Monday, 29 April 2013

HEALTH SCRUTINY BOARD

A meeting of **Health Scrutiny Board** will be held on

Wednesday, 8 May 2013

commencing at **4.00 pm**

The meeting will be held in the Meadfoot Room, Town Hall, Castle Circus, Torquay, TQ1 3DR

Members of the Committee

Councillor Barnby (Chairman)

Councillor Bent
Councillor Davies (Vice-Chair)
Councillor Doggett
Councillor Hytche
Councillor Mills
Councillor Parrott
Councillor Thomas (J)

Working for a healthy, prosperous and happy Bay

For information relating to this meeting or to request a copy in another format or language please contact:
Kate Spencer, Town Hall, Castle Circus, Torquay, TQ1 3DR
01803 207014
Email: scrutiny@torbay.gov.uk

HEALTH SCRUTINY BOARD
AGENDA

1. Apologies

To receive apologies for absence, including notifications of any changes to the committee membership.

2. Minutes (Pages 1 - 3)

To confirm as correct records the Minutes of the meeting of this Committee held on 29 November 2012.

3. Declarations of interests

a) To receive declarations of non pecuniary interests in respect of items on this agenda

For reference: Having declared their non pecuniary interest members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

b) To receive declarations of disclosable pecuniary interests in respect of items on this agenda

For reference: Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

(**Please Note:** If Members and Officers wish to seek advice on any potential interests they may have, they should contact Democratic Services or Legal Services prior to the meeting.)

4. Urgent items

To consider any other items that the Chairman decides are urgent.

5. Quality Accounts 2012/13 - Torbay and Southern Devon Health and Care NHS Trust (To Follow)

To consider the draft Quality Account of Torbay and Southern Devon Health and Care NHS Trust for 2012/2013 and the Board's proposed response.

6. Quality Accounts 2012/13 - South Devon Healthcare NHS Foundation Trust (To Follow)

To consider the draft Quality Account of South Devon Healthcare NHS Foundation Trust for 2012/2013 and the Board's proposed response.

7. **Quality Accounts 2012/13 - South Western Ambulance Service NHS Foundation Trust** (Pages 4 - 47)

To consider the draft Quality Account of South Western Ambulance Service NHS Foundation Trust for 2012/2013 and the Board's proposed response.

8. **Quality Accounts 2012/13 - Devon Partnership NHS Trust** (Pages 48 - 70)

To consider the draft Quality Account of Devon Partnership NHS Trust for 2012/2013 and the Board's proposed response.

9. **Health Scrutiny Annual Report** (To Follow)

To consider the draft Annual Report of the Health Scrutiny Board.

Minutes of the Health Scrutiny Board

29 November 2012

-: Present :-

Councillor Barnby (Chairman)

Councillors Bent, Davies (Vice-Chair), Doggett, Hytche, Mills, Parrott and Thomas (J)

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18. Minutes

The minutes of the meeting of the Board held on 4 October 2012 were confirmed as a correct record and were signed by the Chairman.

19. Declarations of interests

Councillor Doggett declared a non-pecuniary interest as a member of the Medicine Management Sub-group.

20. Brixham Hospital Site Development Scheme

The Board considered a report on the finalised proposals for the re-provision of the St Kilda Care Home on the Brixham Hospital site. The proposal included the provision of three 12 bedroom wings to provide care for people with dementia, the elderly and intermediate rehabilitation. There would also be two day centre areas.

It was noted that a partnership approach would be taken in funding the proposal with Torbay and Southern Devon Health and Care NHS Trust contributing the NHS owned land at Brixham Hospital, Sandwell Community Caring Trust borrowing funds to provide the majority of the capital costs for the new St Kilda facility and Brixham Hospital League of Friends providing up to £1 million of funding towards the costs with the retention of fractional ownership of the new facility. Torbay Council would contribute to the scheme once the disposal of the existing St Kilda site had taken place.

It was reported that work would continue in the longer term to assess the viability of St Luke's GP practice re-locating to the Brixham Hospital site as had been originally envisaged.

Consultation and engagement on the current proposal was continuing with the community of Brixham with an open day being planned alongside the submission of the planning application.

Members of the Board suggested that discussions should commence at an early stage with public transport providers to ensure that the site continued to be adequately served.

It was agreed that the Board would receive a further update once planning permission had been granted.

21. Adult Social Care - Local Account

It was noted that Local Accounts had been introduced by the Government in 2011 to provide greater transparency on adult social care information enabling local accountability for performance. The Account included a variety of qualitative and quantitative information based around the performance headings from the Annual Strategic Agreement.

Whilst it was acknowledged that the version of the Local Account now being considered was better than the previous draft which had been presented to it, the Board expressed concern that there needed to be further clarity about the audience for the document and how the wording within it should take this audience into account.

Resolved: that the Council be recommended to approve the Local Account for 2011/2012.

22. Care Homes: Accountabilities, Assurance Processes and the Fees Review

The Board received a report clarifying the respective accountabilities of the Torbay and Southern Devon Health and Care NHS Trust, Torbay Council and the Care Quality Commission in relation to care homes in Torbay.

The Board considered a number of issues including:

- Where specific responsibilities lay
- The numbers of people supported in care homes in Torbay
- The numbers and sizes of homes compared to the national average
- The ongoing review of care home fees; and
- The assurance processes in place

The Board identified a number of issues which it would explore at its meeting in February when a representative of the Care Quality Commission would be present. The Board also requested that the Local Involvement Network be invited to attend that meeting along with the Executive Lead for Adult Social Care and Older People.

23. Proposed Relocation of Grosvenor Road Surgery, Paignton

The Board received a presentation from Dr Kulkarni of the Grosvenor Road GP Surgery in Paignton on the proposal for his surgery and Withycombe Lodge GP Surgery to relocate from the central Paignton area to new purpose-built premises at Yannon's Farm, Paignton (opposite the Roselands estate).

It was noted that both surgeries currently occupied converted residential homes with no room for development or expansion. Both practices were inadequate in terms of parking, access for disabled people and natural light.

Both practices would move as distinct and separate entities as this was the stated preference of patients and staff. However, there would be opportunities for economies of scale through shared areas for meeting rooms, staff rooms, toilets and waiting areas. Co-location would also lead to better integrated working, particularly in the development of specialist skills.

Purpose built, efficient accommodation with up-to-date facilities would benefit patients through the ability of the surgeries being able to provide a range of other services such as pharmacy, alternative therapies and health visitor clinics.

Dr Kulkarni provided information on the consultation and engagement process which both practices had been undertaking. He also provided information on how the needs of existing vulnerable patients would be met.

Resolved: that the proposals (including the engagement work being carried out with patients and the community) be noted and supported.

Chairman

South Western Ambulance Service NHS
NHS Foundation Trust

quality review and quality account 2012/13

responsive
committed
effective

South Western Ambulance Service NHS

An introduction to Quality

Professor Sir Bruce Keogh
NHS Medical Director Department of Health

Quality Accounts now represent a critical part of the overall quality improvement infrastructure of the NHS. Their introduction in 2010 marks an important step forward in putting quality reporting on an equal footing with financial reporting.

The Government's White Paper, Equity and Excellence: Liberating the NHS, set out how the improvement in quality and healthcare outcomes would be established.

Quality Accounts demonstrate a relentless focus on improving service quality. This compliments the duties set out in Monitor, independent regulator of NHS Foundation Trusts, current quality governance guidance.

Boards are ultimately responsible for quality of care provided across all service lines and they must ensure that Quality Accounts:

- demonstrate commitment to continuous, evidence based quality improvement;
- set out to patients where improvements are required;
- receive challenge and support from local scrutineers;

Mr David Bennett
Chief Executive of Monitor

- enable Trusts to be held to account by the public and local stakeholders for delivering quality improvements.

To improve accountability the Quality Account must provide progress against previously identified improvement priorities, or explain why such priorities are no longer being pursued. Demonstrate how the review of services and patient, public and, where appropriate, governor engagement has led to these priorities being set.

This will realise the vision of an open and transparent NHS, enabling the success of the NHS Foundation Trust governor model to become autonomous and locally accountable. The published evidence shows that public disclosure in itself does not generally drive improvement, but rather it is the organisational response that Trusts put in place to improve their record on quality that drives improvement.

Quality Accounts are beginning to demonstrate quality improvements for the things that matter most to patients.

This joint statement to the NHS sets the context nationally and underpins the South Western Ambulance Service NHS Foundation Trust approach to continuous quality improvement.

A statement on quality from the Chief Executive

This is the third Quality Report for the South Western Ambulance Service NHS Foundation Trust (SWASFT). The Annual Quality Report gives the Trust the opportunity to restate the significance it places on delivering the highest possible quality of care for each and every patient receiving care and treatment.

In a time of significant change for the NHS, I am pleased to be able to report on the quality of services that this Trust continues to provide to the people it serves. The Trust remains a key conduit to the effective delivery of the health and social care network for the residents and visitors of the South West. The Trust has seen its own significant development and challenges in the last 12 months with the acquisition of the former Great Western Ambulance Service NHS Trust (GWAS), and the introduction of the 111 service across the area.

The Trust now provides 999 Emergency Ambulance Services (A&E) across the following communities: Cornwall and the Isles of Scilly, Devon, Somerset, North Somerset, Dorset, Wiltshire, Gloucestershire, South Gloucestershire, Bristol, Bath and North East Somerset and Swindon (plus Watchfield and Shrivenham). Medical emergencies happen at all times of the day and night. SWASFT operates a 24-hour clinical response to 999 calls to ensure patients receive the right care as quickly as possible – wherever and whenever they need it.

In addition to the A&E services the Trust provides GP Out of Hours Urgent Care Services, Patient Transport Services and the new NHS 111 Service. The GP Out of Hours Service is delivered in Dorset, Gloucestershire and Somerset. The NHS 111 service is delivered in Dorset, and in June 2013 will commence in Devon. Patient Transport Services provision covers Cornwall and the Isles of Scilly, Devon (excluding Torbay), Dorset, Somerset, the former Avon area, Gloucestershire and Wiltshire and, on occasion, to those on the borders within neighbouring counties.

I am pleased to be able to include reference to the Care Quality Commission's inspection of the Trust in January 2013. This provided external scrutiny of the delivery of quality services to patients, and was overall extremely positive. I was particularly proud to hear the comments which patients and other health care professionals made to inspectors about this service and the care and treatment provided by our staff.

The Trust's strategic goals and annual corporate objectives show that the Trust continues to make the safety of patients and the delivery of high quality services a top priority for all of the services it provides.

In 2013/14 the Trust will develop and further enhance the implementation of quality improvement initiatives. It will continue in its commitment to improve the experience and clinical outcomes for patients and to enhance patient safety, making this key to every decision. The Trust Strategic Goals and Annual Corporate Objectives are shown below and reflect relevant ambulance priorities:

Strategic Goals

- High Quality, High Performing;
- Improving Patient Pathways;
- Right Care, Right Place, Right Time;
- Strengthen, Secure and Grow Urgent Care Services;
- Retain, Strengthen and Grow Patient Transport Services.

Annual Corporate Objectives:

- Deliver and improve upon the national clinical quality indicators to provide a high quality and safe service to patients;
- Deliver and improve upon the national and local commitments to provide a high quality and safe service to patients;
- Ensure the Trust remains fit for purpose through sustainable service development;
- Ensure the Trust delivers against its social and organisational responsibilities.

As demonstrated in this and previous Quality Reports the Trust has an extremely good track record of improving quality and aims to continuously expand, refine and develop its services. It works closely with other health providers, delivering services in the same areas, to ensure that safe and appropriate care is delivered to patients within the health community. The Board of Directors recognise that improving quality will make the services provided more clinically effective and timely; more patient focused and ultimately safer. It will continue to work closely with all staff, volunteers, governors, members and the people it serves to identify the best ways to improve its services and deliver high quality care to all. This report celebrates the collective hard work and outstanding achievements of all staff and volunteers and I commend their continued efforts.

This report provides assurance on the completion of the priorities set for SWASFT in 2012/13. The report is based on 10 months of the former area of SWASFT and 2 months of the enlarged trust area. The former GWAS trust produced a closing quality report at the end of January 2013 for the quality priorities set for that service in 2012/13.

I confirm that, to the best of my knowledge, the information in this Quality Report is accurate.

Ken Wenman
Chief Executive

Priorities for Improvement and Statements of Assurance from the Board of Directors

A review of quality improvement priorities for 2012/13

In 2012/13 SWASFT continued to develop its Right Care, Right Place, Right Time initiative, focused on providing patients who contact the 999 service with the most appropriate care. Care that meets the clinical need, is delivered by the most appropriate clinician and is provided at a location that is most suited to the needs of the patient and the wider health community. The Trust is committed to working with the wider health community to deliver these goals and continues to treat more patients safely and appropriately at home than any other ambulance service in the UK.

The Trust designed a questionnaire to obtain the views of members and the public to help inform its Annual Plan for 2013/14, which asked the participants if they had heard of the Right Care Initiative. The results showed that over 60% stated that they were aware of this initiative.

The Right Care Initiative was supported by a review of clinical practice across the enlarged Trust area. The aim of the project was to ensure that all patients receive the same standard of high quality clinical care, based on the same clinical guidelines across the region. The programme, the most ambitious clinical project undertaken by the Trust, resulted in every aspect of clinical practice being examined and enhanced wherever possible.

The use of triage software such as NHS Pathways within the Clinical Hub supports the Right Care Initiative. The system is designed to improve the patient experience through 999 call takers using enhanced processes to enable better identification of the right care and time frame required to meet the needs of the individual.

NHS Pathways is complemented by the Trust's use of the Directory of Services (DoS), which is a comprehensive electronic database of community based services. The database holds details of demographic, capability and capacity information about teams and services across health and social care, mental health and voluntary communities. The DoS supports the Trust's Right Care Initiative by:

- Providing better discharge routes for patient care to the community;
- Helping to decrease conveyance rates to Emergency Departments;
- Helping to spread the load to other NHS organisations and agencies other than Emergency Departments;
- Helping to maintain high levels of access to acute services;
- Providing an opportunity to work more cooperatively across the health community;
- Providing a single point of access for all healthcare, social care, mental health and voluntary support services;

- Providing recorded and archived detailed information to support commissioning of services, where there are gaps or under utilised services.

Through engagement with stakeholders SWASFT is able to incorporate the views of patients, service users, members and the public in the development of its quality initiatives ensuring that what is important to them is recognised and, where possible, included in the Trust's development plans and decision making processes. The Council of Governors is now embedded as an informed source providing a strong link between the public and members and the Trust.

In 2012/13 the Trust published a Quality Account building on its continuous quality improvement journey and setting out its priorities for the year ahead. An overview of the Trust's performance against those priorities and improvements is set out below:

Patient Safety

Priority 1 - Patient re-contact with the ambulance service - Why a priority?

Following the publication of Taking Healthcare to the Patient (2005), the Trust has worked to align its workforce and the clinical skill set they provide with the needs of patients. An increasing emphasis has been placed upon the development of systems which enable patients who call for an ambulance to be assessed over the telephone, and their issue resolved without the attendance of an ambulance resource. The introduction of the NHS Pathways triage system has better equipped 999 control room (Clinical Hub) staff with the ability to undertake this role, supported by experienced Nurses and Paramedics in the role of Clinical Supervisors.

Where an ambulance resource does attend an incident, transportation to hospital is not always the most appropriate outcome; a key part of the transformation has been the need to support our clinicians to access alternative care pathways that enable patients to remain on-scene. The attending clinician may decide that the patient's condition does not require admission to hospital, or that referral to an alternative care pathway is preferable. Alternatively, the patient may decide that they do not wish to attend hospital. It is vital that all such decisions are made in the patient's best interest, with their involvement wherever possible and following good practice.

The introduction of the Ambulance Clinical Quality Indicators during 2011 highlighted the importance of measuring the clinical safety of episodes of care which either do not result in an ambulance attending (hear and treat) or where an ambulance attends but the patient is not conveyed to hospital (see and treat). Although in some cases recontact with the ambulance service after closure of the original call is inevitable, the measure may prove beneficial in evaluating the effectiveness and safety of the advice and care delivered.

Aim

Establish the clinical rationale behind re-contacts with the 999 service, in order to ensure patient safety. The project would identify trends, manage associated risks and develop potential means to reduce re-contact rates, leading to the agreement of a re-contact rate improvement target or trajectory.

Initiatives

- Complete an audit of patients who were initially attended by an ambulance during the agreed sample period and re-contacted the service. The audit will include in-depth clinical review of the initial and subsequent Patient Clinical Records (PCRs);
- Complete an audit of patients who were initially dealt with using hear and treat pathways during the agreed sample period and re-contacted the service. The audit will include review of the initial and subsequent NHS Pathways call triage and an in-depth clinical review of the PCR for the subsequent attendance;
- Hold meetings with the Lead Commissioner to review evidence for the actions above, and to establish whether areas of potential improvement have been identified during the initial audits;
- Subject to area(s) of improvement being identified, agree an improvement target or trajectory for the reduction of the re-contact rate with the Lead Commissioner.

Did we achieve this priority?

Yes we did achieve this priority. A number of detailed audits were conducted to examine cases where patients had re-contacted the service after their initial call was closed with either telephone advice (hear-and-treat) or an ambulance clinician visit (see-and-treat). The audits provided information on the reasons behind the re-contacts and whether any were potentially avoidable.

The most common reason for a patient to re-contact the service after they had received telephone advice was a perceived deterioration in their condition. This often occurred when they had been referred to an alternative service such as a GP Out-of-Hours provider and they were waiting for a response. A review of the initial telephone triage confirmed that in all cases the triage was correct and the deterioration would not have been foreseeable. No trends were identified in the type of clinical presentations that were likely to result in a re-contact due to clinical deterioration.

Patients who re-contacted the service after remaining on-scene following an assessment by an ambulance clinician were also reviewed, to examine the appropriateness of the initial decision. In 98% of cases the clinical assessment recorded was consistent with the decision made regarding the most appropriate care pathway, and supported the avoidance of conveyance to the Emergency Department. The clinical records evidenced a high level of onward referral and the provision of appropriate safety netting.

Priority 2 - Infection Prevention and Control Monitoring - Why a priority?

Healthcare acquired infections cause serious problems for the NHS. Infections can complicate illnesses, cause distress to patients and their family, and in some cases may even lead to patient death. It is estimated that healthcare acquired infections kill around 5,000 people a year and contribute to 15,000 more deaths. Around 100,000 people acquire a healthcare associated infection each year, with 30% of these being preventable. The Trust is committed to creating robust systems of infection prevention and control. Three of our key priorities as part of the Cleaner Care Initiative are:

- Thoroughly cleaning the vehicles during each shift;
- Cleaning the trolley bed and any equipment used after each patient;
- Ensuring that patients receive care in an environment that we would be proud for our relatives to experience.

In addition to daily cleaning by ambulance staff, all ambulance interiors receive a comprehensive clean every eight weeks, by dedicated Make Ready Operatives. The Trust has consistently achieved the internal 90% compliance target for the delivery of this cleaning regime. In order to ensure that regular cleaning has occurred and the deep clean has achieved the standards expected by the Trust, it is important to measure the outcome of the clean, not just the fact that it has taken place.

During 2011 the use of Adenosine Triphosphate (ATP) monitoring technology was piloted on emergency ambulances and will be expanded to include the assessment of Patient Transport Service (PTS) ambulances during 2012/13.

ATP monitoring is an emerging technology which enables organisations to monitor the effectiveness of their environmental surface cleaning. ATP is the energy molecule within all living cells. After cleaning, the amount of ATP that remains on a surface is a direct indication of cleaning effectiveness. Using a chemical reaction involving an enzyme isolated from the firefly, ATP monitors convert the amount of organic matter containing ATP on a surface to an objective numerical measurement.

The monitor enables the reading to be assigned to an individual vehicle, allowing remote monitoring and analysis of the results. In addition to providing a new and novel method to evaluate the Trust's cleaning programmes, the initiative will also reaffirm the importance of vehicle cleaning amongst staff.

Aim

During 2012/13 PTS Team Leaders will utilise ATP monitors to obtain random swabs of vehicle interior surfaces, according to a sampling protocol. The results will be evaluated to assess the effectiveness of routine daily and eight weekly deep cleaning on PTS vehicles.

Initiatives

- Conduct ATP monitoring across the PTS ambulance fleet.

Did we achieve this priority?

Yes we did achieve this priority. ATP monitoring was used throughout the year to check the standard of cleanliness on PTS ambulances across the fleet, with three key areas being assessed:

- Steering wheel;
- Side step grab rail;
- Wall next to stretcher.

The results highlighted areas of good practice, and enabled the Trust to focus on areas that would benefit from further improvements. Cleaning of the side handrail, which is touched by every patient as they board the ambulance, was highlighted as an issue.

Awareness of the importance of regular cleaning of this area has been emphasised to staff and additional cleaning wipes provided. The results continue to be monitored at the Infection Prevention and Control Group, and ATP testing will be expanded to include emergency ambulances as part of the 2013/14 Quality Account priorities.

Priority 3 – Pressure Ulcers - Why a priority?

Pressure ulcers, also sometimes known as bedsores or pressure sores, are a type of injury that affects areas of the skin and underlying tissue. Pressure ulcers can range in severity from patches of discoloured skin to open wounds that expose the underlying bone or muscle.

Pressure ulcers develop when pressure and/or friction is applied to an area of skin over a period of time. The extra pressure disrupts the flow of blood through the skin, starving the surrounding tissues of oxygen and nutrients, causing it to break down and form an ulcer.

Healthy people do not get pressure ulcers, because they are continuously adjusting their posture and position so that no part of their body is subjected to excessive pressure. However, people with health conditions that make it difficult for them to move or those with type two diabetes are more vulnerable to pressure ulcers. It is estimated that just under 500,000 people in the UK will develop at least one pressure ulcer each year. For some people, pressure ulcers are a minor inconvenience, but for others they develop into life-threatening complications such as blood poisoning.

The presence of significant pressure ulcers which are not being actively managed by a Healthcare Professional may indicate that the patient is vulnerable, as referenced in the Trust's Safeguarding Policy.

Aim

Increase staff awareness of the identification and reporting of pressure sores, according to the National Institute of Clinical Excellence (NICE) Guidance.

Initiatives

- Develop educational materials for ambulance clinicians to increase their awareness of and ability to recognise pressure sores;
- Launch a Pressure Sore Learning Zone within the Trust's Intranet to link Trust resources with those available externally;
- Deliver additional education to 75% of eligible frontline clinicians across the Trust to increase staff awareness and ability to recognise pressure sores.

Did we achieve these priorities?

Yes we did achieve this priority. The Trust developed an education package designed to raise awareness of pressure sores and the importance of reporting concerns using the safeguarding process. The session was delivered to all applicable operational clinicians as part of the annual education programme.

The additional education was supported by the publication of a specific clinical guideline on tissue viability, which was published in April 2012. An education learning zone was also created on the Trust's intranet to provide further information and links to key national resources.

In order to evaluate the impact of the campaign, all safeguarding referrals submitted during the 2011/12 and 2012/13 financial years were reviewed to establish the proportion of referrals due to tissue viability issues. The review demonstrated an 809% increase in the percentage of referrals concerning tissue viability issues from 0.089% in 2011/12 to 0.72% in 2012/13.

Clinical Effectiveness

Priority 4 – Major Trauma Centre (MTC) - Why a priority?

Major trauma is the leading cause of death in all groups under 45 years of age, and a significant cause of short and long term morbidity. The National Audit Office estimates that there are at least 20,000 cases of major trauma each year in England resulting in 5,400 deaths, and many others resulting in permanent disabilities requiring long-term care. Trauma costs the NHS between £0.3 and £0.4 billion a year in immediate treatment alone, as well as resulting in an annual lost economic output of between £3.3 - £3.7 billion.

Historically, all trauma patients have been transported to the nearest hospital Emergency Department, with those with the most significant injuries subsequently being transferred to a specialist centre. International evidence demonstrates that over 600 additional lives could be saved across the UK each year, if patients with the most severe injuries were transported directly to specialist Major Trauma Centres (MTC).

During 2011/12 the Trust has worked closely with organisations across the South West to develop the major trauma system, which was launched on 2 April 2012. Ambulance clinicians use a triage

tool to identify those patients who would benefit the most from direct admission to one of the MTCs at Plymouth, Southampton and Frenchay (Bristol) Hospitals. Patients who are unable to reach a MTC within a safe time, or have less severe injuries, will continue to be transported to more local Trauma Units (normally the Emergency Department at their local hospital).

The introduction of the major trauma system significantly increases the length of time that ambulance clinicians are required to deliver care to critically injured patients during long journeys to hospital. Further education and assessment is required to ensure that all ambulance clinicians are confident and competent in the care of this group of patients; a group to which individual clinician exposure has been low.

The Trust has committed to the delivery of a two day educational programme, focusing on the assessment and management of trauma to support the introduction of new interventions such as the EZ-IO intraosseous device (the insertion of a needle into a patient's arm or leg bone in order to give medicines or fluid therapy). The training will also focus on the accurate identification of patients who are suitable for direct admission to a MTC, as this is one of the most significant prehospital challenges.

Over-triage creates inefficiencies for the ambulance service, with ambulances tied up in longer unnecessary round trips to major centres. There is also an impact on other patients in MTCs, whose quality of care may suffer due to an excessive number of patients with less severe trauma. In contrast, under triage may result in patients who may benefit from direct care at a MTC receiving less timely care at their local hospital, or being unnecessarily delayed by a later secondary transfer to a MTC.

Aim

Increase the availability of major trauma specialist care across the South West, by ensuring that patients are transported to the most clinically appropriate centre for their needs.

Initiative

- Deliver a second day of trauma training to frontline clinicians across the Trust;
- Introduce the EZ-IO intraosseous access device to all frontline emergency ambulances and RRVs;
- Audit the percentage of patients transported to a MTC who did not fulfil the major trauma criteria (excluding those within the standard MTC catchment area).

Did we achieve this priority?

Yes we did achieve this priority. The Trust successfully delivered a second day of trauma training to 98.7% of applicable frontline clinicians. The EZ-IO intraosseous access was introduced during April 2012 to all frontline emergency ambulances and rapid response vehicles. The device has been used to administer life-saving medicines to critically ill and injured patients, where it has not been possible to secure a needle into the patient's veins.

The Trauma Review Group was launched during April 2012 to provide a clinically focused forum to review the quality of care that was delivered to a sample of major trauma cases. Senior Trust and Trauma Network clinicians meet each month to review cases, in order to identify lessons that may be learnt and areas of improvement. Feedback is provided to the clinicians who cared for the patient and a number of areas of organisational learning have been identified and progressed to further enhance clinical care.

In addition to the monthly review of clinical quality, all cases of major trauma are audited to evaluate the impact of the major trauma system. The audit demonstrates that between the 1st April and the 31st December 2012 229 patients were bypassed directly to a Major Trauma Centre, and 203 patients were transferred from a Trauma Unit or Emergency Department to a Major Trauma Centre. The audit identified an 8.6% rate of over triage to Major Trauma Centres.

Patient Experience

Priority 5 – Develop a targeted approach to patient feedback - why a priority?

The Trust is proud of its patient-centred approach and constructive investigation of and response to the feedback it receives through concerns raised by patients and their families. However, these form only a very small proportion of the Trust contact with its service users and there may be useful comments and feedback of which the Trust is not aware.

Further work is planned for 2012/13 to encourage patients and their families to provide as much information about their experience of the Trust services as possible, and how it met their expectations.

Aim

The Trust will develop a targeted approach to gather feedback on patient experience, including seeking input from support groups for specific conditions, and with an awareness of any potential for inequity of access.

Initiative

- Undertaking dignity, privacy and respect discovery interviews;
- Establishing feedback clinics at summer events;
- Dissemination of patient experience leaflets by Trust governors;
- Analysis of feedback to develop an improvement plan.

Did we achieve this priority?

Yes the Trust did achieve this priority. The Patient Experience Improvement Plan for 2012/13 was agreed with lead commissioners and focused on making contact with support groups for patients who self-harm, and those who care for patients with dementia.

The Alzheimer's Society were very helpful to the Trust when meetings were being arranged with dementia carers. The Society has many support groups and activities already in place for these patients and carers. The research for identifying support groups for those who self-harm was more difficult as it became clear that self-harm often comes as an adjunct to other mental health issues. In addition, the act of self-harm is a very private issue and not easily discussed with a stranger. Therefore it was more challenging to find patients who self-harm who were willing to recount their experiences.

When speaking with carers of patients with dementia, the experiences they recounted were generally positive. A recurring comment was how attending crews returned to check on patients. The carers were very impressed and grateful for this level of care. In addition when speaking with patients with dementia they were able to describe their general feeling after contact with the ambulance, rather than specific events, and this again was positive. A number of comments from these are listed below:

"The crew were excellent they came back to check on him"

"The Patient Transport Service is very good. It allows me to focus on Dad during a journey"

"Thank you – without you I wouldn't be here"

During the meetings with patients who self-harm the responses were mixed - positive, negative and constructive. It was clear that patients feel that self-harm is very misunderstood by clinicians as a whole, and that ambulance care varied compared to that found in A&E departments. Examples of comments are listed below:

"Be grounding, simple and respond"

"Can't see? Doesn't mean it doesn't hurt"

"Self-harm is a release"

As a result of feedback received from these patient group meetings, the Trust compiled a list of service developments into an action plan which has been completed.

An updated 'Have your say' patient feedback leaflet was developed and distributed in 2012/13. Distribution included the dissemination of these leaflets to the public at summer events which included feedback clinics. The leaflets include the 'Friends and Family Question' which is not currently a mandatory requirement for Ambulance Trusts, as it is for other NHS organisations, but which SWASFT regards as a valuable question to ask of those who use its services.

The Friends and Family Question is:
Based on your experience of our service, would you be happy for a relative or friend to receive the same level of care?

During 2012/13 the Trust received 74 'Have Your Say' leaflets. For the most part, the feedback received was positive. Of the returns, 17 forms left the 'Friends and Family Question' unanswered. Those who did answer the question advised that they would be very happy for their loved ones to receive the same level of care with only two responses to the contrary. One of the 'Have Your Say' leaflets received recorded a complaint which was managed via existing Trust processes.

Some examples of positive comments received from 'Have Your Say leaflets' are:

"Very impressed. First time I've used this service"

"Saved my life!!! Wonderful service Hurray for the NHS"

"Very caring service. Crew were professional in attending husband's needs. Well done everyone"

Some examples of negative comments are:

"The crew took a long time. Too many questions"

"After a major head on, why was I given the choice of hospital? Western couldn't treat me properly and initially missed all my injuries. I should have been taken to the regional trauma unit!"

"Patient fallen needed lifting ambulance crew disinterested"

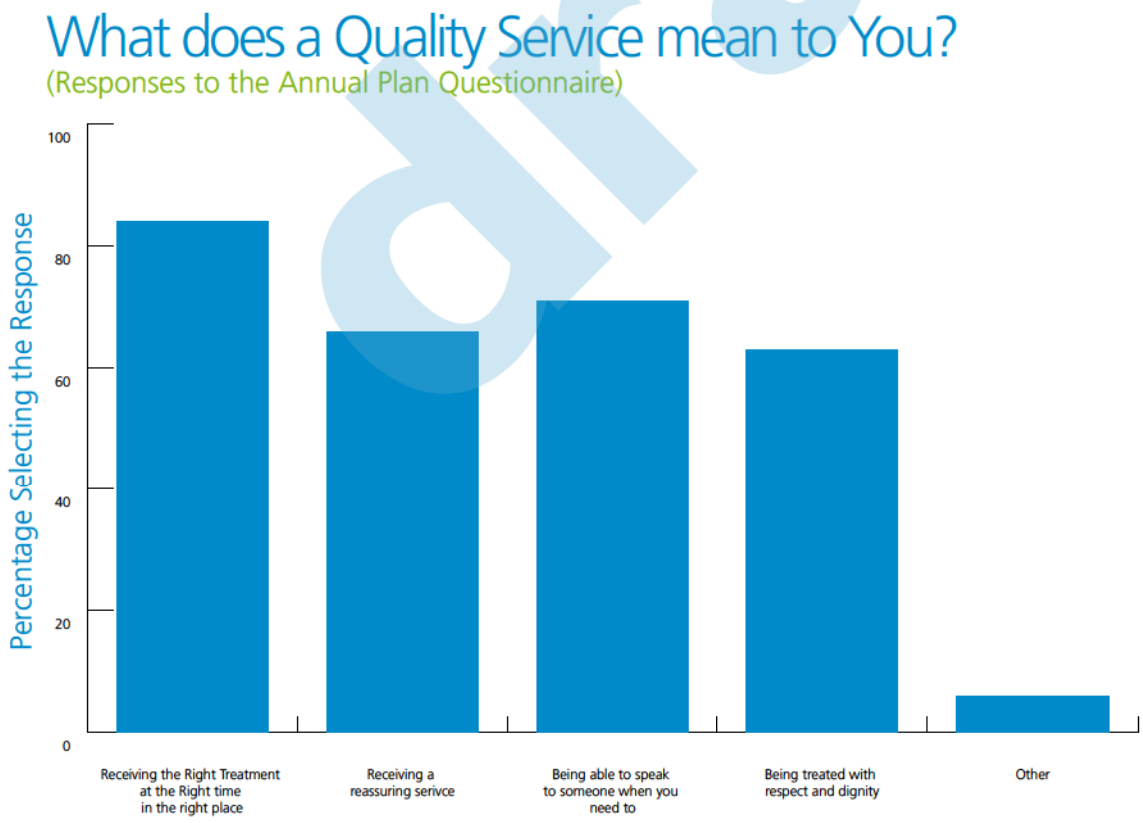
Quality Priorities for Improvement 2013/14

The Trust aspires to involve patients, staff, members, the public and all other stakeholders in developing its ongoing priorities. The Trust has a Council of Governors to represent and engage with the membership and the public.

The Trust consulted with its Council of Governors at a development day to obtain their opinion and input on the suggested priorities. The Governors engaged with senior Trust personnel to provide valuable input into the construction and the content of the priorities. The diverse knowledge and skills of the Governors brings a useful and informative viewpoint, they represent the views of their constituents, members and the public acquired through engagement and interaction with them.

As part of a questionnaire to Governors, members and the public in 2012/13 to help contribute to the annual plan for 2013/14, the Trust posed the question 'What does a quality service mean to you?'

This was a question where individuals were given 4 options, and they could select as many as they wished. There was also an opportunity to select 'other', where the participants were asked to specify their answers. There were 195 responses and the results are shown below. 7 respondents did not answer this question and have therefore been excluded:



Over 80% of the respondents selected that receiving the right treatment at the right time in the right place means a quality service is being provided. 6% included 'other' answers, and these included reference to safe and infection free care, the clinical competence and professionalism of staff, the speed and type of response they received, and providing a good all round service.

In setting the priorities for 2013/14 consideration has also been given to previous years. Quality Account priorities, what the Trust has learnt from these and if there is any benefit in focusing further development on these areas. As a result the patient experience priority is a development of the priority set in last year's Quality Account. It takes forward the learning identified in the completion of the indicator for last year.

Infection Prevention and Control has been a consistent theme in the Quality Accounts for this Trust. The provision of clean and safe facilities is important to the Trust and the patients treated by staff within vehicles. As a result the ATP monitoring priority which was completed last year in the PTS fleet has been further developed and this year has been set as a priority for the A&E vehicles.

The priorities also take into account learning from trends identified through incident and serious incident reporting and triangulated this with information reported from other organisations and the wider health community. As a result Sepsis is a patient safety priority for the Trust in 2013/14.

In 2012/13 the Trust Board of Directors monitored the Quality Account priorities within the Corporate Performance Report which is presented each month. The Quality and Governance Committee also received detailed reports at its bi-monthly meetings. These effective monitoring systems will be continued and maintained throughout 2013/14.

Patient Safety

Priority 1 –Sepsis - why a priority?

- Sepsis is a life-threatening condition that arises when the body's response to an infection injures its own tissues and organs;
- There are 100,000 cases of sepsis each year in the UK, with an estimated 37,000 deaths;
- Sepsis can arise from infection in a huge variety of sources, including minor cuts, bladder and chest infections;
- Sepsis can lead to shock, multiple organ failure and death especially if not recognised early and treated promptly;
- Research shows that simple interventions- such as giving IV antibiotics and fluids in the first hour- can reduce the risk of death by over one-third, yet international guidelines representing these interventions are delivered to fewer than one in 8 patients in the NHS;
- The key to saving lives lies in early recognition and immediate treatment.

Aim

- Increase the number of patients with sepsis who are rapidly identified and treated by ambulance clinicians;
- Reduce the number of incidents reported regarding the lack of recognition of sepsis by 50% by the 31st March 2014.

Initiatives

- Utilise the new sepsis diagnosis code introduced to the patient clinical record during 2012 to audit the management of sepsis;
- Explore the feasibility of pre-hospital lactate testing to aid in sepsis recognition;
- Explore the implementation of pre-hospital antibiotics.

Board Sponsor

Executive Medical Director.

Implementation Lead

Clinical Development Manager (West)

How will we know if we have achieved this priority?

- The Trust will publish a clinical audit focusing on the management of sepsis;
- A report will be presented to the Clinical Effectiveness Group detailing the review of the feasibility of pre-hospital lactate testing;
- The Medicines Management Group will receive a review on the potential implementation of pre-hospital antibiotics.

Priority 2 – ATP Monitoring - Why a priority?

- The need to improve cleanliness and reduce healthcare acquired infections remains one of the top national priorities detailed within NHS. The Trust remains fully committed to tackling infection prevention and control challenges, whilst sustaining compliance with national guidance and regulation;
- Robust policies and procedures are in place, which if followed will ensure that every patient will receive care in an environment in which we would be proud for our relatives to experience;
- The challenge is to objectively monitor the level of environmental cleanliness within emergency ambulances;
- During 2012-13 the Trust piloted the use of adenosine triphosphate (ATP) monitoring on Patient Transport Service ambulances;
- ATP can only be produced by living cells, where it is their energy currency. ATP testing involves using a swab to pick up the contaminants present on a surface. An enzymic reaction converts the ATP present on the surface into a small amount of light, which is measured by a luminometer. The more bacteria are on the surface, the more light is produced and the higher the reading reported.

Aim

- Implement ATP environmental monitoring, to evaluate and improve the level of cleanliness of surfaces within the patient compartment of emergency ambulances.

Initiatives

- Implement random ATP swab testing to 10% of ambulance vehicles during each quarter of 2013-14;
- Utilise the results to highlight the importance or regular cleaning by clinicians each day and after each patient.

Board Sponsor

Executive Medical Director

Implementation Lead:

Clinical Development Manager (East)

How will we know if we achieve this priority?

- The Infection Prevention and Control Group will receive regular reports on the implementation of ATP swabbing.

Clinical Effectiveness

Priority 3 – Post ROSC Care Bundle - Why a priority?

- Every month the Trust responds to around 200 patients who have suffered a cardiac arrest; 25% will regain a pulse (return of spontaneous circulation -ROSC) before they reach hospital;
- Historically, the pre-hospital management of cardiac arrest patients has focused more on resuscitating the patient to achieve a ROSC, than on delivering high quality care once it is has been achieved to ensure that the pulse is maintained;
- The Trust would focus on the implementation of evidence based guidelines introduced during 2012 through the use of a post-ROSC care bundle, based on standards recommended by the Intensive Care Society;
- Post ROSC care consists of a number of elements:
  - Patients are more likely to make a good recovery after a cardiac arrest if they are able to maintain a reasonable blood pressure during the first 2 hours. Paramedics now infuse a small dose of adrenaline and use intravenous fluids to ensure that the blood pressure is maintained.
  - Following resuscitation, many patients have a poor neurological outcome as a result of brain injury caused by a lack of oxygen. Paramedics now cool patients to induce hypothermia, as this improves outcomes.
  - Many cardiac arrests are caused by a heart attack. Paramedics now obtain an ECG (picture of the heart) to identify a heart attack early, to allow prompt treatment at hospital.
  - Clinicians use state of the art monitors to measure the amount of carbon dioxide in the air breathed out by patients, to ensure that they are ventilated to deliver the optimum

concentration of oxygen.

▲ The amount of glucose in a patient's blood is measured to identify and treat any abnormalities.

Aim

- Improve the level of care delivered to patients who regain a pulse after a cardiac arrest, to ensure that they are more likely to retain their pulse, and have a better chance of survival without brain damage.

Initiatives

- Implement and monitor a post-ROSC care bundle, providing feedback to clinicians on their performance;
- Establish a Resuscitation Group to lead on the monitoring and improvement of the care delivered to patients following a cardiac arrest.

Board Sponsor

Executive Medical Director.

Implementation Leads

Research and Audit Manager and Clinical Development Manager (North).

How will we know if we have achieved this priority?

- The post-ROSC care bundle will be monitored by the Clinical Effectiveness Group;
- Clinicians will receive individual email feedback on their performance against the care bundle;
- Minutes from the Resuscitation Group will be reported to the Clinical Effectiveness Group.

Patient Experience

Priority 5 – Dignity Privacy and Respect - why a priority?

- The NHS has put patient safety and patient experience at the centre of delivering high-quality care. People receiving health services need to be treated with dignity. The NHS aims to create a culture in which there is a zero-tolerance approach to the abuse of, and disrespect to, all patients, and likewise an expectation of the same approach from patients to healthcare staff;
- It is acknowledged that ambulance staff can face many barriers to communication in the course of their work including language, ethnicity, cultural diversity, and also vulnerability (ie the effects of alcohol). Overcoming, or at the very least, recognising these barriers will support staff in carrying out their professional duties to the best of their abilities and ensure they treat patients, and their families and carers, with dignity, privacy and respect. It will also encourage patients to afford the same respect and courtesy to staff attending them;
- In 2012/13 the Trust undertook interviews with support groups for patients with dementia or who self harm. The Trust received some very positive feedback but also some comments about how those patients felt when attended by an ambulance crew which sometimes included feelings of anxiety and embarrassment. Further work was recommended to consider how patients'

perceptions could be communicated to staff attending them, and whether any behaviour modification was required for some groups of patients. These findings have directed the focus of this quality indicator.

Aim

- SWASFT will seek to improve its methods of communication with its patients to improve their experience of contact with the ambulance service.

Initiatives

- Undertake a review during the first six months of 2013/14 of feedback where patients or their family or carers have reported a less than satisfactory experience in terms of dignity, privacy or respect. Sources will include:

1. Patient Opinion website feedback;
2. Have Your Say leaflet returns;
3. Complaints and concerns;
4. Reported incidents.

- Review and update the set of tools used to assist staff in communicating with patients, their carers and families and implement improvements which help to ensure they are treated with dignity, privacy and respect, learning lessons from colleagues working in more culturally diverse urban areas such as Bristol.

Board Sponsor

Executive Director of HR and Governance

Implementation Leads

Integrated Governance Manager and Patient Engagement Manager

How will we know if we achieve this priority?

- A review of less than satisfactory patient feedback will be presented to the Learning From Experience Group, this will include any identified recommendations or actions.
- The publication of an updated set of tools for staff.

Statement of Assurance from the Board of Directors

Statutory statement

This content is common to all providers which make Quality Accounts comparable between organisations and provides assurance that the Board has reviewed and engaged in cross-cutting initiatives which link strongly to quality improvement.

1 During 2012/13 the South Western Ambulance Service NHS Foundation Trust provided and/or sub-contracted three NHS services:

- Emergency (999) Ambulance Service;
- Urgent Care Service;
- Non Emergency Patient Transport Service.

1.1 The South Western Ambulance Service NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these NHS services.

1.2 The income generated by the NHS services reviewed in 2012/13 represents ??.??% of the total income generated from the provision of NHS services by the South Western Ambulance Service NHS Foundation Trust for 2012/13.

2 During 2012/13, nil national clinical audits and nil national confidential enquiries covered NHS services that South Western Ambulance Service NHS Foundation Trust provides.

2.1 During that period South Western Ambulance Service NHS Foundation Trust participated in 0% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

2.2 The national clinical audits and national confidential enquiries that South Western Ambulance Service NHS Foundation Trust participated in during 2012/13 are as follows:

- Not applicable.

2.3 The national clinical audits and national confidential enquires that South Western Ambulance Service NHS Foundation Trust participated in, and for which data collection was completed during 2012/13, are listed below alongside the number of cases submitted to each audit or enquiry as a % of the number of registered cases required by the terms of that audit or enquiry:

- Not applicable.

2.4 The reports of one national clinical audit was reviewed by the provider in 2012/13 and South Western Ambulance Service NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- Continue to monitor the time taken to convey patients suffering a heart attack to a centre where they can receive primary percutaneous coronary interventions (angioplasty).

The reports of nine local clinical audits were reviewed by the provider in 2012/13 and South Western Ambulance Service NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- Reinforce the importance of accurate documentation to enable ambulance ECG's to be linked with hospital data;
- Investigate the application of post cardiac arrest cooling as part of the wider post cardiac arrest care bundle;
- Encourage more local clinical feedback via Clinical Support Officers and Clinical Team Leaders
- Continue to monitor the time taken to convey stroke patients to maintain benefits realised from the Stroke 90 project.

3 The number of patients receiving NHS services provided or sub-contracted by South Western Ambulance Service NHS Foundation Trust in 2012/13 that were recruited during that period to participate in research approved by a research ethics committee was 107.

4 A proportion of South Western Ambulance Service NHS Foundation Trust income in 2012/13 was conditional on achieving quality improvement and innovation goals agreed between South Western Ambulance Service NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2012/13 and for the following 12 month period are available on request from www.swast.nhs.uk.

The monetary total for the Commissioning for Quality and Innovation payments, for all service lines, for 2012/13 was £2,558,968 and 2011/12 was £1,560,031.

5 South Western Ambulance Service NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is 'registered without compliance conditions'.

The Care Quality Commission has not taken enforcement action against South Western Ambulance Service NHS Foundation Trust during 2012/13.

6 South Western Ambulance Service NHS Foundation Trust has participated in one special review or investigations by the Care Quality Commission relating to the following areas during 2012/13:

- Outcome 1 – Respecting and Involving people who use service
- Outcome 4 – Care and Welfare of people who use service
- Outcome 7 – Safeguarding people who use service from abuse
- Outcome 14 – Supporting Workers
- Outcome 16 – Assessing and monitoring the quality of service provision

The report was published in February 2013 and the South Western Ambulance Service NHS Foundation Trust were assessed as being compliant with these standards.

7 South Western Ambulance Service NHS Foundation Trust did not submit records during 2012/13 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

8 South Western Ambulance Service NHS Foundation Trust Information Governance Assessment Report overall score for 2012/13 was 66% and was graded green, satisfactory.

South Western Ambulance Service NHS Foundation Trust will be taking the following action to improve data quality:

- Maintain and develop the existing data quality processes embedded within the Trust;
- Hold regular meetings of the Information Assurance Steering Group Group to continue to provide a focus on this area;
- Ensure completion and return of the monthly Data Quality Service Line Reports;
- Continue to provide Data Quality Assurance Reports to the Board of Directors.

9 South Western Ambulance Service NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2012/13 by the Audit Commission.

Part 3 - Quality Overview 2012/13

Additional Quality Achievements and Performance of Trust against selected metrics

The Trust's long term Strategic Goals and annual Corporate Objectives reflect quality priorities which include national priorities for ambulance trusts, and local commitments agreed with commissioners and the Council of Governors. Performance and progress against these are all reported within the Trust Integrated Corporate Performance Report which is presented to the Trust Board at each publicly held meeting.

The indicators and information contained within this section of the report have been selected to describe the continuous quality improvements the Trust is making. They build on the indicators reported in the Trust's previous Quality Reports and where possible historical and national benchmarked information has been provided to help contextualise the Trust's performance.

As a result of the increase in size of the Trust with effect from 1 February 2013 this section of the report provides information for 10 months of the previous SWASFT area, and 2 months of the enlarged geographical region of the Trust. Comparative information for previous years is based on the previous SWASFT area only.

Key Performance Indicators

The South Western Ambulance Services NHS Foundation Trust considers that this data is as described for the following reasons:

- The Trust has robust data quality processes in place to ensure the reporting of performance information is both accurate and timely;
- Information is collated in accordance with the guidance for the Ambulance Clinical Quality Indicators, and is consistent and therefore comparable with reporting from other Ambulance Trusts;
- This information is reported to the Trust Board of Directors monthly in the Integrated Corporate Performance Report.

The South Western Ambulance Services NHS Foundation Trust is taking the following actions to improve these percentages, and so the quality of its services, by:

- The introduction of enhanced software into the Clinical Hub to assist with the dispatch process;
- Review of Red 1 incident data to identify patterns and trends. 2012/13 is the first year of data collection in respect of Red 1 incidents;
- Identification of addresses where multiple Red 1 incidents have been reported over a nine month period;
- Community Engagement Team to work with locations such as Nursing/Care Homes and Public Places to identify reasons for repeat contacts and any specific actions that can be undertaken;
- Working closely with the NHS 111 providers across the South West, NHS Commissioners and the Department of Health to manage and mitigate the impact of NHS 111 on the ambulance service;

- Increased communication through the Choose Well campaign to remind the public to only dial 999 in cases of genuine emergency;
- An increase in resources for both the Clinical Hub and Operations, and the utilisation of Pathways Support Vehicles.

Whole Trust

	Performance								
Category A Key Performance Indicators	Target	2012/13 Jun to Mar	2012/13 Apr & May	2011/12	2010/11	2009/10	National Average 2012/13 **	Highest Trust 2012/13 **	Lowest Trust 2012/13 **
Red 1	75%	73.01%	75.85%*	76.05%*	76.86%*	78.28%*	73.9%	79.1%	70.0%
Red 2	75%	75.89%					75.6%	76.9%	73.2%
19 Minute	95%	95.35%		95.78%	96.11%	96.49%	96.2%	98.1%	93.6%

* In 2012/13 the reporting of Category A 8 minute response times was split into Red 1 and Red 2 with effect from 1 June 2012, previously performance was reported on a combined basis.

** National Comparative information for the entire year is not available for Category A performance at the current time, this figure is year to date for June 2012 to February 2013.

West Division (Devon, Cornwall and the Isles of Scilly)

	Performance					
Key Performance Indicator	Target	2012/13 Jun to Mar	2012/13 Apr & May	2011/12	2010/11	2009/10
Category A Red 1	75%	73.23%	76.80%*	76.43%*	77.30%*	79.75%*
Category A Red 2	75%	76.63%				
Category A 19 Minute	95%	94.88%		95.08%	95.49%	96.06%

East Division (Dorset and Somerset)

	Performance					
Key Performance Indicator	Target	2012/13 Jun to Mar	2012/13 Apr & May	2011/12	2010/11	2009/10
Category A Red 1	75%	75.08%	74.86%*	75.80%*	76.53%*	76.66%*
Category A Red 2	75%	76.52%				
Category A 19 Minute	95%	96.29%		96.74%	97.00%	97.15%

North Division (Avon, Gloucestershire and Wiltshire) (February and March 2013 Only)

Key Performance Indicator	Target	Performance 2012/13 Feb & Mar
Category A Red 1	75%	71.78%
Category A Red 2	75%	71.84%
Category A 19 Minute	95%	94.46%

Comparative information for the North Division is not reported as the Trust was not responsible for the delivery of these services prior to 1 February 2013.

For clarification, Category A incidents are those with presenting conditions which may be immediately life threatening and they should receive an emergency response within 8 minutes, irrespective of location, in 75% of cases. Red 1 calls are those identified as requiring the most time critical response and cover cardiac arrest patients who are not breathing and do not have a pulse and other severe conditions such as airway obstruction. Red 2 calls are those serious but less immediately time critical and cover conditions such as stroke and fits. In addition Category A incidents should receive an ambulance response at the scene within 19 minutes in 95% of cases. A19 performance is based on the combination of both Red 1 and Red 2 categories of call.

To continue the existing themes of the Quality Report the remaining indicators contained in this report have been categorized into Patient Safety, Clinical Effectiveness and Patient Experience.

Patient Safety

During 2012/13 the Trust continued to report high levels of incidents to the National Patient Safety Agency (NPSA) National Reporting and Learning Scheme (NRLS) database. The NPSA recognize that organisations that report more incidents usually have a better and more effective safety culture, stating ' you can't learn if you don't know what the problems are'.

The South Western Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons:

- The Trust has a good culture for reporting of adverse incidents.
- Information is provided to the National Reporting and Learning System (NRLS) electronically through the upload of data taken from the Trust's adverse incident reporting system
- This information is then reported back to the Trust in aggregated reports by the NRLS.

The South Western Ambulance Service NHS Foundation Trust has taken the following actions to improve this number, and so the quality of its services, by:

- Continuing to encourage the reporting of adverse incidents by all members of staff so that learning can occur at all levels of the Trust.
- Reviewed the mechanisms for learning from adverse incidents to ensure that this is done quickly and effectively and disseminated to staff so that they have confidence in the reporting system.
- Reviewed the mapping of coding of patient safety incidents with the NRLS to ensure reporting is consistent with national requirements.
- Revised the internal process for reporting to the NRLS to ensure timely reporting occurs.

Indicator/ Date	01 Apr 12 to 30 Sep 12	01 Oct 11 to 31 Mar 12	01 Apr 11 to 30 Sept 11	National Average	Highest Trust*	Lowest Trust*
				01 Apr 12 to 30 Sep 12		
Total Incidents Reported to NRLS	412	431	303	214	452	63
Number of Incidents Reported as Severe Harm	0	1	2	3	11	0
Number of Incidents Reported as Death	0	0	2	1	3	0

*Highest/Lowest Trust reporting has been noted for each indicator independently.

Patient Safety measures reflect all 3 core service lines for the Trust: A&E; Patient Transport Service and Urgent Care Services. The table below reports other patient safety measures monitored.

Other Patient Safety Measures	2012/13	2011/12	2010/11	2009/10
Adverse Incidents	3817 of which: 0.36% - significant 1.36% - moderate 98.64% - low	2,498 of which: 0.1% – significant 6.8% – moderate 93.1% – low	2,384 of which: 2% – significant; 6% – moderate; 92% – low	2,345 of which: 08.29% - significant 29.00% - moderate 64.71% - low
Serious Incidents	37	28	32	29
Central Alert System (CAS) received	142	170	191	193

Adverse incidents, including near misses, are reported centrally into one system. High levels of reporting supports a good and continuous patient safety culture. A total of 328 adverse incidents were reported from the North Division in February and March 2013, this means that in comparison to 2011/12 the former SWASFT area saw an increase of 40% on adverse incidents reported in the year.

The Trust reports this information to a variety of forums. Subject specific information is provided to working groups, for example infection prevention and control or medicines management. The Trust's Learning From Experience Group receives reports on adverse incidents and considers this alongside complaints, claims, safeguarding and workforce reports in order to collectively and individually be able to identify trends and to be able to recommend improvements in practice. Comprehensive reports on adverse incidents are also produced for the Trust's Lead Commissioners at quality monitoring meetings. Sharing such information is good practice and enables shared learning of incidents.

Appropriately managing serious incidents to ensure lessons are learnt is a fundamental part of the Trust's risk management system. During 2012/13 37 incidents were identified as falling under the Trust Serious Incident Policy, 7 Serious Incidents were identified in the North Division post integration, meaning the total number of Serious Incidents for the original Trust area is comparable to previous years. 26 Serious Incident investigations were heard by Serious Incident Review Meetings during the year. These meetings are chaired by a clinical director or deputy director; all staff involved in the incident are invited to attend as this provides the best opportunity for the Trust to identify learning. Learning can be either at a local, trustwide or at times national level, for example referring learning to NHS Pathways to help them improve the national system . Following a Serious Incident Review Meeting the Outcome report and draft Action Plan are presented to the Directors' Group for final approval of the actions before they are included within the Trust's Serious Incident Action Plan. Progress against actions contained within the Serious Incident Action Plan is monitored by the Trust Board of Directors and lessons disseminated via Trust publications.

The Central Alert System (CAS) is an electronic web-based system developed by the Department of Health, the National Patient Safety Agency (NPSA), NHS Estates and the Medicines and Healthcare products Regulatory Agency (MHRA). This aims to improve the systems in NHS Trusts for assuring that safety alerts have been received and implemented. During 2012/13 the Trust acknowledged 100% of CAS within 24 hours, which exceeds the requirement to acknowledge these within 48 hours. In 2012/13 the Trust implemented all relevant CAS within the timeframe specified. The integration does not impact the number of CAS alerts received as they are issued to all trusts for review and action if appropriate.

Clinical Effectiveness

The Trust is committed to maintaining excellent standards of clinical effectiveness, developing its existing practice and processes through the review of learning, audit, guidance and best practice.

Ambulance Clinical Quality Indicators (AQIs):

Ambulance Clinical Quality Indicators were introduced as a pilot in 2011/12; they are designed to stimulate continuous improvement in care. The ACQIs have continued as indicators in 2012/13 and whilst there are no national performance targets for them, the data on the indicators is used to reduce variation in performance across trusts (where clinically appropriate) and drive continuous improvement in patient outcomes over time.

It is recognised that further work is required to improve the consistency of reporting across Ambulance Trusts regarding ACQIs and there is currently a workstream being led by the National Ambulance Information Group focussing on the system indicators in 2012/13.

Details of all of the ACQIs are contained in SWASFT's monthly integrated corporate performance report presented to the Trust board and available on the Trust's website.

The South Western Ambulance Services NHS Foundation Trust considers that this data is as described for the following reasons:

- The Trust has robust data quality processes in place to ensure the reporting of performance information is both accurate and timely;
- Information is collated in accordance with the technical guidance for the Ambulance Clinical Quality Indicators;

The South Western Ambulance Services NHS Foundation Trust is taking the following actions to improve these percentages, and so the quality of its services, by:

- the provision of emails to staff every time they attend a patient who has a stroke or STEMI to advise them whether they have fully or only partially delivered a care bundle, and where a patient in cardiac arrest achieves ROSC on arrival at hospital. These feedback emails have been well received by those staff concerned, enabled constructive discussion and review of care bundle delivery at station level and will enable the Trust to identify any recurring issues or concerns to help inform future service/process developments;
- undertaking a comprehensive review of all the Clinical Indicators to deliver any changes required to comply with the updated technical guidance (expected April 2013). The guidance has been updated following work undertaken by the National Ambulance Clinical Quality Group during 2012/13.

Ambulance Clinical Quality Indicators (collected for reference during 2011/12)					
Indicator	Year to date 2012/13 (Apr to Nov)	2011/12 Trust Performance	National Average (Apr to Nov 12)	Highest Trust Performance (Apr to Nov 12)*	Lowest Trust Performance (Apr to Nov 12)*
Outcome from Acute ST-Elevation Myocardial Infraction (STEMI) - % of patients suffering a STEMI and who receive an appropriate care Bundle	82.3%	80.7%	77.6%	93.0%	67.5%
Outcome from Stroke for Ambulance Patients - % of suspected stroke patients (assessed face to face) who receive an appropriate care bundle	95.7%	94.1%	95.6%	100%	90.4%

An appropriate care bundle is a package of clinical interventions that are known to benefit patients' health outcomes. These actions are the `must dos' but do not include all the clinical actions that may take place during the treatment of the patient.

Data for these indicators is not currently available for information after November 2012. The longer timeframe for the production of this clinical data is due to the manual nature of the collection process and the delays experienced in collecting some of the data from third party sources (eg acute trusts, MINAP system).

Clinical Quality Improvements

In collaboration with the Avon, Gloucestershire and Wiltshire (AGWS) Cardiac and Stroke Network and eight Acute Trusts, SWASFT participated in an improvement project, known as 'Stroke 90' which aimed to improve the response time for stroke thrombolysis across the network area.

To support this initiative SWASFT hosted a Quality Improvement Collaborative Workshop. The event offered staff a unique Continuing Professional Development (CPD) opportunity to discuss ways of improving stroke care and to listen to guest speakers from Musgrove Park Hospital, Yeovil District Hospital and the Stroke Association, as well as a frank 'first hand' account of stroke care from a stroke survivor's daughter.

The event was well attended with participants from a variety of backgrounds including Community First Responders, Clinical Hub and Operational Staff. During the workshop, quality improvement methods were utilised that encouraged participants to discuss current practice, and identify barriers which prevent patients from receiving timely care.

As a result of Stroke 90, SWASFT has worked with Musgrove Park Hospital to launch a Direct to CT pilot where ambulance clinicians can arrange for suitable patients to be taken straight to the CT scanner saving valuable minutes and enabling faster treatment in the Emergency Department.

In addition to the work supporting improvements in stroke care the Trust has introduced a 'care bundle' to support patients following a cardiac arrest.

A care bundle is defined as a package of evidence based treatments or interventions that should be given to patients suffering from a certain condition. They help to automate the care patients receive in time critical situations; however, they do not replace clinical judgement or reduce the responsibility of the clinician (Fletcher, 2005).

Ambulance clinicians are familiar with using care bundles when treating a range of medical emergencies for example, stroke. Ambulance staff can use care bundles to help provide consistent high quality care and can identify and overcome barriers that could prevent a full care bundle being provided. The use of care bundles is common in the hospital setting, and when applied, they have been shown to improve practice (Rello, 2011).

In post cardiac arrest care there is evidence which suggests that providing post cardiac arrest patients with a group of interventions instead of just a single element will increase their chances of making a good recovery. (Nolan et al, 2010).

A Quality Improvement Collaborative is planned to examine the application of the care bundle, look at monitoring care bundle delivery and try to discover ways that post cardiac arrest care can be improved across the Trust area.

In 2012/13 SWASFT won an Ambulance Service Institute Innovation Award for a trial of tranexamic acid (TXA). In December 2011 in partnership with the National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care for the South West Peninsula (PenCLAHRC) SWASFT was the first ambulance service in the country to introduce TXA on all of its vehicles. TXA is a drug commonly used in operating theatres and trauma incidents in the armed forces. The drug inhibits the breakdown of blood clots, it is used in situations where there is or could be excessive bleeding such as major trauma. The internationally recognised CRASH study demonstrated that, if used within three hours of the accident, TXA can reduce the risk of death from bleeding by as much as 30 per cent. The drug will undoubtedly save many lives across the South West each year and has the major advantage of being affordable (just over £3 for an adult dose).

Professor Stuart Logan from the University of Exeter Medical School, and who is also director of PenCLAHRC, commented: "There is often a delay of years between evidence being published and its use in practice, but this is a great example of what the NHS at its best can do and we are delighted that the project has won the Innovations award. The South West is lucky in having an Ambulance Trust with a really innovative approach, a commitment to evidence-based practice and a close partnership with the acute trusts and with our research teams. We are delighted that our strong local partnership resulted in this being the first region to get this effective intervention into

widespread use."

Indicators for the Patient Transport Service for all divisions are locally agreed with commissioners. These are mainly focused on the call answering and the timeliness of the transport and are included in the integrated performance report provided to the Trust Board of Directors..

The Urgent Care Service has its own set of 13 National Quality Indicators. These are challenging indicators to meet. During the year the Trust has consistently met 10 out of the 13 in the Dorset and Somerset UCS Service. The Gloucester UCS service for February and March has met all, except one subsection, of the quality requirements.

The Trust's integrated Corporate Performance Report included full details of the quality requirements and the mitigating actions that have been planned to improve the delivery of the 13 quality indicators in Dorset and Somerset.

Patient Experience

Service users experience and patient engagement provides the best source of information to understand whether the services delivered by the Trust meet the expectations of the patient, including assessing whether a quality service is provided.

Ambulance Quality Indicator (AQI) – Service Experience

Ambulance Trusts are now required to record narrative on '…how the experience of users of the ambulance service is captured, what the results were, and, what has been done to improve then design and delivery of services in light of the results'.

There is no definitive data source or method for understanding the experience of service users and ambulance trusts have therefore been give the flexibility to develop whatever methods they feel are appropriate for understanding and assessing service user experience. Trusts are expected to provide a qualitative description of service user experience in addition to reporting quantitative measures of user satisfaction. Four questions are used to help the Trust consider service experience and how this is assessed:

- Method used to capture user experience?
- Results of the Assessment of user Experience?
- What has changed as a result?
- How have users confirmed their experience has improved?

The table below shows some of the Trust's existing methods and quantitative information on service user experience.

Patient Experience Measures	2012/13	2011/12	2010/11	2009/10
Making Experiences Count – Complaints, Concerns and Comments	602	496	489	504
Patient, Advice and Liaison Service (PALS) – Lost Property, signposting to other services etc	485	454	428	370
Health Service Ombudsman complaints upheld	0	0	0	0
Compliments	801	719	788	945

In 2012/13 the East and West Divisions of SWASFT received a total of 538 comments, concerns and complaints, a slight increase on 2011/12. From 1st February 2013, the North Division of the Trust received 64 complaints, and 13 PALS enquiries.

As part of the 13 quality indicators for the Urgent Care Service the services in Gloucester, Somerset and Dorset regularly audit a random sample of patients experiences by issuing a survey to service users each month.

For the Dorset and Somerset service information is collated and reported by quarter. Due to the time lag that occurs in obtaining the results of the surveys the most recent information available is for quarter 3 (October to December 2012) the results show that 93% of patients in Somerset and 92% of patients in Dorset patients using the UCS service rate the service as good or better. This service has commenced work with the Peninsula University to improve the survey experience. The survey is available on line and posters encouraging people to access the survey are displayed in Treatment Centres, in addition Twitter is being used to advertise the fact the survey is available on line.

Some examples of comments made in the surveys are:

"I didn't think GPs did home visits anymore. I was in agony and the professional service supplied was excellent, I couldn't fault any part of my issue. Very good service."

"I need these services on a regular basis and always find I am treated wonderfully. They always treat me with respect and keep me informed, I am more than happy with the service. "

"I am very grateful for the excellent service I received. Thank you very much.
The treatment and care I have had from my doctor and nurses has always been excellent. "

"The only problem with the service was the confusion of the reception areas which had confusing titles and it was hard to tell which were open. And the length of waiting time even when an appointment time was given. "

"Some of the times I have rung up the service I have been treated well and the people were helpful and understanding. I have also been treated badly by the attitude of staff. I feel the personnel should have more training on mental health."

The Gloucester UCS has also consistently met the requirement to regularly audit a random sample of patients' experiences of the service. Due to the time lag that occurs in obtaining data for this audit information is not available for the February and March 2013 survey responses. Information will be included in the 2013/14 quality report.

Patient Engagement

During 2012/13 the Trust has been improving its patient engagement activities. This has included registering with the website Patient Opinion. This website was set up to be a platform for conversations between patients and health services with a view to improve the service that patients receive. The feedback on the website currently refers to incidents that are less than 3 years old and is made up of stories submitted directly to the website and stories imported from NHS Choices.

Health services are able to read stories that have been submitted by patients and their advocates

which refer to their experience of the service and provide a response. SWASFT commissioners support the use of this website. From 1 February 2013 the Trust actively publicised the accessing of information from the Patient Opinion website to patients and the general public. During January 2013 the Trust uploaded some feedback that was received from patients and carers during the patient feedback interviews that took place during 2012. The information was preceded by a disclaimer so that any viewers of the feedback could see that the information was not added directly by patients. In February 2013, SWASFT commenced elections for governors in the North (former GWAS) area of the Trust which will improve engagement with patients across the organisation.

In addition to patient experience and patient engagement, independent assessment by regulators can provide a review of the services provided.

CQC Inspection

On Tuesday 22 January 2013, just prior to the Trust covering the enlarged area, the CQC commenced an unannounced inspection. The lead inspector confirmed this was a routine inspection, and that it was not triggered as a result of any concern.

The inspection occurred over 3 days, involved a total of 5 inspectors and assessed the Trust's compliance with 5 outcomes:
Outcome 1 – Respecting and Involving people who use service
Outcome 4 – Care and Welfare of people who use service
Outcome 7 – Safeguarding people who use service from abuse
Outcome 14 – Supporting Workers
Outcome 16 – Assessing and monitoring the quality of service provision

The outcome of the inspection was very positive; the Trust was confirmed as compliant with all 5 outcomes. In addition the feedback comments received by the two inspectors from patients were overwhelmingly positive.

The Trust was particularly pleased to receive the feedback from the inspectors on the comments that patients made to them about the service these included:

clean; spotless; first class; everything you could want it to be; very kind; fully explained everything down to the fact they were going to shave two hairs off the back of my hand; efficient; Lovely they listened to me; exceptionally nice; could not be faulted.

Whilst this was an excellent outcome for the Trust, the inspection did provide an opportunity for constructive criticism from the inspectors, and they did make some minor observations of areas the Trust could consider improving. The Trust is taking these comments forward as part of its commitment to continuous quality improvement.

The Trust continues to monitor its Quality and Risk Profile provided by the CQC on a monthly basis. This is not currently a document made public by the CQC. The CQC state that:

'As part of CQC's monitoring of providers' compliance with the essential standards of quality and safety, we need up-to-date, relevant information about each registered provider. The Quality and Risk Profile (QRP) is a tool that gathers all we know about a provider in one place'

Updates to the QRP are provided to Directors Group, Quality and Governance Committee and the Board as appropriate. During 2012/13 the Trust has not had any outcomes rated as amber or red in the QRP.

NHS 111

The Trust commenced delivery of the NHS 111 service in Dorset with a soft launch effective from 16 February 2013. Following the success of the soft launch approval to deliver the full 111 service with effect from 19 March 2013 was received. The Trust has also been awarded the contract to deliver 111 services in Devon with the anticipated launch occurring in June 2013.

The full reporting of the national quality requirements for 111 has not commenced yet, either in the integrated corporate performance report to the Trust Board or nationally. As a result this report does not include specific quantitative information in relation to this service. Information will be available during the year on the Trust's website and in the Board of Directors reports, and this will be included in the 2013/14 Quality Report.

Assurance Statements - Verbatim

Lead CCG

Awaited

Local Health and Overview Scrutiny Committees

Awaited

Local Health Watch organisations

Awaited

Statement of Directors' Responsibilities in respect of the Quality Report

The Directors are required under the Health Act 2009 and the National Health Service Quality Accounts Regulations to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, Directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2012/13;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  1. Board minutes and papers for the period April 2012 to June 2013;
  2. Papers relating to Quality reported to the Board over the period April 2012 to June 2013;
  3. Feedback from the commissioners dated xx May 2012;
  4. Feedback from governors dated 27 April 2012;
  5. Feedback from Local Healthwatch organisations dated xx May 2012;
  6. The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated xx May 2012;
  7. The latest national patient survey and xx xx 2012;
  8. The latest national staff survey xx xx 2012;
  9. The Head of Internal Audit's annual opinion over the Trust's control environment xx May 2012;
  10. CQC quality and risk profiles dated from April 2012 to March 2013.
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitornhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitornhsft.gov.uk/annualreportingmanual).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

24 May 2012	Date	Heather Strawbridge,	Chairman
24 May 2012	Date	Ken Wenman	Chief Executive

If you would like a copy of this report in another format including braille, audio tape, total communications, large print, another language or any other format, please contact:

Email: publicrelations@swast.nhs.uk Telephone: 01392 261649 Fax: 01392 261560

Post: Marketing and Communications Directorate, South Western Ambulance Service NHS Foundation Trust, Abbey Court, Eagle Way, Exeter, Devon, EX2 7HY

Devon Partnership NHS
NHS Trust

Draft Quality Account 2012/13

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Chief Executive's Report

Welcome to our third Quality Account. I hope you find it an interesting summary of our ongoing efforts to improve safety, clinical effectiveness and the experience of people using our services.

At Devon Partnership NHS Trust, our benchmark for quality is to provide services that are '*good enough for my family*', by which we mean services that are Safe, Timely, Personalised, Recovery-focused and Sustainable.

During the last year I am pleased to report that we have continued to make progress towards achieving this goal, despite the challenging financial climate, and we remain on course to achieve NHS Foundation Trust status later this year.

Building strong relationships with the new commissioning groups in Devon has been under way for many months now and I believe that we have established a very meaningful dialogue with them. Above all else, we need to work with them to understand their needs and be responsive to them – particularly in an increasingly competitive market place.

The Francis Report, which looked into a host of issues related to the quality of care at Mid Staffordshire NHS Foundation Trust, has provided us all with a very timely reminder of the need to maintain a relentless focus on quality. In particular, it has reaffirmed the absolute necessity of doing the basics well – listening to people, understanding their needs and treating them with respect and dignity. It has also underlined the fact that, while meeting performance targets is undoubtedly important, 'ticking the boxes' will never tell the whole story about how well an organisation is look after its patients.

Interestingly, the 'friends and family' test that has emerged from the Francis Report, which simply asks whether you would recommend a service to a friend or family member, is something that we have been asking people for a few years now through our regular monthly service user survey. It is an invaluable measure of people's experience of our service and, I am pleased to say, an average of more than 80% of people responded positively last year when asked if they would recommend our services to their friends or family. We have included this measure among our key quality indicators for the forthcoming year.

Asking the same 'friends and family' question to the staff who are providing services is equally important and the findings of the latest staff survey tell us that this is an area where we need to improve significantly. With this said, we did perform well in some other important areas of the staff survey.

As well as direct feedback from our staff and people using our services, how we perform against the targets agreed with our commissioners every year is an important measure of our performance. In 2012/13, I am pleased to report that we fully met 16 of our 17 Commissioning for Quality and Innovation (CQUIN) targets and made good headway towards meeting the other.

I would like to take this opportunity to extend a sincere vote of thanks to all of our staff for their efforts over the last year. During what has been a period of unprecedented change and volatility for the NHS, they have remained dedicated and focused on the job-in-hand – the provision of high quality care for people with a wide range of mental health and learning disability needs.

Peter Cubbon
Chief Executive

Priorities for Quality Improvement

The Trust's aim is to provide services that are 'good enough for my family' and the organisation's long-term strategic objectives are designed to support the attainment of this goal. In order for services to be good enough for our own families the Trust believes that they have to be:

Priorities for 2013/14

The Trust has identified its key quality improvement priorities for 2013/14 in the fields of Safety, Clinical Effectiveness and Improving the Experience of People Using Services.

The Trust sought the views of staff and other stakeholders in identifying these priorities. In addition, the indicators reflect the priorities of the newly-created organisations responsible for commissioning mental health services in Devon, which are set out in the Trust's Commissioning for Quality and Innovation (CQUIN) targets.

Performance against the priorities will be reviewed at monthly Quality and Safety Group meetings, which provide assurance to the Trust's Board of Directors. The Trust's capacity and capability to deliver enhanced quality improvement will also be regularly considered by these groups.

1. Safety

National Priority – Reducing Falls

Last year we collected data on pressure ulcers, falls, catheter-acquired urinary tract infections and venous-thromboembolism (VTE) as part of the national NHS Safety Thermometer programme. While clearly important, not all of these areas are of great significance to us as a mental health and learning disability Trust.

This year we will be focusing on just one of the areas – the reduction of harm caused to older people in our care through falls. This will continue to be monitored using the NHS Safety Thermometer. In the first three months of the year we will review the Safety Thermometer information to identify where people are most at risk of falls and why, set targets for reducing the number of falls and initiate a nurse-led programme of falls reduction.

Local Priority – Safe Transfers of Care

Ensuring that people are discharged appropriately from both inpatient and community mental health services, back to primary care services, is recognised as a key factor in their safety. It requires the provision of good information and clear, timely communication between everyone involved in a person's care – including primary care professionals.

During 2013/14, we will be working closely with our new commissioners to review current practice and develop new protocols that support the safe discharge of people from mental health services. We will work with GPs to set out clear standards for the transfer of care, put in place arrangements to measure compliance with those standards and provide training for relevant staff. We will also set targets for compliance and measure whether these have been met.

2. Clinical Effectiveness

Local Priority – Psychological Therapies
For the last couple of years, the Trust has been developing and expanding its Depression and Anxiety Service, as part of the national *Improving Access to Psychological Therapies* programme.

During 2013/14 the Trust will be focusing, in particular, on reducing the length of time that people (with higher levels of need) have to wait for their psychological therapy treatment, following their assessment. The target is a maximum wait of 18 weeks and performance will be monitored and measured using the Trust's electronic care record system.

Local Priority – Waiting Times
2013/14 is the second year of a two year target to reduce the length of time that people have to wait for an assessment following a referral - for both routine and urgent cases.

Our target is for 90% of people to receive an initial assessment within ten days for routine referrals and within five days for urgent referrals. This will continue to be delivered through the referral management programme and data will be collected using the Trust's electronic care record system.

3. Improving the Experience of People Using Services

National and Local Priority – Listening to People
Capturing the views of people who use our services and our staff, and acting on their feedback where appropriate, has always been important. The Francis Report, which looked into the quality of care at Mid Staffordshire NHS Foundation Trust, has given additional weight to the importance of listening to these two groups of people as a key factor in assessing quality. In particular, asking the staff who provide the service and the people who have used the service if they would recommend it to a friend or family member (the 'friends and family' test) is now recognised as a very simple but extremely informative indicator of quality and safety.

In 2013/14, the Trust will take this agenda forward in two ways. Firstly, we will develop new and better methods for capturing people's feedback. Moving on from our current monthly service user survey and regular staff surveys to embrace new technology, social media and the latest engagement techniques to listen and respond to people's views and concerns. By October 2013, the Trust will have new mechanisms in place, which will include a simple, timely system for conducting the 'friends and family' test among staff and users of services.

Second, the Trust will place a renewed emphasis on the development of a culture that places a high value on compassion and listening. This will include the introduction of the *Listening into Action* programme across the Trust during 2013 (see page x for details). This programme will support frontline staff to make local improvements and overcome barriers to providing care which delivers the vision set out by the Chief Nursing Officer of the NHS. This vision sets out the '6Cs' of good quality, which are Care, Compassion, Competence, Communication, Courage and Commitment.

Local Priority – Recovery
The Trust is committed to putting personal recovery at the heart of everything it says and does (see page x for further details about the recovery agenda). Its target for the year is to develop meaningful outcomes and targets related to recovery in areas including recovery education; direct payments, personal health budgets and employment; recovery-focused risk and safety planning and recovery training for staff.

Commissioning for Quality and Innovation (CQUIN)

Each year, all NHS organisations agree a number of CQUIN targets with their local commissioners. These targets are based around priority areas for improvement, quality and innovation and a proportion of income (1.5%) is secured by organisations for meeting these targets. In 2012/13, the Trust fully met all but one of its CQUIN targets. It partially met the other target, which related to the provision of clear information around medication. A full list of the Trust's CQUIN targets for 2013/14 is included on page 22 of this document.

Statements of Assurance from the Board of Directors

The Trust provides services for adults, older people, those with alcohol and substance misuse issues, people with a learning disability and people who require secure services. These services are provided at a range of locations throughout Devon including people's own homes, within their local community and on psychiatric hospital wards. The Trust has reviewed all of the data available to it on the quality of care in all of these services.

The income generated by the NHS services reviewed in 2012/13 represents [figure to follow] of the total income generated from the provision of NHS services by the Trust for 2012/13.

A proportion of the Trust's income in 2012/13 was conditional upon achieving quality improvement and innovation goals agreed between the Trust and any person or body with which it entered into a contract, agreement or arrangement for the provision of NHS services. This was done through the Commissioning for Quality and Innovation (CQUIN) payment framework.

Of the 18 CQUIN targets agreed with the Trust for 2012/13, 17 were met completely and one was partially met. New CQUIN measures have been set for 2013/14 – see page 22 for details.

The Trust's Information Governance Assessment Report overall score for 2012/13 was 75% and was rated 'green'.

Other key targets set by Monitor (the Foundation Trust regulator) that were met by the Trust during 2012/13 included:

- KPI 010 Follow up within seven days of discharge
- KPI 272 People on the Care Programme Approach (CPA) having formal review within 12 months
- KPI 252 Minimising delayed transfers of care
- KPI 029 Admissions to inpatient services with access to Crisis and Home Treatment services
- KPI 265 Number of Early Intervention cases
- KPI 269 Completeness of Mental Health Minimum Dataset – Identifiers
- KPI 282 Completeness of Mental Health Minimum Dataset – Outcomes
- KPI 177 Access to Healthcare for People with a Learning Disability
- KPI 120 Risk rating for governance
- KPI 165 Overall weighted rating for finance
- KPI 129 Number of members.

The Trust was rated as 'Performing' (the highest rating) throughout 2012/13 for the Department of Health Performance Framework.

During 2012/13, five national clinical audits and one national confidential inquiry covered NHS services that Devon Partnership NHS Trust provides. During that period the Trust participated in all of the national clinical audits and all of the national confidential inquiries in which it was eligible to participate.

The national clinical audits and national confidential inquiries in which the Trust participated, and for which data collection was completed during 2012/13, are listed below alongside the number of cases submitted to each audit or inquiry as a percentage of the number of registered cases required by the terms of that audit or inquiry.

The number of people receiving NHS services provided or sub-contracted by the Trust during 2012/13 that were recruited during that period to participate in research approved by a research ethics committee was 672.

Participation in clinical audits and national inquiries

Prescribing Observatory for Mental Health (POMH) **Topic 12:** Prescribing for people with a personality disorder	11 cases: no set number of returns expected
POMH Topic 2: Screening for metabolic side effects of antipsychotic drugs	48 cases: no set number of returns expected
POMH Topic 11: Prescribing of antipsychotic drugs for people with dementia	48 cases: no set number of returns expected
POMH Topic 13 : Prescribing for Attention Deficit Hyperactivity Disorder (ADHD)	Data still being collected - no set number of returns expected
National Audit of Psychological Therapies	Data collected – results yet to be published

The Trust is required to register with the Care Quality Commission (CQC) and its current registration status is 'Registered with no conditions'. The CQC has not taken enforcement action against Devon Partnership NHS Trust during 2012/13.

The Trust has participated in reviews and investigations by the CQC during 2012/13 and further information about these is available on page 14 of this document.

The Trust has taken a number of important steps to improve data quality. These are set out in detail on page 16 of this document.

The Trust was not subject to the Payment by Results clinical coding audit during 2012/13 by the Audit Commission.

Review of Quality Performance in 2012/13

Last year, the Trust set out three priority areas as indicators of quality improvement. These were:

Safety

The goal for 2012/13 was to collect data on the level of harm caused by pressure ulcers, falls, catheter-acquired urinary tract infections and venous-thromboembolism (VTE).

How did we do?

The Trust met this target, collecting and submitting data on time for each month of the year for all of its inpatient units and community teams supporting older people.

Clinical Effectiveness

The Trust has set-out a clear set of standards that relate to the care and recovery of people using its services.

The goal for 2012/13 was to reduce the waiting times for people to be assessed when they have been referred to our Trust from primary care services. Our target was for 90% of people to receive an initial assessment within ten days for routine referrals and within five days for urgent referrals.

How did we do?

This was the first year of a two year target. The Trust was on course to achieve the target throughout last year and will continue to make further headway during 2013/14.

Improving the Experience of People Using Services

What people say about the service they receive is one of the most important indicators of quality and whether or not the Trust is getting the basics right.

The goal for 2012/13 was to increase the number of people who report that they have been given information about the purpose and possible side effects of their medication and to increase the number of people who have their medication reviewed at least once every six months.

How did we do?

This target was partially met. Although100% of the people asked reported that the purpose of their medication had been explained (against a target of 90%), only 60% of people felt that they had been given clear information about their medication (against a target of 80%) and 80% felt that the side effects had been clearly explained (against a target of 90%). Of the people prescribed Clozapine (a common antipsychotic drug), 95% had the prescription reviewed at least once every six months.

Compliance with National Priorities

The Trust complied with the national performance indicators specified for all mental health trusts during 2012/13:

- 2% of people experienced a delayed transfer of care (against a target of 7.5%)
- 100% of people had access to crisis resolution and home treatment services, a key factor in helping to reduce hospital admissions (against a target of 95%)
- The percentage of patient safety incidents during the year which resulted in severe harm or death was (figure to follow).

Performance against CQUIN Targets

The Trust met all but one of its Commissioning for Quality and Innovation (CQUIN) targets that were agreed with commissioners for 2012/13:

Target	Description (target in brackets)	Performance
Venous-thromboembolism (VTE)	People admitted to inpatient wards will have a VTE and bleeding risk assessment carried out on admission (90%)	97.04%
Safety Thermometer	A completed set of thermometer data will be uploaded onto the NHS information site for each service, each month	100%
Payment by Results (PbR)	• Number of open cases clustered (95%) • Number of clustered cases reviewed in timescales (95%) • Number of open cases clustered without data errors (95%)	• 95.38% • 95.72% • 98.71%
Patient experience	% of people prescribed medicines in outpatient clinics who report: • Their views being taken into account (75%) • Purpose of medication being explained (90%) • Possible side effects being explained (90%) • Clear information given (80%)	• 77% • 100% • 80% • 60%
Patient experience:	People prescribed Clozapine will have a review at least once every six months (95%)	95%
Dementia screening	People over the age of 75 who are admitted to an inpatient ward will be asked a dementia screening question (90%)	100%
Dementia assessment	People over the age of 75 who are admitted to an inpatient ward and identified as being at risk of having dementia will receive a risk assessment within 72 hours of admission (90%)	100%
Dementia referral	People over the age of 75 admitted to an inpatient ward who are identified as being at risk of having dementia will be	100%

	referred for specialist assessment (90%)	
Dementia: end of life care planning	Qualified staff working in older people's community teams will be trained in the use of Advance Directives to support people to plan for their end of life care (90%)	93.8%
Psychological therapies: long-term conditions	Put in place systems to collect and analyse data about the number of people using depression and anxiety services who have a long-term physical health problem	Target met
Improving response times	Reduce the waiting time for routine referrals to ten working days over two years (90%)	All project milestones and trajectories met
	Reduce the waiting time for urgent referrals to five working days over two years (90%)	
Secure services	Introduce a recovery and outcomes based approach to the care pathway, demonstrating recovery orientated practice in identifying, planning and achieving joint goals and outcomes with users of secure services	Requirements met
	Introduce and monitor key milestones to make the care pathway more efficient and reduce lengths of stay in hospital	
	Implement, review and feedback	
Clinical Quality Network	Work collaboratively with the Royal College of Psychiatrists to establish a Clinical Quality Network	Requirements met
Care Programme Approach (CPA) standards	Introduce and monitor the Service User Defined CPA Standards	Requirements met
Clinical quality dashboards	Implement the routine use of a clinical dashboard for specialised services	Requirements met

Developments and Improvements

Focusing on Recovery

Recovery is about people building a meaningful life, as defined by themselves, whether or not there are ongoing problems related to their mental health. The recovery movement represents a shift away from focusing on illness and symptoms towards a focus on health, strengths and wellness. Focusing on personal recovery has been proven to have a profound impact on the quality of care and support that people experience.

The Trust remains active at both a local and national level to embed the notion of personal recovery and recovery practice at the heart of mental healthcare, and has just completed a two-year participation in the project *Implementing Recovery: Organisational Change* (ImROC) as one of six pilot sites. ImROC sets out ten key indicators for organisations to support the recovery of people using mental health services. It is the result of a partnership between the Centre for Mental Health, the NHS Confederation and the National Mental Health Development Unit and is a national initiative.

As part of the ImROC programme, during 2012/3 the Trust held a series of *Exploring Recovery* events attended by Trust staff, people using mental health services, and partners from the private, statutory and voluntary sectors. Drawing on the contributions from these events, the Trust drew up its Recovery Strategy, which was endorsed by the Board in January 2013. Priorities for action include the provision of recovery education, a recovery-focused approach to risk and safety planning, increased personalisation of services, help for gaining and retaining employment and the development of recovery training for staff.

Implementation of the strategy has already begun, particularly in the area of recovery education. The Discovery Centre at Langdon hospital provides a suite of recovery courses and the Recovery Learning Community has also been created in partnership with MIND in Exeter and East Devon, and Exeter College. The Recovery Strategy is supported by the work of the Devon Recovery Research and Innovations Group (D-RRIG), a supportive peer group of professionals, managers and people with personal experience who share an interest in promoting recovery through research and innovation.

The Trust has continued to work with Recovery Devon on a range of initiatives, including most recently the appointment of a Peer Reporter to collect and disseminate personal stories of recovery. Working with mental health charity Rethink, the Trust has supported Recovery Devon to become an independent community interest company.

Safety

Patient Safety programme

Over the last year the Trust has continued to develop its Quality Improvement and Patient Safety programme. This has involved ongoing work with partner organisations and internal teams to improve our service and systems. We are also enhancing the capability of staff, in terms of their technical and non-technical skills, to improve risk management, decision making, leadership, productivity and service delivery.

A monthly Safety Briefing is produced which highlights the learning from local investigations into serious incidents and promotes best practice based on nationally-recognised evidence. The Trust has also played a leading role in the NHS South Quality and Safety Programme, with the Co-Medical Director acting as the clinical lead for the programme and several staff involved in its delivery. The key workstreams for this programme include:

- Safe and reliable care (including falls prevention) – adopting local, national and international evidence-based practice
- Prevention of suicide – improving communication after discharge from hospital
- Provision of service user and family-centred care
- Medicines management – improving safety around the prescription and administration of medicines.

Medicines management

The Trust continued to strengthen its performance in this field during 2012/13. It has a five year vision and strategy and is compliant with CQC Outcome 9, which relates to the management of medicines.

The Medicines Management Team works very closely with its Link Practitioners, ward teams and community teams across the Trust, as well as with pharmacy partners, based in the county's acute hospitals and primary care settings.

During the year, the team worked hard to build relationships with the county's new commissioning organisations and completed a successful programme of recruitment. It also undertook a detailed analysis of training needs across the organisation, in relation to medicines management.

The team launched a Helpline for people with queries and concerns about medication and has ensured that an increasing amount of information is available online. It also completed the testing of an e-prescribing pilot on RiO – the Trust's electronic care records system.

The team actively participates in the Quality and Safety Improvement Programme (QSIP) and has continued to improve the Trust's performance around medicines reconciliation (making sure that people's medication requirements are regularly checked and updated). It has conducted specific pieces of work around the reduction of 'missed doses' and the review of people being prescribed Clozapine – a common antipsychotic drug.

Among the priorities for 2013/14 is a medicines management training programme in response to the findings of the needs analysis conducted last year. The team also expects to launch an outcomes framework for medicines management and a quality dashboard – both of which will help frontline teams to monitor and improve their performance.

Board Walkaround programme

Members of the Trust's Executive Team, including Non-executive Directors, visit services right across the organisation to discuss quality and safety on a regular basis. The aims of the programme are:

- To help resolve difficult issues
- To provide senior leaders with a better understanding of safety concerns
- To provide a forum for discussion about quality and safety issues
- To develop face-to-face communication with frontline teams
- To promote a safer environment.

The visits are about supporting and listening to teams and understanding their needs and concerns – important themes that have been highlighted again recently in the Francis enquiry into the quality of care at Mid Staffordshire NHS Foundation Trust.

Clinical Effectiveness

Care Quality Commission (CQC) compliance

The Trust continued to have routine inspections of its services by the CQC during 2012/13, but it currently has no unmet or outstanding compliance issues.

During the year, we participated in the CQC's national *Dignity and Nutrition Inspection Programme (*DANI). This found that, while most older people in hospitals and care homes were having their needs met, a good number needed to make improvements. Devon Partnership NHS Trust was found to be fully compliant.

The inpatient services at Torbay Hospital were inspected as part of the routine inspection programme. One issue in relation to a person's admission to the hospital under the *Mental Health Act* was identified and rectified.

Improving standards of practice

One of our underpinning goals is to become 'brilliant at the basics' of care – listening to people, planning their care with them, managing risk and safety well and keeping good records.

The Trust has worked with clinicians, managers and people who use services to set standards of practice for the assessment, planning, delivery, coordination and review of care. Compliance with these practice standards is monitored through the review of a monthly sample of clinical records which is taken by each clinical team leader or ward manager. The Clinical Record Self-Monitoring (CRSM) tool has been developed for this purpose and has three key functions:

- To provide assurance through the team dashboard that the standards of practice are being met
- For clinical team leaders to use in their supervision and appraisals with staff
- To measure the impact of the Care Quality Development Programme, a Trust-wide initiative to underpin the work that is being done to drive-up quality.

Performance in relation to the CRSM tool is regularly monitored by the Trust's Board of Directors through a quality performance dashboard. The Trust's Quality Improvement Plan sets targets for improved CRSM performance and compliance with standards. Effective monitoring is dependent on a high rate of return of the monthly samples sent to clinical team leaders.

In 2012/13, the completion rate for the CSRM tool was 83%. The returns also show:

- Increased compliance with the 12 elements of care planning and clinical record keeping which make up the CSRM - consistently exceeding the Trust target of 80%

- Particular improvement in the proportion of clinical records where there is a care plan for all identified needs - 91% for the final quarter of the year

- The Trust's target of 80% of the right clinical information being in the right place at the right time has been met - over 89% in the final quarter of the year.

Quality improvement framework

The Trust has developed a quality improvement framework based on the measurement of compliance with standards and the evaluation of services by people who use them. These measures are combined with other quality and performance information to allow monitoring at the individual team level through the quality performance 'dashboard'. The dashboard enables teams to see performance data quickly and easily to assess how they are doing against the key indicators and standards. It also enables the Trust to identify those teams that require additional support to maintain standards, allows comparisons between teams and directorates and informs the Trust's Quality Improvement Plan, which is monitored fortnightly at the Quality Improvement Coordinating Group.

Royal College of Psychiatrists (RCP)

The Trust is actively involved in supporting national quality improvement programmes run by the RCP. During 2012/13, these included programmes related to electroconvulsive therapy (ECT), psychiatric liaison, low and medium secure forensic services and adult inpatient wards.

Infection Prevention and Control

The Trust has developed a proactive approach to infection prevention and control. Each year it develops an annual work programme which is approved by the Board of Directors. The Trust has a dedicated Infection Prevention and Control team, which is available 24 hours a day, seven days a week. The Infection Control Committee has representation from all directorates and professions, meets quarterly and reports to the Quality and Safety Committee via the Safety and Risk Committee.

The Board of Directors receives monthly statistics against Staphyloccocal and E. Coli bacteraemias and also Clostridium difficile reportable cases, which provides an additional alert to the Board of any developing patterns or concerns. There were no cases of Staphyloccocal and E. Coli bacteraemia during 2012/13 and one case of Clostridium difficile (toxin positive) was reported.

The Trust has identified a Non-executive Director as a champion for infection control and also has a number of Link Practitioners within frontline teams who help promote best practice in infection prevention and control.

The Trust continues to perform well in terms of meeting the infection control and cleanliness standards. Inpatient units and community teams regularly assess performance and plan any required actions using an individualised provider compliance assessment for Care Quality Commission standards (outcome 8).

Staff regularly undertake online compulsory training in infection prevention and control. Face-to-face training is also provided for relevant staff groups and for Link Practitioners. The Trust has many systems in place to assess, plan and mitigate against infection control risks. Good standards are demonstrated in practice in many key areas, including hand hygiene. Significant developments during 2012/13 included specialist input to the new Dewnans Centre at Langdon Hospital, ensuring that the new building was fully compliant with all infection control standards and supporting good infection control practice.

Clinical Audit

The Clinical Audit Programme for 2013/14 was developed in conjunction with NHS Devon, Plymouth and Torbay (now NEW Devon Clinical Commissioning Group) and staff from the Trust's four clinical directorates. It is led by a Co-Medical Director and the Deputy Director of Nursing. The programme integrates quality improvement and mainstream clinical audit work, which includes supporting policy implementation and learning from serious incidents.

This approach reflects the wider organisational shift towards an increased emphasis on service improvement, safety and the quality of people's experience of our services. The work programme is based on the Trust's priorities for quality improvement and clinical audit activity and reflects both national and local priorities in the field of mental health.

The Trust's current priority areas for clinical audit cover both national and local priorities and include:

- Practice standards implementation, in particular risk assessment, risk management and the Care Programme Approach
- Implementation of National Institute of Clinical Excellence (NICE) guidance.

Research and Innovation

Devon Partnership NHS Trust is committed to increasing its participation in research and contributing to better health outcomes for the people using its services. In 2012/13, the number of people recruited to research projects approved by a research ethics committee was 672. The Trust is currently recruiting to 20 projects all of which are supported within the National Institute of Health Research portfolio.

The Trust collaborates with the University of Exeter Medical School, the University of Plymouth Peninsula Medical School, is part of the Quintiles Peninsula Prime Site, and co-hosts its Mental Health Research Group. It has close links with the West Hub of the UK Mental Health Research Network and the South West Dementia and Neurodegenerative Diseases Network.

Improving data quality

In 2011, the Trust established an Enabling Quality Improvement (EQI) Group which included clinicians and other staff. It is led by the Director of Operations. Last year, the Trust reviewed the role and function of the group to ensure that it was achieving its full potential. Renamed the Informatics and Data Quality Group, it meets monthly and has robust systems and process in place to ensure that issues and priorities are identified early and actioned promptly.

In April 2013, an internal audit on data quality rated the Trust as 'green' for all three data quality functions - Design of Controls, Operation of Controls and Overall Assurance Opinion. This was an improvement from the 'amber' rating achieved in 2011/12.

The Trust has continued to use its Orbit system to promote data quality. Orbit generates automatic performance reports that users can view daily on their desktop computers. This enables a range of important activities to be undertaken including, for example, to check whether people leaving hospital have been given a 'discharge diagnosis'

Orbit also enables people to check, quickly and easily, information such as:

- Whether new referrals have been seen
- Whether data has been entered about people's employment and accommodation status
- Up-to-date caseload figures for different teams.

Work is also being undertaken to ensure compliance with the national Information Governance Toolkit to assure the quality of the data being submitted by the Trust. Systems and processes have been established to check for data completeness and the consistency of activity levels, across time and similar types of service, on a monthly basis.

The Trust has continued a good deal of work in preparing for the introduction of Payment by Results (PbR). There has been a strong focus on ensuring the completeness and accuracy of data in relation to assigning people who use services to different 'care clusters'. Each of these clusters describes a type of need or condition and the type of support that is required to meet it.

Improving the experience of people using services

Listening and talking

A strategy and workplan are in place to ensure that the Trust talks and listens to people who use its services, their families and the wider community.

In recent years, feedback from all sources has revealed that the attitude of staff and the need for good communication are very important to people. During 2012/13, the Trust received 325 compliments about its staff and care – with our eating disorders service and services for adults in east and mid Devon attracting the most compliments. The main reasons for making a complaint related to medication, treatment and access to services – with more than 500 of the 731 complaints being received from people in prison being supported by mental health services.

As a result of ongoing feedback, programmes have been introduced where people who have personal experience of services are involved in staff learning and development activities. This includes revised and improved monthly corporate staff induction sessions and specific team-based workshops to improve staff understanding of how people, or their families, feel about using the Trust's services.

These activities provide an important source of feedback to the Trust. Much of this activity is captured through the Patient Experience Team, based within the PALS office, which provides advice and support, handles enquiries, complaints and supports involvement. Reports of feedback captured by the Patient Experience Team are provided on a quarterly basis to the Quality and Safety Committee and annually to the Trust Board.

Monthly survey

Over recent years the Trust has worked with people who use services to identify the key qualities which underpin a good experience and positive outcomes. This has informed the development of a monthly questionnaire which is used routinely to measure the extent to which people consider they have experienced these qualities and their level of satisfaction with the service provided each month and the results are reported in team dashboards. This questionnaire is sent to a sample of 1,000 people.

The response rate to the survey for 2012/13 was 20.7%, with almost 2,500 people completing and returning a questionnaire. Overall, the results from last year's monthly survey remain extremely encouraging and key findings include:

The service has met my needs at all times	82.8%
I have been treated with courtesy and respect at all times	92.5%
I have been fully involved in all decisions about my care	82.6%
I have been supported to set my own goals	72.9%
I have been given information and support to maintain my wellbeing	78.5%
I would recommend this service to a member of my family	84.55%

Areas where the survey has identified the need for further improvement include help with practical issues such as employment and accommodation; support with physical health needs; information about the possible side-effects of medication and support in maintaining a number of important life issues – such as employment, faith and parenting.

During 2013/14 In 2013/14, the Trust will be focusing on listening to people and acting on what they tell us as a priority. We will develop new and better methods for capturing people's feedback, moving on from the monthly survey to embrace new technology, social media and the latest engagement techniques to listen and respond to people's views and concerns.

By October 2013, the Trust will have new mechanisms in place, which will include a simple, timely system for conducting the 'friends and family' test among staff and users of services. This was one of the key learning points to emerge from the Francis enquiry into standards of care at Mid Staffordshire NHS Foundation Trust and involves asking staff and people using services if they would recommend them to a friend or family member.

Engaging with people to develop services

NHS organisations have a statutory duty to involve people (directly or through representatives) in the planning of healthcare services, in the development and consideration of proposals for changes in the way those services are provided and in decisions affecting the operation of those services.

Outcome 16 of the CQC's performance assessment framework requires evidence that people who use services, and their relatives, are involved in the review and monitoring of service provision.

NAG meetings
At Devon Partnership NHS Trust, the principle forum for engagement with people is the Network Action Groups (NAGs) that are held regularly across the county. The objectives of NAGs are to:

- Provide information about national, local and Trust developments
- Encourage feedback about the quality of services
- Encourage feedback about proposed service development or change
- Offer partner organisations an opportunity to promote their services and engage in discussions about a range of issues
- Provide the opportunity for people to meet with senior staff and other representatives from the Trust.

NAGs are one of our key channels for communicating with people who are interested in mental health. We share information about our services and activities with those on the local distribution lists (between 70 – 150 people per network area) and invite them to regular meetings. During 2012/13, meetings were held in locations including Exeter, Okehampton, Honiton, Barnstaple, Bideford, Torbay, Ivybridge and Paignton. Reports from the meetings are available on the Trust's website, in the '*Getting involved'* section.

Staff views on standards of care

The views of staff about the organisations in which they work are a very valuable indicator of quality – this is one of the issues raised by the Francis Report into events at Mid Staffordshire NHS Foundation Trust. Each year, the annual NHS staff survey asks staff whether they would recommend their organisation to a friend or family member. In the latest survey, 43% of our staff said that they would recommend the organisation – this was against a national average, among mental health and learning disability Trusts, of 60%. The Trust is taking action to increase this figure significantly, particularly through greater staff engagement, and this activity will be galvanised by the introduction of the *Listening into Action* initiative during 2013.

It is important to note that our Trust fared well in some areas of staff feedback when compared to other similar Trusts across the country. These included the level of support experienced from immediate managers (a score of 3.88 out of five against an average of 3.77); the percentage of staff feeling pressure to attend work when feeling unwell (19% against an average of 22%) and staff having confidence to raise concerns - with 99% of them knowing how to report malpractice (against 95% nationally) and 76% saying they would feel safe in raising their concerns (against 72% nationally).

Single-sex accommodation

In line with best practice and national guidance, mixed-sex accommodation has been eliminated in all of our inpatient services. The Trust is committed to providing everyone with same-sex accommodation, because it helps to safeguard their privacy and dignity when they are often at their most vulnerable.

During 2012/13, the Trust remained compliant with the requirement for same-sex accommodation and there were no breaches.

The Board of Directors closely monitors this issue and the Trust seeks feedback from people who use services through its questionnaires, programme of independent ward visiting and comments made through the Patient Experience Team.

All NHS Trusts are required to display a declaration of compliance on their website. The declaration for our Trust is set out opposite and can also be found on our website at www.devonpartnership.nhs.uk

Mental Health Act

The Trust sets out its arrangements and authorisations in relation to the Mental Health Act in a Scheme of Delegation, which is approved by the Board of Directors. The Mental Health Act Administration Team works to ensure that the Trust meets its legal requirements and a crucial part of this is the Trust's appointment of independent Hospital Managers who act on behalf of people detained under the Act.

The Trust has 15 Hospital Managers, who ensure that the Act is applied appropriately and fairly, and that hearings, appeals, reviews and other activities are conducted in accordance with the relevant legislation.

To ensure that Hospital Managers understand their role and remain up-to-date, regular development sessions are facilitated.

Additional training is provided for those who Chair Mental Health Act hearings, appeals and reviews. The Mental Health Act Administration Team works with a wide range of clinicians from across the Trust, providing advice, training and policy review. It also works closely with teams and directorates in response to Mental Health Act related visits, reviews and recommendations made by the Care Quality Commission to improve the Trust's compliance with the legislation.

Commissioning for Quality and Innovation (CQUIN)

The CQUIN payment framework is a national initiative that makes a proportion of income (1.5%) available to those Trusts providing services if they meet certain quality and innovation targets agreed with their local commissioning organisations.

In 2012/13, the Trust met all but one of its CQUIN targets and partially met the remaining one. For 2013/14, we have agreed a list of indicators with our commissioners which includes a continuing target to reduce the waiting time for people referred by primary care services. Other targets relate to such issues as access to psychological therapies, delayed transfers of care and better arrangements around people's discharge from hospital and re-access mental health services when they need them. The priority areas for quality improvement selected by the Trust for 2013/14 reflect some of these indicators and a full list is set out below.

CQUIN Targets for 2013/14

The following targets have been agreed with the Trust's commissioners for 2013/14. This is not an exhaustive list of the Trust's priorities for service development and quality improvement for the year, but represents those areas that have been specifically identified and agreed under the CQUIN programme:

To collect data for the Safety Thermometer programme
(a national project aimed at reducing harm in the NHS)

To reduce falls among older people in our care
(part of the Safety Thermometer programme)

To reduce waiting times between referral and assessment for routine cases

To reduce waiting times between referral and assessment for urgent cases

To reduce waiting times between assessment and treatment for more severe cases requiring psychological therapy support

To improve communication with GPs when people are discharged from specialist mental health services to primary care

To improve and simplify arrangements for people discharged from mental health services to re-access services when they need to do so

To provide good, timely information for primary care professionals when people are discharged from hospital

To minimise unnecessary expenditure on expensive drugs.

Statement of Directors' Responsibilities in respect of the 2012/13 Quality Account

The Directors are required under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2010 and National Health Service (Quality Account) Amendment Regulation 2011 to prepare Quality Accounts for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporate the above legal requirements).

In preparing the Quality Account, Directors are required to take steps to satisfy themselves that:

- The Quality Account presents a balanced picture of the Trust's performance over the period covered.
- The performance information reported in the Quality Account is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and that these controls are subject to review to confirm that they are working effectively in practice.
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review: and the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account for 2012/13.

By order of the Board of Directors

Julie Dent	Peter Cubbon
Chairman	**Chief Executive**
Date	Date

Supporting Statements

Prior to publication, the Trust complied with the requirement to share its Quality Account 2012/13 with its key stakeholders. Some of these stakeholders have changed recently, following the implementation of the *Health and Social Care Act 2012*, which came into effect on 1 April 2013. In particular:

- Primary Care Trusts have been replaced with Clinical Commissioning Groups (CCGs), which now have responsibility for commissioning a wide range of local health services, including mental health services. The lead commissioner for our Trust is North, East and West (NEW) Devon CCG. The Trust will also work closely with South Devon and Torbay CCG, which covers the rest of the county (except Plymouth).

- Local Involvement Networks, more commonly known as LINks, have been replaced by Healthwatch organisations, the responsibility for which rests with local authorities. Our Trust will be working closely with both Healthwatch Devon and Healthwatch Torbay.

The Trust ensured that NEW Devon CCG met its legal obligation to review and comment on the publication, and that the Devon County Council's Scrutiny Committee and Healthwatch Devon and Healthwatch Torbay were offered the opportunity to comment on it. A range of other stakeholders were also given the opportunity to contribute to the report.

Commentary by Devon County Council's Health and Adults' Services Scrutiny Committee (to follow)

Statement from Torbay Council's Health Scrutiny Board (to follow)

Commentary by NEW Devon CCG (to follow)

Commentary by Healthwatch Devon (to follow)

Commentary by Healthwatch Torbay (to follow)

Any other feedback received on the Quality Account (to follow)

Engagement in Producing the Quality Account

The Trust sought ideas and suggestions for inclusion in the Quality Account from its key stakeholder groups, including staff, members and the people using services.