidents categorised as Green.

In May 2023

- 264 patients waited over 12 hours for a response

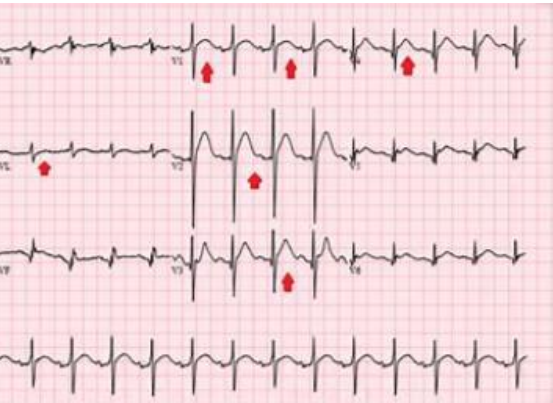


## Non Emergency Patient Transport Services (NEPTS)

- 78% of calls were answered within 60 seconds,
- 4.2% of calls were abandoned before answering.
- 64% of core journeys arrived within 30 minutes of their appointment time.
- 79% of discharge & transfer patients were collected in less than 60 minutes after their booked ready time.

# Effective Care

*Commissioning services to do deliver care to the right call, at the right time, with the right response.*



## ST Elevation Myocardial Infarction

There were a total of 99 patients in April who were documented as having a ST Elevation Myocardial Infarction (STEMI – heart attack). Of these 47 (47.5%) were documented as receiving appropriate STEMI care bundle.

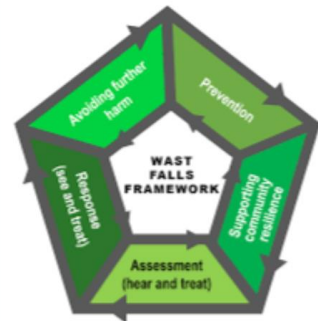
## Return of Spontaneous Circulation (ROSC) In May

- There were 4,028 incidents categorised as 'Red'.
- Of these, 292 people had resuscitation attempts started on them,
- Of that 59 people arrived at hospital with a return of spontaneous circulation ( $59/292 = 20\%$  ROSC).

## Falls- The biggest reason for a 999 call in May

- 336 patients were treated for a fractured hip.
- 200 patients received the appropriate care bundle
- 59.5% compliant

Whilst this report details patients who have been treated for a fractured hip and STEMI patients, future reports will explore other clinical outcomes.



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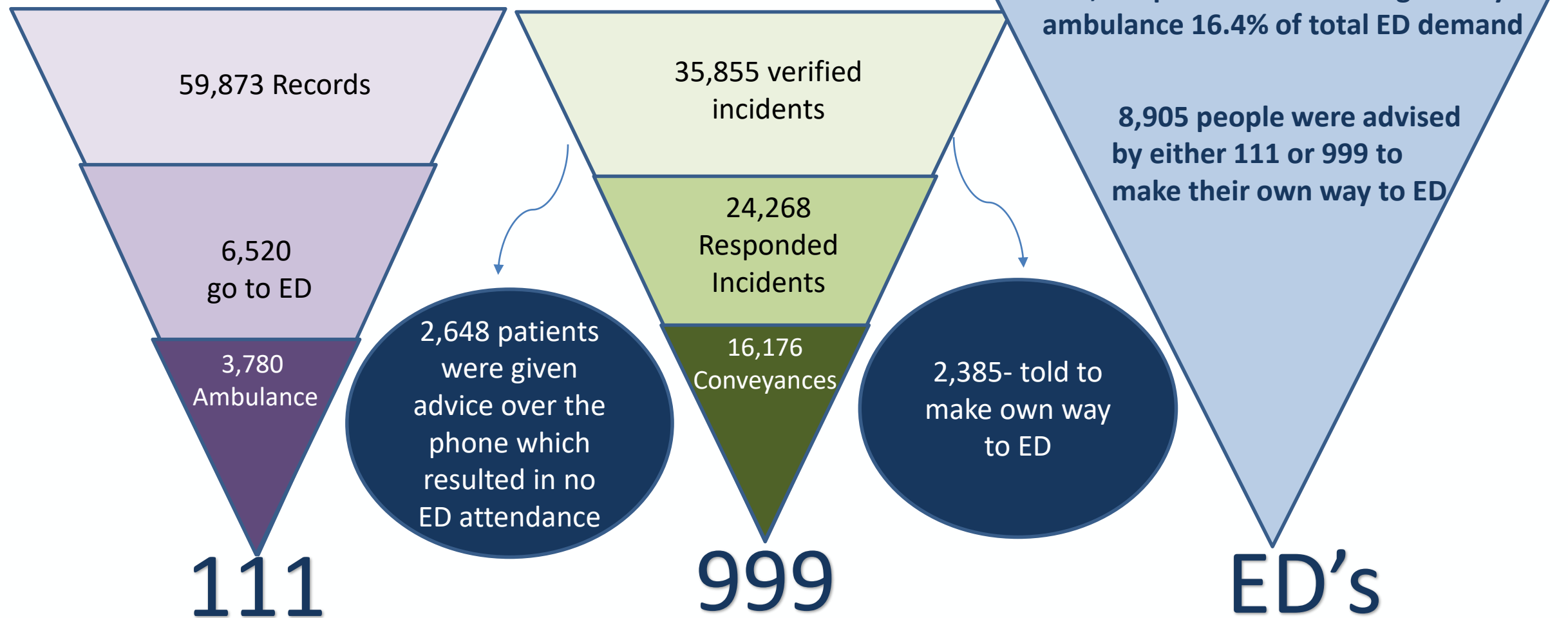
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# Efficient Care

*Commissioning services to deliver prudent, value based care*



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# Efficient Care

*Commissioning services to deliver prudent, value based care*

Acuity of patients arriving at ED

Manchester triage is a clinical risk assessment and management tool which is used to help identify the priority in which patients need to be seen.

| Level       | Maximum time to examination |
|-------------|-----------------------------|
| Immediate   | 0 minutes                   |
| Very urgent | 10 minutes                  |
| Urgent      | 60 minutes                  |
| Standard    | 120 minutes                 |
| Non-urgent  | 240 minutes                 |

In May, 352 patients self presented to type 1 ED's that were triaged as a Red Category 1. These patients required immediate medical attention and may have benefitted from ambulance intervention.

Patients who are triaged as Red (or category 1) are considered to be very unwell and are usually patients requiring resuscitation.

## What makes a patient a Red / category 1?

Stridor

Airway Compromise

Shock

Inadequate breathing

Unresponsive

Drooling

Currently fitting

Exsanguinating haemorrhage

Chemical eye injury

Unresponsive child

Hypoglycaemia less than 3

Prolapsed umbilical cord

Presenting fetal parts



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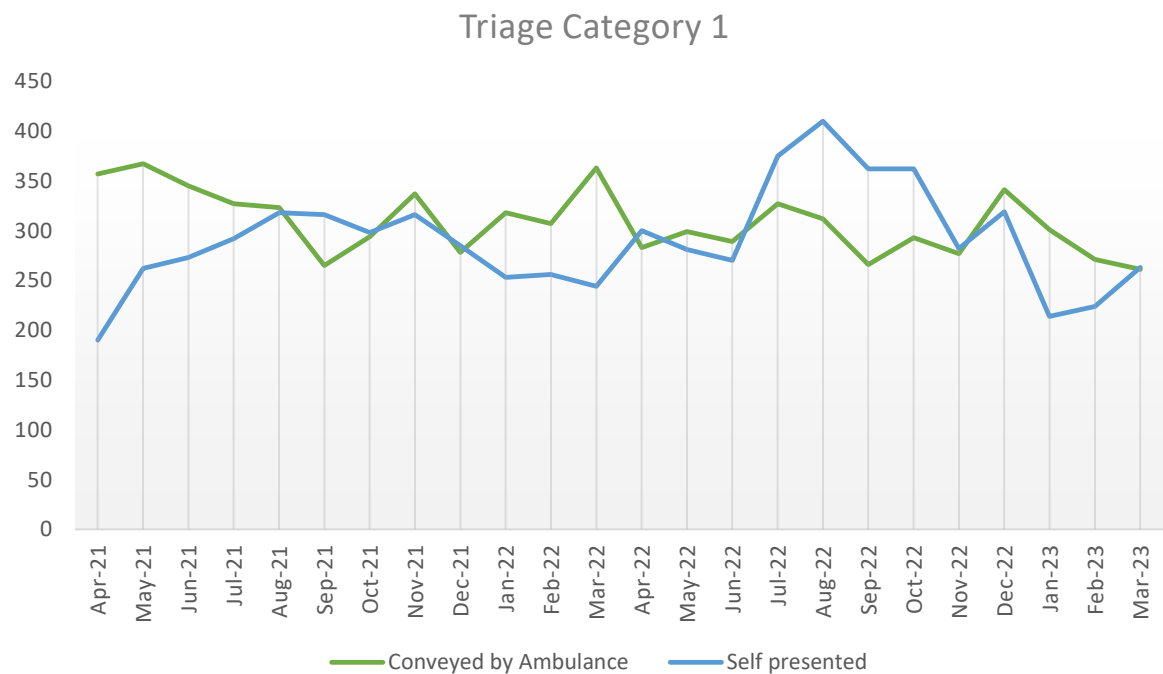


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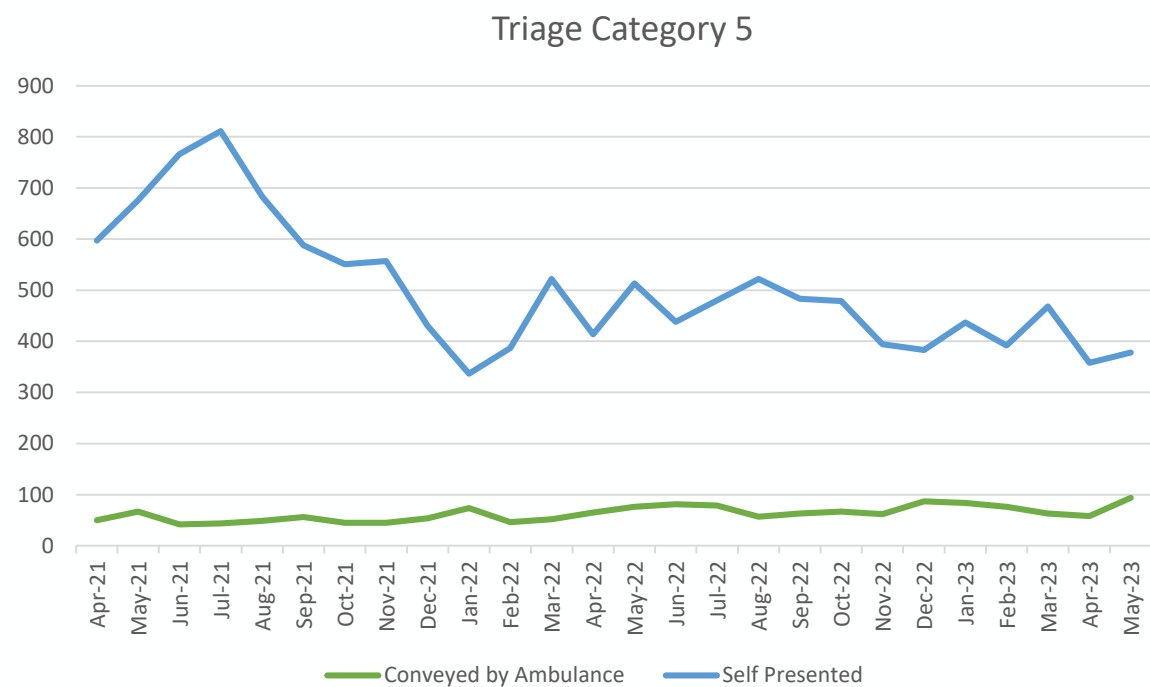


# Efficient Care

Commissioning services to do deliver prudent, value based care



The above chart shows the number of patients that self present, that are triaged as category 1.



The chart above shows a slight increase over time in the number of low acuity patients (category 5) that are conveyed by ambulance.

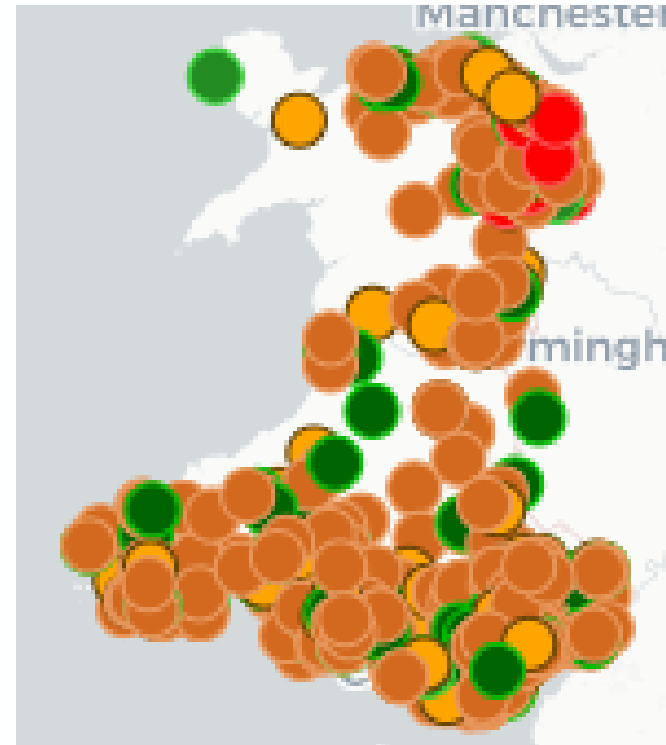


# Equitable Care

*Commissioning services to provide equity of access and consistency in standards of care to patients across Wales*



This map shows the location of where Advanced Practice Paramedics were deployed in May. The data shows resources throughout Wales with the majority of responses in the South.



This map shows the location of where Falls Response Units were deployed in May. The data shows the majority of responses in the South.

Further analysis of benefits and outcomes will be explored

# Patient Centered Care

*Commissioning services to do deliver care that is culturally embedded and supported by a common approach to assessing and managing peoples needs.*

## Opportunities for learning

- Monitoring response to complaint times
- Delayed community response – have all opportunities been explored?
- Call categorisation – How will this be monitored?
- End of Life- How are these patients identified?
- Await outcome of review of Red incidents
- How do we improve care for older people?
- Analysis of patients conveyed by ambulance presenting at ED
- Capture patients that were advised to attend ED by another service
- Benefits and outcomes for patients that received a specialist response from either an Advanced Paramedic Practitioner or a Falls vehicle.




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