Quality Review and Quality Account
1 April 2016 – 31 March 2017
Quality Review and Quality Account 2016/17

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Part 1: A Statement on Quality from the Chief Executive

Welcome to the Quality Account and Report 2016/17. As we enter a new financial year, I am pleased to have this opportunity to reflect on the quality of care and services we have delivered whilst looking forward to the developments and initiatives planned for the year.

It has been another challenging year for the NHS in general and the Trust specifically as we strive to continue to deliver high-quality services in the face of ever increasing demands on our services. The continuous pressure being faced by ambulance services has resulted in a national review of the way in which performance is measured and I am proud to report that the Trust has played a key role in the “Ambulance Response Programme” which will see the introduction of a way of working that aims to improve response times to critically ill patients whilst ensuring that the best, high-quality, most appropriate response is provided for each patient, first time.

At a local level the Trust was subject to its first comprehensive inspection by the Care Quality Commission which saw every service we provide examined to ensure its safety and quality. Whilst overall the Trust received a rating of “Requires Improvement”, many areas of work were classified as “Good” with both the resilience and the caring nature of the services provided to our patients being rated as “Outstanding”, with the CQC commenting that they witnessed numerous examples where staff ‘went the extra mile’ for patients.

In addition to new ways of working and inspections, the Trust has maintained its drive for quality and innovation. As you will read, developments this year have included the continued roll-out of the Electronic Patient Clinical Record; working with Acute Trust colleagues to improve outcomes from patients suffering a cardiac arrest; and investigating the impact of human factors on the telephone triaging process to identify any actions that can be taken to ensure the highest level of patient safety.

Throughout this busy year, the Board of Directors and I have made time to meet and speak with our dedicated staff across the Trust. As ever, when I meet with staff, I am impressed by their attitude, commitment and sense of pride in the quality of the care they provide. It is important to recognise the pressure that our staff are under, given the ever increasing demands placed on them, and yet the national NHS Staff Survey found that more of our staff than ever would recommend the Trust as a place to work or receive treatment from.

2017/18 will see us continuing to focus on delivering safe, high-quality services for our patients with specific initiatives including the management and treatment of our older patients and looking at how we can improve the quality and timeliness of our responses to patients who have contacted us about the care they have received. These initiatives will not only improve the treatment provided to our patients, but also their experience of that treatment. I look forward to reporting the progress of these initiatives in future Quality Accounts.

I confirm that, to the best of my knowledge, the information in this quality report is accurate and reflects a balanced view of the Trust, its achievements and future ambitions.

Ken Wenman
Chief Executive
Part 2: Priorities for Improvement and Statements of Assurance from the Board of Directors

A Review of Quality Improvement Priorities made within the South Western Ambulance Service NHS Foundation Trust in 2016/17

Providing quality services to its patients remained the top priority for the Trust during 2016/17, with this priority being evidenced through its vision, values and strategic goals.

The Trust’s vision statement is ‘To be an organisation that is committed to delivering high-quality services to patients and continues to develop ways of working to ensure patients receive the right care, in the right place at the right time.’ This reflects the vision for emergency and urgent care set out by Sir Bruce Keogh: “for those people with urgent but non-life threatening needs we (the NHS) must provide highly responsive, effective and personalised services outside of hospital.”

This vision is communicated and promoted through the following:

**From Prevention to Intervention:** summarises the Trust’s ambition to support a safer, more efficient and sustainable urgent and emergency care system for the future. It recognises the integral part ambulance services can play in working alongside health partners to prevent disease and identify effective ways of influencing people’s behaviours and lifestyles and in playing an increasingly significant role in urgent and emergency care provision.

**Right Care, Right Place, Right Time:** captures one of the Trust’s key initiatives that focuses on ensuring patients receive the best possible care, in the most appropriate place and at the right time. This is alongside a drive to safely reduce the number of inappropriate A&E attendances at acute hospitals and deliver a wide-range of developments to improve the appropriateness of the care delivered to patients.

**1 Number, 1 Referral, 1 Outcome:** captures the value added by the Trust as a provider of NHS 111 services that are integrated with GP Out-of-Hours and 999 services.

**Local Service, Regional Resilience:** recognises the dual role of the ambulance service in delivering a local service providing individual and personalised care to patients balanced with system wide coverage and capacity for resilience.

The values agreed by the Board of Directors demonstrate the emphasis that the Trust places on the individuality of patients and staff, and the commitment the Trust has to delivering high quality services.

**Values**

- Respect and dignity.
- Commitment to quality of care.
- Compassion.
- Improving lives.
- Working together for patients.
The Trust’s long term strategic goals and corporate objectives reflect its quality priorities. These include national priorities for ambulance trusts and local commitments agreed with the Clinical Commissioning Groups (responsible for commissioning services) and our Council of Governors. The corporate objectives are aligned to the following strategic goals and show the recurrence of quality throughout the strategic approach.

**Strategic Goals**

*Safe, Clinically-Appropriate Responses:* Delivering high quality and compassionate care to patients in the most clinically-appropriate, safe and effective way.

*Right People, Right Skills, Right Values:* Supporting and enabling greater local responsibility and accountability for decision-making; building a workforce of competent, capable staff who are flexible and responsive to change and innovation.

*24/7 Emergency and Urgent Care:* Influencing local health and social care systems in managing demand pressures and developing new care models, leading emergency and urgent care systems and providing high-quality services 24 hours a day - seven days a week.

*Creating Organisational Strength:* Continuing to ensure the Trust is sustainable, maintaining and enhancing financial stability. In this way the Trust will be capable of continuous development and transformational change by strengthening resilience, capacity and capability.

Performance and progress against these are all reported within the Trust’s Integrated Corporate Performance Report, which is presented to the Board of Directors at each publicly held meeting, and is available on our website.

**Corporate Objectives 2016/17**

- **Supporting staff:** This objective focuses on embedding a robust culture of supporting staff and changes the shape of training and support;

- **Delivering performance:** This objective focuses on the Trust’s contractual and national obligations in relation to key performance indicators and how the Trust intends to deliver these in the year ahead;

- **Clinical quality:** This objective continues the focus of the Trust on delivering the basics to a high standard ensuring that a high quality safe and effective service is delivered to patients. It includes the Trust’s approach to quality improvement, proposed CQUIN initiatives and the Trust’s ‘sign up to safety’ priorities;

- **No compromise:** This objective addresses the change in financial risk appetite within the Trust in relation to securing new business and approaching new opportunities.
Quality Strategy

During 2016/17, the Trust consulted with staff and patients as part of the review of its Quality Strategy. The aim of the strategy, which was approved in March 2017, is to ensure delivery of high-quality, cost effective ambulance healthcare services to people in the Trust area, and through this, ensure that the Trust is recognised for its commitment to safe, high quality care.

The strategy, which is aligned to NHS England’s three pillars of quality, will support the ongoing development of a culture for quality which is based on:

- a patient centred approach, reflecting the uniqueness of each individual, their experience of their health and illness and aiming to enable them to share in decision making;
- putting patients at the centre of the Trust’s interaction with other services;
- learning and improvement rather than blame;
- compassion and care where people matter;
- a language for quality and quality development which is simple and understood by patients and all staff both clinical and non-clinical;
- simple outcome-measures based on the use of ‘I’ statements in the measurement of quality outcomes to complement existing data sets;
- improving staff engagement and experience at all levels, building capacity and providing support to staff in order that they can fully realise their clinical potential and making the right thing the easiest thing to do;
- partnership based – looking to develop innovative partnerships with public and third sector partners, staff, independent contractors, patients and carers;
- demonstrating the ‘value for money’ of high quality care
- simplifying the systems around policy and delivery to avoid unnecessary ‘waste’ and to reduce the potential for ‘human error’;
- a recognition that in order to deliver quality a sound financial system is required;
- a brand that represents high quality innovative clinical care.
Quality Priorities for Improvement 2016/17

In 2016 the Trust published a Quality Account which illustrated its continuous quality improvement journey and set out its priorities for the year ahead. These priorities (listed under the three categories of patient safety, clinical effectiveness and patient experience) are restated below as they appeared at that time, along with an overview of the Trust’s performance:

Clinical Effectiveness

Priority 1 – Cardiac Arrest

A cardiac arrest is considered the ultimate medical emergency, where outcomes are based largely on the correct treatment being delivered as quickly as possible, with clinicians delivering interventions that contribute to each part of the chain of survival. The ambulance service plays a crucial part in delivering these early interventions, influencing all of the links within the chain of survival.

Evidence based resuscitation guidance is provided by the UK Resuscitation Council, which details the interventions which are likely to increase the chance of survival in a respiratory or cardiac arrest. It is well evidenced that adherence to the principles within the resuscitation guidelines increases the chance of a patient regaining a pulse (known as ROSC, Return of Spontaneous Circulation) and therefore survival to discharge (leaving hospital alive).

Ambulance services are measured on the rate of ROSC and survival to discharge for all resuscitated cardiac arrest patients. The same clinical indicators are also reported for a sub-set known as the Utstein group, which includes only patients who should have the best chance of a positive outcome. Use of the Utstein group enables international comparison of performance between health systems. It should be noted that a range of factors outside of the ambulance services control affect survival to discharge, such as the quality of the care received within hospital.

There is potential to improve outcomes from cardiac arrest if a more co-ordinated, systematic approach to the management is adopted.

Aim

The aim of this Clinical Effectiveness Indicator is to improve adherence to the Resuscitation Council guidelines and therefore the quality of resuscitation by Trust clinicians. In addition we will promote the benefits of partnership working with local acute trusts, in order to improve outcomes in cardiac arrest.

Initiatives

- Use recognised quality improvement techniques such as Plan-Do-Study-Act (PDSA) cycles, process maps, and feedback using annotated statistical process control (SPC) charts to understand the gaps in care, the barriers to improvement and how to address these.
- Develop and implement resuscitation checklists to support clinicians when managing cardiac arrest.
- Deliver a Resuscitation Council 2015 training update and practical ALS (advanced life support) scenario to 90% of available Trust frontline clinical staff, in order to improve the quality of treatment provided. To embed sustainable improvement we will promote partnership working with acute trusts and Strategic Clinical Networks in order to reduce
variation in patient outcomes. We may use operational modelling techniques to explore the potential implications of cardiac arrest centres in the South West.

**Board Sponsor**
Executive Medical Director

**Implementation Lead**
James Wenman, Clinical Development Manager

**How will we know if we have achieved this priority?**
- Trust clinicians will be supported by resuscitation checklists based on the updated resuscitation council guidance which will support adherence to evidence based guidance and team working in cardiac arrest.
- 90% of available frontline clinicians (specialist paramedics, operational officers, paramedics, advanced technicians, ambulance practitioners and emergency care assistants) will receive a cardiac arrest update and practical ALS assessment as part of their annual development day. 
- The Trust will establish links with our stakeholders so that outcomes from cardiac arrest and the benefits of partnership working can be explored.

**Did we achieve this priority?**
Yes, we achieved this priority.

There have been a number of initiatives throughout the year which have been implemented using standardised methods of quality improvement, including:
- Zoll defibrillator pilot scheme – Increasing the awareness of non-technical skills to support resuscitation, while measuring an improvement in CPR quality for these groups.
- Clinical dashboard engages and facilitates personal CPD of clinicians with their own performance metrics created by and for frontline staff. This is an ongoing process and will continue into the forthcoming year.
- The cardiac arrest checklist has been devised, trialled, evaluated and implemented Trustwide on 7 February 2017. A clinical notice has been issued for staff information and will be incorporated in the annual development day cardiac arrest session. There has been positive feedback from frontline crews received by the team already.
- There has been excellent attendance at the staff annual development day, with 94.75% of available frontline staff receiving a cardiac arrest update and practical assessment in cardiac arrest. Cardiac arrest updates are provided on an annual basis and rotate between neonatal, paediatric and adult age groups.

The Trust conducted a project to review the proportion of patients who survived to hospital discharge, when compared to the hospital that they were conveyed to. The results were presented to local hospitals during a cardiac arrest stakeholder meeting on 12 January 2017.
Patient Engagement
Priority 2 – Accessible Information
When people require transport to hospital or need urgent or emergency care, it is essential that they are able to communicate clearly with the staff who attend them so that the care provided is appropriate and safe. When care is provided in an emergency setting ambulance trusts are not always in a position to establish whether there are any individual communication needs which should be taken into account. There are existing mechanisms in place in the clinical hubs, such as: warnings on addresses for patients who have had laryngectomies and tracheostomies and may have difficulty communicating; Easy Read letters for frequent callers and contact with their learning disability or other teams to aid communication; communication is covered in the NHS Pathways course; and hub staff are advised that if there are communication difficulties the call should be early exited and a response sent.

A new Accessible Information Standard has been introduced which is designed for trusts to establish those communication needs at the first point of contact. In order to support implementation of the Standard and increase the chances of that information being available to emergency ambulance crews when they need it, it is important that patients know how to provide the information before they require our help. Encouraging patients to explain any individual communication needs when they call or when we attend them, will also support them when they need access to patient transport and Out of Hours care.

Understanding better how our patients wish us to communicate with them will enable us to improve their access to and the quality of their experience of the services we provide.

Aim
- Improve the level of contact by those with communication difficulties in advance of their treatment so that we able to provide them with a better and more accessible service, noting that we do not as yet have the capability to record this information for future contact
- Increase engagement with groups supporting those with sensory loss to better understand their communication needs and help to develop bespoke communication tools

Initiatives
Develop an education campaign to advise patients about the need to tell us (when they call or we attend them) if they have particular communication needs. This will include:
- Adding a footnote to the following patient facing correspondence: complaint acknowledgements; proactive apology letters; Duty of Candour calls and letters; and patient survey forms.
- Developing a video, advising patients what they need to tell us about their communication needs and when, for publication on the Trust website and dissemination to patient support groups.
- Developing posters for display at treatment centres.
- Considering adaptation to ePCR (electronic patient care record) to allow the recording of patient communication requirements.
- Reviewing and developing a plan for improvement of the Trust’s website to maximise the use of plain English and accessibility, asking Trust members to review the updated content.
- Developing a programme of engagement with groups supporting patients with sensory loss to allow them to explain their particular communication needs, leading to future development of an Accessible Information Standard action plan.
Board Sponsor
Executive Director of Nursing and Governance

Implementation Lead
Nicole Casey, Head of Governance

How will we know we have achieved this priority?
- Reports on notification of communication needs measured as a result of patient facing correspondence and the video and poster campaign, from a baseline set on 1 April 2016. This will be reported to us by staff in the hub or on scene.
- Comment on the amended Trust website by a survey of Trust members.
- Development of an Accessible Information Standard action plan.

Did we achieve this priority?
We partly achieved this priority.

We developed a comprehensive action plan at the start of 2016/17. Progress has been made but we were not able to implement all of the actions proposed when the priority was designed. As we were not able to establish an effective baseline for the recording of communication needs, we have instead focused on establishing how we can improve our accessibility.

We have been in liaison with our national ambulance trust colleagues and, as a group, we have submitted a joint letter to NHS England (NHSE) to report that, while all services feel they already respond well to patients’ communication needs, they also agree that some of the AIS requirements are not obviously applicable to ambulance trusts and the sector will find it difficult to be compliant with all aspects of the AIS. NHSE have been asked to consider how the Standard can be made more applicable to ambulance trusts. Their response will support a joint national ambulance trust response to implementation of the Standard going forward for 2017/18.

SWASFT has achieved the following progress to date:

We considered the following actions but agreed that they were not viable:
- Adding a footnote message to correspondence such as complaint acknowledgements
- Adding a message to the ePCR (this will be further considered in 2017/18)
- Making use of Interpreter Now for deaf patients, which NHSE has commissioned for NHS111 to use. However, resources currently allocated to Interpreter Now were insufficient for Trust use

The following actions have been completed:

Engagement
We put posters with the Accessible Information message on our public relations vehicle for summer events. We have also published an information poster in a new Accessible Information Standard page on the website (http://www.swast.nhs.uk/accessible-information-standard.htm).

We implemented a programme of engagement with groups supporting patients with sensory loss. We identified the patient groups which form our target audience. We
identified the areas likely to be affected ie: telephone and written communication; and website accessibility.

In February 2017, we published a questionnaire targeting our service users. At year end, 28 responses (following review for duplicates) had been received and will be reviewed in order to support development of a work programme for 2017/18.

We attended focus groups with Living Options and WESC Foundation (for the visually impaired), and met with representatives from Derriford and Royal Devon and Exeter hospitals. We also held Healthwatch engagement days in February 2017 to present our progress on completion of this priority.

We will add the Trust’s pre-hospital communication guide to the electronic patient clinical record.

Website Review
In March 2017, Signhealth undertook a review of the Trust’s website to assess its accessibility. They established that the website is very accessible but have made some suggestions for improvement, including:

- considering working with a school for the deaf to produce a video that shows what happens when you call 999 if you are deaf;
- adding information about what happens when you call 999 and are deaf to the website and ensuring it is easy to find; and
- commissioning further review of the website to see how it performs for blind people.

HealthWatch colleagues have offered to review our website once we have made the proposed improvements.

Patient Experience
Priority 3 – Human Factors
A thematic review of patient safety incidents identified human factors as a common theme amongst serious incidents. Human factors can influence how people behave and perform. In the context of the Trust, human factors are environmental, organisational and job factors, and individual characteristics which influence behaviour.

Aim
The patient safety indicator will focus on undertaking a review of human factors influencing errors made during the telephone triage process to identify solutions to improve patient safety.

Initiatives
- Undertaking research to agree the defined list of human factors from the models available which will be utilised to undertake the review.
- Conducting a review of patient safety incidents to identify where telephone triage errors were identified as a concern.
- Using the agreed human factors model, analyse the identified incidents to identify the human factors associated with the telephone triage errors.
- Undertaking a deep dive of the key human factors identified as part of the analysis and develop proposals for solutions to be considered by the Executive Director of Nursing and Governance to reduce the likelihood of error in telephone triaging.
Board Sponsor
Jenny Winslade, Executive Director of Nursing and Governance

Implementation Lead
Vanessa Williams, Head of Patient Safety and Risk

How will we know if we have achieved this priority?
- We will have an agreed human factors model to utilise in the organisation for patient safety research and future analysis of incidents, complaints, etc.
- We will have identified key human factors influencing telephone triage errors.
- We will have developed proposed solutions to address errors minimising the likelihood of recurrence of incidents relating to telephone triage.

Did we achieve this priority?
We partially achieved this priority
- We undertook research into the various human factor models which included those utilised within the healthcare and aviation industry.
- We made the decision to use the LMQ Human Factors model which was originally used within aviation and has been identified as a logical framework by the Clinical Human Factors Group.
- We undertook a review of adverse incidents reported to the Trust by staff and other healthcare organisations during the period April – September 2016 to identify where triage may have been a concern.
- We analysed each of the identified incidents and the subsequent investigation to identify whether there were triage errors and whether any human factors influenced the error. The analysis did not clearly identify any patterns in the types of human factors which influenced the behaviour, this was predominantly due to the extent of the investigation into each of the incidents.
- We undertook a review of serious incidents identified during April and September 2016 where delays were a concern.
- We analysed each of the identified serious incidents (17) finding where there were triage errors, 70% of the serious incidents did not occur as a result of triage errors. In the remaining serious incidents there was no clear pattern of behaviour in the type of human factor which influenced triage with each being impacted by a separate element.
- A deep dive into ambulance delays has commenced.
- We are reviewing and further developing the investigation templates for adverse incidents and serious incidents to capture human factors data which will enable the Trust to identify and monitor trends in order to able to identify solutions and make recommendations to enhance patient safety and experience.
Quality Priorities for Improvement 2017/18

The Trust is accountable to its patients and service users and the Quality Account provides an ideal mechanism for addressing this. As a foundation trust, SWASFT has a Council of Governors which is invaluable in representing the views of Governors, the Trust membership and the wider public, gained through engagement activities. The Trust liaised with its Council of Governors to obtain their opinion and input on the suggested priorities within this report and to encourage them to think about how they can engage with the Trust membership and the wider public about these priorities.

In developing the priorities for the forthcoming year, the Trust has taken into account feedback provided by stakeholders, including commissioners, on previous Quality Accounts. Consideration has also been given to any challenges or areas of concern for the Trust as well as Quality Account priorities from previous years and the learning from these.

As will be seen later in the Quality Account, an analysis of complaints and incidents made during the year has found that the predominant area of concern has been around perceived delays in responses to patients. For this reason, one of the quality priorities will be a focus on the impact of delays upon patient safety.

In previous years the Trust has focused upon the treatment of children and the potential to better manage the top six conditions which accounted for half of all emergency and care admissions. Following the success of this priority the focus of the clinical effectiveness priority for 2017/18 will be on improving the management of the older patient.

During 2016/17 the implementation leads for the agreed priorities were responsible for monitoring progress at the appropriate working groups, whilst the progress of the Trust’s quality development programme was monitored through the Quality Committee. These governance arrangements will be continued during 2017/18.

A review of the progress against these priorities will be included in next year’s Quality Report and Account.

Clinical Effectiveness – Awareness and Improving the Management of the Older Patient Why a Priority?
The South West has the oldest comparative population in the UK, with residents over the age of 65 expected to rise by 24% between 2014 and 2025.

Although patients over the age of 65 account for almost half of ambulance activity, the care of the older adult has not traditionally been a key topic within paramedic education.

Frailty is a clinically recognised state of increased vulnerability. It results from an ageing associated decline in the body’s physical and psychological reserves. It is important to recognise the presence of frailty in weighing the benefits and risks of any intervention or treatment plan.

There is potential to improve care of older adults in the out of hospital environment with a collaborative approach. The work to recognise and identify vulnerable older adults is the first stage to improving care.
Aim
The aim of this Quality Indicator is to raise awareness of frailty and associated syndromes within the ambulance service in order to improve recognition and management of the older patient.

Initiatives
Deliver a frailty education package to 90% of available Trust frontline clinical staff, in order to improve the recognition of Frailty in older adults. (T

The Trust will develop and launch an online frailty learning zone for SWAST staff.

The Trust will write a quarterly article on a frailty related topic, which will be published as part of the Learning From Experience bulletin campaign.

Board Sponsor
Executive Medical Director

Implementation Lead
Joanna Garrett, Clinical Development Officer.
Sally Arnold-Jones, Clinical Development Manager

How will we know if we have achieved this priority?
The Trust will implement Rockwood scores of the electronic patient care record and utilise the tool in the assessment of older adults. This will be completed on 60% of older adults (aged 65 years and above).

90% of available frontline clinicians (specialist paramedics, operational officers, paramedics, advanced technicians, ambulance practitioners and emergency care assistants) will receive a frailty education update as part of their annual development day. (Excluding staff on secondment, maternity and long term sick leave as defined by the sickness absence policy.)

A frailty learning zone will be launched and able to be accessed on the intranet by SWAST staff.

Four frailty related articles will be published to staff through the existing communication channels.

Patient Experience – Improving the Quality and Timeliness of Responses to Patients
Why a Priority?
There is a strong focus on the quality of complaint responses which has resulted in complainants receiving a full and thorough response to their concerns, a low number of re-opened complaints and a low number of referrals to the Health Services Ombudsman.

The current high quality of responses is as a result of the quality checks and significant work undertaken by the Patient Experience team once the investigation report is received from the individual investigating the complaint.

Whilst the quality of our responses is high, it is recognised that the timeliness of providing responses needs to be improved whilst maintaining quality. The current performance across the Trust is 26.4% of complaints closed within the timescales.
Aim
To improve timeliness of complaint responses to patients and the public.

Initiatives

| Quarter 1 | • Undertake a review of the complaints investigation process.  
|           | • Identify what issues are causing the delays in providing complaint responses.  
|           | • Set target for improvement over the year by individual department. |
| Quarter 2 | • Develop a trajectory for improvement in response times.  
|           | • Develop an action plan to address issues identified within Quarter 1 and commence implementation. |
| Quarter 3 | • Continue implementation of action plan.  
|           | • Report to the Trust’s Quality Committee on progress against trajectory. |
| Quarter 4 | • Undertake an audit of the progress made during the year and develop plan going forward, to include target improvement for following year. |

Board Sponsor
Jenny Winslade, Executive Director of Nursing and Quality

Implementation Lead
Vanessa Williams, Head of Patient Safety and Risk

How will we know we have achieved this priority?
The timeliness of complaint responses will be improved from the current Trust performance of 26.4% to the target set within Quarter 1 whilst maintaining the current quality.

Patient Safety – Impact of Delays on Patient Safety

Why a Priority?
The Trust has played a key role in the development of the new response framework within the Ambulance Response Programme, which is reported at page 19. The new approach has enabled the most appropriate resources to be focused on patients experiencing life-threatening and life-changing incidents.

At the other end of the spectrum, patients also require an ambulance response of a less urgent nature. The older person who falls at home and requires assistance, is one such example. It is important that the Trust continue to focus on delivering timely care to patients across the spectrum.

Aim
• To explore the impact of extended delays in responding to 999 emergency calls and calls received from health care professionals.  
• To identify any improvements that can be made to enhance the patient safety and experience.  
• Raise awareness at a strategic level of the number of significantly delayed amber and green responses.
Initiatives
- Deep dive to be conducted to examine ambulance response delays.
- Review to be conducted of all Serious Incidents occurring due to a delayed response, to examine the effectiveness of the welfare call Standard Operating Procedure.
- Identify an appropriate sample of patient clinical records, and conduct a clinical review by a senior paramedic, to assess any clinical impact of the delayed response, together with the management of welfare calls by the clinical hub.

Board Sponsor
Jennifer Winslade, Executive Director of Nursing and Governance

Implementation Lead
Vanessa Williams, Head of Patient Safety and Risk
Adrian South, Clinical Director

How will we know we have achieved this priority?
- Ambulance response delay deep dive to be presented to the Board.
- SI welfare call report to be presented to the Quality Committee.
- Action plan from the SI welfare call review to be developed.
- PCR review to be presented to the Quality Committee.
- Increased awareness at a strategic level of the number of significantly delayed amber and green responses, with a reviewed reporting framework.
Statements of Assurance from the Board

Statutory Statement

This content is common to all healthcare 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 2016/17 the South Western Ambulance Service NHS Foundation Trust provided and/or sub-contracted three relevant health services:
   - Emergency (999) Ambulance Service;
   - Urgent Care Service (NHS 111; GP Out-of-Hours and Tiverton Urgent Care Centre);
   - 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 three of these relevant health services.

1.2 The income generated by the relevant health services reviewed in 2016/17 represents 95.67 per cent of the total income generated from the provision of relevant health services by the South Western Ambulance Service NHS Foundation Trust for 2016/17.

2. During 2016/17, zero national clinical audits and zero national confidential enquiries covered relevant health services that South Western Ambulance Service NHS Foundation Trust provides.

2.1 During 2016/17 South Western Ambulance Service NHS Foundation Trust participated in 100 per cent national clinical audits and 100 per cent 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 was eligible to participate in during 2016/17 are as follows:
   - None

2.3 The national clinical audits and national confidential enquiries that South Western Ambulance Service NHS Foundation Trust participated in, and for which data collection was completed during 2016/17, 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:
   - None 0 Cases 0.00%

2.4 The reports of no national clinical audits were reviewed by the provider in 2016/17 and South Western Ambulance Service NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:
   - Continue a programme of Quality Improvement activity across the organisation to facilitate the delivery of high quality care.
The reports of 7 local clinical audits were reviewed by the provider in 2016/17 and South Western Ambulance Service NHS Foundation Trust has taken / is continuing with the following actions to improve the quality of healthcare provided:

- Ensure all clinical audits cover the whole Trust area to inform service delivery across the region.
- Continue to reinforce the importance of good quality record keeping which underpins clinical quality reporting.
- Continue to ensure that the outputs of clinical audit are used to inform the work of the Quality Improvement Paramedics.
- Continue Quality Improvement activity to improve the assessment and management of pain. Examples of this are the Clinical Dashboard and Pain Management in Dementia Study.
- Work with the resuscitation clinical sub group to develop a programme of work to improve the proportion of patients who are resuscitated gaining a return of spontaneous circulation on arrival at hospital. This has developed and now falls under clinical work program
- Undertake a programme of re-audit following quality improvement activity.

3. The number of patients receiving relevant health services provided or sub-contracted by South Western Ambulance Service NHS Foundation Trust in 2016/17 that were recruited during that period to participate in research approved by a research ethics committee was 950.

4. A proportion of South Western Ambulance Service NHS Foundation Trust income in 2016/17 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 relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2016/17 and for the following 12 month period are available electronically at www.swast.nhs.uk.

4.1 The monetary total available for the Commissioning for Quality and Innovation payments, for all service lines, for 2016/17 was £2,997,326 and for 2015/16 was £2,961,958.

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

South Western Ambulance Service NHS Foundation Trust has the following conditions on registration:
- None.

5.1 The Care Quality Commission has taken enforcement action against South Western Ambulance Service NHS Foundation Trust during 2016/17, following planned inspections of the Trust’s services. Details of the enforcement actions and the work undertaken by the Trust to address this can be found at Appendix 1.
5.2 South Western Ambulance Service NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

6. South Western Ambulance Service NHS Foundation Trust did not submit records during 2016/17 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

7. South Western Ambulance Service NHS Foundation Trust Information Governance Assessment Report overall score for 2016/17 was 80% and was graded satisfactory (Green).

8. South Western Ambulance Service NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.

9. South Western Ambulance Service NHS Foundation Trust will be taking the following action to improve data quality:
   - Continue to maintain and develop the existing data quality processes embedded within the Trust.
   - Hold regular meetings of the Information Assurance Group to continue to provide a focus on this area.
   - Ensure completion and return of the monthly Data Quality Service Line Reports and in particular strengthen reporting by its Urgent Care services.
   - Continue to provide Data Quality Assurance Reports to the Board of Directors.
   - Where external assurance of data quality is required, commission an independent review from Audit Southwest, the Trust’s internal audit provider.
Key Performance Indicators

This section includes the mandatory indicators which the Trust is required to include in this report. Further performance information is shown in Part 3 of this report.

Emergency 999 Performance – Formerly Reported as Category A

In previous Quality Accounts we have reported how the Trust was performing against “Category A” targets, with Category A incidents being those involving patients with a presenting condition which may be immediately life threatening.

From April 2016 the Trust participated in the National Ambulance Response Programme trial (pilot) which aims to improve response times to critically ill patients, making sure the response reflect the degree of urgency. The trial has seen the introduction of new call categories and definitions which have been refined and amended throughout the year.

As a result, the Trust has not collected data for the mandated indicators during the period and was not able to report comparative red category response time performance during the year.

The National Ambulance Response Programme (ARP) trial aims to improve response times to critically ill patients, making sure the best response is sent to each patient first time with the appropriate degree of urgency. The trial has seen the introduction of new call categories and definitions which have been refined during the progression of the trial.

The objectives of the ARP trial are to:

- Use a new pre-triage (nature of call) set of questions for 999 incidents;
- Achieve a more clinically focused and patient based set of outcome standards delivering an improved experience for all patients;
- Deliver more available resources, as a result of fewer multiple allocations, to respond to life-threatening incidents;
- Allocate the most clinically appropriate resource to patients by taking time to triage the call and increase the use of the Hear and Treat and See and Treat patient pathways where clinically appropriate;
- Create a new evidence-based set of clinical codes that better describe the patient’s problem and response/resource required.

The ARP trial is underpinned by a comprehensive governance structure led by NHS England and including NHS Improvement. An ARP Delivery Group has been established to advise on the practical implementation and delivery of ARP, data monitoring and ensure delivery of coherent outcomes and benefits to patients. The findings from the trial are also subject to independent review by Sheffield University.

At a local level the Trust has put additional quality controls in place in order to provide further assurance and oversight as the trial progresses, including a dedicated Programme Board led by the Chief Executive which reports on progress to the Trust Board.

The ARP is now at the end of its testing phase. It has been recommended that ambulance services continue to operate under ARP conditions until a decision is made on full implementation. The Sheffield School of Health and Related Research is currently undertaking its final analysis and is preparing the full evaluation report ready for review.
Once the report has been reviewed by NHS England, the Department of Health and key stakeholders it is anticipated that recommendations will be made for national implementation with recommendations for future ambulance quality indicators.

**Ambulance Clinical Quality Indicators (ACQIs)**

ACQIs are designed to reflect best practice in the delivery of care for specific conditions and to stimulate continuous improvement in care. They were initially introduced in 2010/11, and since this time ambulance trusts have been working nationally to agree and improve the comparability of the datasets reported.

Whilst there are currently no national performance targets for ACQIs, local thresholds have been agreed with the Trust’s commissioners and these are shown in the following table. In addition the data from the indicators is used to reduce any variation in performance across Trusts (where clinically appropriate) and drive continuous improvement in patient outcomes over time.

Further ACQI information is contained in Part 3 of this report and details of all ACQIs are contained in the Trust’s monthly Integrated Corporate Performance Report presented to the Trust Board of Directors and available on the Trust website.

<table>
<thead>
<tr>
<th>Outcome from Acute ST Elevation Myocardial Infarction (STEMI) - % of patients suffering a STEMI and who receive an appropriate care bundle.</th>
<th>Local Performance</th>
<th>Year to date 2016/17 (April to Oct)</th>
<th>2015/16</th>
<th>National Average (Apr to Oct 16)</th>
<th>Highest Trust Performance (Apr to Oct 16)</th>
<th>Lowest Trust Performance (Apr to Oct 16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome from Stroke for Ambulance Patients - % of suspected stroke patients (assessed face to face) who receive an appropriate care bundle.</td>
<td>90%</td>
<td>76.9%</td>
<td>84.0%</td>
<td>79.3%</td>
<td>90.8%</td>
<td>60.5%</td>
</tr>
</tbody>
</table>

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

In response to performance against the local thresholds, the Trust’s Medical Directorate have will focus on a small number of priority plans, including heart attacks, stroke and cardiac arrests during 2017/18, in order to drive forward an improvement.

Data for these indicators is not currently available for information after October 2016. The longer timeframe for the production of this clinical data is due to the manual nature of the collection process for some Ambulance Trusts and the delays experienced in collecting some of the data from third party sources.

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

- The Trust has robust data quality processes in place to ensure the reporting of performance information is both accurate and timely.
- Information is collated in accordance with the technical guidance for the ACQIs and this
work is subject to internal audit on an annual basis.

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

- Undertaking a programme of quality improvement activity across all regions, supported by Quality Improvement Paramedics.

**Care Quality Commission (CQC)**

The Trust maintains its registration with the CQC with no conditions and is proactive in ensuring compliance with CQC regulations through the maintenance of a centralised evidence system and an annual assessment of compliance across all service lines by way of an internal audit review. The Trust has consistently achieved a “green” rated outcome from its annual review by Internal Auditors. The annual review for 2016/17 has been undertaken and the Trust was given a significant assurance rating.

Following adverse media coverage, the CQC carried out an inspection of the NHS111 services provided by the Trust in March 2016 and subsequently rated these services as ‘Inadequate’. A Regulatory Consolidated Action Plan (RCAP) was put into place to address all concerns raised by the CQC during the inspection, with progress against these actions being monitored by NHS Commissioners, NHS England, NHS Improvement as well as the Trust.

The CQC revisited the Trust in August 2016 and acknowledged the efforts made by all levels of the Trust to improve the NHS 111 service. However, The NHS 111 service rating remained ‘Inadequate’ until a further full comprehensive inspection was undertaken in December 2016. As a result of the significant improvements made to the service, the ‘Inadequate’ rating was lifted and a new overall rating of ‘Requires Improvement’ was awarded.

<table>
<thead>
<tr>
<th>CQC Domain</th>
<th>March 2016 rating</th>
<th>December 2016 rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe</td>
<td>Inadequate</td>
<td>Good</td>
</tr>
<tr>
<td>Effective</td>
<td>Inadequate</td>
<td>Requires Improvement</td>
</tr>
<tr>
<td>Caring</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Responsive</td>
<td>Inadequate</td>
<td>Good</td>
</tr>
<tr>
<td>Well Led</td>
<td>Inadequate</td>
<td>Requires Improvement</td>
</tr>
<tr>
<td>OVERALL</td>
<td>Inadequate</td>
<td>Requires Improvement</td>
</tr>
</tbody>
</table>

The Trust underwent its first comprehensive CQC inspection of all service lines in June 2016. The Trust was awarded an overall rating of ‘Requires improvement’. The following table details the breakdown of CQC rating:
All of the CQC reports are available at: [www.cqc.org.uk](http://www.cqc.org.uk)

The Trust was pleased that the CQC recognised the work undertaken by the Resilience team who were awarded a rating of ‘Outstanding’. The Trust is also incredibly proud of the caring and compassionate staff across the Trust who also achieved a rating of ‘Outstanding.’

A Quality Improvement Plan (QIP) has been put into place to address all points raised by the CQC during the inspections, and this includes feedback from Trust Stakeholders following the Quality Summit held on 30 September 2016. A Quality Development Group has been maintained to monitor and progress the actions identified in the QIP. Progress on the QIP is reported regularly to the Trust’s Quality Committee to ensure oversight and leadership in the delivery of the Quality Improvement Actions.

Appendix 1 identifies the key CQC “must do’s” as a result of the CQC inspections in June and December 2016, and the actions that the Trust has taken, and will continue to take, to address them.

**Staff Survey**

One of the key findings in the 2016 national staff survey relates to staff recommending the Trust as a place to work or receive treatment. Staff were asked to rate their answer on a five point scale from “1” strongly disagree to “5” strongly agree. Staff responses were then converted into scores. The following table shows the Trust’s performance compared to last year, together with the performance of other ambulance trusts.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff recommendation of the Trust as a place to work or receive treatment.</td>
<td>3.57</td>
<td>3.45</td>
<td>3.47</td>
<td>3.57</td>
</tr>
<tr>
<td>Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months</td>
<td>21%</td>
<td>24%</td>
<td>28%</td>
<td>14%</td>
</tr>
<tr>
<td>Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion</td>
<td>75%</td>
<td>76%</td>
<td>70%</td>
<td>76%</td>
</tr>
</tbody>
</table>

The 2016 survey demonstrated continued improvement in the indicators above, with the Trust consistently performing better than the National Ambulance Average. For the first indicator focusing on staff advocating the Trust as a place to work or receive treatment, the Trust was the leading ambulance trust. A continued decrease was also seen in the percentage of staff experiencing bullying and harassment from staff in the last 12 months.

For the final indicator regarding equal opportunities to career progression, the Trust was 1% lower than the leading ambulance trust, further demonstrating the positive impact the new ASPIRE Career Development Process has had since its inception.

South Western Ambulance Service NHS Foundation Trust is taking the following actions to improve staff engagement, and so the quality of its services, by:

- Reviewing the results of the 2016 staff survey with each of the locality managers to develop suitable targeted action plans for their individual areas aimed at improving response rates and performance across the Trust.
- Ensuring that staff have the opportunity to give feedback on this point through ongoing implementation of the Friends and Family Test for staff throughout 2017/18.
- Holding roadshows at emergency departments and major ambulance stations during 2017/18 – with members of Human Resources, Learning and Development, Executive Directors and operational colleagues in attendance.

**Workforce Race Equality Standard**

NHS providers are required to comply with the Workforce Race Equality Standard (WRES); a set of nationally agreed metrics comparing the experience of staff from Black or minority ethnic (BME) backgrounds with that of staff from White backgrounds. The majority of these indicators are drawn from the NHS Staff Survey, with the focus primarily on career progression, likelihood of being subject to disciplinary processes and discrimination from patients and staff.

The Trust’s performance against 3 of the 4 indicators has improved since 2015; BME staff experience is better than White staff on 2 of the 4 indicators; and the Trust scored better than or the same as the average ambulance score for 3 of the 4 indicators:
### Key Finding

<table>
<thead>
<tr>
<th>Key Finding</th>
<th>Ethnicity</th>
<th>SWASFT 2016</th>
<th>Ambulance Average 2016</th>
<th>SWASFT 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>KF25- Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months</td>
<td>White</td>
<td>42%</td>
<td>45%</td>
<td>44%</td>
</tr>
<tr>
<td></td>
<td>BME</td>
<td>49%</td>
<td>40%</td>
<td>54%</td>
</tr>
<tr>
<td>KF26- Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months</td>
<td>White</td>
<td>21%</td>
<td>28%</td>
<td>24%</td>
</tr>
<tr>
<td></td>
<td>BME</td>
<td>14%</td>
<td>30%</td>
<td>29%</td>
</tr>
<tr>
<td>KF21- Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion</td>
<td>White</td>
<td>75%</td>
<td>72%</td>
<td>78%</td>
</tr>
<tr>
<td></td>
<td>BME</td>
<td>55%</td>
<td>55%</td>
<td>58%</td>
</tr>
<tr>
<td>Q17b- In the 12 last months have you personally experienced discrimination at work from manager/team leader or other colleagues?</td>
<td>White</td>
<td>11%</td>
<td>11%</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>BME</td>
<td>9%</td>
<td>19%</td>
<td>21%</td>
</tr>
</tbody>
</table>

In addition to this, the final report from the 2016 survey also indicates an improved position for BME staff. Of the 86 questions in 2015, BME staff responses (compared to White staff responses) were better for 16 questions, the same for 10 and worse on 60. In 2016, of the 88 questions, BME responses were better on 34 questions, the same on 38 questions and worse on only 16.

**National Reporting and Learning System**

All Trusts are required to provide confidential and anonymised reports of patient safety incidents to the National Reporting and Learning System (NRLS). This information is analysed to identify common risks to patients and opportunities to improve patient safety. These incidents are identified through the Trust’s incident reporting processes, and of the 9,433 incidents reported during the 2016/17 year, 2,433 have been identified as relating to patient safety.

The National Patient Safety Agency recognised that organisations that report more incidents usually have a better and more effective safety culture, stating ‘you can’t learn if you don’t know what the problems are’.
<table>
<thead>
<tr>
<th>Indicator</th>
<th>2016/17</th>
<th>2015/16</th>
<th>National Average</th>
<th>Highest Trust*</th>
<th>Lowest Trust*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 Oct to 31 Mar</td>
<td>01 Apr to 30 Sep</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Incidents Reported to NRLS</td>
<td>2,180</td>
<td>1,070</td>
<td>1,211</td>
<td>632</td>
<td>559</td>
</tr>
<tr>
<td></td>
<td>1,070</td>
<td>1,211</td>
<td>632</td>
<td>559</td>
<td>1,070</td>
</tr>
<tr>
<td></td>
<td>80</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Incidents Reported as Severe Harm</td>
<td>4</td>
<td>6</td>
<td>28</td>
<td>17</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td></td>
<td>17</td>
<td>6</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td></td>
<td>3</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*Highest/lowest trust reporting has been noted for each indicator independently.

** All information in this table is published by the NRLS based on the data they received and collated from the Trust during their reporting periods. Information is published in arrears, and therefore the most recent information available from the NRLS relates to the period 1 April to 30 September 2016. However, it should be noted that not all Ambulance Trusts have reported data for all six months, with the number of months reported ranging from 1 through to 6.

It should be noted that the figures for reported incidents throughout the year, as set out in the text above, and those reported to NRLS will not correlate as the incidents are reported upon completion of the investigation and closure of the incident. Those incidents uploaded to NRLS in the first half of the financial year are therefore likely to be incidents that were reported during the previous financial year. A significant number of the incidents reported during 2016/17 remain under investigation and are therefore yet to be reported to NRLS.

From May 2017, the Trust will move to uploading incidents to the NRLS more regularly. Incidents will also be uploaded when reported and then an updated version re-loaded when the incident is closed. This will improve the data quality and provide the Trust with greater oversight of the incidents to ensure that they meet the required criteria.

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

- The Trust has a good culture for reporting adverse incidents.
- Information is provided to the NRLS electronically through the upload of data taken from the Trust's adverse incident reporting system.
- The Trust has taken the following actions to improve this number, and so the quality of its services, by:
  - Continuing to encourage the reporting of adverse incidents by all members of staff so learning can occur at all levels of the Trust.
  - Reviewing the mechanisms for learning from adverse incidents to ensure this is done quickly and effectively, and disseminated to staff so they have continued confidence in the reporting system.
  - Reviewing the mapping of coding of patient safety incidents with the NRLS to ensure reporting is consistent with national requirements.
  - Reviewing the upload procedure.
**Duty of Candour**

On 1 April 2013, the contractual Duty of Candour was introduced for all NHS Trusts to report to patients or their next of kin where it is identified that moderate or serious harm has resulted from care provided by the Trust. This duty became regulatory on 27 November 2014 and was included within the Health and Social Care Act 2008 (Regulated Activities) as Regulation 20.

The Trust has developed a process for the management of these incidents which has been agreed with commissioners.

When a Patient Safety incident is identified as Serious or Moderate Harm the Trust makes contact with the patients or their next of kin within, at most, 10 working days of identification. The nominated investigating officer instigates verbal contact with the patient or next of kin (Relevant Person). The Trust undertakes a risk assessment on making contact where the patient or their next of kin may be considered ‘vulnerable’ (whether this is due to their general psychological or physiological state; or due to the circumstances surrounding or following the incident).

The initial notification is verbal where possible and telephone contact is made on a recorded line. Where the patient cannot be contacted in person, a letter is sent via recorded delivery, inviting the patient or next of kin to make contact. Unless the patient or next of kin declines further contact, the verbal notification is followed by a written notification. This letter includes:

- Confirmation of the verbal conversation;
- A further apology from the Trust;
- Confirmation of the Investigating Officer details;
- The source of the original notification of the incident;
- Brief, factual, details of the incident;
- Confirmation that an investigation is taking place;
- A written summary of any discussions had during the initial verbal contact
- Confirmation of arrangements made with regards further contact in order to provide feedback from the investigation.

Following completion, the investigating officer must arrange for the incident investigation report to be shared with the patient or next of kin within 10 working days of being signed off as complete by the Trust and Lead Commissioner.

The Patient Safety Officer records and monitors the trust’s compliance with its Duty of Candour, including open communication with the patient or their next of kin. Where individuals cannot be contacted or traced, the Trust maintains a comprehensive record of all attempts to make contact.
Sign up to Safety
The Sign up to Safety consultation has already been extended beyond its 2015/16 quality priority deadline due to the low level of responses received from canvassing staff, members, governors, and the public. The Trust will continue to seek the views of the public through liaison with Healthwatch and the Care Forum but in the meantime, has held a number of meetings within the organization to add some of the Trust’s known safety priorities. This has now been drafted into a long list plan which will become the Trust’s three year Safety Improvement Plan, and consultation will be taken forward by the Trust’s Deputy Director of Nursing. The plan was presented to the Trust’s Quality Committee in February 2017 and the actions have been split into the following three areas:

Cross Cutting Themes
- Improve the use of emergency backup resources
- Provide staff with tools to aid their communication with service users
- Introduce a 'check before you turn away' ethos

Safety Specific
- Improve the health and fitness of staff and patients to reduce the risk of injury
- Increase the quality, appropriateness and awareness of dynamic risk assessment
- Provide guidance and support on shift work, based on findings of a full risk assessment
- Improve safety within ambulances
- Reduce the instances of verbal abuse of staff
- Reduce the injuries sustained by staff as a consequence of manual handling

Disease specific
- Improve awareness of mental health issues

The next steps for the plan are to make the draft available to our staff and the public. The final plan will be forwarded to the Sign up to Safety campaign, and published on the Trust’s website and intranet once approval from the Board of Directors has been issued. The plan will be measured and evaluated at regular intervals over the three years that it will run. This rhythmic approach to the plan will ensure continued commitment and focus.

Safeguarding
The safeguarding referral process is the ‘bread and butter’ of the work of the entire safeguarding team and remains the main focus of the service. It is the window to external agencies demonstrating the Trust’s action or inaction, so it has to be consistently applied in a timely and efficient framework.

The referral process is consistently open to scrutiny and so demands from the whole team a high level of input and concentration. There has been a 40% increase year on year (2015 – 2016) in referrals as per the following graph.
The graph below illustrates a piece of work completed in January 2016 attempting to predict the expected increase in the volume of referrals. There is a reasonable correlation with the actual figures when the delayed referral numbers are included.
Following on from concerns over the rising number of referrals received by the Safeguarding Team, an analysis of the referrals was completed which found that only 26% of the referrals could truly be categorised as ‘safeguarding’, with the remainder being of a "welfare" nature.

This change in profile of the referrals received has meant that the focus of the Trust’s Statutory and Mandatory Education has been adapted to include safeguarding in many of its elements including; the management and responsibility of frontline staff to alert outside agencies at scene, the understanding regarding action for a welfare case and immediate harm, the ability to manage the frail elderly and the issue of consent in referral decision making.

Some of the achievements of the safeguarding service during 2016/17 set out below:

- Chaperone Policy approved.
- Worked closely with the incidents team to streamline incident reports and safeguarding referrals to avoid duplication.
- Level 1 Safeguarding training included in Staff Induction Workbook
- Revised Level 2 Safeguarding training commenced in clinical hubs.
- Out of Hours GPs in Gloucestershire received Level 3 Safeguarding training which included how to manage allegations.
- The Head of Safeguarding responded to the Home Office as Chair of the National Ambulance Safeguarding Group (NASG) on the mandatory reporting consultation document.
- The Head of Safeguarding provided sections for the next edition of JRCALC on Safeguarding Children, FGM and PREVENT.
- Meetings held with:
  - care home providers regarding falls, safeguarding referrals and quality of care;
  - Universities in the region to discussion Allegation Management pathways when there is concern about students on placements;
  - London Ambulance Service to share good practice and learning;

A full Safeguarding Annual Report containing all aspects is completed as per the Section 11 requirement of the Children Act and Social Care Act 2015 and can be provided on request.

**Training and Education**

Statutory Mandatory and Essential (SME) training is in place to ensure the provision of clear and effective clinical leadership to frontline staff.

During 2016/17 the Trust’s learning and development managers have been working closely with heads of operations to improve SME training performance.

Initiatives have included weekly reporting and the growth in Trust establishment which has enabled operational cover to be maintained whilst staff are released for training. The introduction of a longer delivery model for the Development Day has a significant impact on performance. The Development Day is now offered throughout the year rather than all of the days being fitted into the early part of the year which has reduced the number of abstractions from shifts at any one time.
The following table sets out the 2016/17 SME performance, showing a significant improvement on 2015/16 performance with all targets have being met, except in respect of the completion of workbooks. It should be noted, however, that the Learning and Development Reviews (LDRs), Development Training Days (DTDs) and Workbooks combined can ensure that staff completing one of the two training and assessment tools can meet the various statutory and mandatory requirements.

<table>
<thead>
<tr>
<th></th>
<th>2016/17</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Target</td>
</tr>
<tr>
<td>Workbook Completed</td>
<td>2,713</td>
<td>95%</td>
</tr>
<tr>
<td>Development Day Completed</td>
<td>2,831</td>
<td>95%</td>
</tr>
<tr>
<td>Learning &amp; Development Review (LDR) Completed</td>
<td>2,591</td>
<td>95%</td>
</tr>
<tr>
<td>LDR or SME</td>
<td>2,707</td>
<td>95%</td>
</tr>
</tbody>
</table>

For those staff who did not receive a Development Day during the year, “mop up” sessions will be held in the first quarter of 2017/18. In addition, those staff who did not undertaken a LDR shift will be prioritised for the relevant training element during the next year.

The Learning and Development Team will also maintain its focus on achieving workbook completions where they remain outstanding. This work will take place during the first quarter of 2017/18 prior to the new workbook being released.
Part 3: Quality Overview 2016/17

Additional Quality Achievements and Performance of Trust against selected metrics

This section provides an overview of other performance metrics for the Trust.

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

Right Care

Over the past decade, the Trust has been improving the pathways and care options available to our clinicians for their patients. Ambulance services are now a key provider of urgent as well as emergency care, and our workforce, pathways and clinical support have adapted to this challenge. Many of the patients that call 999 for an ambulance can be managed safely and effectively over the phone, without sending an emergency ambulance. Where we do need to send an ambulance, over half of our patients can be managed by ambulance clinicians in their own home.

In 2010, we developed the Right Care, Right Place, Right Time initiative, a five year commissioner funded agreement that committed to us reducing unnecessary admissions to hospital emergency departments (EDs) by 10%.

Thanks to the enthusiasm of our clinicians, the programme exceeded expectations, with the proportion of 999 calls managed without ED attendance increasing from 50.84% in 2010/11 to 54.9% in 2016/17. During this time the Trust has consistently achieved the highest non-conveyance rate of any ambulance trust in the UK. We also have the highest rate of admission for patients we do convey to EDs, demonstrating appropriate clinical decision-making.

The Right Care\(^2\) programme was launched in 2014/15 to build on this initial success to ensure that more patients are able to be safely managed within the community.

The Trust wide Right Care\(^2\) proposal for 2016/17 was aligned to the High Impact Actions as described in the Monitor, Trust Development Authority and NHS England Winter Readiness 2015/16 letter. Commissioners have been engaged with this Trust led initiative which has been supported by the regular assurance reporting regime. The initiative will ended in April 2017 with a final local report to each clinical commissioning group.

The 2016/17 priorities identified as a result of external healthcare professional (HCP) and Trust staff feedback, related to a Trust communications campaign, in addition to improving the way the clinical hub processes and manages HCP originated incidents.

As a result of the ongoing implementation of the minimal lifting in care homes, nursing homes and domiciliary care agencies policy, the team has developed and launched a post falls care course in conjunction with the Trust’s commercial training team and has also developed a suite of tools and documents to support care providers (including domiciliary care agencies) in reducing requests for A&E ambulance attendance where avoidable. The course has been delivered in Dorset as part of the pilot phase and a rollout plan across the Trust is being scheduled for 2017/18, subject to an initial course evaluation.
Over the year the Trust has run a series of eight ‘Right Care Champions’ events’ to improve engagement and communication within the local health care community. These events include attendance from local commissioners, commissioning GP leads representing Primary Care and other HCPs such as minor injury units, mental health partnership, out of hours services and care providers.

Our clinicians are at the heart of the Right Care programme, and have the greatest level of clinical autonomy of any UK ambulance service. We continued to promote a dedicated feedback system amongst staff to identify areas for improvement as well as best practice. Over 2,600 items of feedback were received during 2016/17, with the Trust working closely with providers and commissioners to resolve the issues. Time and time again, the feedback has proved vital in improving access to existing pathways and creating further opportunities.

**Electronic Patient Clinical Record**
During 2016/17 the Trust continued to roll out the provision of electronic patient clinical records (ePCRs) and increasing Electronic Care System (ECS) functionality across the Trust’s operating area. By January 2017 a 100% conversion from paper based records was achieved.

The Trust’s bespoke system has been further developed internally during the year, to offer greater functionality and better capture clinical assessment and intervention. Much of this configuration development has been undertaken following feedback from operational staff and evidences the dynamic and responsive nature of the clinical structure.

The system uses an increasing combination of assessment tools, combining structured data fields and free text options, to arrive at a final disposition and treatment plan. This is then viewed within Clinical Work Stations in the Acute Trust or via email functionality within community service providers.

The Trust’s Clinical Information and Records Office has been developing reporting functionality and working to identify any data quality implications and feeding that back into further system re-design and improvement.

During the coming year, clinical dashboards will be created to support individual and organisational learning and to inform further clinical quality improvement workstreams.

The ePCR is a single component of the ECS. This wider application utilises the associated technology to provide further benefits which will be explored in greater detail through the oncoming year, delivering further and wider benefit to the health care economy. These developments include:

- Summary Care Record access
- Internal systems integration
- Clinically enhanced Hospital Handover processes
- Systems Integration Acute/Community/Primary Care
- Internal Clinical communications application
- MiDoS (Directory of Services) development.
Urgent Care Service
The urgent care services, GP Out of Hours and NHS 111, are monitored through the assessment against national quality requirements. These quality requirements cover a number of different areas (including the auditing of calls and patient experiences). This information is reported in the Integrated Corporate Performance Report, presented to the Board of Directors at each meeting, and available on the Trust’s website.

In addition to the NHS111 and GP Out of Hours services, the Trust operates a number of smaller urgent care service contracts, including a Single Point of Access (SPoA) to healthcare professionals in Dorset, dental call handling and triage, out of hours services to prisons in Dorset and GP practice telephone cover.

GP Out of Hours Service
During 2016/17 the Trust delivered GP out of hours services across Dorset and Gloucester.

Appendix 2 of this report shows the achievement of the national quality requirements. These requirements are set by the Department of Health and are applicable to every Out of Hours service in England.

As can be seen, the two services have performed differently during the year, reflecting that the Dorset contract is a well-established service with a history of good performance whereas the Gloucestershire contract is relatively new. Overall Dorset continued to deliver well against performance and quality requirements whereas in Gloucestershire, the overall performance has been more volatile with overall delivery at a level below that seen in Dorset.

As reported in last year’s Quality Account, the Trust has had to take the difficult decision to move away from some of its Out of Hours services as it cannot deliver them as it would wish and this is the case with Gloucestershire Out of Hours. Accordingly, as of 1 June 2017, this service will not be provided by the Trust.

NHS111
The Trust began 2016/17 delivering the NHS111 service to Devon, Dorset and Cornwall, it had however already handed in notice on the Devon contract and this service transitioned to another provider at the end of September 2016.

Appendix 3 sets outs activity for each of the NHS111 contracts during 2015/16, together with performance against national quality requirements. As with out of hours services, national quality targets are set out by the Department of Health for NHS111 services and are applicable to every service in England.

Tiverton Urgent Care Centre
The primary measure within the operating contract is the four hour waiting time standard, which is the same target for acute trust emergency departments. As can be seen from the following table, performance is excellent and patient report receiving an excellent service.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>2016/17</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of cases completed within four hours</td>
<td>95%</td>
<td>99.59%</td>
<td>99.77%</td>
</tr>
</tbody>
</table>
## Ambulance Clinical Quality Indicators

The following tables show Trust performance for further ACQIs.

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Return of spontaneous circulation (ROSC) at time of arrival at hospital (Overall)</td>
<td>24.00%</td>
<td>24.5%</td>
<td>25.9%</td>
<td>28.7%</td>
<td>36.3%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Percentage of Face Arm Speech Test (FAST) positive stroke patients (assessed face to face) potentially eligible for stroke thrombolysis, who arrive at a hyperacute stroke centre within 60 minutes of call</td>
<td>57.00%</td>
<td>35.3%</td>
<td>44.6%</td>
<td>54.2%</td>
<td>64.8%</td>
<td>35.3%</td>
</tr>
</tbody>
</table>

*Highest/lowest trust reporting has been noted for each indicator independently.

The Trust launched a quality improvement initiative designed to improve care provision to patients suffering a suspected cardiovascular emergency include a heart attack or stroke during June 2016. The project was aimed specifically at reducing the time that ambulance clinicians spend on scene. As part of the changes brought in by ARP 2.2, the majority of heart attack and stroke patients are now in the higher red category of calls, which has improved the speed at which a vehicle is dispatched.

As a result of the project, there has been a clearly marked improvement in ambulance clinicians working on RRVs requesting the highest category (priority 1) of back up. A positive step change has occurred in a reduction in the proportion of on scene times longer than 45 minutes from heart attacks (5%) and strokes (8%).

Data for these indicators (ACQI) is not currently available for information after October 2016. The longer timeframe for the production of this clinical data is due to the manual nature of the collection process for some ambulance trusts and the delays experienced in collecting some of the data from third party sources.
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Local Performance Threshold</th>
<th>Year To Date (Apr to Feb 2017)</th>
<th>2015/16</th>
<th>National Average (Apr to Jan 2017)</th>
<th>Highest Trust Performance (Apr to Jan 2017)*</th>
<th>Lowest Trust Performance (Apr to Jan 2017)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calls closed with telephone advice</td>
<td>7.50%</td>
<td>14.7%</td>
<td>12.2 %</td>
<td>9.8%</td>
<td>15.8%</td>
<td>5.1%</td>
</tr>
<tr>
<td>Incidents managed without the need for transport to A&amp;E</td>
<td>52.00 %</td>
<td>49.5%</td>
<td>52.4 %</td>
<td>38.0%</td>
<td>59.2%</td>
<td>27.9%</td>
</tr>
</tbody>
</table>

*Highest/lowest trust reporting has been noted for each indicator independently.

**Research Activity**

**Health Service Journal (HSJ) finalist**

The Trust’s Research team were finalists in the 2016 Health Service Journal Awards, receiving recognition in the ‘Developing and Embedding a Research Culture’ category.

**Participation in research**

Patients and Trust staff had the opportunity to participate in a variety of research studies during 2016/17. The Trust took part in six projects that were part of the National Institute of Health Research (NIHR) portfolio and 950 participants were recruited into these.

**Disseminating work at External Conferences**

During 2016/17 the research and audit team showcased their work to a national audience through attendance at several key conferences. Posters were displayed at the National College of Paramedics Conference, and our Lead Research Paramedic delivered an update of her work which was sponsored by the college. The Clinical Research Network awarded one of our research paramedics for enabling involvement in research, specifically recruiting and training 500+ paramedics for the Airways 2 trial. Additionally, the team presented at the South West Emergency Academic Team Conference in March.

**Hosting of National Research Conference**

The research and audit team also hosted the annual 999 EMS (Emergency Medical Services) Research Forum Conference in Bristol in March 2017.

The aim of the event was to showcase some of the research currently being undertaken by ambulance trusts across the country, and to promote engagement with staff, highlighting some of the ways in which they can become involved in, and develop, a research career. The event brought together a multi-disciplinary group including healthcare professionals and research experts.

The event was shared with a global audience through social media.
Patient Safety & Experience

Central Alert System
The Central Alert System (CAS) is an electronic web-based system developed by the Department of Health, the National Patient Safety Agency (NPSA), NHS Estates and the Medicines and Healthcare products Regulatory Agency (MHRA). This aims to improve the systems in NHS Trusts for assuring that safety alerts have been received and implemented. During 2016/17 the trust acknowledged 100% of CAS notifications within 48 hours. The number of notifications received is set out in the following table.

<table>
<thead>
<tr>
<th>Other Patient Safety Measures</th>
<th>2016/17</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Alert System (CAS) Received</td>
<td>140</td>
<td>119</td>
</tr>
</tbody>
</table>

Incident Reporting
As reported previously, the trust has a central reporting system for adverse incidents, including near misses, as well as Moderate Harm Incidents (MIs) and Serious Incidents (SIs).

All three core service lines for the trust: A&E, patient transport service (PTS) and urgent care service (UCS), are covered in the patient safety measures reported within this section, including the table below which sets out the categories and numbers of patient safety incidents managed by the trust.

<table>
<thead>
<tr>
<th>Other Patient Safety Measures</th>
<th>2016/17</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adverse Incidents</td>
<td>9,435</td>
<td>4,077</td>
</tr>
<tr>
<td>Moderate Harm Incidents</td>
<td>15</td>
<td>40</td>
</tr>
<tr>
<td>Serious Incidents</td>
<td>62</td>
<td>41</td>
</tr>
</tbody>
</table>

It should also be noted that the figures for Moderate Harm and Serious Incidents are for those incidents confirmed as meeting the necessary criteria within the reporting timeframe; however, the incident could have been reported outside the 2016/17 timeframe of this document.

Serious Incidents
A fundamental part of the trust’s risk management system is appropriately managing SIs to ensure lessons are learned. SIs are identified through a systematic review of both adverse incidents and patient feedback. All incidents that are believed to potentially meet the nationally set criteria for a SI are passed to the clinically qualified Patient Safety Manager for preliminary review, before being circulated to the dedicated Serious and Moderate Harm decision making group.

It is important to note that the proportion of SIs as a percentage of patient contact activity remains very low, although the Trust has seen an increase in the number of Serious Incidents confirmed during 2016/17. 59 SIs were confirmed relating to the A&E service line, none for PTS and three for UCS. The majority of A&E service line SIs related to the Clinical Hubs (39), with a predominant theme throughout the year being delays to ambulance attendances.
SI investigations are considered within Serious Incident Review Meetings which are designed to identify organisational learning. These meetings are chaired by a Clinical Director or Deputy Director. All staff involved in the incident are invited to attend as this provides the best opportunity for the Trust to identify learning. Learning can either be at a local, Trust wide or at times national level, for example referring learning to NHS Pathways to help them improve the national Pathways system. A Serious Incident Action Plan is maintained to monitor progress against actions identified.

**Moderate Harm Incidents**
The number of Moderate Harm incidents identified has reduced for the period 2016/2017. This is due to the Moderate Harm assessment criteria being reviewed and brought in line with National guidance.

**Patient Experience**
Patient Experience is made up of the sum of all the interactions that a patient, or their family / care network, have with the Trust.

Patient experience and patient engagement provide the best source of information to understand whether the services delivered by the Trust meet the expectations of the patient, their family and/or representatives, including assessing whether a quality service is provided. The following table shows some of the Trust’s existing methods and quantitative information on service user experience.

<table>
<thead>
<tr>
<th>Patient Experience Measures</th>
<th>2016/17</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complaints, Concerns and Comments</td>
<td>1,616</td>
<td>1,519</td>
</tr>
<tr>
<td>Patient, Advice and Liaison Service (PALS) – Lost Property, signposting to other services etc</td>
<td>931</td>
<td>1,005</td>
</tr>
<tr>
<td>Health Service Ombudsman complaints upheld</td>
<td>1</td>
<td>2 in part</td>
</tr>
<tr>
<td>Compliments</td>
<td>2,235</td>
<td>2,225</td>
</tr>
</tbody>
</table>

**Comments, concerns and complaints**
All comments, concerns and complaints (referred to complaints hereafter) are dealt with in line with the Trust’s Complaints Policy. This ensures that all service users feel that their feedback has been taken seriously, are dealt with appropriately and reported with complete transparency.

When noting the number of comments, concerns and complaints received, it is important to consider that the Trust proactively invites feedback from patients and their representatives.

The Trust received a combined number of 1,923,299 patient contacts (A&E Activity, Patient Transport and Urgent Care Services) against a total of 1,616 complaints, equating to 0.084%.
Complaints are coded to report four subject areas in order to illustrate trends. The following table sets out the number of complaints received in 2016/17.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access and Waiting</td>
<td>725</td>
</tr>
<tr>
<td>Clinical Care</td>
<td>420</td>
</tr>
<tr>
<td>Communication</td>
<td>339</td>
</tr>
<tr>
<td>Security Vehicles and Driving Issues</td>
<td>132</td>
</tr>
</tbody>
</table>

The majority of complaints relate to Access and Waiting. Demand on the service and the associated impact on the availability of resources is a consistent factor as evidenced by the high number of complaints received during year.

A fundamental part of the Trust’s complaint handling process is to ensure that remedial actions highlighted as a result of complaint investigations are appropriately managed to ensure lessons are learned. All remedial actions are identified, logged and monitored to ensure completion.

It is the responsibility of the Investigating Officer (IO) to ensure staff receive feedback and closure when they have been the subject of a complaint as this is an excellent way to share any learning arising from the complaints process.

**Learning from Incidents and Complaints**

The Learning from Incidents process brings together learning from complaints, adverse, serious and moderate incidents, claims and inquests, HR cases and learning development reviews. Identified learning is being shared via the Trust’s Bulletin and a monthly meeting of representatives from each of the functions takes place to agree a programme and method of dissemination.

The identified programme to date has included articles on the following areas of learning:

- Atypical presentation of illness and disease in the elderly patient
- Autism
- Care of older patients
- Management of pregnancy
- Rib fractures
- Pulmonary embolism recognition
- Wearing seatbelts in the rear of a DCA
- Stroke recognition
- Glycaemic emergencies
- Management of death
- Naloxone
- Reflective writing
- Medication errors
- The importance of documentation
- Ectopic pregnancy
- Electronic cigarettes and liquid nicotine poisoning
- Naloxone - patient safety alert
- Kawasaki disease
- Confirmation bias
- Subarachnoid haemorrhage
- DVT recognition
- Mental capacity
- Rhabdomyolysis and leptospirosis
- Sepsis reflection
- Oxygen therapy in COPD patients
- Recognition of potential spinal cord injury
- Necrotising fasciitis
- Cauda equina
- Sternal rub
- Pre-term resuscitation gestations
In addition, the Trust produces a bi-monthly Patient Safety and Experience Report presented to the Board of Directors. It summarises themes and learning arising from Patient Safety incidents dealt with by the Governance Directorate, incorporating, Sis, Adverse Incidents, Comments, Concerns, Complaints, Claims and Inquests.

The principle theme emerging from incidents and complaints relates to delays due to demand and for this reason one of the quality priorities for 2017/18 is an examination of the impact of delays on patient safety.

Further trends have been identified in relation to non-conveyance of patients and clinical decision making in isolation, spinal care, sub-standard Patient Clinical Record completion, not recording differential diagnosis, Case Entry within the CAD system, welfare calls. Despite additional clinicians having been secured for the Clinical Hubs, it is still challenging to complete welfare calls during periods of high demand and a deep dive is currently being carried out into the issue in order to clarify the prioritisation of tasks during these times.

Other areas of learning have included actions associated with NHS Pathways issues, appropriate safeguarding actions, communication between teams, duplicate calls, call handlers not verifying locations and medicine administration.

Compliments
The Trust receives telephone calls, letters and emails of thanks from many patients every week. Wherever possible this gratitude is passed directly onto the members of staff who attended the patient or service user.

2,235 compliments were received during 2016/17; an increase of 0.4% on 2015/16. These form part of an important assurance for the Trust of the public recognition for staff contributions to excellence in service standards and demonstrate the continuing public confidence in the Trust.

The majority of compliments received were for frontline operational staff who are congratulated for their superb contribution to continuing public confidence in the Trust. However, it is recognised within the Trust that all staff are contributing to the success of the organisation and that it is often more difficult for support staff to receive recognition of their commitment and hard work behind the scenes.

The Trust continues to use ‘wordles’ – a visual representation of the key words included in the compliments received. These are shared on the Trust’s intranet so that all staff can see the type of positive feedback that the Trust receives about the work that they do.

The picture below is a year-end summary of the compliments received for 2016/17 - the larger the word/phrase the more frequently it was used.
Patient Engagement
During 2016/17 the Trust continued to develop its patient engagement activities, ensuring that its services are responsive to individual needs; are focused on patients and the local community; and supporting its ongoing commitment to improving the quality of care provided.

The patient engagement team sources patient stories for use at the start of each meeting of the Board of Directors and of the Council of Governors. Previously these stories were written testimonies read out by a member of the forum; however, over the last two years the Trust enhanced this project and has begun to invite patients into the Board meeting to share their stories in person. This activity has continued to be a positive experience not only for the meeting members, but also for the patients involved.

Patient Opinion
Patients and their relatives and carers can post details of their experience on the “Patient Opinion” website, with these posts being available to anybody visiting the site. The Trust responds to every comment about its service. Where the feedback is negative or indicates service failure, the individual who provided the comments is invited to contact the Trust directly with further details so that the concerns can be addressed by the patient experience team. Where the post is positive and the incident in question can be identified, the posting is passed directly to the member(s) of staff involved. If there is insufficient detail the patient engagement team will respond requesting additional information in order to be able to convey the positive feedback.

During the year 90 stories relating to the trust have been posted on Patient Opinion. This is a decrease of 36% compared to last year. The continued decrease is likely to be due to the cessation of advertising of the site; as the Trust chose not to renew its subscription to the Patient Opinion site due to funding requirements.

Patient Experience Surveys
The Trust audits a random sample of 1% of patient contacts every month for its NHS111 contracts and separately for the GP Out of Hours contracts, with care being taken to ensure that the survey is not sent to anyone whom it would not be appropriate to contact, for example a sensitive case that may be related to a safeguarding concern.

A paper questionnaire is sent to respondents, which also contains a link to the online survey. The survey includes a series of questions under the following headings:

- Friends and Family Test
- Getting through
- After the call
- Satisfaction
- Use of NHS111/Out of Hours telephone service and satisfaction with the NHS
- Caller/patient information

The Trust provides a monthly report to its Commissioners on the number of calls taken; and the forms returned within that period, with a detailed report being submitted every six months.

During the year 795 people responded to the survey in respect of their NHS111 experience; equating to a response rate of 23%. These responses highlighted that further consideration needs to be given to communication about the service to manage patient expectations, whilst the issue of being given the wrong advice was also raised.

Some of the comments provided by survey respondents have raised issues about triage; the perception that questioning is too long and unhelpful, with respondents indicating that the questioning left them feeling unheard. A small number of survey respondents have stated that the attitude from the call handler was less than favourable.

Many positive comments relate to patients feeling grateful for the service; with respondents citing how the staff they spoke to or were attended by were helpful and caring. Many respondents spoke about the reassuring nature of the service and the excellent guidance that is being offered. It is also noted that positive comments far outweigh the negatives comments.

344 responses were received from the GP Out of Hours Service surveys during the year, equating to a response rate of 26%. Feedback suggests that patients are satisfied with the service received, with them being likely to recommend the service and to use it again. Respondents cited high levels of satisfaction with the service, confirming that they were given good information regarding their care options and treatment, as well as positive staff attitude. There were some negative comments regarding patients feeling not listened to and triage questions taking too long.

**Friends and Family Test (FFT) for Patients**
The FFT is a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care.

The Trust offers the FFT to patients who receive ‘See and Treat’ care across the 999 and Urgent Care service lines; this means care delivered to patients when they are seen by a Trust clinician and the patient is not conveyed to any receiving facility. The FFT is also offered to patients that access the Patient Transport Service (PTS).

Response rates to the FFT are poor. A review of response rates across all ambulance services identifies that this is an issue across the country. In addition, it is difficult to
directly compare data as each Trust is using a different response method and so it can’t be used as a reliable bench mark.

Despite the low response rate, the Trust continues to receive largely positive feedback to the FFT. However, this in itself provides a challenge for service development based on these responses as the only consistent theme offered in the feedback is that of praise and gratitude. The FFT results for 2016/17 are:

<table>
<thead>
<tr>
<th>Recommend?</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>March</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would</td>
<td>90%</td>
<td>90%</td>
<td>95%</td>
<td>91%</td>
<td>50%</td>
<td>94%</td>
<td>97%</td>
<td>95%</td>
<td>90%</td>
<td>93%</td>
<td>88%</td>
<td>89%</td>
</tr>
<tr>
<td>Would not</td>
<td>4%</td>
<td>4%</td>
<td>3%</td>
<td>9%</td>
<td>50%</td>
<td>0%</td>
<td>0%</td>
<td>1%</td>
<td>10%</td>
<td>5%</td>
<td>5%</td>
<td>3%</td>
</tr>
</tbody>
</table>

**Public and Patient Involvement**
During 2016/17 the Trust attended 249 patient and public involvement events such as county shows, community fêtes, school and college visits and public health awareness days. These events were staffed predominantly by volunteers drawn from clinicians, managers, administrators, governors and community first responders.

These events provide a fantastic opportunity to engage with existing patients and potential service users. They also provide an opportunity to deliver proactive health checks. A total of 1,200 members of the public had their blood pressure checked during 2016/17 and a further 28 people received a free NHS Health Check, covering blood pressure, body mass index, blood glucose and cholesterol levels. The results were provided immediately and where necessary recommendations about further medical care, such as attending their own GP, were made.

We have continued to improve our links with our road safety partnerships across the area with local Healthwatch. We continue developing our working relationships with partner organisations and stakeholders. Other achievements include:

- Development of a 2017/18 Engagement Plan. The plan covers a range of activities from attendance at county shows through to working with hard to reach groups. The plan will ensure that we are promoting the key messages such as Choose Well, Right Care and the Friends and Family Test at the right time to the right audience.
- A developed understanding of the Accessible Information Standard through engagement with deaf groups across the South West. We are now developing a plan to promote and teach staff as well as the public, especially hard to reach groups, how to contact us and what measures we are putting in place to make it simple and effective for them.
- Worked collaboratively with the Fire and Rescue Services and Police Forces on providing a tri-emergency services presence at the Devon County and Royal Bath and West Shows in 2017.
- Worked with fire, police and road safety colleagues on the Learn2Live and My Red Thumb Campaign to help prevent road traffic accidents for 19-24 year olds.
- Continued partnership working with colleagues from the police, street pastors and town centre managers – operating the mobile treatment centre in densely populated locations.
Thank you for sharing the South Western Ambulance Service NHS Foundation Trust (SWASFT) draft Quality Account for 2016/17. The purpose of the Quality Account is to help the general public understand how their local health services are performing. We understand that the Trust is required to submit the final version of this report to NHS Improvement by 31 May 2017. As part of their reporting requirements, NHS providers are asked to share the report with commissioners for their review and comment.

In light of this, South Central and West CSU has coordinated feedback and is pleased to provide a combined commentary on the SWASFT 2016/17 Quality Account on behalf of the 12 CCGs who commission 999 services from the Trust. It is noted that SWASFT also provide some local NHS111 services. However, this commentary relates solely to the 999 element of the provider portfolio.

CCGs recognise that SWASFT is a responsive, dynamic and innovative organisation, and we thank you for your continued hard work to develop and maintain excellent working relationships with commissioners. In addition, you work closely with the South Central and West Commissioning Support Unit (SCWCSU) to put routine processes in place to agree, monitor and review the quality of services throughout the year, across the key domains of safety, effectiveness and experience of care.

The document outlines SWASFT’s approach to delivering quality care and quality improvements within its service in an open and transparent way in terms of patient safety, patient experience and clinical effectiveness.

Commissioners have reviewed the Quality Account, and were pleased to see that SWASFT have provided an easy to understand and comprehensive report. The achievements identified in the report reflect SWASFT’s important contribution to the health and wellbeing of CCG populations, and reflect the Trust’s commitment to providing safe, high quality and clinically effective patient care. We can confirm that the information presented appears to be accurate and summarise the organisation’s quality ambitions, challenges and achievements from 2016/17, as well as outlining the future direction for 2017/18.

The feedback which the CSU has collated is noted below. As you will appreciate, this letter focuses on the quality element, although performance aspects will be referenced where appropriate.

General Comments

1) It has been a challenging year in relation to the increasing number of incidents. Commissioners warmly support the culture of quality that the Trust are encouraging based on ‘learning and improvement rather than blame’. However, we feel that greater emphasis needs to be given to the increase in the number of serious incidents in 2016/17 compared to the previous year, and would like to understand
better the themes and trends. Further analysis of these incidents would be welcomed, as would the learning which has flowed from these patient safety incidents. Essential for this is completing the actions that arise from any form of investigation, it is hoped that the plan to address closing the outstanding actions of adverse incidents in a timely manner will be successful.

2) It has been noted that the Ambulance Response Programme has stabilised aggregate performance; however, this is not universal across all geographical areas. It is noted that the planned changes to the rota following the rota review exercise are intended to improve performance further. However there are risks as this improvement is predicated on filling 98% of rotas.

3) Commissioners congratulate the trust on the Right Care initiative which has led to the Trust ‘consistently achieving the highest non-conveyance rate of any ambulance trust in the UK’ and ‘the highest rates of admission for patients we do convey to ED, demonstrating appropriate clinical decision-making’.

4) Commissioners wish to commend the Trust on the results of their staff survey, in particular for the first indicator ‘focusing on staff advocating the Trust as a place to work or receive treatment’ for which, the Trust was the leading Ambulance Trust nationally. Staff welfare remains an important focus for the Trust, and we were pleased to see the ongoing commitment to making SWASFT a great organisation to work for.

5) Commissioners note that the Trust received an overall rating of ‘Requires Improvement’ from the 2016 CQC inspections. Commissioners will continue to monitor the Trust’s quality improvement plan, which relates to the CQC’s “must dos”. In addition to this, we would be keen to understand how the Trust is incorporating the other feedback from the inspections into its ongoing quality improvement work, and how this feedback has informed its 2017/18 quality priorities. Commissioners are keen to ensure this continues after the quality improvement plan is completed.

6) Commissioners note and welcome the Trust’s plans to engage further with local CCGs, particularly in developing their role as ‘critical friends’. We would also like to commend the Trust on its work with specific CCGs. In Swindon and BANES, for example, the Trust has engaged well with the commissioner’s Falls & Bone Health Collaborative and Urgent Care Working Group.

7) Commissioners note the work carried out around human factors in 2015/16. We share your commitment to maintain the focus on these human factors, specifically where they result in errors made during the telephone triage process.

8) Regarding Ambulance Clinical Quality Indicators (Stroke & STEMI), it is noted that there may well be a difference in measuring these moving forward given the Ambulance Response Programme. Commissioners are keen to ensure that going forward they will be able to compare year on year performance for these quality metric. Commissioners have also asked that this information is presented by CCG area in the coming year.
9) Throughout the year the Commissioners have noted delays in closing a number of Central Alert System (CAS) alerts. As of the 13 April 2017, two are reported nationally as remaining outstanding for the Trust.

10) The Commissioners note the Trust’s specific achievements in the year, specifically its work towards supporting staff health and wellbeing, key role in the student paramedic conference, and frequent caller work (as presented at the last Quality Workshop).

11) In future quality accounts we would encourage the Trust to include a response around safeguarding in order to ensure the public that the Trust is meeting its obligations in this regard.

12) Good to see complaint responses are seen as a priority but there is no target or trajectory identified for improvement in performance for 2017/18 this would be welcome.

**Quality Priorities 2016/17**

**Cardiac Arrest:** The Trust has reported on progress within this priority but then later in the document (p20 and p31) the Trust reports a decrease in the associated ACQI metrics compared to the previous year. In addition, the Trust reports that it has achieved this priority with all initiatives being actioned. It would be useful to have further explanation within the narrative to provide greater consistency between these varying sections of the accounts. Also it would be beneficial to see survival to discharge figures on this important patient group.

**Accessible Information:** Commissioners note that the Trust, along with other ambulance services, has submitted feedback in relation to the appropriateness of the Accessible Information Standard for ambulance services. The Commissioners note that NHS England published the Implementation Plan for the standard in July 2015 and the requirements builds on reasonable adjustment-related aspects (in relation to disability) that are incorporated within equality legislation. In light of this it would be useful to have further elaboration within the narrative as to why the envisaged actions were not viable (as listed on p9), along with assurance to commissioners and the public that the Trust’s services are accessible to all.

The Commissioners welcome the ongoing engagement planned (as noted on p9) and encourages the Trust to link in with existing engagement conduits that have been developed locally by CCGs, such as Somerset CCG’s Somerset Engagement Advisory Group.

**Looking Forward 2017-2018**

The Commissioners support the Trust’s chosen quality priorities for the coming year; it is felt that these accurately reflect learning identified from serious incidents that have arisen in the past two years. These are:

1) Awareness and improving management of Older Patients: this usefully aligns with STP priorities in the Bath and North East Somerset, Swindon and Wiltshire Sustainability and Transformation Plan (STP) area
2) Improving the Quality and Timeliness of Response to Patients: this is particularly welcomed, given that the ‘current performance of the Trust is 26.4% of complaints closed within timescales’.

3) Impact of delays on Patient Safety: Commissioners welcome the renewed emphasis and reporting planned for Long Waiters (delays), especially in the context of impact on clinical outcomes. Ambulance delays (as well as A&E call stacking) has remained an ongoing concern for the Commissioners throughout 2016/17. However, given the concerns raised through healthcare professional feedback as well as the issue of delays (linked with resource demands) arising as recurring themes in both SIs and complaints, we are keen to ensure that the priority (and underpinning initiatives) is sufficiently robust to tackle the patient safety / quality aspects of these current challenges.

In particular, one of the initiatives noted is to examine the effectiveness of the welfare call Standard Operating Procedure. We strongly encourage the Trust to look beyond SI themes, e.g. undertaking audits, to ensure that this is implemented effectively throughout the service for all delays. We would also like to see that the Trust embeds this as ‘business as usual’. P36 of the document notes that it is still challenging to complete welfare calls during periods of high demands and that a deep dive is currently being carried out. It would be helpful for the quality priority to acknowledge such current challenges as part of its rationale and build measures into the year’s initiatives to work towards improvements.

The Commissioners note that the Trust has a Council of Governors, but would like to understand how wider engagement efforts, such as the various public relation events mentioned later in the document, plus any information received via Healthwatch, have helped provide the patient / carer voice in identifying this year’s Quality Priorities.

Overall we are happy to endorse this Quality Account and commend SWASFT for its continued focus on the quality of care. We thank you for your hard work in 2016/17, and look forward to continuing to work in partnership with you in 2017/18.

Healthwatch

Healthwatch Cornwall
Healthwatch Cornwall (HC) has read with interest the Quality Account from the South West Ambulance Service NHS Foundation Trust and is pleased to see the ongoing commitment to patient involvement and engagement.

The Trust has made a concerted effort to consult with staff and patients as part of the review of its Quality Strategy. They have taken a more patient centred approach reflecting the uniqueness of each individual, their experience of their health and illness and aimed to enable them to share in decision making using simple language that the patient can understand.

The Trust acknowledges that patient experience and engagement provide the best source of information to understand whether the services delivered by the Trust meet the expectations of the patients. It is noted that there has been a small percentage increase of 0.084% in complaints, mostly about access and waiting. It is reassuring to see that as a result the Trust has made it one of the quality priorities for 2017/2018.
It also must be acknowledged that the Trust has received a small percentage increase of 0.4% in compliments, as it can be all too easy to focus on the negative. The majority of the compliments are about staff contributions to excellence in service standards.

The trust has continued to develop patient engagement with patients now attending meetings with the Board of Directors. The trust sees this as not only positive for the Board but for the patient as well.

There was a good response of 23% for a paper questionnaire (with online link). It highlighted that there is still further consideration needed in communication about the service to manage patient expectation. There was also feedback on the triage process being too long and unhelpful; although overall the positive comments outweighed the negative.

For the Out of Hours survey 344 responses were received which was response rate of 26%. Patients indicate that they are satisfied with the service they receive, are given good information and experience a positive staff attitude.

Of consideration is the poor response rate to the Friends and Family Test for patients. This is an issue across the country. The Trust explains that because of this they are not able to reliably benchmark the data. It would be worth the Trust exploring alternative methods of feedback here.

The Trust attended a good number of patient and public events in 2016/17 (249) such as county shows and community fetes. This is a good chance to engage with the public and the Trust continues to build working relationships with several partnerships e.g. the Road Safety Partnership. It is encouraging to see that the Trust are trying to work with the harder to reach groups.

An Accessible Information Standard has been introduced to establish needs at the first point of contact; the Trust has identified that in order to support implementation it is important that patients know how to provide the information before they require help. The Trust understands that encouraging patients to explain communication needs when they call or are attended to will support their needs ensuring a more effective service.

The Trust participated in the National Ambulance Response Programme (ARP), which aims to improve response times to critically ill patients. The Trust have aimed to use a more clinically and patient based set of outcomes standards so that there is an improved experience for patients. It is at the end of the testing phase but the Trust has continued to operate under APR conditions until a decision is made. No safety concerns or serious clinical incidents were recorded as a result of the APR. This is a welcome move from the Trust and there seems to be a genuine commitment to improving response times.

The Trust maintains its registration with CQC and reports it is proactive in ensuring compliance with CQC regulations. It is noted that CQC were rated “inadequate” in March 2016 and in August 2016. This was lifted after several improvements and The Trust is now rated as “requires improvement”. It is encouraging to see staff were being rated as outstanding on being caring. It is also encouraging to see that a Quality Improvement Plan has been put in place to address points raised by the CQC.
It is commendable that the Trust continues to support an open culture and has introduced a “Proactive Apology Process” which involves an apology to patients if services have fallen below standard.

Staff feedback has been recorded through the dedicated staff feedback system with over 2600 responses during 2016/17. The Trust has used this to improve existing pathways and creating further opportunities.

It is a good achievement that the Trust have now managed, as of January 2017, a 100% conversion of paper based records to the electronic Patient Clinical Records and that the system utilises wider technology to provide further benefits e.g. summary care access. Electronic and digital channels seem to be providing the Trust with more flexibility and efficiency where it is utilised well.

There has been a website review for which it was deemed very accessible and suggested some other additions e.g. information for people with sensory impairments. There is a Patient Opinion website, where the Trust responds to every comment. This is increasingly not being used due to funding issues and so the Trust has chosen not to renew its subscription.

It is very commendable to see the Trust’s Research Team making headway in the area. They have allowed patients and staff to partake in research within projects that were part of the National Institute of Health Research portfolio.

HC looks forward to continuing its relationship with SWASFT to provide patient feedback about the services it provides and ensuring their views are considered at all times.

**Healthwatch Devon**

Healthwatch Devon welcomes the opportunity to provide a statement in response to the quality account produced by the SWASFT for the year 2016/17.

**Review of quality performance in 2016/17**

- **Patient engagement** – accessible information.

With reference to progress in relation to last year’s priority areas, we are encouraged to learn that the initiatives developed to achieve priority 2; accessible information, has included patient engagement, and were pleased to be invited and represented at the engagement day in February 2017. We look forward to seeing how the plan is delivered going forward and being involved in reviewing the SWASFT website once developed.

**Quality priorities for improvement 2017/18**

- **Patient experience** – improving the quality and timeliness of responses to patients.

We welcome the Trust’s priority of focusing on the complaints process to ensure the high quality of responses. Although patient feedback shared with Healthwatch Devon indicated many positive experiences we would support work undertaken to ensure any complaints are dealt with efficiently. We will continue to provide patient experience data to the Trust on a regular basis. We welcome any opportunity to work with the Trust to ensure any further feedback we receive relating to patients, relatives, friends or carers helps to inform the work of the Trust for the coming year.
Healthwatch North Somerset
Healthwatch North Somerset welcomes the opportunity to respond to the draft South Western Ambulance Service NHS Foundation Trust Quality Account 2016/17.

Overall the Trust Quality Account provides a comprehensive reflection on quality performance during 2016/17. We acknowledge the challenges through the year and the improvement made as evidenced by the improved CQC ratings. We commend the Trust for the achievement of the Cardiac Arrest Quality Priority and note the steps taken towards the Quality Priorities of Patient Engagement and Human Factors. The number of patient and public engagement events attended by the Trust is commendable however the response rate to the Friends and Family Test is poor indicating that continuing work on both of these Priorities would be of benefit.

In the past year Healthwatch North Somerset has received feedback about the Trust’s services from patients, relatives and carers. Positive feedback often related to staff attitudes and the high quality of care and compassion patients received. Less positive feedback related to waiting times for non-life threatening service requests. We therefore welcome the Patient Experience and Patient Safety Quality Priorities for 2017/18.

Healthwatch Plymouth
Healthwatch Plymouth has read the Quality Account with interest and note the progress made around the 2015-16 initiatives when dealing with Cardiac Arrest patients, implementation of public Accessible Information Standards and a review of patient safety incidents. We are also pleased that further work is ongoing in these areas to fully implement them into SWASFT’s core practices.

We are encouraged that the Trust has also worked on other areas during the reporting period, particularly around the provision of an Electronic Patient Clinical Record and increasing Electronic Care System functionality across the Trust’s operating area. It is reassuring that the Trust recognise that further work is required around Patient Sign up to Safety to ensure that full implementation and development of these initiatives are achieved.

Priorities for the forthcoming year are welcomed especially around awareness and improving the management of the older patient, especially as the number of older people are expected to rise by 24% in the Trust’s footprint area by 2025. We also welcome the drive to improve the quality and timeliness of responses to patients and developing a new response framework around the impact of delays on patient safety.

Healthwatch Plymouth are looking forward to further developing its relationship with the Trust over the next 12 months and beyond.

Healthwatch Wiltshire and Healthwatch Gloucestershire
This statement is provided on behalf of Healthwatch Wiltshire and Healthwatch Gloucestershire. The role of Healthwatch is to promote the voice of patients and the wider public in respect to health and social care services and we welcome the opportunity to comment.

As a local Healthwatch we know that finding easily accessible, good quality information is a major issue for local people. Therefore, we welcome the continued commitment of the Trust to work to improve their provision of accessible information and, in particular, for those with a sensory loss. We are also pleased to see that the Trust has plans to work with local Healthwatch in the review of its website and we look forward to engaging with the Trust on this project in the coming year.
We are disappointed to see that across the Trust, only 26.4% of complaints have been closed within prescribed timescales. We note however, that the quality of responses to complaints is considered to be high and this is reassuring. We know from speaking with patients, that making a complaint about care can be a stressful experience and that they appreciate a timely process where possible. Healthwatch Wiltshire currently run a quarterly complaints liaison group for PALS, Customer Care and Patient Experience Managers from health, social care and advocacy providers as well as Commissioners from around the County. The group provides an opportunity to share good practice and to discuss issues of concern. We would like to extend an invitation to SWASFT to come along to one of these meetings in the coming year.

The Trust has actively engaged with, and built on its existing relationship with local Healthwatch in 2016/17, and have welcomed patient feedback. We would like the relationship to continue through 2017/18 and are happy to share anonymised feedback with the Trust to help it to enhance patient safety and experience in the future.

We are pleased to see that the Trust has prioritised improving awareness and management of older, frail patients. A collaborative approach with other health and care services along the care pathway, will enhance the service experience of this vulnerable group of people.

The rurality of Gloucestershire and Wiltshire means that there are sometimes delays in response times to the most rural communities. We therefore appreciate the Trust’s focus on measuring the impact of delays on patient safety and experience. Whilst we understand that life threatening situations should always be the priority, we know that delays can be the cause of great distress particularly to older, frail and that regular communication with those patients whilst they wait for ambulance enhances their experience and provides reassurance.

We acknowledge the Trust’s continued commitment to patient and public engagement and their efforts to build on relationships with local Healthwatch and look forward to working with the Trust over the coming year.

**Healthwatch Torbay**

Healthwatch Torbay brings the voice and influence of local people to the development and delivery of local services. We use a variety of methods to gather the views of patients and communities and so feel able to comment on the Trust’s 2016/17 Quality Review and Account on its activities and priorities for the coming year.

We appreciate that this has been another challenging year for the Trust as it continues to deliver high quality services in the face of increasing demand across such a large geographical area. In this context we have found the Trust’s positive attitude and commitment to be evident as is their willingness to adopt new care models and ways of working in a rapidly evolving health and social care environment.

To be specifically welcomed is the Trust’s commitment to a patient centred approach and the development of partnerships with public and third sector partners, staff, patients and carers. Also notable is the stated intention to improve contacts with those with communication difficulties to provide a better and more accessible service.
Healthwatch Torbay recognises the Trust’s commitment to the delivery of high quality and compassionate care to patients in the most clinically appropriate, safe and effective way. Indeed, our patient feedback reinforces the CQC’s comment that staff are willing to go ‘the extra mile’ for patients.

In our opinion, the Quality Report presents a good overview of the Trust’s performance, is reliable and accurate and identifies appropriate internal controls and assurances.

Healthwatch Torbay accordingly believes that the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2016/17 and supporting guidance.

In conclusion, Healthwatch Torbay would like to thank the Trust for their work over the past twelve months and we look forward to continuing our good relationship in the future.

Healthwatch Bath and North East Somerset, Healthwatch Bristol, Healthwatch Somerset, Healthwatch South Gloucestershire and Healthwatch Swindon
Below is a combined response jointly agreed by the five Healthwatch.

Healthwatch welcome the opportunity to reply to the draft Quality Account of the South West Ambulance Service NHS Foundation Trust (SWAST). Healthwatch understand the pressure the ambulance service faces and patients tell us about the quality of care that paramedics give to their patients. The values listed are all appropriate although Healthwatch would have liked to see how the corporate objectives of 2016/17 have been met written within the Quality Account. Healthwatch feel there were still a lot of questions left unanswered within the Quality Account.

Looking at the priorities for 2016/17

Priority 1 – Cardiac Arrest. Healthwatch would like to see resuscitation training as mandatory training for staff for 100% of staff, but appreciate that you have achieved this priority with your target of 90% of frontline clinical staff being trained.

Priority 2 – Accessible Information. This priority has only been partly met and Healthwatch were disappointed that the development of an Accessible Information Standard action plan has not yet been achieved and is not a priority the Trust has set for 2017/18. When asking for an audio version of the draft Quality Account for our visually impaired volunteer to take part in the reply Healthwatch were told they should have given 6 weeks notice and an audio version would have to be agreed financially within the Trust. This does not bode well when the public will be asking for their own information to be provided in an accessible way under the ‘Accessible Information Standard’.

Priority 3 – Human Factors. This priority was partially achieved and Healthwatch would like to know if all patients are kept informed and told about the results of reviews of serious incidents.

Priorities for 2017/18
Clinical Effectiveness – Awareness and Improving the Management of the Older Patient. Healthwatch welcome this priority and will follow the planned outcomes during the year to observe if this will be achieved.
Patient Experience – Improving the Quality and Timeliness of Responses to Patients, Healthwatch feel the current performance of 26.4% of complaints closed within the timescales must be improved and complainants kept aware of any delays.

Patient Safety – Impact of Delays on Patient Safety, Healthwatch want to see evidence and good progress in the coming year and reports in the Quality Account 207/18.

Healthwatch are satisfied to read that SWAST has been registered without compliance conditions by the Care Quality Commission (CQC). The good progress from March 2016 to December 2016 is noted and Healthwatch look forward to further improvement in the CQC domains of Effective / Well Led / and the Overall rating.

Healthwatch has noted that in the key performance indicators during 2016/17 for Emergency 999 performance, SWAST has participated in the National Ambulance Response Programme (ARP) trial and look forward to seeing more information as the trust continues to operate under ARP conditions until a decision is made on full implementation.

Healthwatch are pleased to see SWAST taking actions to improve staff engagement, and so the quality of its services. There is no evidence to show this, but Healthwatch enquires whether the high number of incidents reported as severe harm has any correlation to staff long shift patterns? Healthwatch welcomes the Trusts open culture and the ‘Proactive Apology Process’ to apologise to patients when the level of service that has been provided is below the standard that the Trust would expect.

Healthwatch read with interest the results of the ongoing implementation of the minimal lifting in care homes, nursing homes and domiciliary care agencies policy and welcome the post falls course being developed to reduce requests for A&E ambulance attendance. Healthwatch look forward to hearing more as the pilot phase completes and the roll out across the Trust patch is developed in 2017/18.

Healthwatch welcome the reduction this year of moderate harm incidents, and hope that in 2017/18 there can be a reduction in adverse incidents and serious incidents that have both increased since the last report. Healthwatch would like to see a reduction to the serious incidents and asks what part does the stress levels of staff have on these.

Although patient experience and patient engagement are said to be the best source of information, there is no mention of Healthwatch (apart from the glossary) within the Quality Account. When Nick Reynolds visited us on 31 January 2017 he said that SWAST would welcome more communication between us. Healthwatch are pleased to read that learning has occurred when dealing with incidents, complaints, concerns and comments.

Healthwatch would appreciate the opportunity to meet with SWAST during 2017/18 to hear how annual priorities are being implemented.
Health Overview & Scrutiny Committees

Council of the Isles of Scilly Health Overview and Scrutiny Committee
I welcome the opportunity to comment on the SWASFT Quality Review and Quality Account. The priorities for this year and the year ahead are well described and cover clinical and operational effectiveness. It is particularly gratifying to see considerable movement in the right direction from the CQC inspection in March 2016.

I am very pleased to say that the engagement by SWASFT with the Committee over the past year has been excellent. This has involved exception reporting to the committee that highlights the activity of the Trust in a clear and useful manner and I have noted the changes with regard to indicators. Following recruitment of paramedics the islands are in a much safer, stronger position, though credit is due to the Trust for operating interim measures to support the community with their vital service. The Committee is reassured that improvements have been made in terms of listening to and understanding the specific concerns on the islands. Further encouragement and recruitment of first responders, suitably supported, is a priority to improve the resilience on the islands and ability to provide a safe, high quality service.

We have received considerable reassurance regarding difficulties with communication and the proposal regarding a future system. We look forward to the necessary testing and validation of any new system. Similarly, we look forward to the upgrading and effectiveness of the Star of Life medical boat, again with a view to ensuring an effective, safe and resilient service wrapped around the needs of the patient.

The Council of the Isles of Scilly has recently adopted a streamlined committee structure. This means that the powers and duties of the Health Overview and Scrutiny Committee return to Full Council. This will mean that all members of the Council have the opportunity to engage with matters of scrutiny regarding health and social care. Under these new arrangements, I look forward to the recent improvements in relationship and communication with the Trust being further strengthened as we move forward in the context of continuing improvements for patient safety and care.

Bath and North East Somerset Council Health and Wellbeing Select Committee
We believe that SWAS's priorities should and do match those of the public.

A Quality Improvement Plan has been put in place as a result of the most recent CQC Inspection this is recognised as a positive step in the right direction.

We believe that the SWAS quality accounts touch all of the relevant areas of concern and are presented in a way which satisfies any concerns that we may have at present.

Previously the performance for Cat A Red 1 and Red 2 ambulances 2015-16 (for those most critically ill) was below the National Average. We are pleased that the Trust has participated in the National Ambulance Response programme Trial and at a local level have put additional quality controls in place as the trial progresses. It is recognised that the recommendations could also provide a positive step for future ambulance quality indicators.

The use of a programme of Patient Engagement, Patient Experience Surveys, Family and Friends Test, Public & Patient Involvement events, focus groups and Improvements to the Trusts website are noted.
Following the introduction of the new Accessible Information Standard (AIS), we are pleased that progress has been made to establish communication needs at the first point of contact. We have noted the Trust’s concerns regarding some of the AIS requirements and how they can be made more applicable to ambulance trusts.

Previously the Select Committee would have liked information regarding the induction, training and recruitment of apprentices. This is an important part of gaining high quality staff for the future. Members would be more reassured of future planning and sustainability of the service for the longer term if this information were included.

Bournemouth Borough Council Health and Adult Social Care Overview and Scrutiny Panel
During the year, following adverse media and Care Quality Commission (CQC) report that listed the NHS 111 services provided by the South West Ambulance Service NHS Foundation Trust (SWASFT) as “requires improvement” the joint authorities covering Bournemouth, Poole and the rest of Dorset sought reassurance that the management of SWASFT were addressing the issues and making improvements. It is encouraging to read that the December CQC inspection report notes some progress in the right direction, but also makes it clear that further progress should be expected. We look forward to even more positive inspection reports in the future. This style of inspections are fairly new and many trusts are learning a significant amount about the requirements of the new format. Despite the overall rating, there were areas that were much more highly rated and should be acknowledged, as the Quality Account fairly does.

The trust operate in a difficult environment and over a wide geographical area making management more difficult. As many of the problems are about staff and procedures there are clearly management issues and we trust SWASFT will get completely on top of them to provide this vital service to local residents in their hour of need.

Borough of Poole People (Health and Social Care) Overview and Scrutiny Committee
Thank you for sharing, the Quality Account of activities undertaken to improve services over the 2016/17 financial year.

As chair I have read the account and note the Trust’s progress. I have also made members of the Joint Health Scrutiny Committee aware of the report who are scrutinising your services as part of a task and finish exercise.

We will be very interested to understand the findings from the outcomes of the Joint Health Scrutiny Committee and how these link with the progress you report in the Quality Account.

Thank you for sharing a very interesting and informative Quality Account with the Council.
Statement of Directors’ Responsibilities in respect of the Quality Report

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

NHS Improvement 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 NHS 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 2016/17 and supporting guidance;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2016 to 30 March 2017
  - papers relating to Quality reported to the Board over the period April 2016 to 30 March 2017
  - feedback from the commissioners dated 24 May 2017
  - feedback from governors dated 21 April, 18 July and 1 December 2016;
  - feedback from Local Healthwatch organisations dated 26 April and 15, 16 and 17 May 2017
  - feedback from Overview and Scrutiny Committees dated 8, 15, 16 and 22 May 2017
  - the local patient survey (monthly NHS111 and GP Out of Hours)
  - the latest national patient survey dated 8 July 2014
  - the latest national staff survey dated 7 March 2017
  - the Head of Internal Audit’s annual opinion over the trust’s control environment dated 16 May 2017
- 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;
- as the Trust is currently not reporting performance against the percentage of Category A telephone calls (Red 1 and Red 2 calls) due to participation in the National Ambulance Response Programme trial, the directors have a plan in place to remedy this and return to full reporting after the trial;
- 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.monitor.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor.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

Tony Fox, Chairman
25 May 2017

Ken Wenman, Chief Executive
25 May 2017
## CQC “Must Do’s” Following 2016 Inspections

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<th>CQC “Must Do’s”</th>
<th>Trust Action Taken and Further Action Planned</th>
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| Ensure systems within the NHS 111 Service are effective for patients to always access timely care and treatment. | The CQC noted during the December inspection that callers received a safer, more effective and responsive service than they had previously. However, patients were still at risk of potential harm as call answering performance and calls abandoned was still below national targets. The Trust is continuing with a recruitment plan to ensure staffing levels are increasing in order to meet demand.  
Ensure that all NHS111 Staff have the necessary skills and knowledge to undertake their roles. | The CQC noted during the December inspection that the Trust has developed the operational staff knowledge and skills and recognised the need to continue with the programme of staff support. The appraisal programme had been revised and delivered and NHS 111 staff received more frequent supervision, support and training to perform their roles.  
Ensure mandatory training for all staff, including safeguarding for vulnerable people, is updated and maintained in accordance with the trust’s target. | The Learning and Development Team (L&D) are working with all service lines to facilitate, and provide assurance on, mandatory training. This includes the appointment of an L&D Manager. The L&D Manager is also working on ensuring completion of mandatory training within Trust induction programmes for new staff. All Heads of Department are held accountable for the mandatory training of tier staff. Mandatory training performance and compliance is reported weekly.  
Ensure staff appraisals are completed each year to meet the trust’s target. The organisation must also ensure it is aware of those staff who have not had an appraisal for many years, and offer support and recognition where warranted. | Details of individuals who have not had an appraisal for over 2 years were identified and escalated to Department Heads and Senior Managers to chase completion. Details of all appraisals currently outstanding were escalated to Deputy Director level and an overview was provided to Executive Directors of the outstanding appraisals for their area. This process has led to a significant reduction in outstanding appraisals. In the by March 2017 the number has reduced from 51 to 20. The Trust will review staff survey results regarding staff attitude to appraisals and review whether communications or guidance materials should change to reflect feedback. Career conversation reports have been amended to give Managers a simpler and clearer breakdown of their areas. The Trust will continue to provide Managers and Department Heads with a monthly appraisal report to highlight those that are due. |
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<th>Ensure governance meetings at local levels contain a strong focus upon quality and safety. This will include performance reports on training, appraisals, patient outcomes, complaints and incidents relevant to the local level. Actions from addressing any shortcomings or changes must be recognised and completed. Incidents should be an integral part of the governance process and viewed as a positive opportunity for learning.</th>
<th>The Head of Quality Development has commenced a programme of attendance at, and review of, local operational meetings. A new quality reporting protocol was agreed at A&amp;E Service Line Group, including reporting by the Governance Team, and subjects for discussion at local meetings. The Trust will engage further with local CCGs rather than relying on a lead commissioner in order to improve the quality of reporting by encouraging CCGs to become 'critical friends'. The Trust will seek and utilise local, national, and international expertise, to develop a suite of tools for communicating quality and safety standards through methods such as: the use of station peer reviews; establishing a network of safety champions; and considering the use of communication media i.e. posters and screen messages and Operational Manager level dashboards on ePCR.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure complaints are handled effectively. Information and guidance about how to complain must be available and accessible to everyone who uses the service in a language and format to meet the needs of the people using the service, for example those who were hearing or sight impaired.</td>
<td>The Trust has ensured Getting in Touch leaflets are regularly available on all Trust vehicles, and in Treatment Centres, by agreeing a distribution and receipt process with local operations and TCCs. Following the inspection a sticker was produced, highlighting communication methods, for use on all Trust vehicles. The Trust will review methods of communicating contacts for concerns and complaints and provide a report on assurance or further planned action to the Quality Committee. This will include making complaint information available in a variety of formats to improve accessibility. The Trust will consider including a contact point for complaints on the electronic patient care record - i.e. a tick box requesting contact by the Patient Experience team.</td>
</tr>
<tr>
<td>Ensure that staff follow procedures with respect to the safe and secure management of controlled drugs registers. Ensure partly administered controlled medicines no longer required are disposed of in accordance with the service standard operating procedures and that medicines are stored securely in the back of ambulances and cars when the crew is not present.</td>
<td>The Trust has taken steps to reinforce the importance of full completion of Controlled Drug (CD) registers, and will continue to monitor compliance with the quality of completion of CD registers through quarterly station audit and annual inspections. The Trust will reaffirm the current policy for the partial administration and disposal of controlled drugs. Head of Operations will reinforce vehicle security procedures whilst weighing up the balance of the needs of the patient and the need to ensure the safety of the public if vehicles are unsecured. The Trust will review station security specific to the secure storage of all medicines. Assurance that actions have been fully implemented will be provided through the quarterly station review and the annual inspection process.</td>
</tr>
</tbody>
</table>
## GP Out of Hours Quality Requirements

<table>
<thead>
<tr>
<th>Quality Requirement</th>
<th>Target</th>
<th>Dorset</th>
<th>Gloucester</th>
</tr>
</thead>
<tbody>
<tr>
<td>QR1 - Providers must report regularly to NHS Commissioners on their compliance with the Quality Requirements</td>
<td>Compliance</td>
<td>Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>QR2 - Percentage of Out-of-Hours consultation details sent to the practice where the patient is registered by 08:00 the next working day</td>
<td>95.00%</td>
<td>97.95%</td>
<td>99.87%</td>
</tr>
<tr>
<td>QR3 - Providers must have systems in place to support and encourage the regular exchange of information between all those who may be providing care to patients with predefined needs</td>
<td>Compliance</td>
<td>Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>QR4 - Providers must regularly audit a random sample of patient contacts (audit should provide sufficient data to review the clinical performance of each individual working within the service)</td>
<td>Compliance</td>
<td>Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>QR5 - Providers must regularly audit a random sample of patients’ experiences of the service</td>
<td>Compliance</td>
<td>Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>QR6 - Providers must operate a complaints procedure that is consistent with the principles of the NHS complaints procedure</td>
<td>Compliance</td>
<td>Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>QR7 - Providers must demonstrate their ability to match their capacity to meet predictable fluctuations in demand for their contracted service</td>
<td>Compliance</td>
<td>Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>QR10 - All immediately life threatening conditions (walk in patients) to be passed to the ambulance service within 3 minutes of face to face presentation</td>
<td>95.00%</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>QR10a - Definitive Clinical Assessment for Urgent adult cases presenting at treatment location to start within 20 minutes - not applicable to this service as a separate clinical assessment is not carried out between presentation and clinical consultation at walk-in-centres</td>
<td>95.00%</td>
<td>n/a</td>
<td>82.97%</td>
</tr>
<tr>
<td>Quality Requirement</td>
<td>Target</td>
<td>Dorset</td>
<td>Gloucester</td>
</tr>
<tr>
<td>---------------------</td>
<td>--------</td>
<td>--------</td>
<td>------------</td>
</tr>
<tr>
<td>QR10a - Definitive Clinical Assessment for Urgent Child cases presenting at treatment location to start within 20 minutes - not applicable to this service as a separate clinical assessment is not carried out between presentation and clinical consultation at walk-in-centres</td>
<td>95.00%</td>
<td>n/a</td>
<td>72.65%</td>
</tr>
<tr>
<td>QR10b - Definitive Clinical Assessment for Less Urgent cases presenting at treatment location to start within 60 minutes - not applicable to this service as a separate clinical assessment is not carried out between presentation and clinical consultation at walk-in-centres</td>
<td>95.00%</td>
<td>n/a</td>
<td>96.16%</td>
</tr>
<tr>
<td>QR10d - At the end of an assessment, the patient must be clear of the outcome</td>
<td>Compliance</td>
<td>Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>QR11 - Providers must ensure that patients are treated by the clinician best equipped to meet their needs in the most appropriate location</td>
<td>Compliance</td>
<td>Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>QR12 – Emergency Consultations (presenting at base) started within 1 hour</td>
<td>95.00%</td>
<td>0.00% (1 case)</td>
<td>61.05% (95 cases)</td>
</tr>
<tr>
<td>QR12 - Urgent Consultations (presenting at base) started within 2 hours</td>
<td>95.00%</td>
<td>89.83%</td>
<td>92.56%</td>
</tr>
<tr>
<td>QR12 - Less Urgent Consultations (presenting at base) started within 6 hours</td>
<td>95.00%</td>
<td>97.93%</td>
<td>97.16%</td>
</tr>
<tr>
<td>QR12 - Emergency Consultations (home visits) started within 1 hour</td>
<td>95.00%</td>
<td>0.00% (1 case)</td>
<td>50.00% (22 cases)</td>
</tr>
<tr>
<td>QR12 - Urgent Consultations (home visits) started within 2 hours</td>
<td>95.00%</td>
<td>92.09%</td>
<td>86.36%</td>
</tr>
<tr>
<td>QR12 - Less Urgent Consultations (home visits) started within 6 hours</td>
<td>95.00%</td>
<td>96.51%</td>
<td>91.24%</td>
</tr>
<tr>
<td>QR13 - Patients unable to communicate effectively in English will be provided with an interpretation service within 15 minutes of initial contact. Providers must also make appropriate provision for patients with impaired hearing or impaired sight</td>
<td>Compliance</td>
<td>Compliant</td>
<td>Compliant</td>
</tr>
</tbody>
</table>
## NHS111 Quality Requirements

<table>
<thead>
<tr>
<th>Quality Requirement</th>
<th>Target</th>
<th>Dorset</th>
<th>Cornwall and IoS</th>
<th>Devon (Apr 16 – Sep 16)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity (Total calls offered)</strong></td>
<td>n/a</td>
<td>239,014</td>
<td>159,972</td>
<td>184,249</td>
</tr>
<tr>
<td>QR1 - Providers must report regularly to NHS Commissioners on their compliance with the Quality Requirements</td>
<td>Compliance</td>
<td>Compliant</td>
<td>Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>QR2 - Providers must send details of all consultations (including appropriate clinical information) to the practice where the patient is registered by 0800 the next working day.</td>
<td>95.00%</td>
<td>96.98%</td>
<td>97.44%</td>
<td>97.18%</td>
</tr>
<tr>
<td>QR3 - Providers must have systems in place to support and encourage the regular exchange of information between all those who may be providing care to patients with predefined needs</td>
<td>Compliance</td>
<td>Compliant</td>
<td>Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>QR4 - Providers must regularly audit a random sample of patient contacts (audit should provide sufficient data to review the clinical performance of each individual working within the service)</td>
<td>Compliance</td>
<td>Partially Compliant</td>
<td>Partially Compliant</td>
<td>Partially Compliant</td>
</tr>
<tr>
<td>QR5 - Providers must regularly audit a random sample of patients' experiences of the service</td>
<td>1.00%</td>
<td>0.58%</td>
<td>0.66%</td>
<td>0.58%</td>
</tr>
<tr>
<td>QR6 - Providers must operate a complaints procedure that is consistent with the principles of the NHS complaints procedure</td>
<td>Compliance</td>
<td>Compliant</td>
<td>Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>QR7 - Providers must demonstrate their ability to match their capacity to meet predictable fluctuations in demand for their contracted service</td>
<td>Compliance</td>
<td>Partially Compliant</td>
<td>Partially Compliant</td>
<td>Non-Compliant</td>
</tr>
<tr>
<td>QR8a - No more than 5% of calls abandoned before being answered</td>
<td>5.00%</td>
<td>3.67%</td>
<td>5.38%</td>
<td>6.95%</td>
</tr>
<tr>
<td>QR8b - Calls to be answered within 60 seconds of the end of the introductory message</td>
<td>95.00%</td>
<td>83.18%</td>
<td>75.21%</td>
<td>66.95%</td>
</tr>
<tr>
<td>QR9a - All immediately life threatening conditions to be passed to the ambulance service within 3 minutes</td>
<td>95.00%</td>
<td>95.71%</td>
<td>97.26%</td>
<td>92.66%</td>
</tr>
<tr>
<td>Quality Requirement</td>
<td>Target</td>
<td>Dorset</td>
<td>Cornwall and IoS</td>
<td>Devon (Apr 16 – Sep 16)</td>
</tr>
<tr>
<td>---------------------</td>
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<td>--------</td>
<td>-----------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>QR9b - Patient callbacks must be achieved within 10 minutes</td>
<td>95.00%</td>
<td>18.08%</td>
<td>23.31%</td>
<td>58.29%</td>
</tr>
</tbody>
</table>

| QR13 - Patients unable to communicate effectively in English will be provided with an interpretation service within 15 minutes of initial contact. Providers must also make appropriate provision for patients with impaired hearing or impaired sight | 100.00% | 100.00% | 100.00% | 100.00% |

| QR14 - Providers must demonstrate the online completion of the annual assessment of the Information Governance Toolkit at level 2 or above and that this is audited on an annual basis by Internal Auditors using the national framework | Compliance | Compliant | Compliant | Compliant |

| QR15 - Providers must demonstrate that they are complying with the Department of Health Information Governance SUI Guidance on reporting of Information Governance incidents appropriately. | Compliance | Compliant | Compliant | Compliant |
## Glossary of Terms and Acronyms

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>111</td>
<td>National phone number for people to access non-emergency healthcare and advice</td>
</tr>
<tr>
<td>A19 Performance</td>
<td>A19 performance is based on the combination of both Red 1 and Red 2 categories of call. (Please see definitions of Red 1 and Red 2 below.)</td>
</tr>
<tr>
<td>A&amp;E</td>
<td>Accident and Emergency</td>
</tr>
<tr>
<td>ACQIs</td>
<td>Ambulance Clinical Quality Indicators – a set of nationally agreed measures for ambulance trusts which reflect best practice and stimulate continuous quality improvement.</td>
</tr>
</tbody>
</table>
| AI - Adverse Incident         | Any event or circumstance that could have or did lead to unintended or unexpected harm, loss or damage to any individual or the Trust.  
Adverse incidents may or may not be clinical and may involve actual or potential injury, mis-diagnosis or treatment, equipment failure, damage, loss, fire, theft, violence, abuse, accidents, ill health, near misses and hazards. |
| ATP Testing                   | Adenosine triphosphate testing – process whereby a swab is used to pick up contamination on a surface which can then be measured to assess its cleanliness. |
| Audit Commission              | The Audit Commission has the role of protecting the public purse which it does by auditing a range of public bodies in England. Information gleaned from audits are used to provide evidence based analysis to help services learn from one another. The Audit Commission closed on 31 March 2015 |
| Board of Directors            | Executive body responsible for the operational management and conduct of the organisation |
| Category A Incidents          | Incidents with patients with a presenting condition which may be immediately life threatening and who should receive an emergency response within 8 minutes irrespective of location, in 75% of cases.  
In addition Category A patients should receive an ambulance response at the scene within 19 minutes in 95% of cases. |
| Clinical Audit                | A quality improvement process that seeks to improve patient care and outcomes by measuring the quality of care and services against agreed standards and making improvements where necessary. |
| CCGs                          | Clinical commissioning groups – GP-led commissioners of local healthcare services |
| Clinical Guidelines           | Trust documents which introduce guidance which is either not considered within the scope of the JRCALC guidelines, or where further clarification is required. |
| Clinical Hub                  | SWASFT term for control room where phone calls to the Trust are handled. |
| **CoG** | Council of Governors – elected body that acts as guardians of NHS Foundation Trust, holding the board of directors to account and representing views of staff, public and other stakeholders |
| **CQC** | Care Quality Commission - the independent regulator of health and adult social care. |
| **CQUIN** | Commissioning for Quality and Innovation payment framework enables commissioners to reward excellence, by linking a proportion of healthcare providers’ income to the achievement of local quality improvement goals. |
| **CTB** | Call to balloon – when a heart attack is suffered, the time taken from the initial emergency call to the balloon being inflated during primary angioplasty (see below.) |
| **Definitive Clinical Assessment** | An assessment carried out by an appropriately trained and experienced clinician on the telephone or face-to-face. It is the assessment which will result either in reassurance and advice, or in a face-to-face consultation (either in a centre or in the patient’s own home). |
| **DH** | Department of Health – the government department that provides strategic leadership to the NHS and social care organisations in the UK |
| **ECG** | Electrocardiogram - a diagnostic tool that is routinely used to assess the electrical and muscular functions of the heart. |
| **ECS** | Electronic Care System – allows the Trust to electronically capture, exchange and report on patient information. |
| **Executive Directors** | Senior members of staff – including the Chief Executive and Finance Director – who sit on the Board of directors, have decision-making powers and a defined set of responsibilities. |
| **FAQ** | Frequently asked questions |
| **FAST test** | Face, Arm, Speech, Time – brief but effective test to determine whether or not someone has suffered a stroke. |
| **FFT** | Friends and Family Test – NHS single question survey which asks patients whether they would recommend the service received to their friends and family. |
| **NHS FT** | National Health Service Foundation Trust – A not-for-profit, public benefit corporation which is part of the NHS and created to devolve decision-making from central government to local organisations and communities. |
| **Governance** | ‘Rules’ that govern the internal conduct of an organisation by defining the roles and responsibilities of key offices/groups and the relationships between them, as well as the process for due decision making and the internal accountability arrangements |
| **GP** | General Practitioner |
| **Health Service Ombudsman** | Full title is the Parliamentary and Health Service Ombudsman established by Parliament to investigate complaints that individuals have been treated unfairly or have received poor service from government departments, the NHS and other public organisations in England. |
| **Healthwatch** | Organisations comprised of individuals and community groups working together to improve health and social care services. They represent the views of the public, people who use service and carers on the Health and Wellbeing boards set up by local authorities. |
| **HOSCs** | Health Overview and Scrutiny Committees – local authority committees with powers to scrutinise local health services to ensure improvements are made and inequalities reduced. |
| **Hospital Episode Statistics** | A data warehouse containing details of all admissions, outpatient appointments and A&E attendances at NHS hospitals in England. |
| **ICPR** | Integrated Corporate Performance Report – a document which reports the Trust’s progress against its business plans; highlights where performance targets have not been met; describes the corrective action and timescales to address any performance issues. |
| **IG** | Information Governance is a framework which brings together all the legal rules, guidance and best practice that apply to the handling of information. It demonstrates that an organisation can be trusted to maintain the confidentiality and security of personal information and is consistent in the way in which it handles personal and corporate information. |
| **IV** | Intravenous - substance administered to the body via a vein. |
| **JRCALC Guidelines** | National clinical practice guidelines for NHS paramedics developed by the Joint Royal Colleges Ambulance Liaison Committee. |
| **KPIs** | Key performance indicators – a set of quantifiable measures used to demonstrate or compare performance in terms of meeting strategic and operational objectives. |
| **Local Clinical Audit** | A quality improvement project involving healthcare professionals evaluating aspects of care they have selected as being important to the organisation and service users. |
| **MI** | Myocardial infarction – heart attack |
| **MINAP** | Myocardial Infarction National Audit Project – established in 1999 to examine the quality of heart attacks pre-hospital and in hospitals in England and Wales. As part of this, ambulance services report regularly on the number of MI patients they have attended, the treatment provided (thrombolysis and/or PPCI) and the time it took for patients to receive the treatment. |
| **Moderate Harm Incident** | A patient safety incident that resulted in a moderate increase in treatment and that caused moderate, but not permanent, harm to one or more patients. A moderate increase in treatment is defined as a return to surgery, an unplanned readmission, a prolonged episode of care, extra time in hospital or as an outpatient, cancellation of treatment, or transfer to another area such as intensive care as a result of the incident. |
| **Monitor** | Independent regulator of NHS Foundation Trusts. |
| **National Clinical Audit** | A clinical audit involving healthcare professionals across England and Wales in the systematic evaluation of their clinical practice against standards and to support and encourage improvement and deliver better outcomes in the quality of treatment and care. The priorities for national clinical audits are set centrally by the Department of Health and all NHS Trusts are expected to participate in the national audit programme. |
| **NEDs** | Non-Executive Directors – members of the Board of Directors, but not part of the executive management team |
| **NICE** | National Institute for Health and Clinical Excellence – independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. |
| **NPSA** | National Patient Safety Agency – An arm’s length body of the Department of Health that leads and contributes to improved, safe patient care by informing, supporting and influencing organisations and people working in the health sector. |
| **NRLS** | National patient safety incident database. |
| **OoH** | Out of Hours – a service which enables patients to access a GP out of normal practice hours. |
| **PALS** | Patient Advice and Liaison Service – a confidential advice, support and information service in respect of health related matters. |
| **Patient Opinion** | An independent website where people can post their experiences of using a health care service. |
| **Payment by Results** | The payment system in England under which Commissioners pay healthcare providers for each patient seen or treated, taking into account the complexity of the patient’s healthcare needs. |
| **PPI** | Patient and Public Involvement – the process of engaging with the needs and expectations of patients and the wider public in order to inform service development and delivery. |
| **Primary Angioplasty** | Definitive treatment for a heart attack which involves the insertion of a small tube through a vein into the blocked blood vessel in the heart where a balloon at the tip of the tube is inflated to open the blood vessel. |
| **Priorities for Improvement** | There is a national requirement for NHS Trusts to select three to five priorities for quality improvement each year. These priorities must reflect the three key areas of patient safety, patient experience and patient outcomes. |
| **PTS** | Patient Transport Service – the non-emergency conveyance of patients to and from healthcare provision. |
| **Quality Strategy** | Trust document sets out how the Trust will deliver high quality, cost effective effective emergency and urgent health care services to people |
in the South West.

<table>
<thead>
<tr>
<th><strong>Red 1 and Red 2 Calls</strong></th>
<th>Those calls requiring the most time critical response and cover cardiac arrest patients who are not breathing and do not have a pulse and other severe conditions such as airway obstruction. Red 2 calls are those serious but less immediately time critical and cover conditions such as stroke and fits.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Right Care</strong></td>
<td>Trust initiative to work with local health communities to ensure that patients receive the right care, in the right place at the right time, resulting in patients being treated without the need to attend an Emergency Department.</td>
</tr>
<tr>
<td><strong>RoSC</strong></td>
<td>Return of spontaneous circulation – desirable clinical outcome of a patient in cardiac arrest</td>
</tr>
<tr>
<td><strong>Secondary Uses Service</strong></td>
<td>A national NHS database of activity in Trusts, used for performance monitoring, reconciliation and payments.</td>
</tr>
<tr>
<td><strong>Sepsis</strong></td>
<td>A life threatening condition that arises when the body’s response to an infection injures its own tissues and organs.</td>
</tr>
</tbody>
</table>
| **SI – Serious Incident** | An incident requiring investigation that has resulted in one or more of the following:  
  - Unexpected or avoidable death;  
  - Serious harm;  
  - Prevents an organisation’s ability to continue to deliver health care services;  
  - Allegations of abuse;  
  - Adverse media coverage or public concern;  
  - Never events (serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.) |
| **SPoA**                  | Single point of access – a contact point which health and social care professionals can use to arrange the right care for urgent and non-urgent patient needs |
| **STEMI**                 | ST elevation myocardial infarction – particular type of heart attack determined by an electrocardiogram (ECG) test |
| **SWASFT**                | South Western Ambulance Service NHS Foundation Trust |
| **Thrombolysis**          | Drug that can dissolve blood clots, used for patients who have suffered a heart attack or stroke |
| **Triage**                | Process for assessing and sorting patients based on their need for or likely benefit from immediate medical treatment to ensure a fair, appropriate allocation of resources |