

CATEGORY OF PAPER					
Specific action required:		Provides Assurance:	✓	For Information:	✓

Board of Directors' Meeting – 25/10/2018						
Report title:	Clinical Audit Dashboard - September 2018					
Purpose of report:	To provide assurance on the Trust's performance in the April 2018 Ambulance Clinical Quality Indicator audits.					
	<p>In April the Trust performed above the national average in the following indicators:</p> <ul style="list-style-type: none"> • Cardiac Arrest, ROSC at hospital overall. Ranked 3rd in England. • Cardiac Arrest, ROSC at hospital Utstein comparator group. Ranked 1st in England. • Cardiac Arrest, Survival to Discharge overall. Ranked 1st in England. • Cardiac Arrest, Survival to Discharge Utstein comparator group. Ranked 1st in England. • New post ROSC care bundle. Ranked 1st in England. • Mean average call to catheter time for STEMI patients. Ranked 1st in England. • Mean average call to hospital time for Stroke patients. Ranked joint 3rd in England. <p>During April the Trust performed below the national average in the following indicator:</p> <ul style="list-style-type: none"> • STEMI care bundle. <p>In April there were 21 incidents which failed the STEMI Care Bundle audit, four of which failed in 2 metrics, resulting in a performance of 72.4%. Failure to record 2 pain scores and the administration of analgesia continue to be the reasons for not passing the care bundle audit.</p> <p>No national comparator data for the Stroke care bundle was published by NHS England for April however local performance was recorded as 98.7%.</p>					
Issue previously considered by:	This is the first time the report is being presented					
Recommended actions:	For information only					
Sponsor / approving director:	Medical Director					
Report author:	Clinical Auditor					
Governance and assurance						
Link to Trust Priorities: <i>(please tick)</i>	Organisational Sustainability	Improving Quality & Safety	Workforce & Investors in People	Clinical Care & Transport	NHS 111 & Clinical Assessment Service	Comms & Engagement
		✓		✓		✓
Link to CQC / KLOE: <i>(please tick)</i>	Caring		Responsive	Effective	Well Led	Safe
	✓		✓	✓	✓	✓
Link to Trust values: <i>(please tick)</i>	Pride	Strive for excellence	Respect	Compassion	Take responsibility & be accountable	Make a difference – day in & day out
	✓	✓	✓	✓	✓	✓

<i>(Please explain how this paper supports the application of the Trust's values in practice)</i>	This paper provides assurance regarding performance of the Cardiac Arrest, Stroke and STEMI ACQI audits.			
Any relevant legal / statutory issues?	N/A			
Equality analysis completed If this is not relevant please explain why:	Yes	No	Not Relevant	
			✓	
	There has been no change to policy, function or service. This report is for information only.			
Key considerations	Details			
Confirm whether any risks that have been identified have been recognized on a risk register and provide the reference number:	To be discussed at the meeting.			
Please specify any Financial Implications Please explain whether there are any associated efficiency savings or increased productivity opportunities?	N/A			
Are any additional resources required e.g. staff capacity?	To be discussed at the meeting for inclusion in the risk register as appropriate			
Is there any current or expected impact on patient outcomes/experience/quality?	The report shows the positive impact on patient outcomes of completing the AQIs, with the Trust performing above the national average in 7 of the 8 published clinical care indicators and being ranked 1 st in England for 5 of the indicators.			
Specify whether appropriate clinical and/or stakeholder engagement has been undertaken: <i>(stakeholders could include staff, other Trust departments, providers, CCGs, patients, carers or the general public)</i>	N/A			
Are there any aspects of this paper which need to be communicated to our stakeholders (internal or external)? <i>(Please tick – if 'yes' then please complete all boxes. Please briefly specify the key points for communication and ensure the Comms team are informed via mailto:publicrelations@neas.nhs.uk)</i>	Yes	No	Positive	Negative
	✓		✓	✓
	Proactive	Reactive	Internal	External
			✓	
	Please enter specified points			

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Clinical Audit Dashboard: Summary for September 2018.

This is the September 2018 Clinical Audit Dashboard which provides updates on the **Trust's performance for April 2018** and on the **Ambulance Clinical Indicators national comparator performance for April 2018**.

During April the Trust **performed above the national average** in the following indicators:

- Cardiac Arrest, ROSC at hospital overall. [Ranked 3rd in England.](#)
- Cardiac Arrest, ROSC at hospital Utstein comparator group. [Ranked 1st in England.](#)
- Cardiac Arrest, Survival to Discharge overall. [Ranked 1st in England.](#)
- Cardiac Arrest, Survival to Discharge Utstein comparator group. [Ranked 1st in England.](#)
- New post ROSC care bundle. [Ranked 1st in England.](#)
- Mean average call to catheter time for STEMI patients. [Ranked 1st in England.](#)
- Mean average call to hospital time for Stroke patients. [Ranked joint 3rd in England.](#)

During April the Trust **performed below the national average** in the following indicator:

- STEMI care bundle. The Trust's performance was 72.4% compared to the national average of 79.5%

In April there were 21 incidents which failed the STEMI Care Bundle audit, four of which failed in 2 metrics, resulting in a performance of 72.4%.

Failure to record 2 pain scores and the administration of analgesia continue to be the reasons for not passing the care bundle audit.

- on 10 occasions the minimum 2 pain scores were not recorded.
- on 13 occasions analgesia was not recorded.
- on 1 occasion aspirin was not recorded.
- on 1 occasion GTN was not recorded.

Full details of the cases which failed the care bundle audit will be forwarded to the relevant cluster CCMs for their action and feedback.

In accordance with the new national AQI submission timetable, no care bundle data for the Stroke care bundle was submitted to NHS England for April, however performance was assessed locally as 98.7%.

Cardiac Arrest Post ROSC Care Bundle.

The new cardiac arrest care bundle audit was undertaken, for the first time, on all incidents attended in April 2018.

The clinical audit teams from all Ambulance Trusts provided their validated data to the OHCAO study team at Warwick University, who calculated the respective care bundle performances on behalf of NHS Digital.

NEAS performed at 80.7%, well above the national average of 53.0%, and was ranked 1st in England.

Clinical Audit Dashboard

AMBULANCE QUALITY INDICATOR	Previous Year 2017-18	Target	Apr-18	May-18	YTD Average
STEMI					
Full Care Bundle	88.8%	85.0%	72.4%		72.4%
National Position			6th		
National Average	76.4%		79.5%		79.5%
Cardiac Arrest					
Survival to discharge - all patients	8.7%	5.0%	14.9%		14.9%
National Position			1st		
National Average	9.5%		9.8%		9.8%
Survival to discharge - Utstein comparator	35.0%	30.0%	47.6%		47.6%
National Position			1st		
National Average	27.9%		28.5%		28.5%
ROSC					
ROSC at hospital - all patients	30.0%	25.0%	34.0%		34.0%
National Position			3rd		
National Average	30.4%		31.6%		31.6%
ROSC at hospital - Utstein comparator	56.1%	50.0%	75.0%		75.0%
National Position			1st		
National Average	52.5%		54.4%		54.4%
Post ROSC					
Full Care Bundle			80.7%		80.7%
National Position			1st		
National Average			53.0%		53.0%
Stroke					
Full Care Bundle	96.5%	97.0%	98.7%		98.7%
National Position					
National Average	97.2%				97.2%
Sepsis					
Full Care Bundle					
National Position					
National Average					
Timings Measures					
Stroke Timings					
Average call to hospital time (hours:minutes)			01:07		
National Position			3rd		
National Average			01:12		
STEMI Timings					
Average call to PPCI catheter insertion time (hours:minutes)			01:47		
National Position			1st		
National Average			02:11		

ACQI Timings Measures

Outcomes from Acute STEMI - April 2018.

Source: Myocardial Ischaemia National Audit Project (MINAP).

	M1n	M3n	M3m	M390
Name	Patients directly admitted with an initial diagnosis of "definite Myocardial Infarction"	Patients in M1n who had primary percutaneous coronary intervention (PPCI)	For patients in M3n, mean average time from call for help to catheter insertion for angiography (hours:minutes)	For patients in M3n, 90th centile time from call for help to catheter insertion for angiography (hours:minutes)
England	1578	782	2:11	2:59
NEAS	87	60	01:47	02:22
NEAS Ranking			1st	

Outcomes from Stroke – April 2018.

Source : Sentinel Stroke National Audit Programme (SSNAP).

	K1n	K1m	K150	K190	K2n	K2m	K250	K290	K3n	K3m	K350	K390
Name	Number of patients either FAST positive, or with provisional diagnosis of stroke, transported by Ambulance Service	For patients in K1n, mean average time from call to hospital arrival	For patients in K1n, 50th centile (median) time from call to hospital arrival	For patients in K1n, the 90th centile time from call to hospital arrival	Number of stroke patients in SSNAP who had a CT scan	For patients in K2n, mean average time from arrival at hospital to CT scan	For patients in K2n, median time from arrival at hospital to CT scan	For patients in K2n, the 90th centile time from arrival at hospital to CT scan	Number of stroke patients in SSNAP who had thrombolysis	For patients in K3n, mean average time from arrival at hospital to thrombolysis	For patients in K3n, median time from arrival at hospital to thrombolysis	For patients in K3n, 90th centile time from arrival at hospital to thrombolysis
England	6318	01:12	01:05	01:43	4913	03:21	00:43	03:59	713	00:57	00:49	01:36
NEAS	451	01:07	01:02	01:37	327	01:59	00:34	03:09	60	00:49	00:41	01:24
NEAS Ranking		Joint 3rd										