



North East Ambulance Service



NHS Foundation Trust

Ambulance Response Standards

Mark Cotton

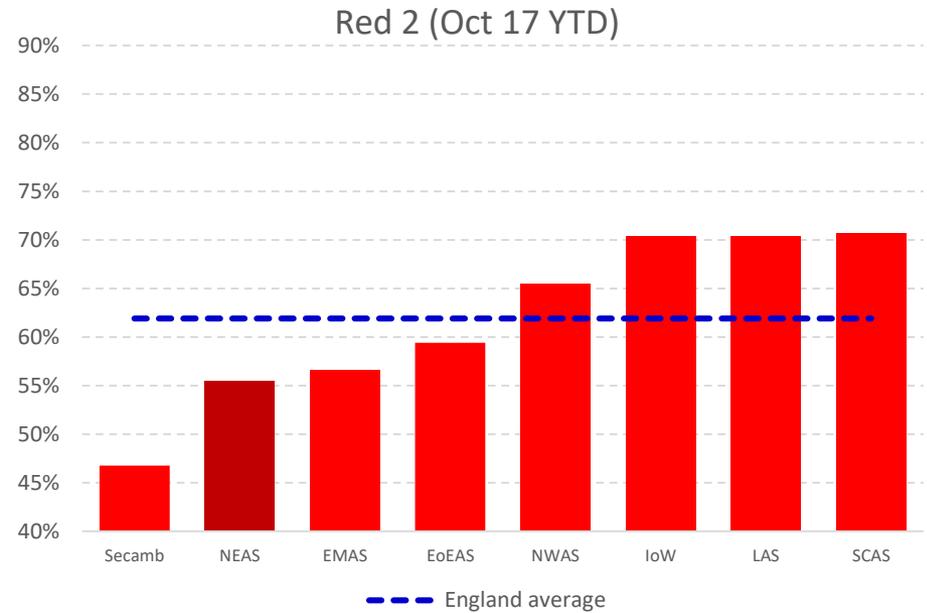
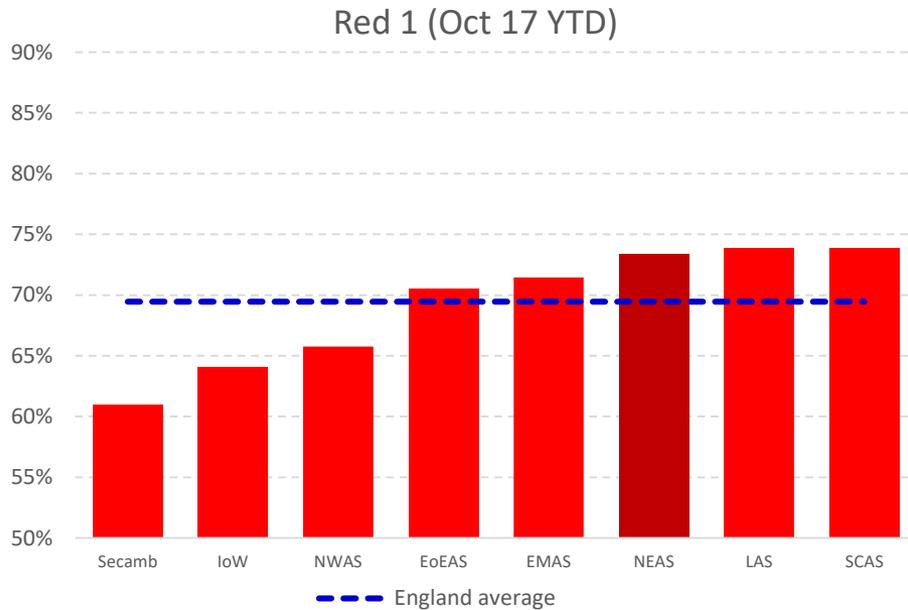
Assistant Director of Communications

Response time standards up to 30th October 2017

Call Type	Call definition	Response time	
Red 1	Time-critical life-threatening call	8 minutes in 75% of cases	19 minutes in 95% of cases
Red 2	Time-critical life-threatening call	8 minutes in 75% of cases	19 minutes in 95% of cases
Green 1	Serious clinical need	No standard	Aim to respond in 20 mins to any case
Green 2	Less serious clinical need	No standard	Aim to respond in 30 mins to any case
Green 3	Not an emergency	No standard	Aim to respond in 60 mins to any case
Green 4	Not an emergency	No standard	Telephone assessment and referral

National Benchmarking – Pre ARP

October 2017 Year to Date Red Performance

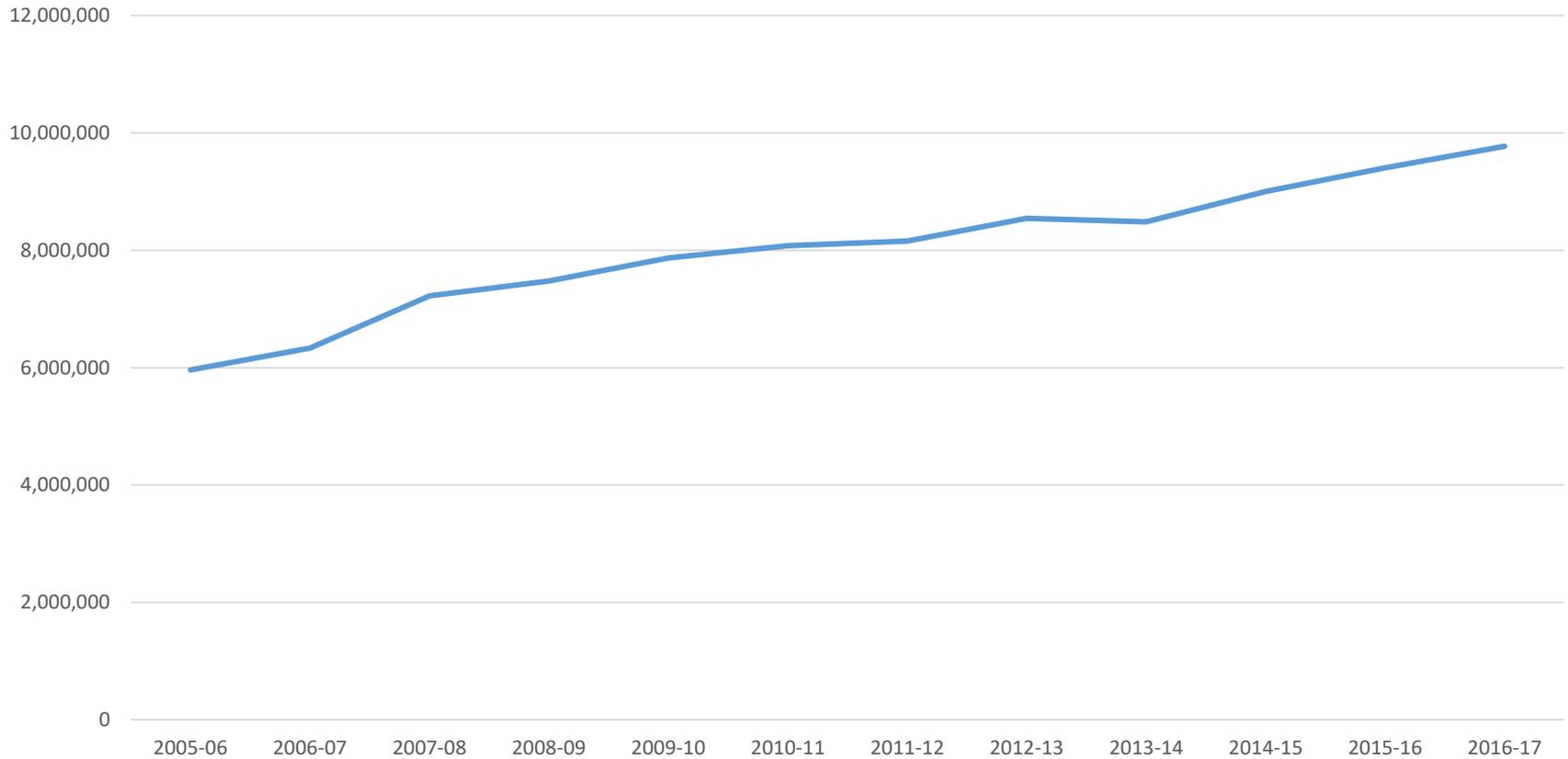


Data Source: NHS England, Ambulance Quality Indicators

National submissions exclude data from South West Ambulance Service, West Midlands Ambulance Service and Yorkshire Ambulance Service for the full year and East Midlands Ambulance Service and North West Ambulance Service as of August 2017 following implementation of ARP

Ambulance call volumes

2005/06 to 2016/17



Ambulance performance standards

Professor Keith Willett, NHS England's Medical Director for Acute Care

“Paramedics are rightly frustrated that under the current ‘stop the clock’ system they are frequently dispatched to simply hit targets.

“This has led to the inefficient use of ambulances, with the knock-on effect of ‘hidden waits’.

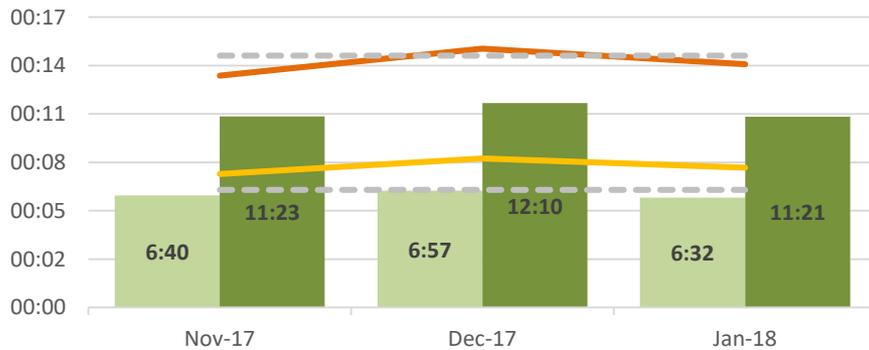
"This is about ***updating a decade old system*** to respond to modern needs. In most 999 calls we know the best clinical outcome for patients is ***most appropriate response***, not the fastest response

Ambulance Standards

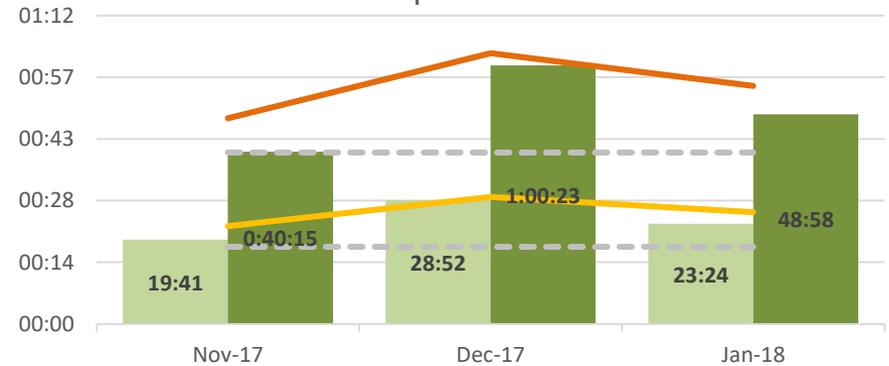
Call type	Call definition	Average response time (100% of all cases)	90% response time
Category 1	Time-critical life-threatening event	7 minutes	15 minutes
Category 2	Potentially serious conditions	18 minutes	40 minutes
Category 3	Urgent problems not immediately life-threatening		120 minutes
Category 4	Non-urgent; needs telephone or face-to-face assessment		180 minutes
Specialist response	Hazardous area, specialist rescue, mass casualty.		

Ambulance Response Programme

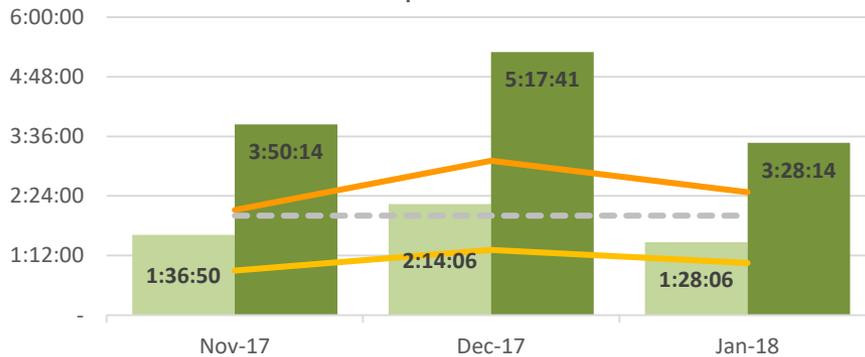
C1 Response Times



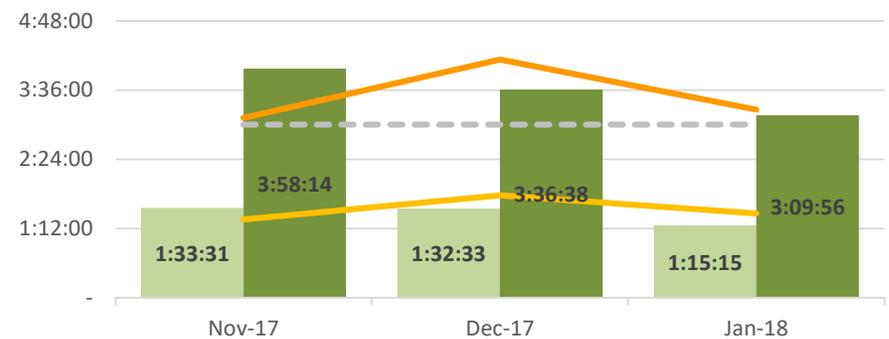
C2 Response Times



C3 Response Times



C4 Response Times

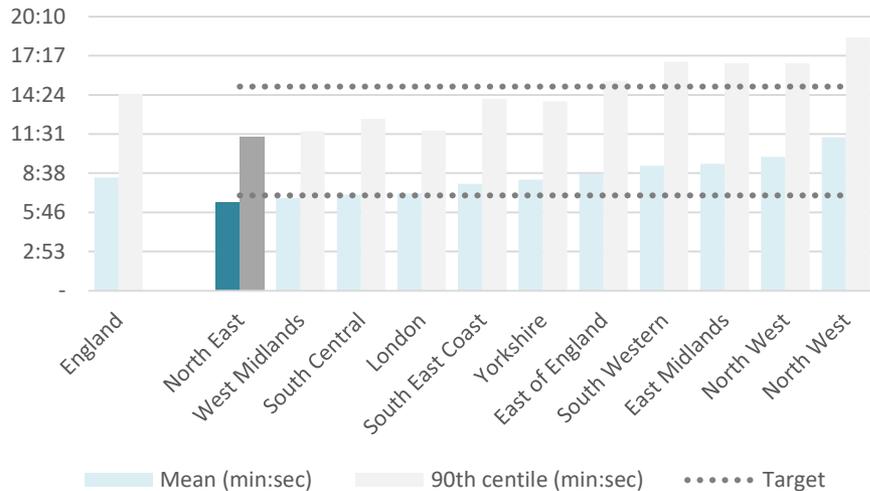


NEAS Mean
NEAS 90th Centile
 England Average Mean
 England Average 90th Centile
 National Standard

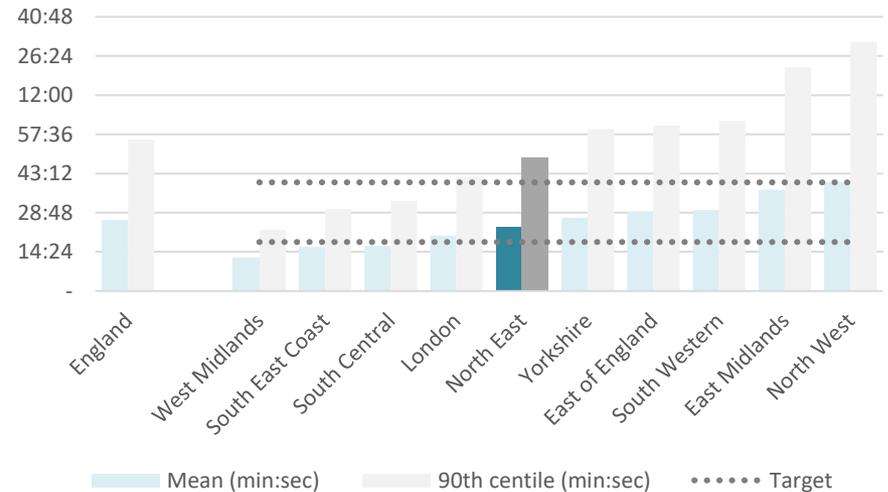
ARP Categories 1 and 2

January 2018 Benchmark

C1



C2



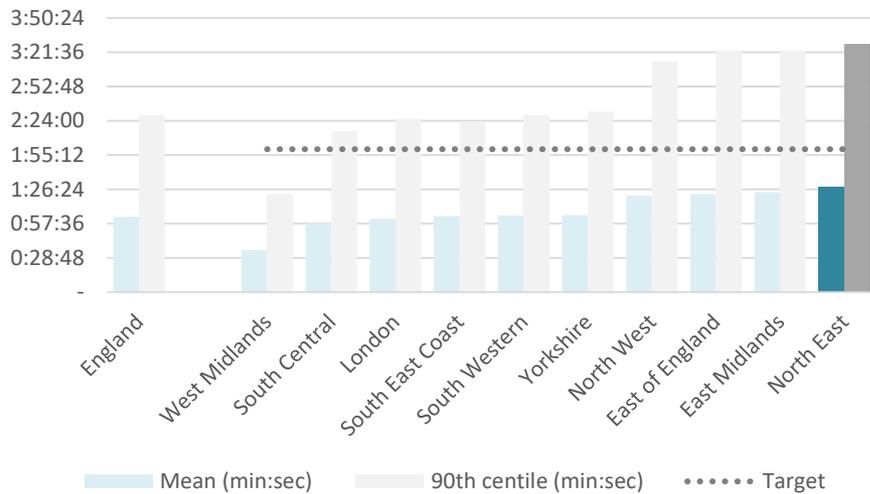
NEAS has been the best performing Ambulance Trust for Category 1 incidents since we implemented the new system, consistently achieving both mean and 90th centile targets.

Category 2 targets have not been achieved, however our performance is better than the national average, with only 3 Trusts nationally achieving the standard.

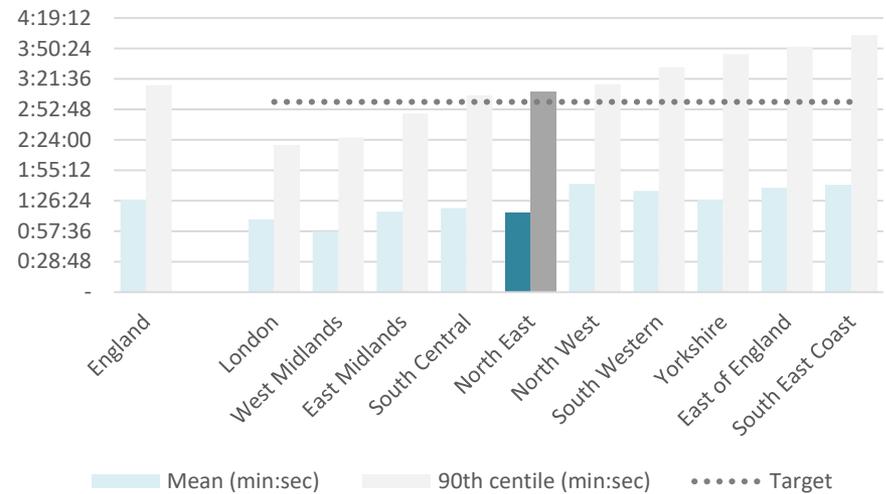
ARP Categories 3 and 4

January 2018 Benchmark

C3



C4



Category 3 incidents remains our biggest challenge, with all but one Trust nationally not meeting the standard.

Category 4 performance continues to improve month on month, only narrowly missing the target for January 2018. NEAS performance continues to perform better than the national average.



North East Ambulance Service



NHS Foundation Trust

Quality Priorities 2017/18

**Debra Stephen,
Deputy Director of Quality & Safety**

Quality Priorities

Current position

- We have 4 quality priorities identified with the aim of improving patient safety, patient experience and clinical effectiveness
- We are required to report on progress of each quality priority in the Quality Report 17/18, which is included in the Quality Accounts
- We welcome feedback on quality priorities for 18/19

Priority 1: Early recognition of sepsis

Why sepsis?

- Sepsis is a life-threatening condition which can occur as part of the body's response to infection. It was estimated in 2016 that there are around 150,000 cases of sepsis every year resulting in 44,000 deaths, claiming more lives than bowel, breast and prostate cancer combined. The ambulance service can play a key role in improving outcomes for patients with sepsis through accurate, early identification and appropriate treatment.

Priority 1 – Early Recognition of Sepsis

On Track to achieve 

	Latest reported position	Target
% eligible staff trained (Dec 17)	81.6%	95%
% compliance with Sepsis Care Bundle (Dec 17)	61%	40%

- Additional communication with crews has been undertaken
- Continued engagement through regional network

Priority 1 – Early Recognition of Sepsis

We want to do more...!

- Develop a paediatric sepsis recognition tool
- Develop a maternity sepsis recognition tool
- Determine the sensitivity and specificity of the adult sepsis recognition tool
- Look at how well we use the national early warning score
- Take part in the national sepsis audit

Priority 2: Cardiac arrest

Why this?

- It is well known that survival for patients experiencing a cardiac arrest is dependent on their receiving treatment within a very short time frame. Early recognition and access to treatment, early cardiopulmonary resuscitation (CPR) and early defibrillation are all key to survival. The ambulance service plays a key part in the chain of survival through the timeliness and quality of interventions provided.

Priority 2: Cardiac arrest

What are we doing?

- Review the Resuscitation Academy's '10 steps' and develop an action plan to improve outcomes for patients.
- Embed the use of new technology which provides live feedback on the quality of CPR delivered.
- Further develop cardiac arrest data set to identify training needs.
- Develop and implement resuscitation checklists to support clinicians when managing cardiac arrest.

Priority 2 – Cardiac Arrest

Partially On Track to achieve

- Dec 2015 – November 2016 (baseline) there were 304 successful Return of Spontaneous Circulation (ROSC)
- Dec 2016 – August 2017 there were 394 successful ROSC
- On average an additional 10 successful ROSC's every month has been achieved

The volume of successful ROSC/ROSC Utstein has increased significantly, however the volume of attempted ROSC/ROSC Utstein has also increased leading to challenges in meeting the proportional target.

Priority 2: Cardiac arrest

We want to do more....

- Implement a cardiac arrest strategy
- Audit the resuscitation checklists in place
- Roll out Zoll defibrillators further – with real time feedback on effective cardiac compressions
- Evaluate the ‘10 steps’ action plan
- Strengthen the mortality review process for cardiac arrest deaths whilst the patient is under our care

Priority 3: Long waits

Why this?

- Over the last 18 months all ambulance services have seen a deterioration in national response times resulting from increasing demand, staffing pressures, increased travel times and waits resulting from increased pressure across the health system. While we are working hard to recover our performance targets we also know that there are patients who are waiting an unacceptable length of time for an ambulance response.

Priority 3: Long waits

What are we doing?

- Develop an escalation plan which highlights those patients experiencing waits and ensure these are passed to the clinical hub for review - **completed**
- A pilot will be carried out to improve clinician input into the allocation of vehicles to support the efficient use of resources available and further enhance our Integrated Care and Transport delivery – **completed**
- Regular audit of ambulance waits to determine whether the patient came to any harm as a result – **clinical reviews undertaken**
- Develop and implement improvement actions based on the audit findings - **ongoing**

Priority 3 – Long Waits

Partially On Track to achieve 

	Review of Harm	Latest reported position (YTD 29 Oct 17)	2016/17 Baseline
Red waits over an hour	10 Near Misses	151	50
Green waits over 8 hours	1 Near Miss	94	105
Urgent waits over 12 hours		78	166

Priority 3: Long waits

We want to do more....

- Enhance the use of real time performance feedback in EOC through use of a dashboard, pulling a range of information together
- Review the process for managing patients who fall and experience long delays
- Implement the CARE platform to provide feedback to paramedics regarding their contribution to providing timely responses for patients
- Refine our process to review delays in order to maintain patient safety / improve patient experience, through triangulation with complaint & incident / SI reporting

Priority 4: Safeguarding referrals

Why this?

- Submitting appropriate and complete safeguarding referrals is key to ensuring that vulnerable individuals receive the care and support that is needed in an effective and efficient manner.
- Improving the quality of our safeguarding referrals will ensure that the right information is shared to deliver improved outcomes for our patients.

Priority 4: Safeguarding referrals

What are we doing?

- Regularly review sample of cases to identify improvements that can be made to the referrals submitted, and feedback shared with individuals – **partially achieved**
- Develop and implement safeguarding tool to support clinicians' decision making – **delayed**
- Develop and implement improvement actions based on the referral review findings - **ongoing**

Priority 4 – Safeguarding Referrals

Partially on track to achieve 

Safeguarding Audit Results	Latest reported position	Target Improvement against baseline
Appropriateness of referral	100%	100%
Accuracy of referral Q3 accuracy (short audit)	55% 85%	60%

Audit shows improvement in quality of referrals, with learning being fed back in to Statutory and Mandatory Training.

The CWILTED tool is soon to be included to ePCR to aid staff when completing referrals.

Priority 4: Safeguarding Referrals

We want to do more....

- Enhance the audit process for Safeguarding Referrals, and act on findings
- Develop and deliver, in partnership with the Training school sessions on Mental Capacity Act and Mental Health Act and how it is applied in practice
- Develop a pool of safeguarding champions across the organisation
- Develop and implement a model of safeguarding supervision for the safeguarding champions

Quality Strategy 2017 - 2020

To care, to see, to learn, to improve

Patient Safety	Experience	Effectiveness
Sign up to Safety	Learning from complaints	Clinical Ambulance Quality Indicators
Improving recognition of sepsis	Longest waits	Cardiac arrest
Keeping vulnerable children, young people & adults safe	End of life care	Learning from deaths
Frailty		National Audits & Confidential Enquiries
Infection prevention & control		NICE Guidance & Quality Standards
Pressure ulcer prevention		Research & Development
Medicines governance		

Quality Priorities 2018/19

Building on what we've achieved

- Continuing with the work on sepsis, cardiac arrest and delays, with a focus on patient who fall have received some initial support
- Other opportunities such as:
 - improving mental health pathways
 - improving end of life care
 - the frailty agenda i.e. falls, dementia & Emergency Health Care Plans

Stakeholder feedback

We welcome your views

- We are developing an online survey to gain feedback from internal and external stakeholders to assist in determining our 4 quality priorities for 2018/19
- We will circulate this on 23rd February – 19th March 2018.
- Please respond, thank you!



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