



2014/15 Quality Account update for Dudley HOSC

Performance

There are nationally set standards for ambulance services to achieve as a service

Red 1: Respond to 75% of calls within 8 mins

These are for life threatening conditions, the most time critical patients

Red 2: Respond to 75% of calls within 8 mins

These calls may be life threatening but less time-critical and should receive an emergency response within 8 minutes irrespective of location in 75% of cases.

Red 19 Mins: Respond to 95% of calls within 19 mins

Green 2: Respond to 90% of calls within 30 mins

Green 4: Triage 90% of calls in 60 mins

Referral Target: Target 90% achieved 91.9%

Category (standard)	Dudley CCG YTD (Apr - Dec 14)	Trust YTD (Apr - Dec 2014)
Red 1 (75%)	80.9%	77.9%
Red 2 (75%)	74.7%	74.3%
Red 19 (95%)	99.0%	96.8%
Green 2 (90%)	85.6%	88.0%
Green 4 (90%)	99.3%	99.3%

The nationally agreed target of 30 minutes turn around to free ambulances back from delivery of patient in Emergency Department to fully operational. It is agreed that for the high percentage of cases, it is reasonable to take 15 minutes to carry out clinical hand over of patient into the care of the hospital, leaving a further 15 minutes for the ambulance crew to complete their patient documentation and tidy the vehicle in preparation for the next call/patient.

WMAS continue to engage with RHH to improve further in the turnaround of WMAS crews.

Hospital	Average Turnaround Time YTD (mins)	Hours lost over 30 mins YTD (hours)	Longest Turnaround YTD	Over hour delays YTD
Russell's Hall	31:25	1996	02:27:27	466

Incident Disposition for 999 calls

This is a breakdown in percentage of how calls are managed by

- telephone triage (hear and treat)
- attendance and discharged at scene(see and treat)
- attended and conveyed to an appropriate treatment centre (see and convey)

The Trust is contracted to achieve under 64% of patients being transported to Hospital.

	Dudley CCG YTD (Apr - Dec 14)	Trust YTD (Apr - Dec 2014)
Hear & Treat	4.8%	4.9%
See & Treat	32.2%	35.5%
See & Convey	63.0%	59.5%

Staffing, skill mix in ambulances in Dudley CCG Area

Number of Staff	160.03 WTE
Para Skill Mix	50.61%
Date to Achieve 70%	Sep-16
Training Completed/ Planned	95%
Staff Appraisals Completed/ Planned	95%

Patient Experience

	Complaints YTD	PALS/Contacts/Concerns	Compliments
Highest definition	34	104	163
Clinical	17		
Attitude	7		
Loss/damage		36	
Attitude/Conduct		30	

Ambulance Quality Indicators

	Mean YTD (13/14)	Mean YTD(14/15)	Black Country
Return Of Spontaneous Circulation at Hospital	25.18%	29.31%	31.76%
PPCI treatment within 150minutes of the first call	88.90%	89.66%	
STEMI care bundle	74.90%	68.42%	69.61%
Stroke FAST + patients transported to Hyper Acute Centre within 60 minutes	59.71%	47.89%	95.51 % FAST care bundle
Cardiac Arrest Survival to discharge	6.21%	9.02%	7.62 %
Asthma care bundle	80.10%	86.81%	85.71%

2014/2015 Priorities

Priority 1: Single Limb Fractures (Previously Lower Limb Fractures)

National figures reported in September 2014				
National Mean	45.90%	WMAS	29.90%	

This was introduced as a pilot during 2013/14 when only lower limbs were included. During 2014/15 this was extended to include all limbs and as the data demonstrates that WMAS remains behind the national mean, this priority will continue into 2015/16

Priority 2: Maintaining Neonate Temperature

Qtr1	New products established and tender document developed. Equipment group have been presented with a business case. Audit established to measure compliance
Qtr2 & 3	November update undergoing procurement process and will be ready to trail end of Feb 2015. Aiming to distribute thermometer in March 2015

Priority 3: General Pain Management (2nd Year of Project)

Qtr1	Develop general Pain management Guidelines to include scoring	Guidelines completed
Qtr2	Develop a pain workbook with e-learning and this will be uploaded to the Virtual Learning site to assist with pain management	Ongoing

Pain Scoring Documentation An e-learning package will be developed and increase pain scoring documentation to 49%	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14
	25%	34%	23%	25%	25%	26%	22%

Priority 4: Timely and Effective Transfer

Qtr1	<ul style="list-style-type: none"> Identify baseline for the average length of time a responder car has to wait for a double crew ambulance From the baseline the target will be decided Ops lead to be established to lead project Performance cell line of reporting to be established 	Baseline established
Qtr2/3	<ul style="list-style-type: none"> Identify areas of significant delays above the average Develop plans for areas with above average waiting times Implement action plan and establish improvements 	Work continues on this with delays monitored closely. Work to reduce delays continues.

Priority 5: Timely and Effective care delivered on scene – commissioning

Qtr3	<ul style="list-style-type: none"> Average time on scene to be established Complete in-depth reviews and evaluate clinical conditions that appear to have increased time on scene Reports to Clinical Steering & Commissioners Action plans implemented to reduce/commission time on scene as appropriate.	Work continues on this, DoS leads continue to work with partners and CCGs to identify and improve care pathways/ referral opportunities.
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Priority 6: Timely and Effective Care on scene - clinical and training

Qtr3	Using the information gathered for average time on scene and the identified clinical conditions Clinical Leads will review policies and procedures in order to achieve improvements. Training for 2015/16 will address the above.	Work continues to review and improve policies. Specific data on delayed time on conditions still required.
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Priority 7: Successful implementation joint working/engagement with other NHS Trusts within the West Midlands area of the Friends and Family Test (FFT)

Qtr3	Website FFT section went live on 1 October 2014. The Communication Team raised awareness of the FFT with the public through the media, twitter and social media. Leaflet being distributed to patients. Work with Acute Partners continues.	
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Priority 8: Addressing Health Inequalities (3 year project)

Qtr3	<ul style="list-style-type: none"> • Identify region key Public Health Priorities • Work with Public Health teams to; • Determine how WMAS can support improvements • Determine what Trust performance data is available or required • Identify 3 Health Inequality priorities that WMAS can have the most impact on 	<p>Key priority vulnerable groups identified, which include Migrant communities, homeless, and gypsy travelers.</p> <p>Meeting arranged with Public Health England to determine how WMAS can support improved healthcare delivery.</p>
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Priority 9: Patient engagement focusing on the under 18s

Qtr3	Evidence of engagement.	The 2014/15 engagement plan has focused on young people with schools, colleges, universities and clubs being attended. Full report to be published at year end.
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2015/2016 Priorities

The Trust Quality Priorities for 2015/16 are currently being drafted in consultation with staff they will continue to be based on the learning from experience gained through in-depth review of complaints, adverse incidents, clinical audit and feedback from patients, staff, commissioners and the public.

Priorities not achieved during 2014/15 will be reviewed and continued into 2015/16.

The draft Quality Account for 2015/16 will be shared with stakeholders for comments during March 2015.