

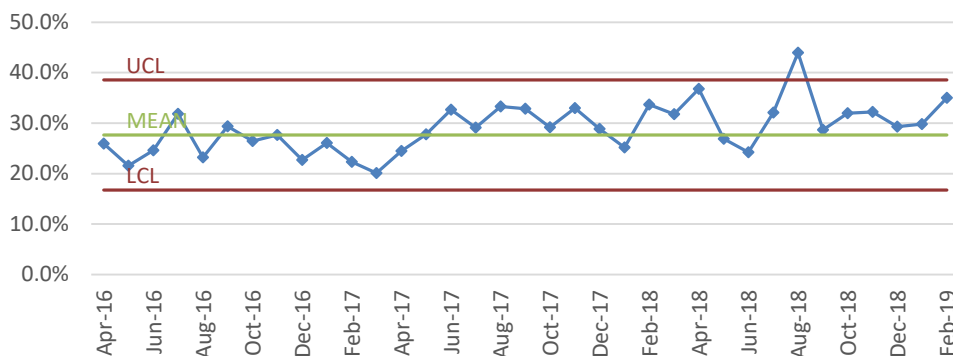
CATEGORY OF PAPER					
Specific action required:	✓	Provides Assurance:	✓	For Information:	✓

Board of Directors – 26/09/2019	
<b>Report title:</b>	Clinical Audit Dashboard
<b>Purpose of report:</b>	The report combines the data presented at Clinical Effectiveness Group in July 2019 and summaries the reported work of clinical audit, call audit, clinical call audit and research & development.
<b>Key issues:</b> <i>(key points of the paper, how this supports the achievement of the Trust's corporate objectives, overview of risk implications, main risk details on page 2)</i>	<p><b>Action required:</b></p> <p>Call Audit: NHS Pathways: Health advisor average audited call performance</p> <p><b>No action required:</b></p> <p>Clinical Audit: ROSC at hospital (All patients)  Clinical Audit: ROSC at hospital (Utstein)  Clinical Audit: Survival to discharge (All patients)  Clinical Audit: Survival to discharge (Utstein)  Clinical Audit: Stroke care bundle  Clinical Audit: Stroke timing (mean average call to hospital)  Clinical Audit: STEMI timing (mean average call to hospital)  Call Audit: NHS Pathways: Health advisor pass performance  Call Audit: NHS Pathways: Health advisor call pass performance  Clinical Call Audit: NHS Pathways: Clinician pass performance  Clinical Call Audit: NHS Pathways: Clinician call pass performance  Clinical Call Audit: NHS Pathways: Clinician average audited call performance</p> <p><b>Clinical audit</b></p> <p>Performances in the care bundles continue to be consistent with no concerns identified. The stroke and STEMI average times should be interpreted with caution. The national ambulance clinical quality group have open actions to address the inaccurate STEMI timings and for April 2019 data onwards NEAS will supply this via SSNAP.</p> <p><b>Call audit</b></p> <p>This is the first time that the call audit and clinical call audit information has been presented in this format. Presenting the data in SPC demonstrates the long term trends which have otherwise gone unnoticed.</p> <p>At the time of writing this paper the call audit teams were investigating the decline in the average audit call performance and will provide an update at August CEG.</p> <p><b>Clinical call audit</b></p> <p>Whilst there are assurances gained from the NHS Pathways clinicians currently only half are being audited. This is a recognized risk and additional staff member is due to start in September with the number of clinicians audited increasing from time.</p> <p><b>Research</b></p> <p>In July there were 13 active studies with 5 in development and 1 publication.</p> <p>NB: This is the first time that the combined dashboard has been presented and the content may change in future.</p>
<b>Issue previously considered by:</b>	Clinical Effectiveness Group
<b>Recommended actions:</b>	None

<b>Sponsor / approving director:</b>	Paul Aitken-Fell (Lead Consultant Paramedic)					
<b>Report author:</b>	Shane Woodhouse (Clinical Audit & Effectiveness Manager)					
<b>Governance and assurance</b>						
<b>Link to Trust Priorities:</b> <i>(please tick)</i>	<b>Organisational Sustainability</b>	<b>Improving Quality &amp; Safety</b>	<b>Workforce &amp; Investors in People</b>	<b>Clinical Care &amp; Transport</b>	<b>NHS 111 &amp; Clinical Assessment Service</b>	<b>Comms &amp; Engagement</b>
	✓	✓	✓	✓	✓	✓
<b>Link to CQC / KLOE:</b> <i>(please tick)</i>	<b>Caring</b>		<b>Responsive</b>	<b>Effective</b>	<b>Well Led</b>	<b>Safe</b>
	✓		✓	✓	✓	✓
<b>Link to Trust values:</b> <i>(please tick)</i>	<b>Pride</b>	<b>Strive for excellence</b>	<b>Respect</b>	<b>Compassion</b>	<b>Take responsibility &amp; be accountable</b>	<b>Make a difference – day in &amp; day out</b>
	✓	✓	✓	✓	✓	✓
	<i>(Please explain how this paper supports the application of the Trust's values in practice)</i>					
Provides assurances about the clinical care provided and demonstrates the effectiveness of the continuous quality improvement initiatives.						
<b>Any relevant legal / statutory issues?</b> <i>(Such as relevant acts, regulations, national guidelines or constitutional issues to consider)</i>	N/A					
<b>Equality analysis completed</b> <b>If this is not relevant please explain why:</b>	<b>Yes</b>		<b>No</b>		<b>Not Relevant</b>	
			✓			
An equality analysis is a review of a policy, function or significant service change which establishes whether there is a positive or negative impact on a particular social group						
<b>Key considerations</b>	<b>Details</b>					
<b>Confirm whether any risks that have been identified have been recognized on a risk register and provide the reference number:</b>	N/A					
<b>Please specify any Financial Implications</b>  <b>Please explain whether there are any associated efficiency savings or increased productivity opportunities?</b>	N/A					
<b>Are any additional resources required e.g. staff capacity?</b>	N/A					
<b>Is there any current or expected impact on patient outcomes/experience/quality?</b>	Provides assurances in the quality of care provided and clinical outcomes against the ambulance quality indicators measured.					

<p><b>Specify whether appropriate clinical and/or stakeholder engagement has been undertaken:</b>  <i>(stakeholders could include staff, other Trust departments, providers, CCGs, patients, carers or the general public)</i></p>	N/A			
<p><b>Are there any aspects of this paper which need to be communicated to our stakeholders (internal or external)?</b>  <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 <a href="mailto:publicrelations@neas.nhs.uk">mailto:publicrelations@neas.nhs.uk</a>)</i></p>	<b>Yes</b>	<b>No</b>	<b>Positive</b>	<b>Negative</b>
		✓		✓
	<b>Proactive</b>	<b>Reactive</b>	<b>Internal</b>	<b>External</b>
Please enter key points for the communications team				

### ROSC at Hospital (All Patients)

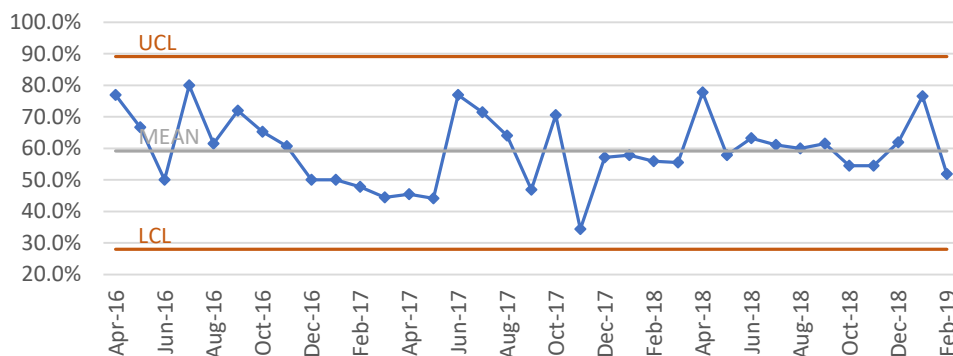


No action required

NEAS attempted resuscitation on 183 patients with ROSC at hospital achieved for 64 patients.

<b>NEAS</b>	<b>35.0%</b>
Nat Avg	30.1%
Range	23.8% - 35.0%
Nat Pos	1st

### ROSC at Hospital (Utstein)

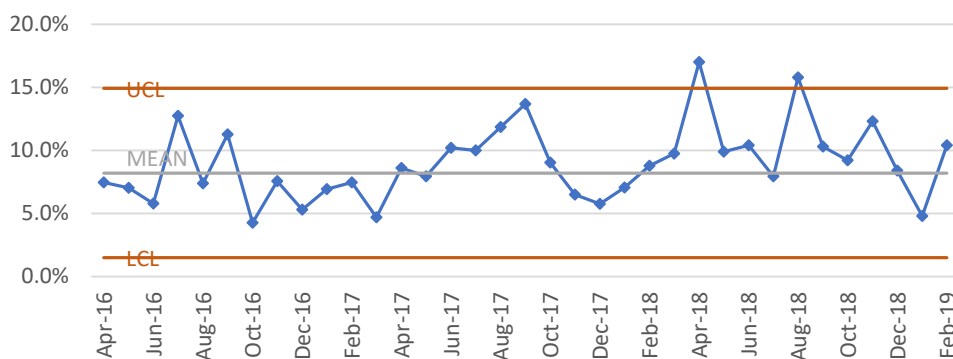


No action required

14 of the 27 patients that fulfilled the Utstein criteria achieved ROSC.

<b>NEAS</b>	<b>51.9%</b>
Nat Avg	53.0%
Range	37.5% - 75.0%
Nat Pos	4th

### Survival to Discharge (All Patients)



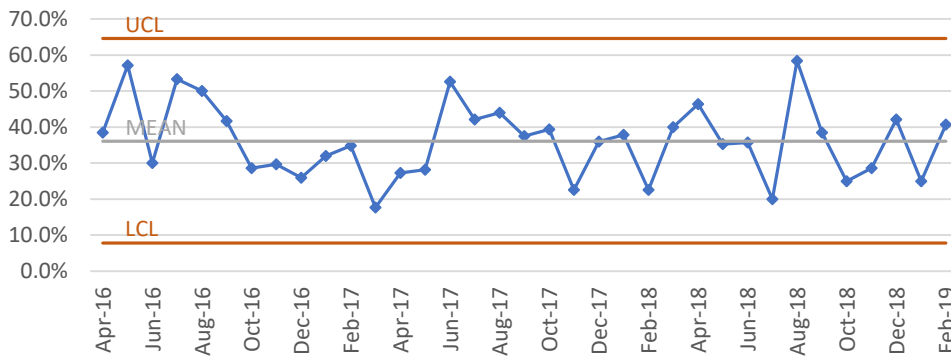
No action required

19 patients survived to discharge.

Outcomes was unknown for 1 patient.

<b>NEAS</b>	<b>10.4%</b>
Nat Avg	8.9%
Range	5.6% - 13.0%
Nat Pos	2nd

### Survival to Discharge (Utstein)

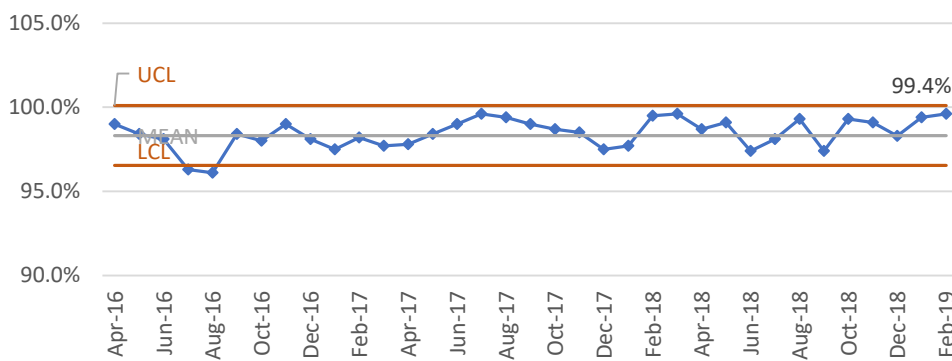


No action required

11 of the patients that survived fulfilled the Utstein criteria.

**NEAS** 40.7%  
 Nat Avg 28.0%  
 Range 11.5% - 40.7%  
 Nat Pos 2nd

### Stroke Care Bundle



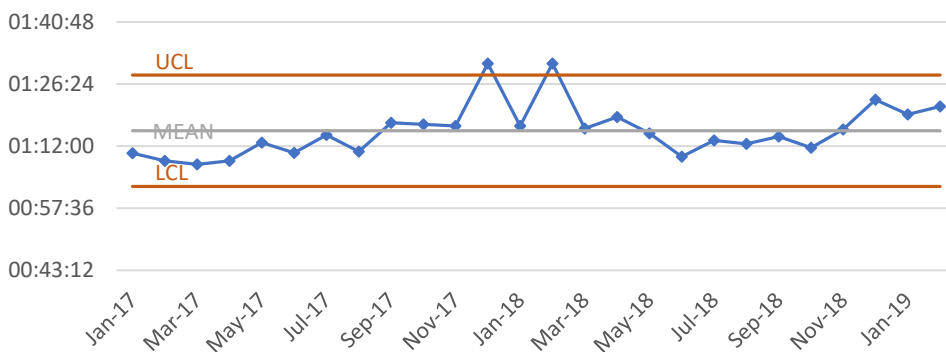
No action required

453 of the 455 suspected stroke patients received the care bundle.

**NEAS** 93.8%  
 Nat Avg 78.7%  
 Range 53.5% - 96.1%  
 Nat Pos 2nd

No pareto chart; the 2 patients that did not receive the care bundle had blood pressures not recorded

### Stroke Mean Average Call to Hospital

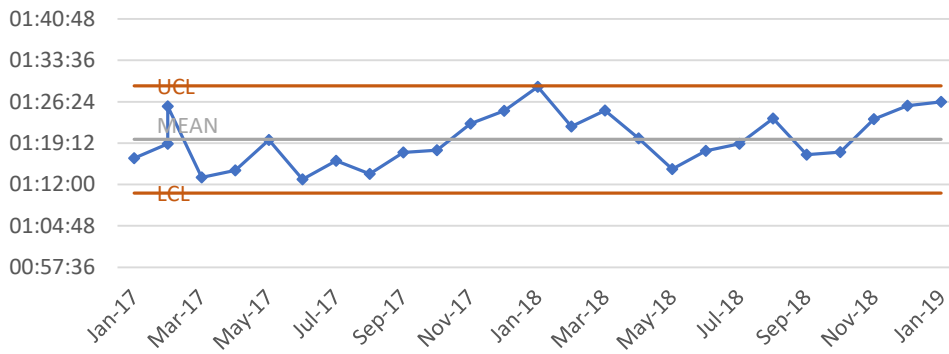


No action required

This reflects the 455 suspected stroke patients.

**NEAS** 01:21  
 Nat Avg 01:17  
 Range 01:08 - 01:23  
 Nat Pos 7th

### STEMI Mean Average Call to PPCI

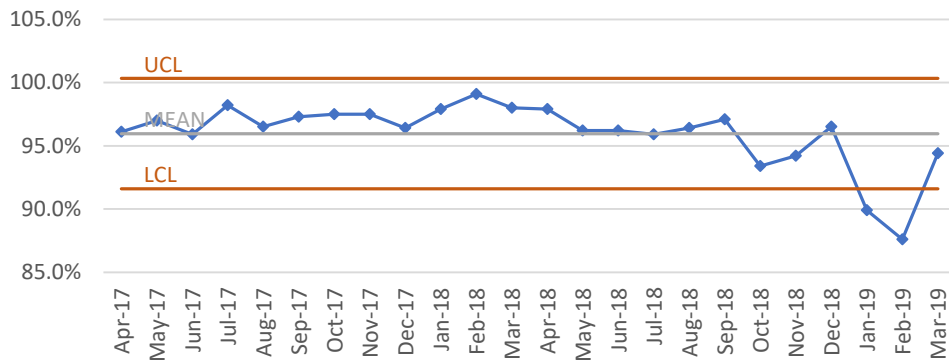


No action required

NEAS attended 100 suspected STEMI, however, MINAP only identified 57 potential patients with 49 receiving PPCI.

<b>NEAS</b>	<b>01:55</b>
Nat Avg	02:12
Range	01:55 – 02:23
Nat Pos	1st

### NHS Pathways: Health Advisor Pass Performance

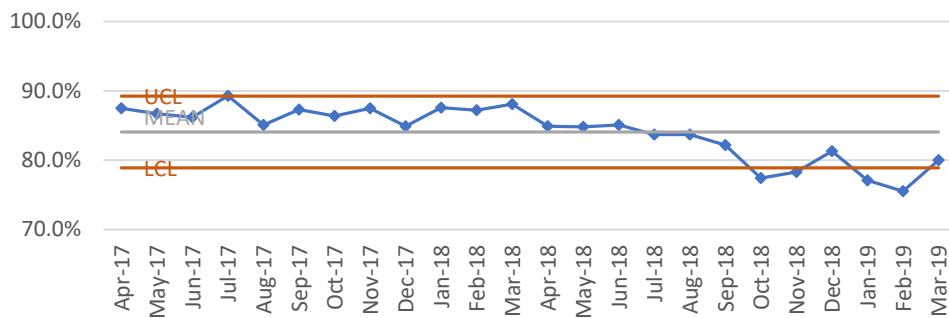


No action required

In March there were 302 Health Advisors in establishment of which 236 were eligible and audited.

**94.5%** achieved full compliance.

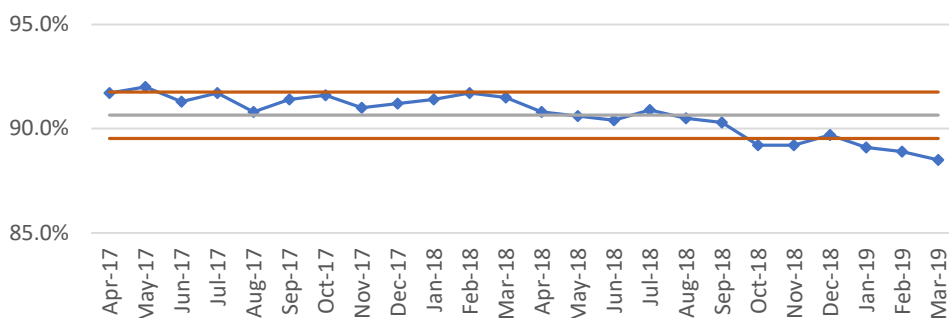
### NHS Pathways: Health Advisor Call Pass Performance



No action required

469 calls were audited of which **80%** achieved compliance.

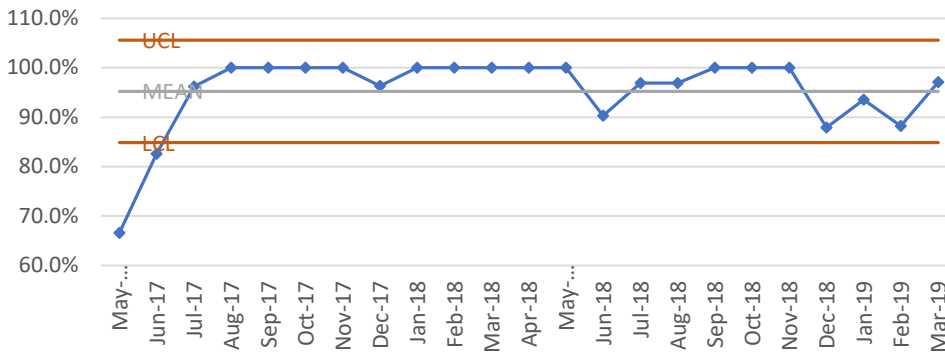
### NHS Pathways: Health Advisor Average Audited Call Performance



No action required

The average score for all audits was **88.5%**.

### NHS Pathways: Clinician Pass Performance

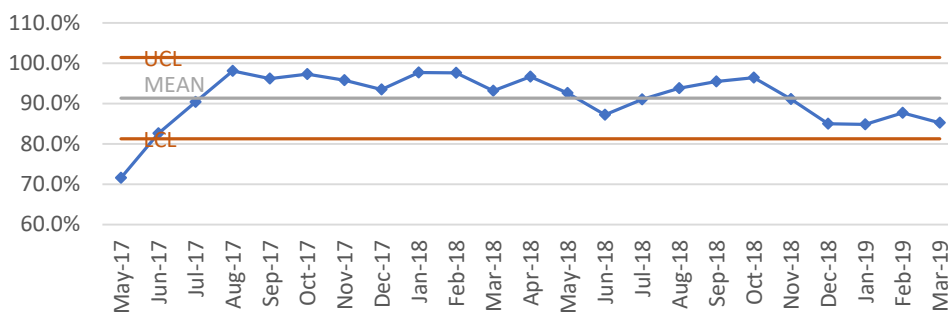


No action required

In March there were 38 999 Clinicians in establishment of which 34 were eligible and audited.

**97.1%** achieved full compliance.

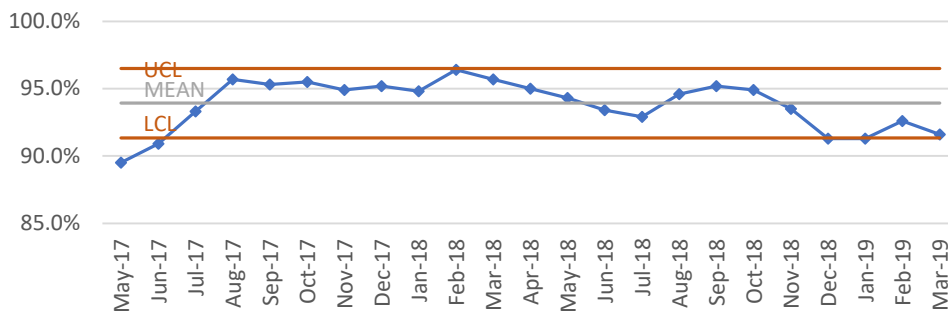
### NHS Pathways: Clinician Audited Call Performance



No action required

108 calls were audited of which **82.5%** achieved compliance.

### NHS Pathways: Clinician Average Audited Call Performance



No action required

The average score for all audits was **91.6%**.

Research & Development		July 2019	19/20 YTD
Active studies	<p><b>NIHR Portfolio studies:</b></p> <p>Rapid response falls service, Eco Mist, SATIATED2, Openness study</p> <p><b>Other Research studies:</b></p> <p>EWOK, PAIN</p> <p><b>External studies NEAS is supporting:</b></p> <p>Critical Illness study, Staff Wellbeing in Ambulance Personnel, Exilens, Emergency Health Care Plans, Acute Home Visiting in Primary Care, SPRUCE, Impact of Paramedic Prescribing in the North East of England</p>	<b>13</b>	
Studies in development	HEART Score, SMRF, PRISM, PREDICT, Care Home Red Bag Project	<b>5</b>	
Completed studies			<b>3</b>
Publications	McClelland G, Flynn D, Rodgers, H, Price CIM. (2019) Development and validation of a pragmatic prehospital tool to identify stroke MIMIC patients. EMJ. 36: e1. <a href="http://emj.bmj.com/content/36/1/e1.1">http://emj.bmj.com/content/36/1/e1.1</a>	<b>1</b>	<b>7</b>

### Statistical Process Control (SPC) Charts

SPC charts have been used to present the data. SPC presents data over time and highlights variation within the process. SPC identifies common cause variation, seen in a stable process and special cause variation, seen in an unstable process.

Common cause variation is the fluctuation in results month to month that is expected within a stable process and no further action is required.

Special cause variation requires action to investigate and understand what has changed within the process. Special cause variation is identified when:

1. Any point outside of the upper control limit (UCL) or lower control limit (LCL)
2. A run of 7 points all above or below the central line, or all increasing, or all decreasing
3. Any unusual patterns or trends within the control limits
4. The proportion of points within the middle 1/3 of the region between the control limits differs from 2/3

This is highlighted next to each SPC chart.

No action required

Action required

### Pareto charts

Pareto charts have been used to illustrate the frequency of failed care bundle elements (bar) and the cumulative total this represents (line).

### Data source

NEAS submit care bundle data on a quarterly basis to NHS England with the exception of cardiac arrest data that is submitted monthly via the OHCAO project. The data presented reflects the most recently published information. Isle of Wight NHS Trust is excluded from the locally reported national position and range due to the low denominator that skews the data.



## Document Information

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