



responsive
committed
effective



quality review 2011/12
quality account 2012/13

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

Mr David Bennett

Chief Executive of Monitor

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 second Quality Report for the South Western Ambulance Service NHS Foundation Trust and I am pleased to confirm that the Trust has again exceeded all of the national targets for the year 2011/12.

The Trust provides 999 Emergency Ambulance Services (A&E), GP out of hours Urgent Care Services and Patient Transport Services across the four counties Cornwall and the Isles of Scilly, Devon, Dorset and Somerset. The Urgent Care Service operate in Dorset and Somerset only. The Trust is 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 is committed to making the safety of patients a high priority for all of the services we provide. In 2012/13 the Trust will continue to focus on the implementation of quality improvement initiatives. The commitment to improve the experience and clinical outcomes for patients and to enhance patient safety is key to every decision made by the Trust.

The Trust Strategic Goals have been updated for 2012/13 and continue to be focus on modernisation to deliver all standards and quality requirements:

- High Quality, High Performing;
- Improving Patient Pathways;
- Right Care, Right Place, Right Time;
- To be a credible competitor for Urgent Care Services;
- To be the obvious choice for Patient Transport Services.

In addition to these, the Trust has four annual corporate objectives which reflect relevant ambulance priorities:

- Deliver and improve upon the national clinical quality indicators;
- Deliver and improve upon the national and local commitments;
- Work towards sustainable services;
- Demonstrate the Trust commitment to social and organisational responsibilities.

The Trust has a good track record of improving quality aims to continuously expand, refine and develop its services. It will continue to work closely with all staff, volunteers and the people it serves to make improving services a priority for the coming year. This report celebrates the collective hard work and outstanding achievements of all staff and volunteers.

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

A review of quality improvement priorities for 2011/12

The modern ambulance service plays a much more crucial role in delivering care to those with urgent needs in relation to both acute and chronic medical presentations and also social care and mental health care.

In 2011/12 the Trust introduced the Right Care, Right Place, Right Time initiative, which continues to focus 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 suitable to the needs of the patient and the wider health care community.

NHS Pathways was launched in the Clinical Hubs just before the start of 2011/12. The system is designed to improve the patient experience through 999 call takers have using enhanced processes to enable better identification of the clinical skills and time frame required to meet the individuals needs.

The Trust has continued to develop its engagement with stakeholders, with the new Communications and Membership Sub Group of the Council of Governors meeting throughout 2011/12.

In 2011/12 the Trust published a quality account which built on the continuous quality improvement journey. An overview of the Trust's performance against its 2011/12 Quality Account priorities and improvements are set out below:

Priority 1 – Patient Safety

Falls - Why a priority?

Falls are a major cause of disability and the leading cause of mortality resulting from injury in people aged above 75 years in the UK. Each year, over 700,000 older people in the UK attend Emergency Departments following a fall. In people aged 65 years and over, the fall, together with the resulting fractures, accounts for over four million bed days each year in England alone.

The consequences of a fall can be significant, life changing, and in many cases life-threatening. Increased rates of falling, and the severity of the consequences, are associated with advancing age. Falls are not however an inevitable consequence of old age; they are normally due to the presence of one or more underlying risk factors. Falls have a diverse multi-factorial aetiology, with more than 400 separate risk factors being identified. Recognising and modifying these risk factors is crucial to preventing falls and injuries.

Aim

To explore the impact of patients who fall in the community and who are not transported to hospital, in order to devise, implement and monitor an enhanced falls referral system.

Initiatives

- Establish a coherent system in the 999 control rooms (Clinical Hubs) to identify fallers and agree reporting

mechanisms and data formats with Commissioners;

- Undertake a Falls Audit in Cornwall and the Isles of Scilly, Devon and Somerset (Dorset complete 2010/11);
- Produce a Falls Review with recommendations;
- Agree with Commissioners standard patient falls pathways across all four counties.

Did we achieve this priority?

Yes, the Trust has worked closely with Primary Care Trusts (PCTs) to develop falls referral pathways across the South West, with every area now covered by a falls scheme. The focus has been to further develop the current systems to enable referrals to be made to a single point of access within each County. Such a system already exists within Cornwall, and is set to be launched across Dorset and Somerset during 2012. In order to support the continued development of falls services, the Trust implemented systems to enhance the analysis of calls where patients have experienced a fall. This enabled the provision of data to PCTs on the number of patients who had experienced a fall in nursing and residential homes, in order to focus on this vulnerable group. A leaflet was introduced to provide patients with information and support following a fall, and a staff awareness campaign was conducted to highlight the importance of falls referrals. The Trust is committed to continuing the focus on establishing a single point of access for falls referrals across the South West during 2012/13.

Priority 2 – Clinical Effectiveness

Analysis of Healthcare Professional Calls - Why a priority?

The majority of Healthcare Professional Calls are received from General Practitioners (GPs). We aim to explore the number and demand profile of Healthcare Professional Calls received from each practice across Cornwall and the Isles of Scilly, Devon, Dorset and Somerset. Understanding the impact of the Healthcare Professional Calls workload will help us inform future service developments.

Aim

Analyse the ratio of Healthcare Professional Calls to the number of patients registered at each GP practice during the Urgent Care Services in and out of hours GP and healthcare professional operational periods. This will enable joint working between the Trust and PCTs to establish local variations and further analyse outlying practices eg those with very high or low rates of referral.

Initiatives

- Understand the impact of call re-categorisation on the A&E response time target and Healthcare Professionals Call workload;
- Undertake an analysis of Healthcare Professional Calls activity, identifying trends, patterns and differential use of the service by localities;
- Work with Commissioners to explore local variations in utilisation by practices;
- With the support of Torbay Care Trust, link with GP Consortia leads to explore unscheduled admissions and focus on the impact of the long term conditions agenda;
- Explore the potential role of the Trust in undertaking GP home visits;
- Publish guidance to Healthcare Professionals booking an appropriate ambulance service response, highlighting the current response times to each category, to promote the use of longer three to four hour responses when clinically safe and appropriate;
- Agree on-going monitoring and review of the Healthcare Professional Calls workload to identify changes in access.

Did we achieve this priority?

Yes, working with all commissioning PCTs, the Trust ensured that the details of all GPs working across the South West were available within the Clinical Hub call management system (C3). This has enabled more accurate recording of the Healthcare Professional booking each call, with a summary report presented to PCTs on a monthly basis. In order to support the utilisation of ambulance services by GPs and other Healthcare Professionals, a publication detailing how to book the most appropriate services was disseminated widely across the South West. The Executive Medical Director will be leading further GP engagement during 2012/13.

Emergency Care Practitioner (ECP) - Why a priority?

ECPs are the Trust's highest skilled Paramedics. Their contribution to patient care is invaluable. However, across the Trust operational counties there are known disparities in clinical skills and productivity levels.

Aim

Scope current clinical performance and productivity levels of ECPs. Identify best practice and areas for improvement. Determine new models of clinical service provision and scope opportunities from GP Commissioning Consortia; especially within the primary care setting.

Initiatives

- Develop a tool to measure ECP clinical performance;
- Roll out measurement tool, understanding the impact of the different service models across the four operational counties;
- Following the introduction of the ECP skills passport, evaluate the current skill set of ECPs;
- Understand the variation in ECP clinical practice and performance across the Trust;
- Implement the ECP strategy, pilot different models of service provision and establish the optimum clinically effective and productive use of ECPs;
- Produce a generic skill-set based on the most productive models of care, whilst appreciating that 'one size does not fit all';
- Scope the benefit of utilising ECPs in the primary care setting and identify new opportunities that arise from development of GP Consortia;
- Build relationships with GP Consortia to scope the financial investment required and clinical effectiveness of utilising ECPs within the primary care setting.

Did we achieve these priorities?

Yes, the Trust worked closely with NHS Pathways and the senior ECP team to embed the standard ECP skill set within the Clinical Hub (Control Centre) systems. The development enables each call to be assessed for suitability for an ECP response, as part of the Trust's strategy for increasing their utilisation.

A clinical performance tool was developed and utilised within a comprehensive audit which for the first time measured the clinical performance of ECPs. A survey of the current clinical skill level practiced by each ECP was also completed, which will influence further developments during 2012/13. A range of trials have been successfully conducted to evaluate different models of service provision. The publication of the ECP Strategy and Policy during March 2012 places the Trust in a strong position to develop the role and its contribution to patient care over the forthcoming year and beyond.

Clinical Research - why a priority?

High quality clinical research evidence is vital to assess the effectiveness of clinical services. It underpins the development of robust clinical policies to support service developments that optimise clinical outcomes for patients. High quality research ensures patients can benefit from new and better healthcare treatments, based upon sound and relevant evidence.

Aim

Increase participation in clinical research contributing to the knowledge base for pre-hospital care. Increase engagement with studies on the UK Clinical Research Network portfolio. Continue to raise awareness of the importance of clinical research. Embed clinical research within the Trust culture by ensuring all relevant staff have completed the Good Clinical Practice training.

Initiative

- Align the Trust Clinical Research strategy with the objectives of the Peninsula Comprehensive Local Research Network. The Trust will strengthen contacts with partners in health, academia and industry to fully exploit opportunities to participate in clinical research, and increase public engagement with clinical research engagement and development;
- The Trust continues to work with the NHS National Institute for Innovation and Improvement and other partner organisations in developing an Intelligent Mattress. Development work is progressing well with GX Design who have completed a mattress prototype that enables patients to be weighed, supporting clinicians in managing paediatric emergencies. Hoana Medical are also working closely with the Trust to embed patient monitoring technology within the Intelligent Mattress.

Did we achieve this priority?

Yes, much has been achieved during 2011/12 in terms of promoting the research agenda, raising awareness and embedding a research culture within the organisation. The Trust participated in all applicable National Institute for Health Research portfolio studies (n=5), as well as four non-portfolio projects. The well established Research and Development Group continues to provide an oversight of the research process, and has enabled the Trust to deliver a robust and efficient approval process for new projects. Research focused key performance indicators have been introduced to enable monitoring of related performance by the Trust Board. All relevant staff have completed Good Clinical Practice training. Looking ahead to 2012/13, the Trust has expressed an interest in supporting a further four projects, many of which will hopefully progress to become active research studies within the organisation. The robust research management and governance mechanisms which have been established will ensure that the research agenda continues apace over the coming years.

Priority 3 – Patient Experience

Increase Patient Satisfaction - Why a priority?

The Trust has consistently put the patient at the heart of every decision it makes by making patients the focus of everything we do. However, the Trust can go further and do more. By creating better and more transparent opportunities for patient feedback, the Trust will better understand the patient experience to make improvements across its three service lines.

Aim

The Trust will establish a systematic approach to gather patient satisfaction and experience feedback for improvement action planning.

Initiative

- Analyse the 999 Emergency Ambulance Service (A&E) and Patient Transport Services (PTS) patient surveys completed in 2010/11;
- Analyse the new Urgent Care Services (UCS) patient surveys distributed each month from 1 April 2011;
- Establish a Patient Experience and Quality sub group with the Trust Council of Governors to consider action plans for implementation in 2011/12. Develop a Trust policy for the systematic collection of patient experience to influence the Trust future priorities;
- Carry out regular audits on the new NHS Pathways triage system in Clinical Hubs (999 control rooms), which is a new call handling software.

Did achieve this priority?

Yes, the surveys were analysed and the outcome reported to the Trust Quality and Governance Committee and Commissioners. The reports were extremely positive and only three actions were identified for the A&E survey, all of which have been completed. Due to the overwhelmingly positive response from patients to the PTS survey, the Trust issued a further new survey to those who book the service; the results will be reported in 2012/13.

The UCS team analysed the surveys received throughout 2011/12 and produced reports back to staff published in the Chief Executive's Bulletin newsletter.

A Patient Experience Sub Group of the Council of Governors was established in June 2011, meeting four times in 2011/12. The Sub Group reviewed and commented on the new Patient Experience Policy which was approved in September and monitored by the Quality and Governance Committee, and was also involved in the development of a new patient experience feedback leaflet.

Two in depth reviews of the impact of NHS Pathways were undertaken by the Trust Learning from Experience Group in 2011/12 and reported to Commissioners. These considered feedback through complaints and incident reports; call handling audits; and measured improvements made to the system throughout the year to improve the patient experience.

Quality priorities for improvement 2012/13

The Trust aspires to involve patients, members, the public and all stakeholders in developing its ongoing priorities. As a newly authorised NHS Foundation Trust the organisation has a Council of Governors and a membership of over 10,000, which have enabled greater patient and public involvement during 2011/12. The Council of Governors established a Patient Experience sub group to support this key agenda.

In 2011/12 the Trust Board of Directors monitored the Quality Account and Commissioning for Quality and Innovation 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 2012/13.

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 Clinical Hub (Control Centre) 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 follow clinical guidelines, the patient is safe to remain on-scene, and decisions are made in conjunction with them, are appropriate, clinically sound and made in their best interests.

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 re-contact 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 to 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 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 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.

How will we know if we achieve this priority?

Audits completed and actions for areas of potential improvement agreed with the Lead Commissioners.

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.

How will we know if we achieve this priority?

Monitoring of ATP conducted across the PTS ambulance fleet and reported to the Infection Prevention and Control Group.

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 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 the patient's GP or any other Healthcare Professional may indicate that the patient is suffering from neglect.

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.

How will we know if we achieve this priority?

Development of educational materials, availability of the Pressure Sore Learning Zone, delivery of additional education to frontline clinicians.

Clinical Effectiveness

Priority 4 Major Trauma (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.

During 2011/12 the Trust has worked closely with organisations across the South West to develop the major trauma system, which was launched on 2nd 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 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 pre-hospital 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.

Initiatives

- 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.).

How will we know if we achieve this priority?

Delivery of the second day of trauma training to 95% of frontline clinicians across the Trust by 31st March 2013.
Evaluation and reporting of the over triage rate for patients within the Trauma system.

Patient Experience

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 as information about their experience of the Trust services as possible, and how it meet 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.

Initiatives

- 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.

How will we know if we achieve this priority?

Discovery interviews completed and reported. Approval of an improvement plan by Trust Commissioners.

Statement of assurance from the Board

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 2011/12 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 2011/12 represents 93.48% of the total income generated from the provision of NHS services by the South Western Ambulance Service NHS Foundation Trust for 2011/12.
- 2 During 2011/12, nil national clinical audits and nil national confidential enquiry 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 100% 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 2011/12 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 2011/12, 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 were reviewed by the provider in 2011/12 and South Western Ambulance Service NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:
 - Call to needle target verification.

This action will improve the quality of health care from this one national clinical audit:

 - Myocardial Ischemia National Audit Project (MINAP) – national database gathering information on all patients who have had a heart attack and who have acute coronary syndromes.

The reports of three local clinical audits were reviewed by the provider in 2011/12 and South Western Ambulance Service NHS Foundation Trust intends to take actions to improve the quality of healthcare provided which are listed on the Trust website www.swast.nhs.uk.

- 3 The number of patients receiving NHS services provided or sub-contracted by South Western Ambulance Service NHS Foundation Trust in 2011/12 that were recruited during that period to participate in research approved by a research ethics committee was 249.
- 4 A proportion of South Western Ambulance Service NHS Foundation Trust income in 2011/12 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 2011/12 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 2011/12 was 1,559,801 and 2010/11 was 1,672,343.

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

The Care Quality Commission has not taken enforcement action against South Western Ambulance Service NHS Foundation Trust during 2011/12.

- 6 South Western Ambulance Service NHS Foundation Trust has not participated in special reviews or investigations by the Care Quality Commission during the reporting period.
- 7 South Western Ambulance Service NHS Foundation Trust did not submit records during 2011/12 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 2011/12 was 82% and was graded green, satisfactory.

9 South Western Ambulance Service NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2011/12 by the Audit Commission.

Part 3 – Quality overview

The Trust long term Strategic Goals and annual Corporate Objectives reflect quality priorities which include national priorities and local commitments. These are reported within the Trust Corporate Performance Report which is presented to the Trust open Board at each meeting.

The indicators and information below have been selected to describe the continuous quality journey the Trust is making. Where possible either historical or benchmarking against national information has been provided to help contextualise the Trust's performance.

Emergency Ambulance 999 Services

Key Performance

Key Performance Indicator	Target %	Performance 2011/12	Performance 2010/11	Performance 2009/10
Category A8	75	76.05 (provisional)	78.86	78.3

* Category A8 – Life threatening emergency calls, presenting conditions, which may be immediately life threatening and should receive an emergency response within 8 minutes irrespective of location in 75% of cases.

Urgent Care Service (UCS)

The Trust has 13 quality targets for this service and regularly meets and exceeds 12 of these. This has shown considerable improvement from 2010/11 when 10 quality targets were met or exceeded. An improvement plan is in place to ensure the Trust continues to improve and meets all 13 in the future.

Patient Transport Service (PTS)

Key Performance Indicator	Target %	Performance 2011/12	Performance 2010/11
Calls received and answered within 25 seconds	80	Tbc	87
Calls into the PTS Control abandoned	Less than 4	Tbc	3
Contracted activity levels to be completed	100	Tbc	100

Additional Quality Achievements

- ✓ Successfully developed and introduced the Right Care, Right Place, Right Time Initiative;
- ✓ Hosted two Award Ceremonies for hundreds of clinical and support staff to acknowledge their outstanding and excellent long service and achievements;
- ✓ Continued to meet Level 1 for NHSLA Risk Management Standards with top scores;
- ✓ Nil Ombudsmen complaints upheld;
- ✓ Implementation of a new triage system - NHS Pathways;
- ✓ Implementation of a new Capacity Management System;
- ✓ Implementation of access to patients Summary Care Record integrated within the Adastra system in all treatment

- centres and the east clinical hub;
- ✓ Launch of Senior Clinician on Call;
- ✓ Appointed a dedicated Patient Safety Improvement Manager to focus on learning arising from patient feedback and incidents;
- ✓ Appointed a Stakeholder Engagement Manager to improve service user involvement
- ✓ First Ambulance Trust to launch Transexamic Acid;
- ✓ Launch of Hazardous Area Response Team (HART);
- ✓ Continued registration with the Care Quality Commission without compliance conditions;
- ✓ Successfully completed a series of health promotion campaigns;
- ✓ Patient Advice Leaflets reviewed and placed on every ambulance;
- ✓ Completed preparations for the launch of the Major Trauma System across the Southwest from Monday 2 April 2012, including training all clinicians;
- ✓ Monthly patient surveys for Urgent Care Service always report high satisfaction 90% plus;
- ✓ Completed an independent staff survey.

Performance of Trust against selected metrics

Safety Measures and Patient Experience Reported	2011/12	2010/11	2009/10
Adverse Incidents	2,498 of which: 0% – significant 6.9% – 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	28	45	29
Making Experiences Count – Complaints, Concerns and Comments	496	489	504
Patient, Advice and Liaison Service (PALS) – Lost Property, signposting to other services etc	454	428	370
Health Service Ombudsman complaints upheld	0	0	0
Compliments	719	788	945
Central Alert System (CAS) received	170	191	193

During 2011/12 the Trust, as last year, continued to be one of the highest reporters of incidents to the National Patient Safety Agency (NPSA) National Reporting and Learning Scheme (NRLS) database. This level of reporting reflects a strong practice of incident recognition and supports a good a continuous patient safety culture. In addition to providing reports on adverse incidents for the Learning From Experience Group, the Quality and Governance Committee and a number of internal Trust meetings, 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.

A fundamental part of the Trust’s risk management system is to ensure that serious incidents are appropriately managed to ensure lessons are learnt. During 2011/12 28 incidents were identified as falling under the Trust Serious Incident Policy and 29 Serious Incident investigations were heard by Serious Incident Review Meetings, chaired by

a clinical director or deputy director. Following a Serious Incident Review Meeting the Outcome report and draft Action Plan is 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, Strategic Health Authorities, and the Department of Health for assuring that safety alerts have been received and implemented. During 2011/12 the Trust acknowledged 100% of CAS' within 24 hours, which exceeds the requirement to acknowledge these within 48 hours. In 2011/12 1 alert (0.6%) has exceeded the time specified for implementation.

Ambulance Clinical Quality Indicators:

2011/12 has been a pilot year for Ambulance Clinical Quality Indicators (ACQI) data collection from all ambulance trusts in England, no national targets have been introduced this year.

These new indicators are not targets in themselves but are designed to stimulate continuous improvement in care. It is recognised that 2011/12 is a transitional year to enable definitions to be confirmed and to improve the consistency of reporting across Ambulance Trusts.

The Department of Health have developed a national dashboard enabling the comparison of the trust performance to its fellow ambulance services. The Trust has also established a sub-group of the Corporate Performance Review Group to work specifically on the ACQI.

With effect from 2012/13 the Department of Health intends to require organisations to include the following indicators from the ACQI in the Quality Account.

Ambulance Clinical Quality Indicators (collected for reference during 2011/12)								
Indicator	Apr	May	Jun	Jul	Aug	Sep	Oct	National Average (Oct)
Outcome from Acute ST-Elevation Myocardial Infraction (STEMI) - % of patients suffering a STEMI and who receive an appropriate care bundle	73.79%	76.70%	76.04%	81.67%	83.42%	79.68%	79.43%	74.00%
Outcome from Stroke for Ambulance Patients - % of suspected stroke patients (assessed face to face) who receive an appropriate care bundle	53.92%	64.93%	57.44%	56.33%	55.70%	55.66%	65.55%	68.40%

Data for these indicators is not currently available for information after October 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 Performance Indicators (CPIs)

Clinical Effectiveness - Outcome Measures Reported	Cycle 4	Cycle 5	Cycle 6	Cycle 7	Cycle 7
	Oct 2009 to Apr 2010	May 2010 to Sept 2010	Oct 2010 to Apr 2011	May 2011 to Sep 2011	National Average
Care of Patients with Acute MI (STEMI) - Heart Attack					
Aspirin Administered	88.62%	91.60%	85.71%	93.50%	96.50%
GTN Administered	85.83%	86.40%	77.14%	86.50%	92.17%
2 Pain Scores Recorded	90.15%	89.70%	89.60%	91.60%	80.80%
Morphine Administered	68.20%	70.40%	80.41%	89.80%	81.30%
Analgesia Administered	67.27%	68.00%	79.80%	88.80%	86.20%
Care of Patients with Hypoglycaemic Attacks					
Blood Glucose 1 Recorded	99.00%	98.20%	97.59%	100.00%	98.80%
Blood Glucose 2 Recorded	97.20%	96.70%	98.78%	98.63%	97.90%
Treatment Recorded	98.40%	99.30%	100.00%	98.97%	97.90%
Care of Patients with Asthma					
Respiratory Rate Recorded	99.30%	91.00%	94.36%	98.54%	99.10%
PEFR Recorded	33.20%	37.00%	42.72%	73.66%	78.70%
SpO2 Recorded	88.20%	85.00%	92.45%	89.76%	92.70%
B2 Agonist Administered	98.20%	95.00%	95.45%	98.54%	96.60%
Oxygen Administered	98.40%	97.00%	97.65%	99.02%	95.80%
Care of Patient with Stroke and Transient Ischaemic Attack					
FAST 1	93.77%	98.92%	91.50%	97.67%	95.60%
Blood Glucose Recorded	94.63%	92.98%	93.00%	98.33%	95.60%
Blood Pressure Recorded	99.32%	98.66%	96.30%	99.33%	99.50%

The method of calculating the results for these CPIs has been updated to reflect the way in which the recently

introduced national Ambulance Clinical Quality Indicators are calculated. Cycles 1 to 6 were calculated under the old method and Cycle 7 under the new method and therefore direct comparison to previous cycles is not valid.

Assurance statements - verbatim

to follow

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 2010 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 2011/12;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - a. Board minutes and papers for the period April 2011 to June 2012;
 - b. Papers relating to Quality reported to the Board over the period April 2011 to June 2012;
 - c. Feedback from the commissioners dated tbc;
 - d. Feedback from governors dated tbc;
 - e. Feedback from LINKs dated tbc;
 - f. The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated tbc;
 - g. The latest national patient survey and the latest national staff survey 2011;
 - h. The Head of Internal Audit's annual opinion over the trust's control environment dated tbc;
 - i. CQC quality and risk profiles dated from April 2011 to March 2012.
- 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).

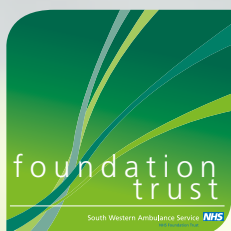
The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

3 June 2011	Date		Heather Strawbridge , Chairman
3 June 2011	Date		Ken Wenman , Chief Executive

Independent Assurance Report to the Council of Governors of South Western Ambulance Service NHS Foundation Trust on the Annual Quality Report

to follow



Would you like to have a say in the future of South Western Ambulance Service by becoming a Foundation Trust member?

Help us to help you by calling 01392 261526 or visit www.swast.nhs.uk/ft

If you would like a copy of this report in another format such as braille, audio tape, total communications (suits the needs of learning disabled) large print, another language or any other format, please contact:

Telephone: 01392 261586

Email: publicrelations@swast.nhs.uk

Fax: 01392 261560