

Quality Report

Joint Committee

Latest Data loaded July 2023



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

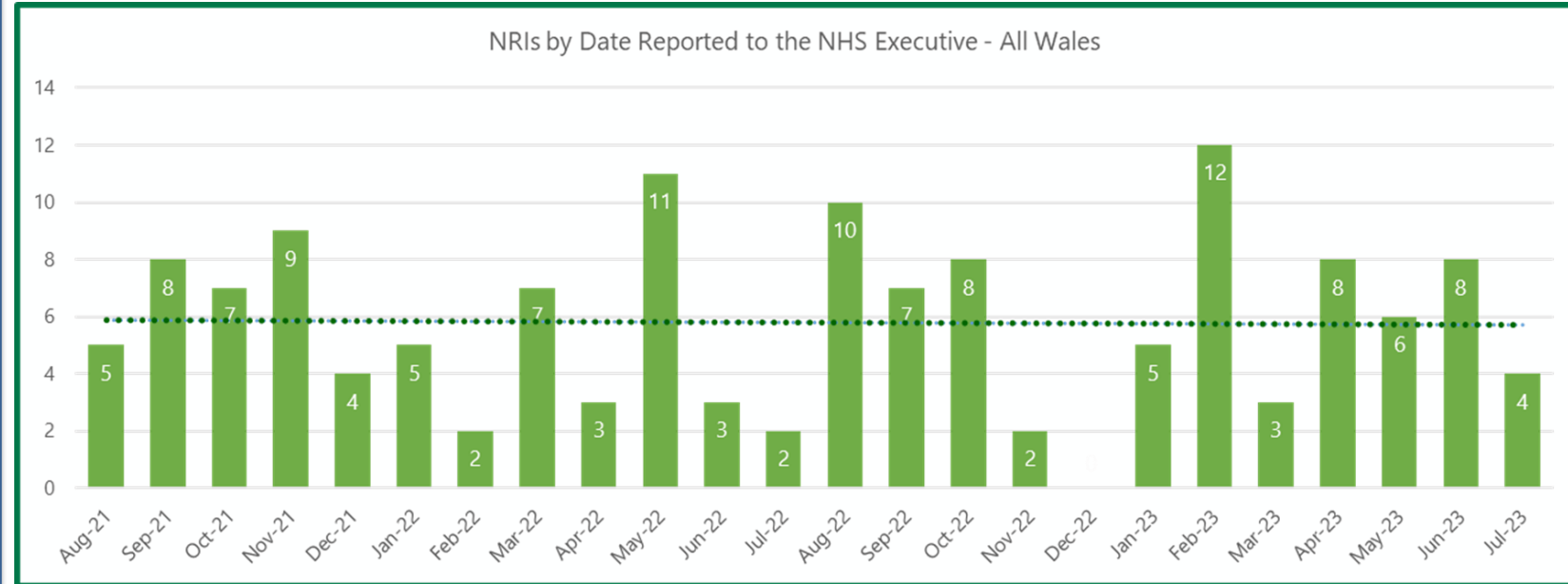
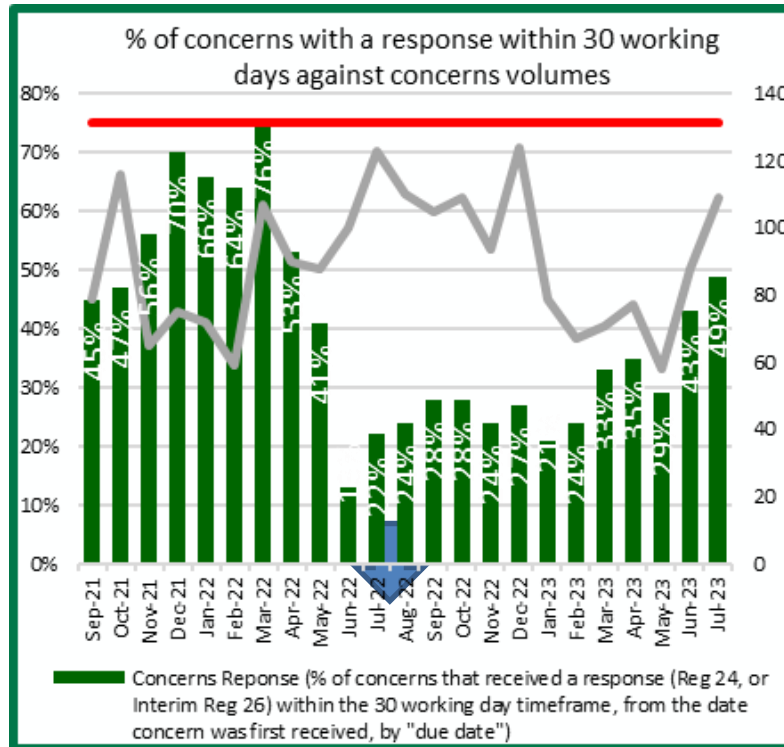
The Committee has a responsibility to ensure Emergency Ambulance Services are identifying and learning from incidents that have caused harm and supporting the development of initiatives to stop similar incidents from happening again.

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.



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



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

Safe Care

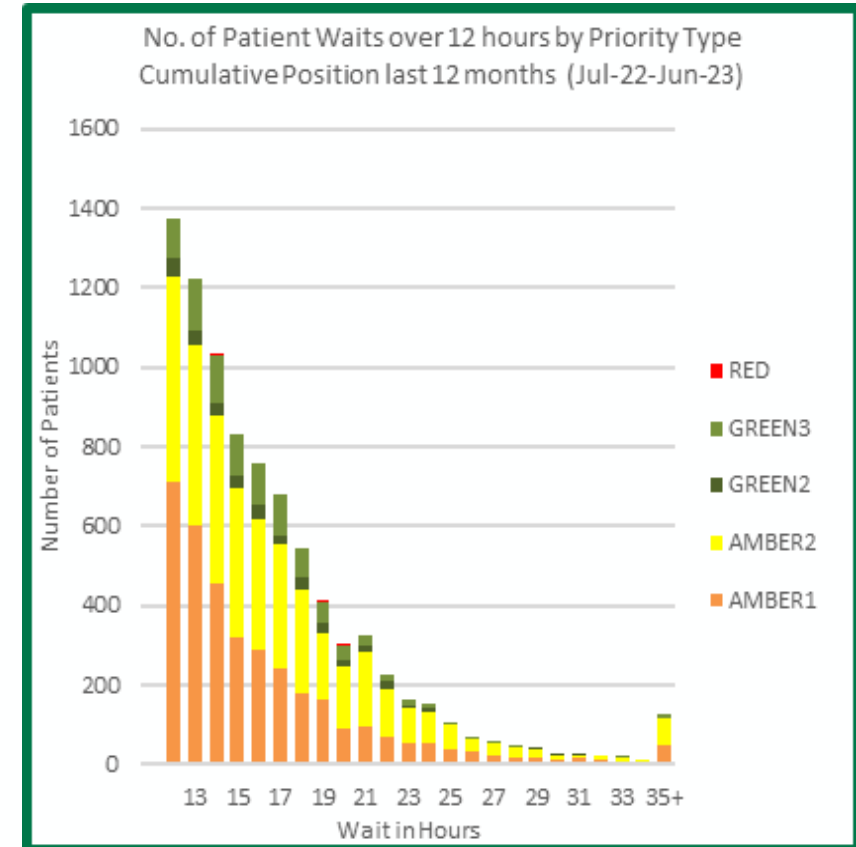
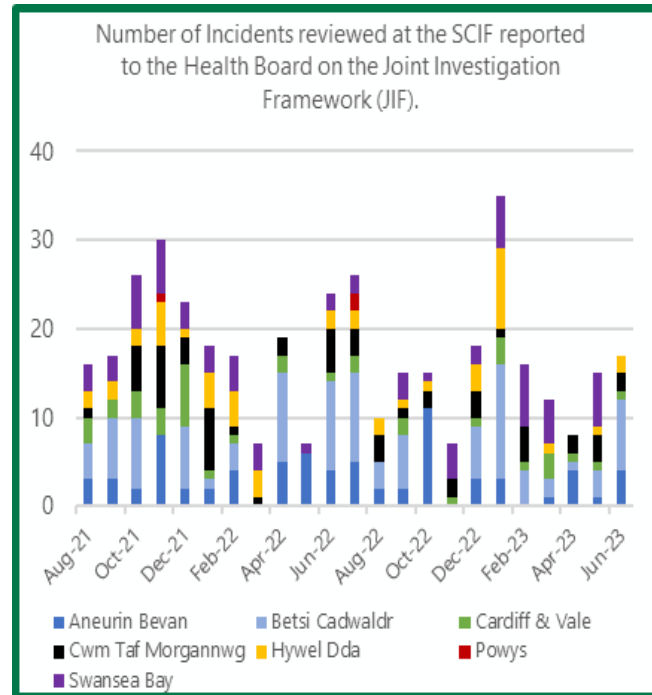
A system level focus on commissioning and ensuring sufficient levels of resource availability to provide safe services.

Joint Investigations

In July, WAST identified 16 Joint Investigations and there were no referrals from health boards into WAST under the Joint Investigation Framework.

Themes

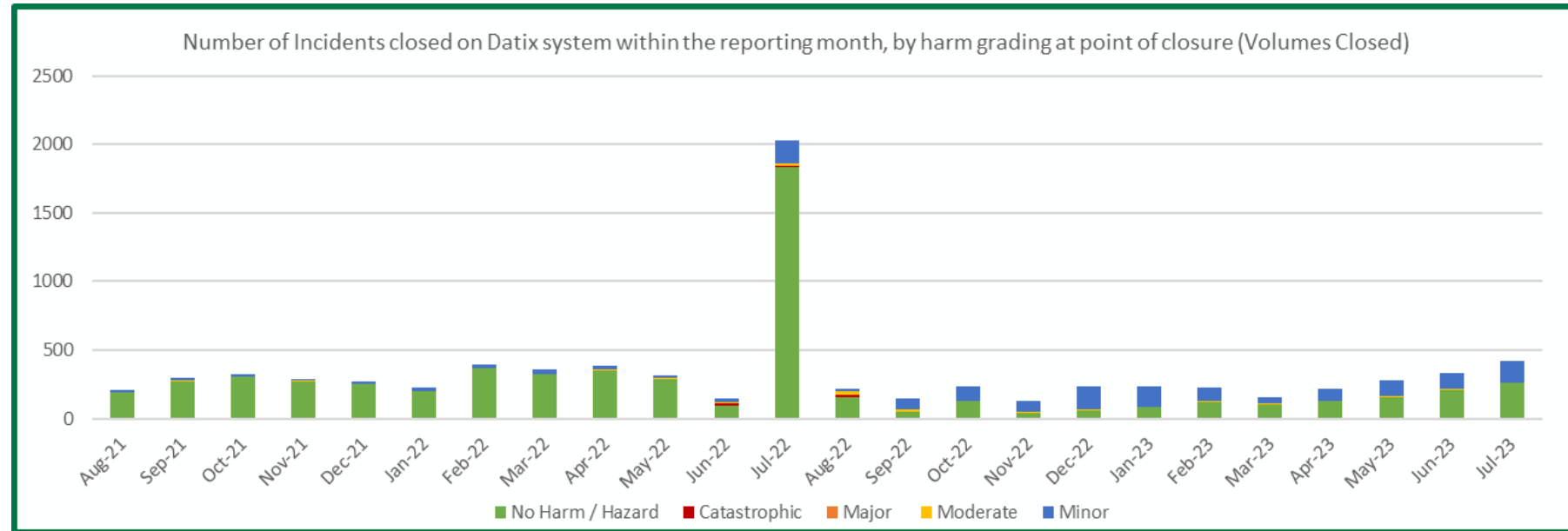
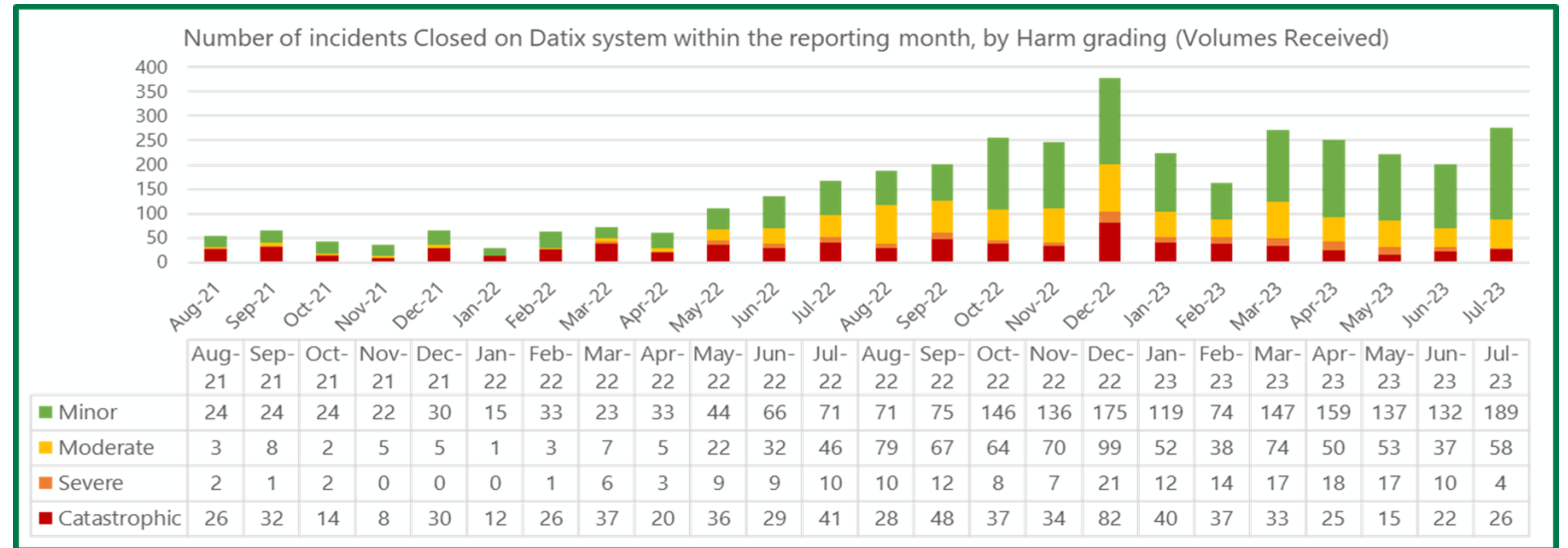
- Delay in raising concern
- Lack of clinical input
- End of Life Care



Safe Care

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All patient safety incidents graded moderate or above will continue to be reviewed by the Patient Safety Team, who will consider the requirement to enact the Duty of Candour (2023) and contact patients and families.



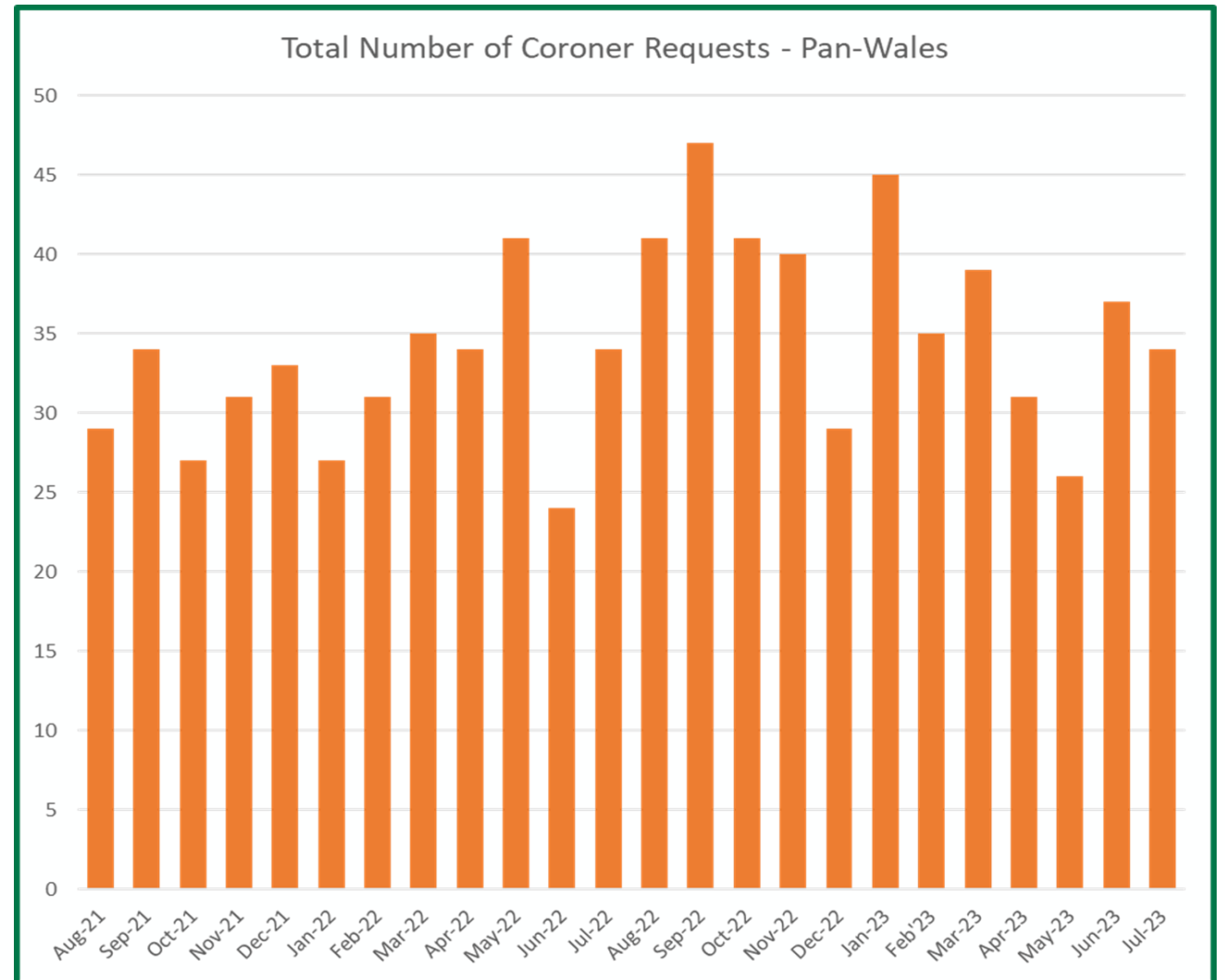
Safe Care

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Coroners: The number of in month requests continues to be higher than pre-pandemic.

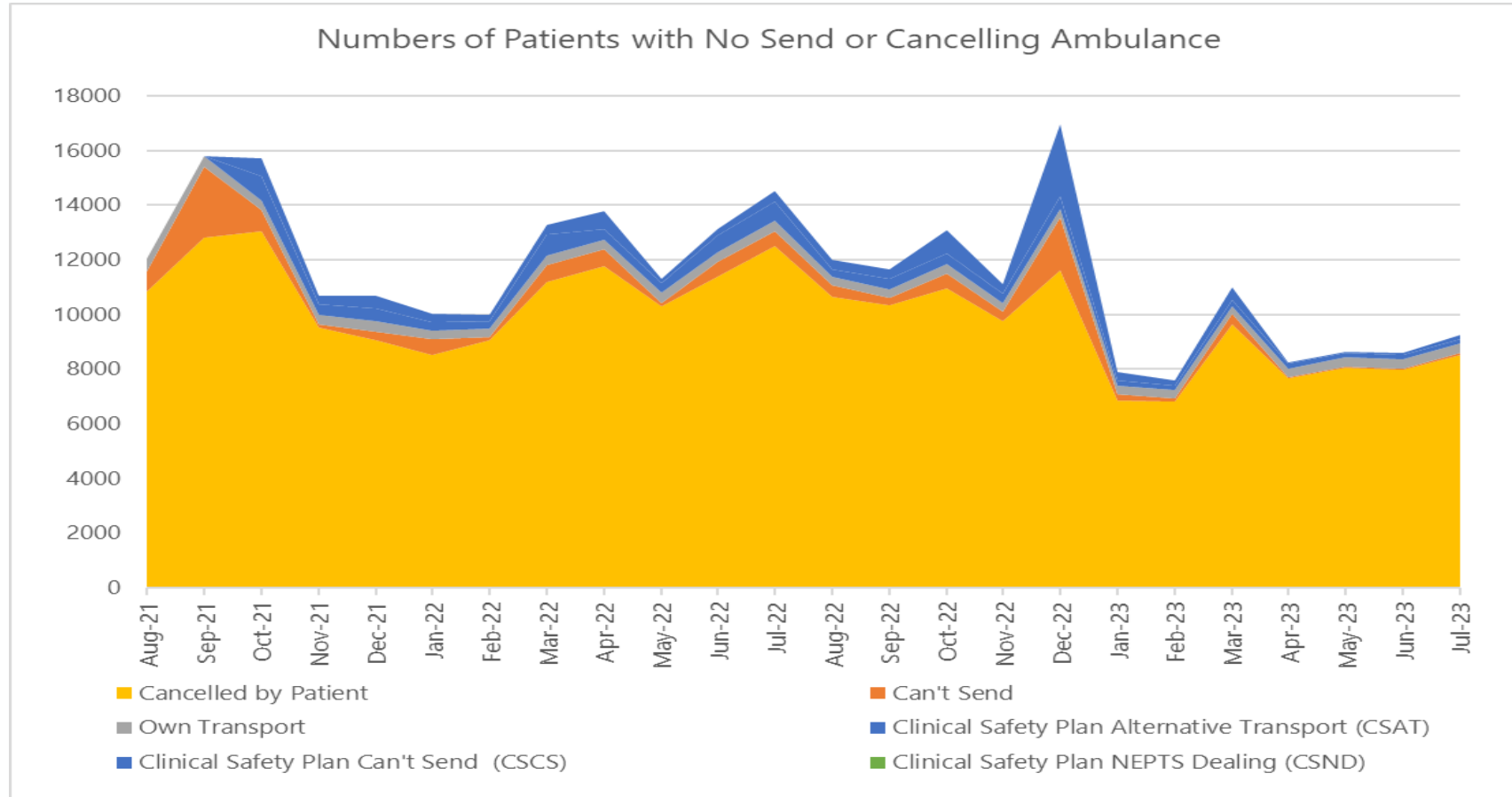
The Pre-pandemic financial year saw 244 cases in 2019/2020.

Last financial year - 450 requests received.



Safe Care

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



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 July was 01:11:53. There were 4,041 incidents categorised as Red.



Amber (1&2)

The median wait for Amber was 01:11:10. There were 25,429 incidents categorised as Amber.



Green (2&3)

The median wait for Green was 01:18:22. There were 6,058 incidents categorised as Green.

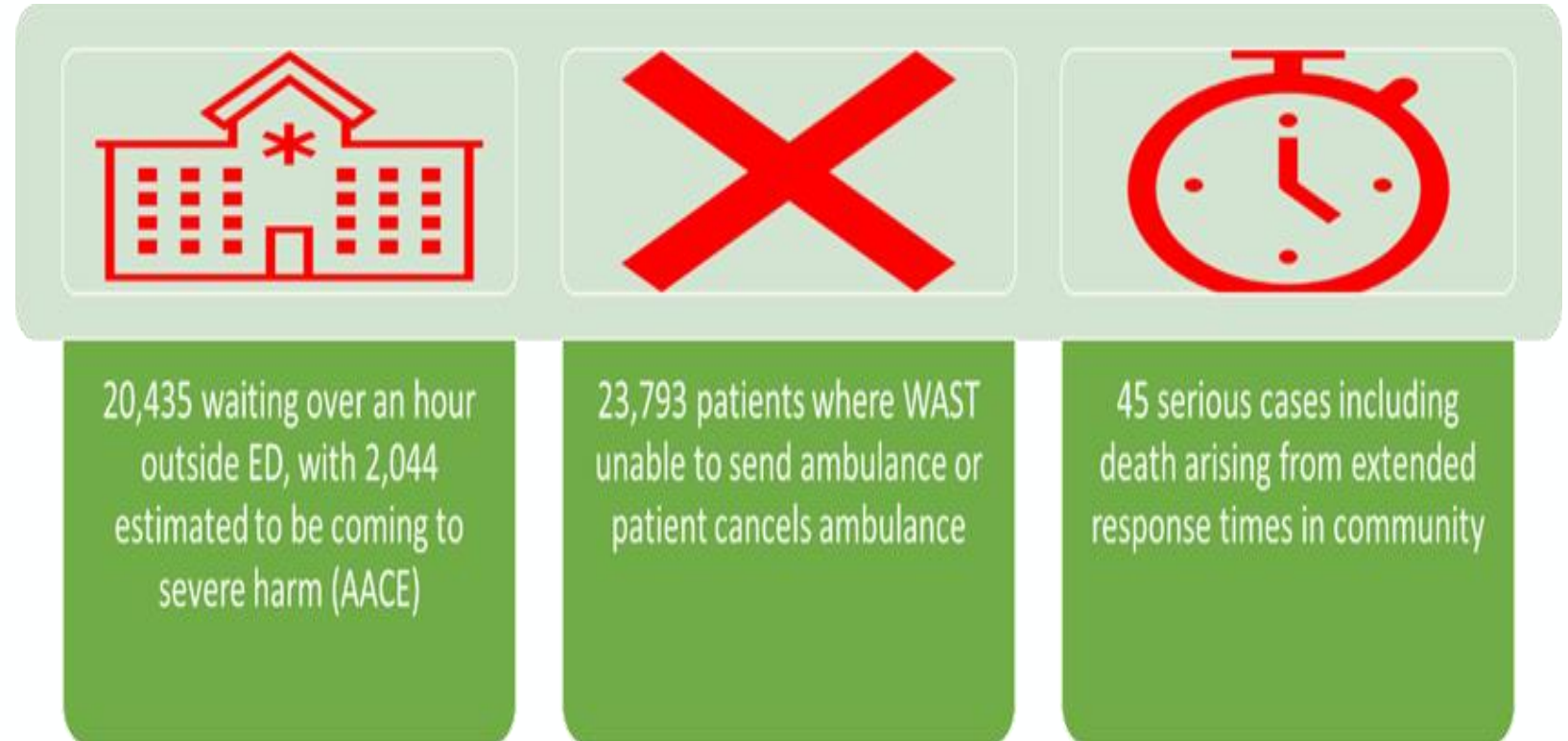
NEPTS

- 79% of calls were answered within 60 seconds,
- 4.1% of calls were abandoned before answering.
- 68% of core journeys arrived within 30 minutes of their appointment time.
- 82% of discharge & transfer patients were collected in less than 60 minutes after their booked ready time.

Timely Care

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

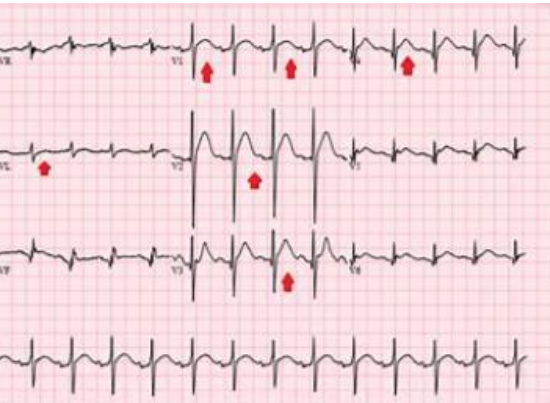
- Extended waits in an ambulance outside hospital. AACE audit found 9% of patients waiting over 1 hour came to severe harm
- Patients cancelling their ambulance or WAST unable to send at times of high escalation
- Long response times in the community



Data period Apr-Jun 23

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 83 patients in July who were documented as having a ST Elevation Myocardial Infarction (STEMI). Of these 27 (32.5%) were documented as receiving appropriate STEMI care bundle.

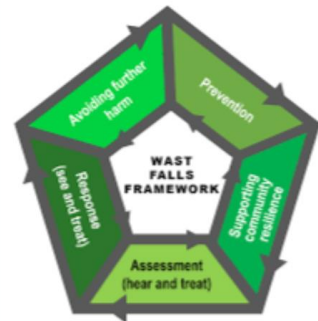
Return of Spontaneous Circulation (ROSC) In July

- There were 4,041 incidents categorised as 'Red'.
- Of these, 246 people had resuscitation attempts started on them,
- Of that 47 people arrived at hospital with a return of spontaneous circulation ($47/246 = 19.1\%$ ROSC).

Falls - The biggest reason for a 999 call in July

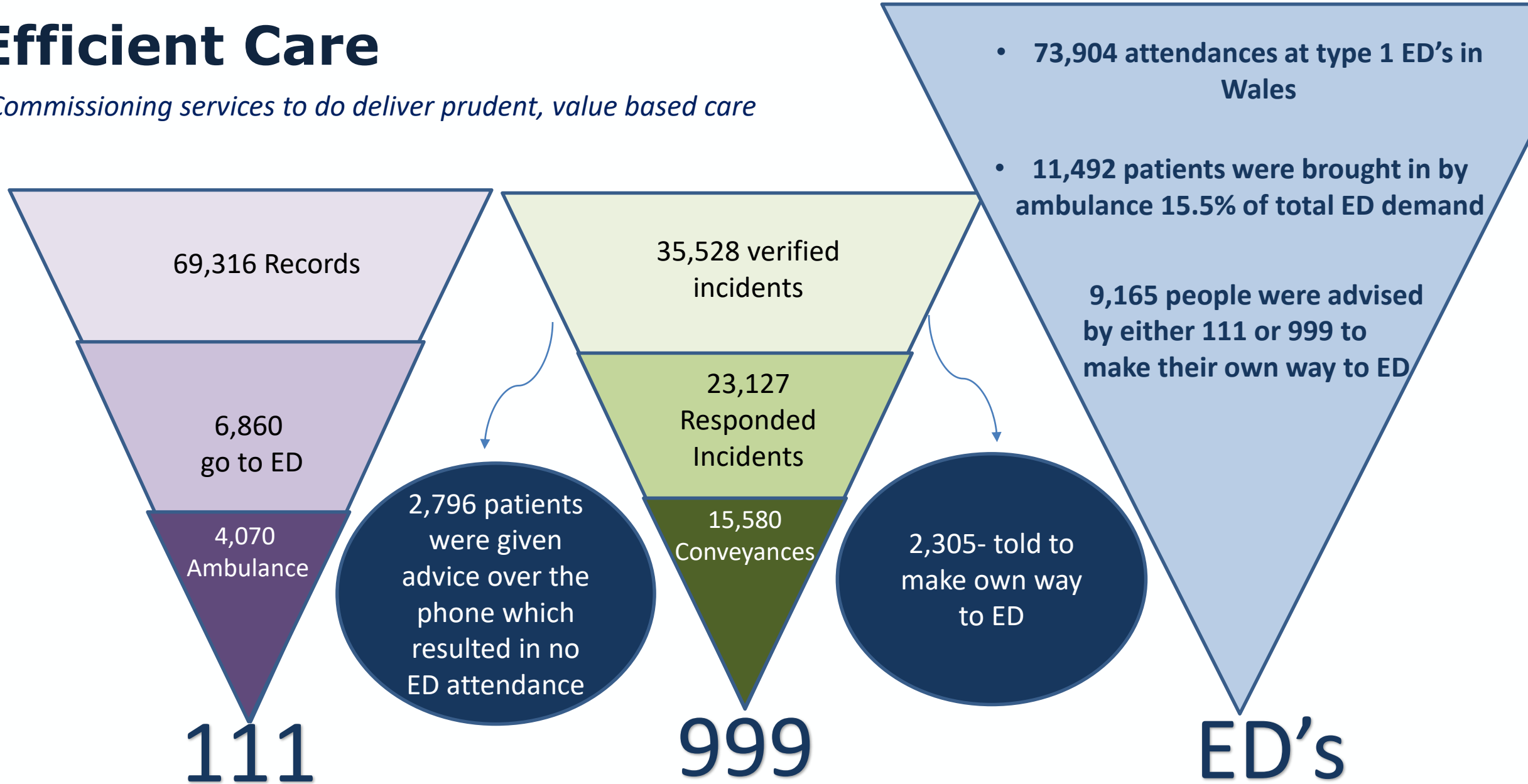
- 320 patients were treated for a fractured hip.
- 223 patients received the appropriate care bundle
- 69.7% compliant

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



Efficient Care

Commissioning services to do deliver prudent, value based care



Efficient Care

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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 July, 195 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?

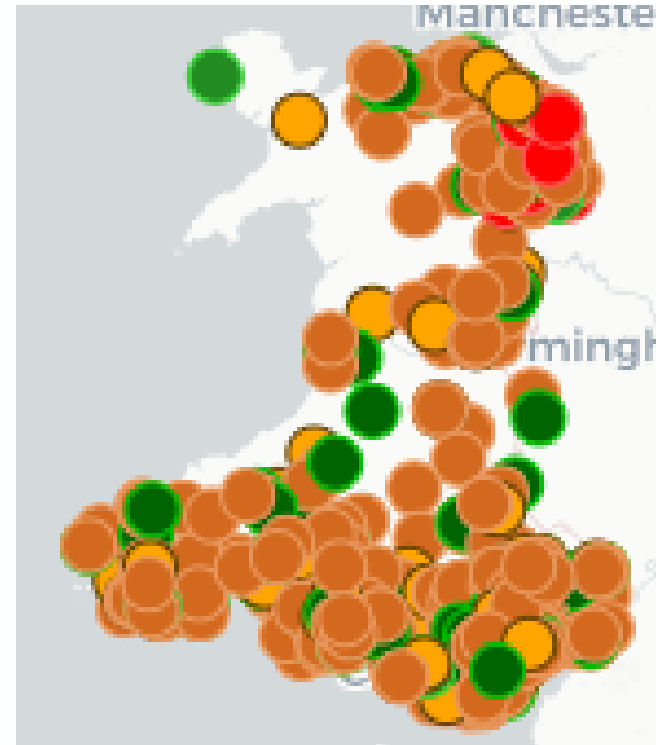
- Stridor
- Airway Compromise
- Shock
- Inadequate breathing
- Unresponsive
- Drooling
- Currently fitting
- Exsanguinating haemorrhage
- Chemical eye injury
- Unresponsive child
- Hypoglycaemia less than 3
- Prolapsed umbilical cord
- Presenting foetal parts

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 July. 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 July. 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.





Emergency Ambulance Services Committee