

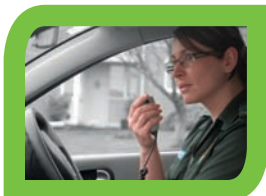
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South Western Ambulance Service **NHS**



quality review 2009/10
quality account 2010/11



PART 1 – An introduction to quality

Professor Sir Bruce Keogh

NHS medical Director Department of Health

High Quality Care for All highlighted the importance of measuring what we do in order to drive improvements in quality of care. Of course, it is how we use this information and the changes we make as a result which are the key to successful improvement.

Publishing information on provider performance has been advocated as a mechanism for driving improvement through a variety of means, including public and professional accountability, patient-informed choice and the commissioning process.

However, the evidence suggests that public disclosure does not generally drive improvement through the resulting actions of patients. Rather, it is the organisational response that providers put in place in order to improve their record on quality that drives improvement.

So, the primary purpose of Quality Accounts is to encourage boards to assess quality across the totality of services they offer, with an eye on continuous quality improvement. If designed well, the Accounts should assure commissioners, patients and the public

that Trust Boards are regularly scrutinising each and every one of their services. The production of Quality Accounts offers the opportunity for organisations to aggregate, review and analyse information relating to quality, so that they can decide where improvement is needed in such a way that it becomes part of the core business of the organisation.

To achieve their potential, Quality Accounts should represent a summary of quality across the totality of the services of an organisation, and should be driven by the leaders of the clinical teams delivering those services to ensure that they are both accurate and representative. But the data and information should also be constructively challenged by anyone with an interest in the relevant service. Finally, they must be challenged and agreed by the Trust Board.

As we move into challenging economic times, by placing accountability for how we handle quality of care on an equal footing to how we handle finances, we are demonstrating that quality of care is our core business in the NHS – it is at the heart of everything we do.

This Quality Account for 2010/11 sets out how the Trust intends to remain top class in delivering high quality and safe health care services and includes a Quality Review of 2009/10. It also celebrates the hard work and achievements of staff and volunteers. The Trust provides three core NHS services; the A&E 999 Ambulance Service, Urgent Care Services and a non emergency Patient Transport Service. All these services are committed to making the safety of patients a high priority.

A major focus for 2010/11 will be the implementation of quality improvement initiatives that enhance patient safety to improve the experience and clinical outcomes for patients. In addition to embedding new quality initiatives, the Trust will foster a culture of continuous quality improvement. Staff have embraced the concept of putting the patient at the heart of every decision made, and have demonstrated this by exceeding all national targets for the year 2009/10. This collective achievement included winning the first ever, and much coveted, National Patient Safety Award for infection control measures.

I would like to congratulate staff for their efforts as they continued to provide outstanding care to patients whilst ensuring the Trust remained financially sound. This would not have been possible without the hard work of everyone who works for and supports the Trust, which includes thousands of volunteers. Thank you.

The Trust Strategic Goals are focused on modernisation to deliver all standards and quality requirements and are as follows:

- High Quality, High Performing;
- Right service right place right time;
- Reduce A&E attendance;
- To be a credible competitor for Urgent Care Services (UCS);
- To be the obvious choice for Patient Transport Services (PTS).

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

- Deliver and improve upon the national and local 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.

This Account aligns with these goals and objectives. More information can be viewed at www.swast.nhs.uk

This Quality Account has been prepared by South Western Ambulance Service NHS Trust under the National Health Service (Quality Accounts) Regulations 2010 statutory instrument No 279. The Trust has reviewed all the data available on the quality of care in all core services. To the best of my knowledge and belief the information in this Account is accurate.



Ken Wenman
Chief Executive,
South Western Ambulance Service NHS Trust

Quality narrative

Current view of Trust's position and status for quality

The Trust is developing a continuous quality culture. View the Trust Quality Strategy to be published August 2010 – www.swast.nhs.uk. A recent Care Quality Commission (CQC) inspection reported the Trust met core standards for infection control, decontamination, and a clean, well-designed environment. The Trust now ranks as one of the highest performing NHS Trusts in the country for its pioneering 'Cleaner Care' initiative. The Trust is also required to register with the CQC. Current registration status is 'compliant without conditions' and the Trust is subject to periodic reviews. The Commission has not taken enforcement action against the Trust during 2009/10.

On 21 August 2009 the Trust became the first in the UK to successfully admit a stroke patient directly to a computerised tomography (CT) scanner in a door to CT scan time of just 10 minutes; compared to the normal average of 50 minutes. The lifesaving clot-busting treatment time was just 32 minutes, compared to standard performance of 1 hour and 15 minutes. This was a remarkable achievement.

The Board's leadership of patient safety is evidenced by their sign up to participate in the national Patient Safety First campaign. This campaign aims to create a culture where the safety of patients is of the highest priority and where there is no avoidable death and no avoidable harm. These impressive results place the Trust amongst the very best Performing NHS Trusts in the country. The Trust is determined to work very hard to remain in this position during 2010/11.

How we have prioritised our quality improvement initiatives

The Trust quality initiatives are aligned to Primary Care Trust (PCT) commissioning plans, the strategic intent of NHS South West and all relevant policy imperatives set out by the NHS; especially the new duties set out in the NHS Constitution and some of the Trust Commissioning for Quality and Innovation schemes.

New Groups, such as the Learning From Experience Group have been introduced to ensure frontline clinicians to Board members participate in activities to support the Trust quality initiatives.

The quality work plans will be led by the Medical Director who will report to the Governance Committee who oversee a variety of workstreams that seek to improve practice in specific areas based on existing evidence.

The Trust is participating in the following Patient Safety First workstreams:

✓ Leadership for safety

Building a leadership culture to provide an environment which promotes quality, patient safety and continuous improvement in harm reduction.

✓ Care of deteriorating patients

Reducing cardiac arrest and mortality rates through earlier recognition, treatment and transport to the most appropriate specialist centre for the deteriorating patient.

PART 2 – Our top 3 priorities for 2010/11

Priority 1 – Patient Safety

I Infection Control

To continue the 'Cleaner Care' initiative to adhere to robust infection control measures with a particular focus on fleet cleanliness standards.

I Medication administration, prescription, supply errors

To identify the number of reported medication errors directly affecting patients as a percentage of patient contacts.

Priority 2 – Clinical Effectiveness

I Improving the management of pain

Working with partners the Trust will develop and train staff in the use of scoring systems which will facilitate pain assessment for a wider group of vulnerable patients, including those with learning disabilities and dementia.

I Participation in Clinical Audit

The Trust will participate in a quality improvement initiative supported by the Health Foundation which aims to improve the delivery of care for patients with cardiovascular disease, primarily heart attack and stroke. This Programme will also develop patient reported outcome measures and increase

the diffusion of quality improvement methods to ambulance clinicians.

I Involvement with National Confidential Enquiries

Continue the study on head injury in children as the principal project within Centre for Maternal and Child Enquiries (CMACE) national child health enquiry.

I Research and Innovation

The Trust has support from the Comprehensive Local Research Network to fund a Research Facilitator post. This new role will enable the Trust to identify opportunities to engage in projects supported by the National Institute for Health Research and increase the Trust portfolio of research activity.

Priority 3 – Patient Experience

I Increase Patient Satisfaction

Carry out a patient survey across all three service lines (A&E, Patient Transport Service and Urgent Care Service) to gather information on patient satisfaction, identify actions for improvement and evidence change.

The Trust will monitor this Quality Account at its Corporate Performance Review Group. The Governance Committee will also receive Quality Performance reports from across all Directorates. The Board will monitor the Patient Experience Report. All of this quality reporting is reviewed by the Trust Lead Commissioners. In addition, the Trust will share information with its Overview and Scrutiny Committees, Local Involvement Network Groups and thousands of members.

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 2009/10 the South Western Ambulance Service NHS 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 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 2009/10 represents 93 per cent of the total income generated from the provision of NHS services by the South Western Ambulance Service NHS Trust for 2009/10.
- 2 During 2009/10 nil national clinical audits and one national confidential enquiries covered NHS services that South Western Ambulance Service NHS Trust provides.
 - 2.1 During that period South Western Ambulance Service NHS Trust participated in 100% of national confidential enquiries which it was eligible to participate in.
 - 2.2 There were 0 national clinical audits that South Western Ambulance Service NHS Trust was eligible to participate in during 2009/10 although the Acute Trusts use some ambulance data to inform their participation in national clinical audits.

There was one national confidential enquiry that South Western Ambulance Service NHS Trust was eligible to participate in during 2009/10 which was the Centre for Maternal and Child Health Confidential Enquiry into Head Injury in Children
 - 2.3 The national clinical audits and national confidential enquiries that South Western Ambulance Service NHS Trust participated in during 2009/10 are as follows:

- Centre for Maternal and Child Health Confidential Enquiry into Head Injury in Children.

2.4 The national clinical audits and national confidential enquires that South Western Ambulance Service NHS Trust participated in, and for which data collection was completed during 2009/10, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

- Centre for Maternal and Child Health National Confidential Enquiry into Head Injury in Children 100%

2.5 The reports of three national clinical audits were reviewed by the provider in 2009/10 and South Western Ambulance Service NHS Trust intends to take the following actions to improve the quality of healthcare provided:

- Call to needle target verification;
- Hospital bypass review and service remodelling to ensure target is met;
- Review of Trauma Care.

These actions will improve the quality of health care from these three national clinical audits:

- 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
- National Infarct Angioplasty Project (NIAP) – audit of patients referred for angioplasty surgical procedure
- National Audit Office Major trauma care in England.

The reports of 18 local clinical audits were reviewed by the provider in 2009/10 and South Western Ambulance Service NHS 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 Trust in 2009/10 that were recruited during that period to participate in research approved by a research ethics committee was 100.
- 4 A proportion of South Western Ambulance Service NHS Trust income in 2009/10 was conditional on achieving quality improvement and innovation goals agreed between South Western Ambulance Service NHS 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 2009/10 and for the following 12 month period are available on request from www.swast.nhs.uk.

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

The Care Quality Commission has not taken enforcement action against South Western Ambulance Service NHS Trust during 2009/10.

- 6 South Western Ambulance Service NHS Trust is subject to periodic reviews by the Care Quality Commission (CQC) and the last review was on 26 and 27 August 2010. The CQC's assessment of the South Western Ambulance Service NHS Trust following that review was 'South Western Ambulance Service NHS Trust are registered without compliance conditions'.

- 7 South Western Ambulance Service NHS Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2009/10 in Infection Control.

South Western Ambulance Service NHS Trust has taken the following action to address the conclusions or requirements reported by the CQC.

South Western Ambulance Service NHS Trust has made the following progress by 31 March 2010 in taking such action has met the core standards related to Infection Control, Decontamination, and a clean, well-designed environment.

- 8 South Western Ambulance Service NHS Trust did not submit records during 2009/10 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.
- 9 South Western Ambulance Service NHS Trust score for 2009/10 for Information Quality and Records Management, assessed using the Information Governance Toolkit was 87%.
- 10 South Western Ambulance Service NHS Trust was not subject to the Payment by Results clinical coding audit during 2009/10 by the Audit Commission.

Priority 1 – Patient Safety

Infection Control

Ambulances are out of hospital treatment centres, as more and more patients are not conveyed to hospital but treated on scene or in the community by highly skilled ambulance clinicians. Infection control measures are rigorously followed by ambulance personnel with the Trust award winning 'Cleaner Care' initiative in 2009/10 introducing a deep cleaning Programme for vehicles every 8 weeks.

Aim

The Trust will ensure it adheres to a strict regime of hygiene controls.

Initiatives in 2009/10

The Trust wide 'Cleaner Care' initiative was implemented successfully ensuring the highest standards of cleanliness such as personal issue of hand sanitising gel.

New initiatives for 2010/11

To continue the roll out of the 'Cleaner Care' initiative to adhere to robust infection control measures with a particular focus on fleet cleanliness standards.

How will we know if we achieve this priority?

The monitoring of achievement of more than 90% adherence to the Trust's fleet deep cleaning Programme will be reported each month.

- Board Sponsor Dr Andrew Smith
- Implementation Lead Mr Stephen Chambers
- Programme Manager Mr Adrian South

Medication administration, prescription, supply errors (A&E/UCS)

The Trust is proud to be leading the way for medicines management ambulance services by employing the first ever ambulance Pharmaceutical Advisor.

Aim

To identify the number of reported medication errors directly affecting patients as a percentage of patient contacts.

Initiatives in 2009/10

The Trust has agreed a medicines management policy and the Trust Pharmaceutical Advisor is the Chairman of the Department of Health Expert Working Group for Safer Management of Controlled drugs in ambulance services.

New initiatives for 2010/11

The medicines management implementation plan will be rolled out. The Expert Working Group will lead work across the country for legislation, guidance for best practice and professional issues.

How will we know if we achieve this priority?

Baseline to be established and aim 5% increase in reporting to enable analysis for reduction in medication administration, prescription and supply errors.

- Board Sponsor Dr Andrew Smith
- Implementation Lead Mrs Sue Oakley
- Programme Manager Mr Adrian South

Priority 2 – Clinical Effectiveness

Improving the management of pain

In the pre-hospital environment, pain is one of the most frequently encountered symptoms, resulting from a wide variety of injuries and illnesses.

Improvements in the recognition and assessment of pain and the use of pharmacological and non-pharmacological approaches to pain management continues to be encouraged so that our clinicians make a sustained effort to make the management of pain a priority.

Aim

The Trust aims to ensure that every patient receives the most effective pain relief that can safely be delivered.

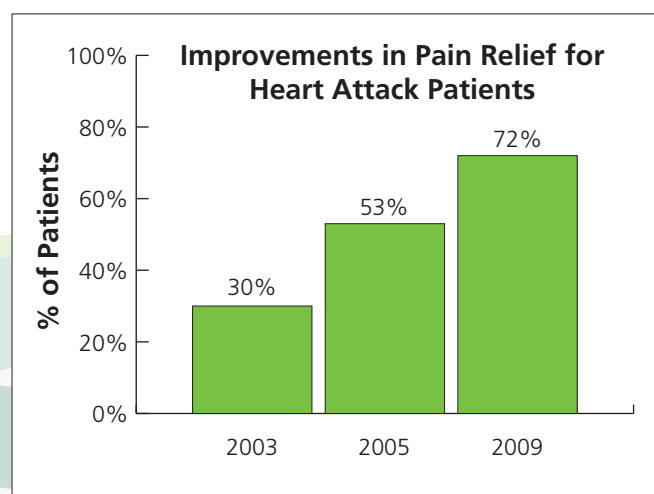
Initiatives in 2009/10

The Trust has linked with our partners in the acute sector to participate in a regional audit of paediatric pain assessment.

The Trust monitor the experience of pain in heart attack patients through our clinical audit Programme and through national clinical performance indicators.

Our clinical audit activity shows a 5% improvement since 2005 in heart attack patients who had their pain effectively managed, and the Trust continue to show improvements in the proportion of heart attack patients who receive pain relief.

The following table shows the Trust improvements over the past years in the management of pain relief for patients who suffered a heart attack.



New initiatives for 2010/11

Working with partners the Trust will develop and train staff in the use of scoring systems which will facilitate pain assessment for a wider group of vulnerable patients, including those with learning disabilities and dementia.

How will we know if we achieve this priority?

The implementation of a pain assessment system for these vulnerable patients will help us measure our achievement of this quality priority

- Board Sponsor Dr Andrew Smith
- Implementation Lead Mr Adrian South
- Programme Manager Mr Adrian South

Participation in Clinical Audit

The Trust Clinical Audit is a quality improvement process that seeks to improve patient care and outcomes through the systematic review of care delivered. It attempts to establish if things are being done correctly and asks 'are we following best practice?'

Aim

The Trust aims to ensure all our patients receive evidence based care by undertaking a clinical audit Programme which reviews the quality of care the Trusts staff provide.

Initiatives in 2009/10

Seventy ambulance clinicians have been provided with the opportunity to study an accredited course in clinical audit as the Trust continue to ensure that reviewing the quality of care is embedded throughout the organisation.

New initiatives for 2010/11

The Trust will participate in a quality improvement initiative supported by the Health Foundation which aims to improve the delivery of care for patients with cardiovascular disease, primarily heart attack and stroke. This Programme will also develop patient reported outcome measures and increase the diffusion of quality improvement methods to ambulance clinicians.

The Trust will also complete an audit of Category C calls which are defined as 'neither potentially life threatening or serious', therefore they do not require an immediate or urgent blue light response and may be suitable for alternative pathways of care. By

undertaking this work the Trust will be able to inform the development of more appropriate care pathways, for patients who have fallen at home for example, and the Trust will contribute to the SHA target of reducing A&E admissions.

How will we know if we achieve these priorities?

The Trust will develop work Programmes and report relevant success measures.

- Board Sponsor Dr Andrew Smith
- Implementation Lead Mrs Sarah Black
- Programme Manager Mrs Sarah Black

Involvement with National Confidential Enquiries

Centre for Maternal and Child Enquiries (CMACE)

Traumatic head injury is the most common cause of morbidity, mortality, disability and lost years of productive life in children.

Initiatives in 2009/10

There has not been a national study that is specific to head injury in children which tracks the care pathway from scene of injury to intensive care treatment. A current CMACE study (2009/12) will make a major contribution to the care of this patient group.

New initiatives for 2010/11

Continue this study on head injury in children as the principal project within CMACE's national child health enquiry.

How will we know if we achieve this priority?

The Trust participation in this national survey of all ambulance services and Acute NHS Trusts will inform

Trust policy, protocols and practice in the pre-hospital and hospital management of head injury in children.

- Board Sponsor Dr Andrew Smith
- Implementation Lead Mrs Sarah Black
- Programme Manager Mrs Sarah Black

Research and Innovation

Clinical research and clinical trials are an everyday part of the NHS. Research is essential to the successful promotion of health and is a key element of continuous improvement, underpinning the provision of safe and effective evidence based care.

Aim

We aim to increase our participation in clinical research contributing to the knowledge base for pre hospital care.

Initiatives in 2009/10

The LINC Trial (Lucas In Cardiac Arrest)

The LINC trial is an industry sponsored clinical research trial comparing outcomes from cardiac arrest through the use of mechanical compression devices compared with standard delivery.

The study will be conducted in first tier systems, where LUCAS always will be placed in the first arriving

ambulance. The Trust will remain part of this trial throughout 2010/11.

New initiatives for 2010/11

- The Trust has support from the Comprehensive Local Research Network to fund a Research Facilitator post.

This new role will enable the Trust to identify opportunities to engage in projects supported by the National Institute for Health Research and increase the Trust portfolio of research activity.

- The National Innovations Centre (NIC) has awarded the Trust £100,000 to develop an idea which originated from an Emergency Care Practitioner (highest qualified Paramedic) in Dorset.

This innovation may see the implementation of a 'smart' mattress which assists with patient assessment and clinical observations.

How will we know if we achieve these priorities?

The Trust will develop a portfolio of projects with reports to the Governance Committee.

- Board Sponsor Dr Andrew Smith
- Implementation Lead Mrs Sarah Black
- Programme Manager Mrs Sarah Black

Priority 3 – Increase Patient Satisfaction

In 2008/09 the Trust carried out a survey of patients for Category C callers who generally suffer from long term conditions; not requiring life threatening ambulance responses. The Trust ranked amongst the top ambulance services for the best response rates.

As a result, one of the actions from feedback was the publication of a 'Respect and Dignity' leaflet - www.swast.nhs.uk

This was the last survey carried out by the Trust. Therefore, the Trust will carry out three surveys in 2010/11 in order to support patient led service developments.

Aim

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

Initiatives in 2009/10

In line with the new NHS and Social Care Complaints Regulations 2009, the Trust rebranded compliments, comments, concerns and complaints under the name of Making Experiences Count (MECs); referred to as the 'four C's'. This important feedback has informed quality improvements and these are reported to the Board each quarter as patient centred top impact actions.

New initiatives for 2010/11

The Trust will carry out patient surveys to gather information on patient satisfaction, identify actions for improvement and evidence change for A&E, Urgent Care Service and Patient Transport Service.

Patient Experience Reports

The Trust Patient Experience Reports highlight top priority actions taken by the Trust as a result of patient and public feedback.

In 2010/11, the Trust will publish these actions on a 'You said, We did' poster to encourage more feedback by demonstrating the continuous quality improvements being made by the Trust as a result of patient and public feedback.

How will we know if we achieve these priorities?

A different methodology to gather feedback by carrying out patient surveys on the A&E, Urgent Care and Patient Transport Service to analyse information on patient satisfaction, identify actions for improvement and evidence change. More and more feedback will be recorded and reported to the Board by the Patient Experience Team.

- Board Sponsor Mrs Lynne Paramor
- Implementation Lead Mrs Sarah Black
- Programme Manager Mrs Carolyn Bill

PART 3 – Review 2009/10

Emergency Ambulance 999 Services

Key Performance Indicator	Target %	Performance 2009/10 %
Category A8	75	78.28
Category A19	95	96.49
Category B19	95	95.78

The Trust targets Category A8, A19 and B19 are explained on www.swast.nhs.uk

Urgent Care Service (UCS)

The Trust has 13 quality targets for this service and regularly meets and exceeds 10 of these. An improvement plan is in place to ensure the Trust meets all 13 in the future.

Patient Transport Service (PTS)

Key Performance Indicator	Target %	Performance 2009/10 %
Calls received answered within 25 seconds	80	85.92
Calls into the PTS Control abandoned	Less than 4	2.52
Contracted activity levels to be completed	100	106

Additional Quality Achievements

- ✓ Won £100,000 to take forward new innovations;
- ✓ Hosted four award ceremonies for hundred's of clinical and support staff to acknowledge their outstanding long service and achievements;
- ✓ Successfully implemented state of the art technology into frontline Ambulances, known as Ambulance Radio Project (ARP);
- ✓ Held a Patient, Public and Stakeholder away day to consult on quality measures;
- ✓ Maintaining Level 1 for Clinical Negligence Scheme for NHS Trusts;

- ✓ Scored 87% for Information Quality and Records Management, under the Information Governance Toolkit and ranked first across all Ambulance Trusts in England;
- ✓ Ranked top NHS Trust for web based incident reporting by the National Safety Patient Agency;
- ✓ Nil Ombudsmen complaints upheld;
- ✓ Investment in nearly 100 clinical support officers who are paramedics;
- ✓ Investment in support staff clinical leaders such as a Local Resolution Manager who makes swift contact with patients and their families when services have not been delivered to the high standards the Trust has set;
- ✓ Unconditional hygiene code registration with the Care Quality Commission for 2009/10;
- ✓ Successfully completed a health promotion campaign and advised over 2,000 patients;
- ✓ Held a successful 15 week consultation period from the September to December 2009 seeking views on the Trust's future plans and direction. As a result one action is to ensure a future Governor from the Cornwall and Isles of Scilly will have special responsibility for the Isles of Scilly;
- ✓ Recruited almost 10,000 members as an aspirant NHS Foundation Trust;
- ✓ Won three awards from the Ambulance Service Institute and attended a ceremony at the House of Commons. The winning categories were: Special Incident, Paramedic/ Emergency Care Practitioner of the Year and Technician of the Year.
- ✓ Completed the NHS Good Corporate Citizen Assessment to support our sustainability agenda.
- ✓ Monthly patient surveys for Urgent Care Service always report high satisfaction 80% plus.

Quality overview

Performance of Trust against selected metrics

Safety Measures and Patient Experience Reported	2009/10
Adverse Incidents	2,345 of which: 08.29% - significant 29.00% - moderate 64.71% - low
Making Experiences Count – Complaints, Concerns and Comments	504
Patient, Advice and Liaison Service (PALS) – Lost Property, signposting to other services etc	370
Compliments	945
Central Alert System (CAS) previously referred as Safety Alerts Broadcast (SABs) received	193

Clinical Outcome Measures Reported	Cycle 3 May – Sept 2009 %	National Average Cycle 3 %
Care of patients with Acute MI (STEMI) - Heart Attack		
Aspirin administered	92.77	87.35
GTN* administered	87.21	81.08
2 Pain Scores Recorded	83.43	71.69
Morphine administered	72.81	55.30
Analgesia administered	72.27	54.42
Care of patients with Hypoglycaemic Attacks		
Blood Glucose 1 recorded	99.67	98.05
Blood Glucose 2 recorded	97.29	96.75
Treatment recorded	98.65	99.06
Care of patients with Asthma		
Respiratory Rate recorded (Breathing Rate)	99.00	98.04
PEFR (Peak Expiratory Flow Rate (how fast a patient can breath out / exhale helping to alleviate chest pain in some cases depending on the cause) recorded	42.41	31.54
SpO ₂ * recorded	88.67	88.64
B2* agonist administered	97.33	92.15
Care of patients with Cardiac Arrest		
Advanced Life Support provider at scene	100.00	97.68
Response less than 4 Minutes	17.39	17.39
Return of Spontaneous Circulation (ROSC)	18.71	25.29
Care of patients with Stroke and transient ischaemic attack		
FAST (Face, Arms, Speech, Time to call 999. A test used to potentially identify Stroke victims)	95.22	93.03
Blood Glucose recorded	89.60	88.68
Blood Pressure recorded	99.33	99.06

*Jargon buster

- GTN (Glyceryl Trinitrate) administered (used to relax / dilate the blood vessels allowing blood and therefore oxygen to travel more freely,
- SpO₂ Recorded (SpO₂ is the amount of oxygen being carried by the red blood cell in the blood. SpO₂ is given in as a %, normal is around 96%. The "S" stands for saturation;
- B2 agonist administered (is the name of the drug to treat Asthma our drug is salbutamol often called ventolin).

National Targets and Regulatory Requirements

Description of Target	2009/10 %	Target %
Category A calls responded to within 8 minutes*	78.28	75
Category A calls responded to within 19 minutes*	96.49	95
Category B calls responded to within 19 minutes*	95.78	95
Reperfusion waiting times (Thrombolysis)** (Acute MI (STEMI) - Heart Attack treatment waiting times)	Thrombolysis	69.71
	Primary Angioplasty	83.64
Care of patients with Acute MI (STEMI) - Heart Attack Care of patients with Hypoglycaemic Attacks Care of patients with Asthma Care of patients with Stroke and transient ischaemic attack	Performance is aggregated from the combined cycle 3 and 4 performance for 2009/10 which is still being ratified	Target for achievement of the clinical performance indicators for 2009/10 is not yet known
Staff Satisfaction	achieved	greater than the national average
The Trust has met the Care Quality Commission (CQC) core standards	1 lapse in year Core Standard 4b ▲	Fully Compliant
CQC Registration for regulated activities ■ Treatment of disease, disorder or injury; ■ Transport services, triage and medical advice provided remotely; ■ Diagnostic and Screening procedures	Registered without compliance conditions	Registered without compliance conditions

* **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.

Category A19 – Life threatening emergency calls, presenting conditions, which require a fully equipped ambulance vehicle to attend the incident, must have an ambulance vehicle arrive within 19 minutes in 95% of cases, unless the control room decides that an ambulance is not required. **Category B19** – Non life threatening but serious calls, presenting conditions, which though serious are not immediately life threatening and must receive a response within 19 minutes in 95% of cases

** Reperfusion target has changed for 2009/10 and is now a combination of thrombolysis and Primary Angioplasty, the scoring matrix for achievement has yet to be released by the CQC.

▲ Core Standard 4b related to the management of medical devices and is now resolved.

Selected priorities and proposed initiatives

These priorities have been chosen by the Trust Quality Working Group comprising of Clinical, Operational and Support staff. In addition a patient, public and stakeholder away day informed the selection.

Commissioners, Overview and Scrutiny Committees

and Local Involvement Network groups comments on this Quality Account are included.

In addition these quality priorities have been considered by the Board of Directors as areas which will have a significant impact on patient safety and experience over the next year.

Assurance statements - Verbatim

Commissioners

NHS Dorset, Bournemouth and Poole and Somerset

NHS Dorset, NHS Somerset and NHS Bournemouth and Poole as Joint Commissioners of South Western Ambulance Service Out of Hours Urgent Care Services for the three Counties, have reviewed their Quality Account for 2009/10 and agree that it is an honest and open account of the quality of services provided.

The Joint Commissioning Board acknowledge the improvements that have been achieved during the year and have been working closely with the Trust to gain assurance that there are robust systems and processes in place to ensure that quality is continually improved and that services provided are safe and clinically effective for patients. South Western Ambulance Service NHS Trust has worked in partnership with the Primary Care Trust's requests and provided detailed information on all aspects of clinical governance and quality monitoring.

The Quality Account is predominantly focused on the 999 Ambulance Service, and therefore the commissioners wish to work with South Western Ambulance Service NHS Trust to develop quality improvement plans for Urgent Care Services and Non Emergency Patient Transport Service.

Whilst acknowledging the priorities that have been identified by the Trust for 2010/11 the Commissioners would like to see a clear timeframe for when South Western Ambulance Service NHS Trust expects to achieve all of the Out of Hours National Quality Requirements, three of which have repeatedly not been met. Improving the patient's experience is the key objective for the Commissioners and we are therefore pleased to see this as a priority area for 2010/11. The Commissioners would like to see the results of the National Patient Survey incorporated into the evidence for change.

The Trust states that it is 'developing a continuous quality culture and has set up a Quality Working Group to oversee a variety of work streams to improve practice in specific areas based on existing evidence'. This is a positive step in the right direction in terms of developing the organisation structure and business functions. The Commissioners are keen to see how this information will be used to develop integrated quality systems and processes with relevant stakeholders and commissioners.

The Commissioners are aware of the additional training undertaken by South Western Ambulance Service NHS Trust on the Mental Capacity Act as result of a serious case review for safeguarding adults. In addition it has made a significant contribution to the Somerset multi-agency work on 'triggers' to identify frequent users of out of

hours and emergency services. We feel this should be acknowledged within this account and it would be helpful to include further information relating to Safeguarding Adults and Children including attendance at training, participation in other multi-agency activity, and audit activity.

The Commissioners look forward to working with the Trust in the coming year on all areas of quality improvement and patient safety.

Torbay Care Trust (TCT)

Commentary for inclusion in Quality Account 2010/11 – South Western Ambulance NHS Trust

Torbay Care Trust (TCT) as co-ordinating commissioner for South Western Ambulance Service Trust (SWAST) for the Accident & Emergency service (A&E) and Patient Transport Service (PTS) has taken reasonable steps to check the accuracy of the data provided by SWAST within this Quality Account and considers it contains accurate information in relation to the services provided.

Information contained accords with information received by the commissioners on a monthly basis throughout the year in question, and which is considered within monthly Performance and Contracting meeting and Clinical Quality Review meetings.

The priorities indicated by SWAST have been collaboratively considered and are aligned to both the commissioning intentions set out in TCT Operating Plan 2010/11, and the Commissioning for Quality and Innovation (CQUIN) framework contained within the contract. The CQUIN framework is a key quality enabler and commits by making a proportion of the providers income conditional on quality and innovation. Within the A&E contract, there are 7 goals; these demonstrate the Trust's commitment to quality, and covers patient safety, clinical effectiveness and patient experience. The CQUIN schemes are reflected within SWAST's top 3 priorities for 2010/11.

In addition, a set of Operating Principles has been agreed within the contract which covers various care issues that will enhance patient and carer experience, including Safeguarding Children and Vulnerable Adults, Dignity, Privacy & Respect, Equality & Diversity, and Serious Incidents & Patient Safety Incidents.

SWAST have previously demonstrated how feedback from patients, carers and the public has been used to improve and shape services. TCT are pleased that this work will be extended to include different collection methods and cover in particular Patient Transport Services.

An honest and transparent assessment to support the Trust's initial registration with CQC showed some work to do in respect of NHSLA risk management standards, and issues around Controlled Drugs and medical devices. All of these 'amber' areas are being addressed by action plans monitored by internal governance processes and none of

these areas caused qualification of the Trusts' registration.

Torbay Care Trust, as lead commissioner, congratulate SWAST on their achievements including improvements made to achieve the Care Quality Commission's hygiene code unconditional registration, winning a prestigious award for infection control from the National Patient Safety Agency, and the continual achievement of national standards. Overall, TCT agrees with the areas the Trust has identified as priorities for improvement and will continue the close working relationships that enable health communities to deliver high quality care for all.

Overview and Scrutiny Committees

Devon County Council Health and Adults' Services Overview and Scrutiny Committee

Devon County Council's Health and Adults Services Scrutiny Committee (SC) determined to comment on the Quality Account 2010-11 of the South Western Ambulance Service NHS Trust (SWAST). All references in this commentary relate to the reporting period 1 April 2009 to the date of this statement and pertain only to the Trust's relationship with the SC. The Trust has been engaging with the SC throughout the reporting period.

The SC believes that the Quality Account 2010-11 is a fair reflection of the services provided by the South Western Ambulance Service NHS Trust and gives a comprehensive coverage of the provider's services, based on the knowledge the SC has of SWAST. The Committee would like to highlight, however, concerns about one service area which it considers needs additional and careful consideration.

SWAST provides the A&E 999 ambulance service, urgent care services and a non-emergency patient transport service. Through a recent task group review into rural access to health services, the Committee established that the NHS funds non-urgent and planned transport for patients whose medical condition requires the skills or support of clinically trained staff on or after their journeys. Other journeys are only funded if the patient's health would suffer if travelling by other means. While national NHS guidance calls for NHS transport for patients where the nature of the journey by other means may have an adverse effect on their condition, NHS Devon does not provide this.

Pressure on voluntary transport providers grew when e.g. the Department of Health introduced eligibility criteria in 2007 or when funding for non-medically eligible patients was withdrawn who were previously able to use the Voluntary Ambulance Car Service (VACS) provided by SWAST. Since then, some voluntary transport providers reported an increase in journeys of 500% but SWAST cannot afford to provide the service with current commissioner funding. The sharing and/or transfer of voluntary drivers has been offered for some voluntary providers but without contributions to the core costs.

There are also training and legal responsibilities when carrying certain passengers, e.g. those with additional needs. Some patients had to be refused transport as volunteer drivers were not trained to be able to handle their medical conditions in emergencies but mostly those passengers did not meet the NHS patient transport services criteria either.

The Committee would like to suggest that the development of the non-emergency patient transport service is being included in the list of priorities as this service area affects large numbers of patients and voluntary transport organisations typically operate at capacity. The Committee also received evidence that some patients did not attend routine appointments, such as follow ups and checks, as travel costs could equal half or two thirds of their weekly pensions or allowances

Bournemouth Health Overview and Scrutiny Panel

We find that overall the QAs are representative and comprehensively cover provision.

The information contained is well presented, however we have regularly pointed out that the use of plain English is vital as this assists fair scrutiny. We are therefore pleased, to see a reduction in the use of jargon in the document. We understand that medical terminology is necessary, it would be helpful if less familiar terms, for example, 'clinical coding' are defined.

We have also discussed with the trust the need for numbers of patients involved to be shown clearly when data is presented

We further understand that the monitoring of Performance Indicators does need to use %s, however we believe it is also important to show the actual number of patients

This is all part of local relevance on our visits to hospitals, we have observed when talking to patients and nurses that dignified care and person-centred care is at the heart of the Trusts work.

We are pleased to see on page 3 that on 21 August 2009 the Trust became the first in the UK to successfully admit a stroke patient directly to a computerised tomography (CT) scanner in a door to CT scan time of just 10 minutes, compared to the normal average of 50 minutes. The door-to-needle time was just 32 minutes, compared to standard performance of 1hour and 15 minutes, and agree is a remarkable achievement.

Emergency Ambulance 999 Services the Trust is forecasting achievement of target, but awaiting final confirmation of the year, it would be interesting to know the final numbers.

Reference Priority 2, Improving the management of pain, as in the pre-hospital environment pain is one of the most frequently encountered symptoms, resulting from a wide variety of injuries and illnesses, and note there has been an improvement, however this is only recorded in% we would have liked to see numbers as well as % and in general terms what categories.

Knowing the Trust is continuing to ensure that reviewing the quality of care is embedded throughout the organisation is good news. We are pleased to know seventy ambulance clinicians have been provided with the opportunity to study an accredited course in clinical audit.

Further, that the National Innovations Centre (NIC) has awarded the Trust £100,000 to develop an idea which originated from an Emergency Care Practitioner (highest qualified Paramedic) in Dorset. This innovation may see the implementation of a smart mattress which assists with patient assessment and clinical observations, is very good news.

The increase of participation in clinical research can only contribute to the knowledge base for pre-hospital care, and untimely increase patient satisfaction.

We are pleased to note that as a result from patient surveys one of the actions was the publication of a Respect and Dignity leaflet, we would have liked to have had a little more detail on this leaflet, as Dignity and Respect is high priority, together with same sex wards, which we must all continue to champion.

With reference to Quality Overview, the performance of the Trust against selected metrics page 11, is most interesting, but have to reiterate our earlier comment.

Finally on the section regarding consultation with other OSC's in the Department of Health's guidance document, we already work closely with other committees on matters where there is substantial activity. One example is the Bournemouth, Dorset and Poole Joint Health Scrutiny Panel on Campus Reprovision. The scrutiny involved on people moving from hospital living has been significant and lengthy discussions have, and are taking place.

Further we have a patient Transport Services task and finish group working to further understand the changes and effects on patients following a reduction in services provided by South West Ambulance Services, to provide up to date information so that informed decisions can be made.

Cornwall Council's Health and Adults Overview and Scrutiny Committee

Cornwall Council's Health and Adults Overview and Scrutiny Committee agreed to comment on the Quality Account 2010-2011 of the South Western Ambulance Service NHS Trust. All references in this commentary relate to the

reporting period 1 April 2009 to the date of this statement and pertain only to the Trust's relationship with the HAOSC. The organisation has been engaging with the HAOSC throughout this period through meetings with the Chairman and Vice-Chairman and attendance at relevant committee meetings.

The HAOSC recognises that SWAST covers a number of counties and is aware of the uniqueness of Cornwall not only in terms of its geography but also in terms of the strong proactive partnership between the Trust and the community and voluntary sector in the county. With this in mind performance indicators for Emergency Ambulance 999 Services in Cornwall will have been enhanced especially in areas such as the north of the County which are very rural.

The HAOSC welcomes and congratulates the Trust on a very good year and commends the Trust on the work that has been done, which results in it being amongst the very best performing NHS Trusts in the country

The HAOSC believes that the Quality Account is a good reflection of the services provided by the Trust, and gives a comprehensive coverage of the provider's services. The HAOSC would like to highlight the following issues, which it considers needs additional and careful consideration.

Delayed Discharges – this issue has a significant impact on services provided by other agencies. Work on this has been ongoing for a number of years and the HAOSC feels strongly that this issue needs to show signs of dramatic improvement. The HAOSC is aware that LINK in Cornwall has formed a Task Group on this issue, of which two HAOSC members are involved.

Ambulance Turnaround Times is another long standing issue which has considerable impact on our partners and needs addressing as a matter of urgency. Royal Cornwall Hospital Trust is traditionally the worst performing Trust in the South West.

Somerset Scrutiny Committee

Thank you for sending us your Annual Quality Account for comment before its publication. Consideration of 'Health' issues and all Health scrutiny is now undertaken by the Council's Scrutiny Committee. Your Annual Quality Account, along with those of other Trusts, has been considered by me in my capacity as Vice Chairman of the Scrutiny Committee and I will report my findings to the Committee at our next meeting.

Having considered your Annual Quality Account it is clear that within your Trust good practices and systems are in place and are being consistently applied across all healthcare settings. You are to be commended for consistently delivering against your targets and particularly the target for answering calls received within 25 seconds. The Council also notes the number of awards your Trust has received and your commitment to consultation and stakeholder involvement and participation.

Councillors are keen to monitor any impact on Somerset residents and focus the involvement of the Committee toward improved outcomes for communities in Somerset. Two of our future meetings will have dedicated Health themed agendas and the Committee has been pleased with the assistance and attendance of NHS stakeholders at such previous meetings.

We have already considered how proposed changes to specialised health services in the County will be reviewed to determine if changes would result in substantial variations for Somerset residents. As the demands on the public sector increase the Council is committed to build on and enhance the previous good results achieved through partnership working with the National Health Service.

Local Involvement Network Groups

LINK Devon

Thank you for sending your Quality Account to LINK Devon for comment.

The Host circulated the report to the Strategic Planning Group but unfortunately due to time restraints and Annual Reporting deadlines, the LINK is unable to make an effective comment on the Quality Accounts this year.

We hope you appreciate that this is a learning curve for us all and there simply has not been enough time for the LINK to look fully at every Trust Account for this year.

The Strategic Planning Group has however, looked at the OSC comments and would like to support their findings.

I understand that comments and views expressed by the LINK and gained through the LINK community engagement programme, are routinely sent to you and I trust that these can be used to inform your Accounts.

We hope to create a sub group next year in order to give this full attention, so we look forward to receiving your next set of Quality Accounts then.

Poole LINK

Poole LINK welcomes this opportunity to comment on South Western Ambulance Service NHS Trust Quality Account. We have gathered over 1700 comments about health and social care services from people in Poole, over the last year. The only comments we've received about ambulance services urge more co-operation and joint working between NHS Trusts, Social Care & the third sector.

LINK Cornwall

LINK [Local Involvement Network] in Cornwall was asked to comment on the Quality Accounts 2009/10 for the South West Ambulance Service Trust. LINK and SWAST have had a positive developing relationship through the period concerned. We now have a working agreement and SWAST have started to attend relevant LINK in Cornwall Task Groups.

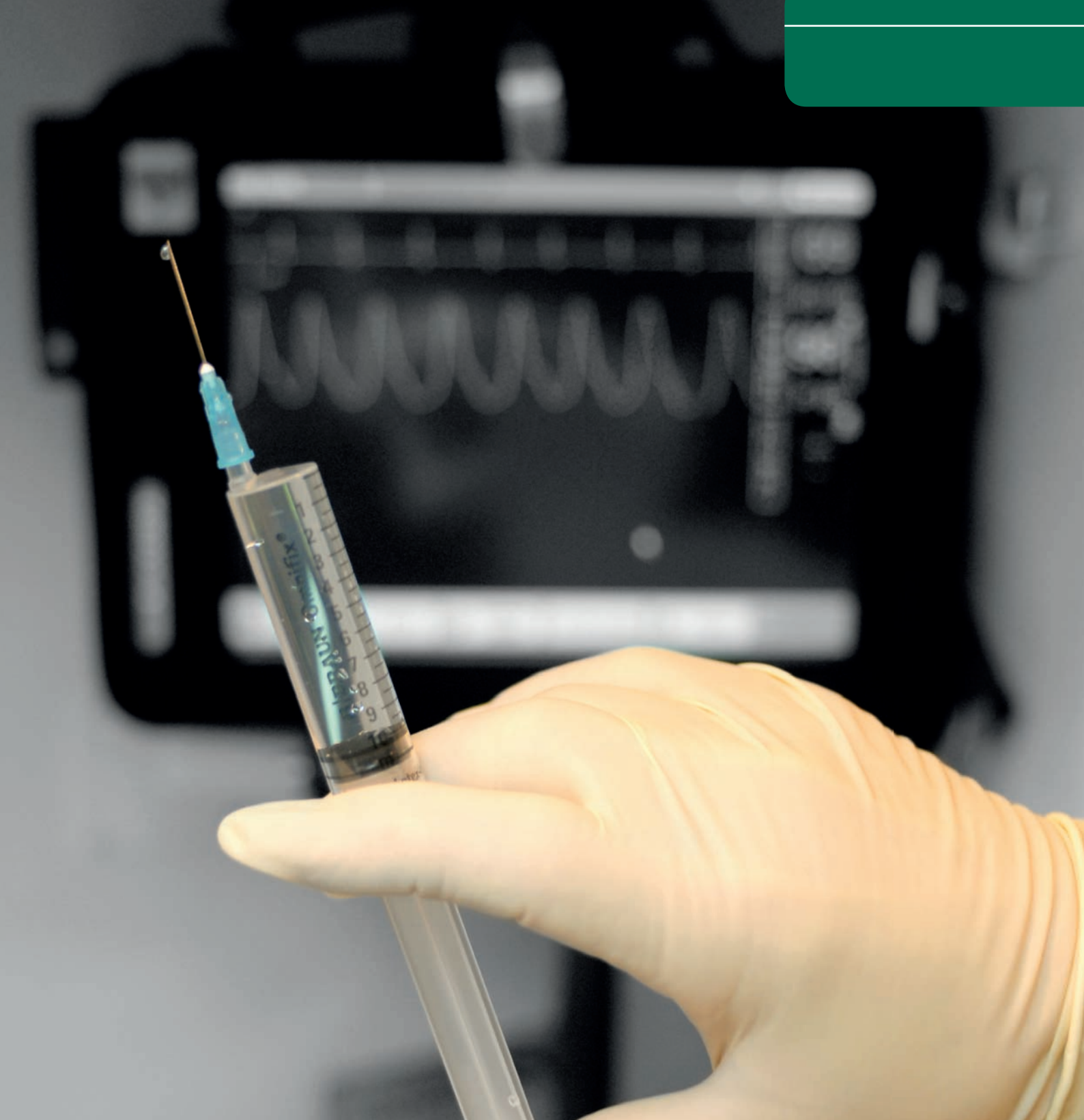
LINK is currently looking at problems with hospital discharge and patient flow alongside statutory agencies, including SWAST, and we hope to see real improvement to the process. The issues relating to delayed discharge and timing of patient transport have been raised in relation to SWAST in our work and we are beginning to look at how problems relating to local acute and community hospitals and SWAST can be reduced in Cornwall. LINK would like to see delayed discharge included in the Quality Accounts on a general level.

A critical aspect of patient flow and hospital discharge is the communication between involved agencies and LINK would like to see this mentioned in the Quality Account.

LINK recognises that SWAST covers many counties and the geography and partnership working with the voluntary sector in Cornwall is distinctive. With this in mind it would be useful to provide a breakdown of 'Emergency Ambulance 999 Services' data for each county it covers so that each Local Involvement Network could comment on relevant data if necessary. LINK in Cornwall has not heard issues concerning SWAST and therefore cannot provide comment on how representative the Quality Accounts are in relation to areas of concern in Cornwall at this time.

LINK hope that in the future if areas of concern arise in Cornwall and are passed onto SWAST they will be included as key themes relating to quality for patients in Cornwall and represented in the Quality Accounts produced by South West Ambulance Services Trust but overall LINK feel that this Quality Account is a good start.





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