Quality Review and Quality Account
1 April 2017 – 31 March 2018
Quality Review and Quality Account 2017/18

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Part 1: A Statement on Quality from the Chief Executive

Welcome to the Quality Account and Report 2017/18. 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. In light of the continuous pressure being faced by ambulance services, the Trust was proud to play a key role in the “Ambulance Response Programme” which has resulted in the introduction of new national ambulance response standards 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.

I am also pleased to report that our work to reduce admissions to Hospital Emergency Departments goes from strength to strength. Thanks to the dedication and professionalism our clinicians this initiative has seen the proportion of 999 calls managed without the need for an Emergency Department admission increase to 55%, the highest rate of non-conveyance for any ambulance trust in the country. This achievement not only improves patient experience, but has a positive impact on the rest of the healthcare economy across the South West. This success is dependent upon effective partnership working across the health and social care community and I would like to take this opportunity to thank our partners for their continued support.

The Trust continues to maintain its drive for quality and innovation. As you will read, developments this year have included investigating the patient safety impact of delays in reaching patients; improving the quality and timeliness of our responses made to those patients who have made a complaint about the service they received from us; and improving the management of the older patient, which saw a significant number of our front line clinicians receive an education update and the launch of an on-line information zone about this increasingly important area of work.

Throughout another busy year, the Board of Directors and I have made time to meet and speak with our staff across the region. As ever, 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 my thanks goes out to them all.

2018/19 will see us continuing to focus on delivering safe, high-quality services for our patients with specific initiatives including a review of the effectiveness of our approach to triaging emergency calls, improving the experience of mental health patients using our services and developing “always events” – those aspects of the care experience that should always happen when patients (or their family / carers) access the health care system. 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
24 May 2018
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 2017/18

Providing high quality services to its patients remained the top priority for the Trust during 2017/18, 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.”

During 2017-18 this vision was 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 2017/18**

- **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, supports the Trust’s 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; and
- a brand that represents high quality innovative clinical care.
Quality Priorities for Improvement 2017/18

In 2017 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:

**Priority 1: 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 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.

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 on 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 will be accessed on the intranet by SWAST staff.

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

Did we achieve this priority?

Yes we did achieve this priority.

The Trust implemented Rockwood scores on the electronic patient care record and utilised the tool in over 60% of older adults (aged 65 years and above).

94% of available frontline clinicians received a frailty education update as part of their annual development day.

A frailty learning Zone is now available on the Trust’s intranet which will continue to be expanded with latest guidance. Current sections include presentations provided by Consultant Geriatricians at a SWASFT Frailty CPD event, learning forum articles, national resources and information regarding campaigns supported by the Trust. In addition, care pathways relating to the care of older people and frailty are outlined within the Trust’s Right Care directories.

Four frailty articles were communicated to staff throughout the 2017/18 year, published within the Chief Executive’s Bulletin and on the intranet homepage. These articles focused on key areas of the identification and care of older patients with frailty: Sarcopenia, Comprehensive Geriatric Assessment, Delirium and Models of Frailty.
Priority 2: 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.

Currently the high quality of response 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 targets 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 the 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.

Did we achieve this priority?

Yes we did achieve this priority; however, we do recognise the need to continue to improve on our timeliness of responses.

• We undertook a review of the complaint investigation process.
Individual complaint response trajectories have been developed for each service line and division. These trajectories were approved by the relevant Head of Department and were presented to the Trust’s Commissioners’ Quality Sub Group.

Progress against each trajectory is being reported within the quarterly Patient Experience reports presented to the Trust’s Quality Committee and Commissioners. In addition, moving forward complaint response performance is being included within the Individual KPI scorecard for managers.

Investigating Officers were asked to provide information regarding barriers to providing timely complaint responses.

Following feedback, the Investigation template was refined to enable the Investigating Officers to focus on the key aspects of the investigation.

To improve the complaints response performance within the Clinical Hub (where the majority of complaints relate to) the Patient Experience Manager further refined the investigation template and response format for these types of complaints.

The Trust's performance for 2017/18 improved from 26.4% to 33.2%.

In addition to the initiatives that have taken place to improve complaint response performance, the Executive Director of Nursing and Quality has introduced a Quality Buddy scheme whereby each operational area has been assigned a Quality Buddy. The Quality Buddies act as quality and governance support to their Operational Manager/Head of Department and provide a two way flow of information on the risks, issues and areas of excellence between frontline Operational areas and the Senior Management and Executive Directors teams. This will include two way feedback regarding the quality and timeliness of complaint responses and any challenges being experienced by local managers. It is anticipated that this arrangement will improve communication between the various functions providing further opportunities to enhance the complainant’s experience.


Why a Priority?

The Trust has played a key role in the development of the new response framework within the Ambulance Response Programme. 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 continues 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.

Did we achieve this priority?

Yes we did achieve this priority.
• A review was undertaken by a Clinical Development Officer of a sample of clinical records (PCRs) where delays were experienced to identify any potential patient safety implications. The outcome of this review was presented to the Trust Directors Group and subsequent to further scrutiny by the Patient Safety team where it was confirmed that none of the cases reviewed met the criteria for a serious incident. This was subsequently reported to the Quality Committee.
• A deep dive was undertaken to examine the impact of ambulance response delays. This was presented to the Board of Directors and Trust Commissioners.
• An action plan to address delays was developed from the recommendations of the deep dive report which was provided to the Trust Commissioners and is being monitored via the Integrated Quality and Performance Management Group commissioning meetings.
• A review of serious incidents where the Welfare Call process was identified as a concern was undertaken by the Clinical directorate. A number of serious incident actions highlighted the requirement for a review of the Welfare Call process which was led on by the QPIP1 Programme Manager.
• The revised Welfare Call process was developed and implemented in November 2017, and was subject to a short trial. The updated process is based on the clinical requirement for a welfare call to be completed. The impact of the revised process is being monitored by the Clinical Hub clinical lead.

Quality Priorities for Improvement 2018/19

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 has been reported in the Quality Account, the Trust has played a key role in the Ambulance Response Programme, part of this work has included the development of a new response framework. To further progress this, one of the priorities will focus upon development of the Medical Priority Dispatch System (MPDS) to ensure that the Trust is making the best use of its resources to meet the needs of patients.

In previous years the Trust has focused upon the experiences of children and older people when using the 999 service. For 2018-19 the Patient Experience priority will focus upon the experience of people with mental health issues of the 999 service. Mental Health is the single largest cause of disability in the country, but one which has often taken a second seat to physical conditions.

During 2017/18 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 2018/19.

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

Clinical Effectiveness
Clinical Effectiveness of Triage within the Clinical Hubs

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

When a 999 call is made to the ambulance service, a computer driven support system (MPDS) is used to prompt the call taker to ask a set of questions. The questions aim to establish the general presenting complaint and therefore determine the most appropriate response time for each incident. In an increasing number of cases, the call can be resolved over the telephone, through a discussion with an ambulance clinician, a process known as ‘hear and treat’.

With a finite number of ambulance resources available to send to incidents, it is vitally important that the response priority determined by the MPDS triage system, reflects the actual severity of condition found when an ambulance response is sent. The Trust has developed a data tool which links how emergency 999 calls are initially triaged in the Clinical Hub, with the clinical data collected from every patient who is assessed by an ambulance clinician through the electronic care system (ECS). The tool examines a wide range of factors to calculate a score for each patient that represents how severely ill or injured they are. This allows the average severity of patients within each MPDS category to be calculated.
Aim
The Trust will use the tool to further refine the effectiveness of clinical triage within the Clinical Hubs, in order to improve the appropriateness of the response that patients receive.

Initiatives

- Utilise the data to further define MPDS codes that can be managed more effectively within the healthcare system.
- Utilise the data to better understand whether particular MPDS codes could be sign posted to clinicians or specific resources such as Specialist Paramedics. This could be achieved using Dispatcher prompts.
- Evaluate the impact of both developments and evidence benefit/harm. Look to extend patient cohorts during times of escalation by designing a number of DCR tables with varying degrees of impact.

How will we know we have achieved this priority?

- Implementation of a set of additional MPDS codes which may be able to be managed more effectively by hear and treat.
- Implementation of a system to better identify incidents which are suitable for specific resources such as Specialist Paramedics.
- Implementation of a variable DCR table, to allow the response to some patient conditions patients to be revised during times of extreme demand, in order to support wider patient safety.
- Evaluation of the impact of the above developments.

Board Sponsor
Dr Andy Smith, Executive Medical Director

Implementation Lead
James Wenman, Deputy Head of Operations, Clinical Hubs
Sarah Black, Head of Audit, Research and Quality Improvement

Patient Experience
Experiences of Mental Health Patients Using the 999 Service

Why a Priority?

It is recognised nationally that a proactive approach involving patients and service users to identify what matters to them and what they would expect to happen during contact with the health service can be used to improve the safety of patients and their experience of the NHS.

The experiences of Mental Health patients using the 999 service is complex, not least because gathering feedback from patients during a mental health crisis can be further detrimental to their overall well-being. Nevertheless, the increasing use of patients with mental health difficulties of the 999 service, calls for an in-depth look at their experience of the service.

The Trust is committed to the parity of esteem and to delivering services that support the management of crisis, whether this arises from a physical or mental ill health episode. Co-production of service developments is essential if we are to fully appreciate the difficulties patients experience and to incorporate fundamental learning into every day clinical practice.
In order to ensure the work is carried out in a both effective and sensitive manner, the Trust will be seeking advice and support from gatekeepers, these will be specialist mental health organisations and peer group networks. Stakeholder organisations, such as Healthwatch, will also be consulted. If deemed appropriate, a series of focus groups will take place in order to understand the experience of people with a mental health issue who use 999 services. This will form part of the overall evidence.

**Aim**

To better understand the experience of Mental Health patients using the 999 service and to incorporate that learning into service development.

**Initiatives**

**Quarter 1** –
- Develop a team of staff members able to support and engage with the priority.
- The Trust’s Consultant Paramedic East and Patient Engagement Manager will collate a list of mental health charities and organisations in the South West able to engage on the topic.
- Develop an engagement programme incorporating engaging with patients who already engage with specialist mental health organisations, this will include negotiating access to their own existing patient engagement groups. This will include the establishment of focus groups and engagement opportunities to enable future phases of the programme. It is important to note that engaging patients with lived experience of mental ill health requires tact and sensitivity by using existing groups and mechanisms the impact of this can be mitigated. It is also vital that we ensure any patient or service user is supported through the process.

**Quarter 2** –
- Develop and implement an engagement plan for staff and stakeholders regarding the priority to ensure that they develop an understanding of the aims, how it will improve the care experience (for patients, care partners, and service users), and how they can contribute.
- Collate stakeholder and specialist organisation feedback and measure potential for implementation.
- Report to the Quality Committee on the progress of Phase 1.

**Quarter 3** –
- Continue implementation of the engagement plans.
- Implement any potential outcomes from stakeholder and specialist organisation feedback including any impact on patient experience and staff feedback.
- Report to Quality Committee on the progress.

**Quarter 4** –
- Collate results from any implemented initiatives and measure feedback from stakeholders and specialist organisations.
- Continue implementation of engagement plans.
- Report to Quality Committee on the progress.

**Board Sponsor**
Jennifer Winslade

**Implementation Lead**
Dave Partlow, Consultant Paramedic East
How will we know we have achieved this priority?

Feedback from stakeholders and specialists will form a basis for measuring successful achievements for this priority.

Patient Safety
Development and Implementation of Always Events

Why a Priority?

The majority of work undertaken by the Trust to improve patient safety and experience has been driven as a result of patient and staff feedback in terms of receipt of complaints and incident reports.

It is recognised nationally that a proactive approach involving patients and service users to identify what matters to them and what they would expect to happen during contact with the health service can be used to improve the safety of patients and their experience of the NHS. This can be done by developing a series of Always Events.

Always Events, initially conceived in the US by the Picker Institute and now led by the Institute for Healthcare Improvement (IHI), are defined as those aspects of the care experience that should always occur when patients, their family members or other care partners, and service users interact with health care professionals and the health care delivery system. The Always Events approach is to accelerate improvement efforts to enhance experiences of care for patients, their family members or other care partners, and service users – the goal is for patients and service users to have an “Always Experience.” The creation of Always Events is a methodology for achieving this goal.

A key aspect of Always Events is that patients, their care partners, and service users have identified the event as fundamental to improving the experience of care. A fundamental principle in co-designing Always Events is to move from “doing for patients” to “doing with patients” (co-designing). This Quality Priority therefore focuses on proactive engagement.

The Always Events programme has four distinct phases:

1. Set up and Oversight;
2. Co-designing and testing;
3. Reliably Implementing;
4. Sustaining and Spreading.

It is anticipated that the Quality Priority for 2018/19 will focus on the first three phases with the Sustaining and Spreading phase being progressed during 2019/20 following evaluation of the implementation of Always Events within the identified patient group.

Aim

To develop Always Events for a specific patient group to enhance the delivery of care.
**Initiatives**

**Quarter 1** –
- The Trust’s Patient Safety Manager and Patient Engagement Manager will attend Always Events workshops to understand the approach and individual phases for co-designing Always Events.
- Implement Phase 1 of the Always Events programme:
  - Convene an oversight team, to include an executive leader;
  - Identify opportunities for improvement that align with the Trust’s strategic goals;
  - Select a patient group to co-design Always Events to address opportunities for improvement.
- The Trust’s Patient Engagement Manager will develop an engagement programme for engaging with patients and service users on the co-design of Always Events. This will include the establishment of focus groups and timetabling of interviews to enable co-design of Always Events.

**Quarter 2** –
- Develop and implement an engagement plan for staff and regarding the Always Events programme to encourage an understanding of the Always Events initiative, how it will improve the care experience (for patients, care partners, and service users), and how they can contribute.
- Commence implementation of Phase 2 of the Always Events Programme:
  - Implement the Patient Engagement programme;
  - Co-design pilot Always Events with patients, carers and service users from the identified patient group.
- Report to the Quality Committee on the progress of Phase 1.

**Quarter 3** –
- Continue implementation of the engagement plans.
- Continue implementation of Phase 2 of the Always Events Programme;
  - Undertake testing of the pilot Always Events using the Plan Do Study Act (PDSA) approach.
- Report to Quality Committee on the progress of Phase 2.

**Quarter 4** –
- Implement Always Events for the identified patient group (Phase 3 of the Always Events Programme).
- Continue implementation of engagement plans.
- Report to Quality Committee on the progress of Phase 3 and plans for moving to Phase 4.

**Board Sponsor**
Jenny Winslade, Executive Director of Nursing and Quality

**Implementation Lead**
Sarah Jeeves, Patient Safety Manager

**How will we know we have achieved this priority?**
A set of Always Events will be developed and implemented for an identified patient group
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 2017/18 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 2017/18 represents 93.23 per cent of the total income generated from the provision of relevant health services by the South Western Ambulance Service NHS Foundation Trust for 2017/18.

2. During 2017/18, 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 2017/18 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 2017/18 are as follows:
   - Not applicable

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 2017/18, 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 2017/18 and South Western Ambulance Service NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:
   - Not applicable.

2.5 The reports of 6 local clinical audits were reviewed by the provider in 2017/18 and South Western Ambulance Service NHS Foundation Trust has taken / is continuing with the following actions to improve the quality of healthcare provided:
   - 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 Paramedic.
• Monitor the impact of delayed responses.
• Provision of training resources for managing pain in patients with dementia.
• Stakeholder engagement to inform Strategic Transformation Plans and clinical service review.

3. The number of patients receiving relevant health services provided or sub-contracted by South Western Ambulance Service NHS Foundation Trust in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee was 816.

4. A proportion of South Western Ambulance Service NHS Foundation Trust income in 2017/18 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 2017/18 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 2017/18 was £4,873,073 and for 2016/17 was £2,997,326.

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 not taken enforcement action against South Western Ambulance Service NHS Foundation Trust during 2017/18.

5.2 South Western Ambulance Service NHS Foundation Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2017/18 – the Plymouth Local System Review and the Cornwall Local System Review.

6. South Western Ambulance Service NHS Foundation Trust did not submit records during 2017/18 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 2017/18 was 81% 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 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**

In last year’s Quality Account we reported how the Trust had been participating in the National Ambulance Response Programme which aimed 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 programme which covered 14 million calls nationally, tested a new operating system and introduced a new set of targets, including giving staff slightly more time to assess 999 calls that are not immediately life threatening, which enables them to better identify a patient’s needs and send the most appropriate response.

In July 2017 the Secretary of State confirmed that the programme had successfully shown that the proposed new performance standards will have the intended benefits and are safe for patients.

Accordingly, new standards, indicators and measures were introduced during 2017/18, with all ambulance trusts in England being required to commence reporting against the new standards by 30 November 2017. The new standards being:

<table>
<thead>
<tr>
<th>Category</th>
<th>Response</th>
<th>Response Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>An immediate response to a life threatening condition, such as cardiac or respiratory arrest</td>
<td>7 minutes</td>
</tr>
<tr>
<td>2</td>
<td>A serious condition, such as stroke or chest pain, which may require rapid assessment and/or urgent transport</td>
<td>18 minutes</td>
</tr>
<tr>
<td>3</td>
<td>An urgent problem, such as an uncomplicated diabetic issue, which requires treatment and transport to an acute setting</td>
<td>At least 9 out of 10 times within 120 minutes</td>
</tr>
<tr>
<td>4</td>
<td>A non-urgent problem, such as stable clinical cases, which requires transportation to a hospital ward or clinic</td>
<td>At least 9 out of 10 times within 180 minutes</td>
</tr>
</tbody>
</table>

The standards proposed are initially to be used for monitoring purposes to enable ambulance trusts to update their operating models to deliver the new performance standards. It is acknowledged that significant changes to the current operating models may
be required including changes to staff rotas, staff skill sets, response vehicle mix and operational dispatch systems and processes.

The Trust has been working with ORH Ltd to assess the level of performance that could be expected as a result of implementing the new ambulance standards. The modelling undertaken by ORH, based on the ARP 2.3 standards published in September 2017, confirmed that national performance standards could not be achieved by the Trust within the resources currently available (with Category 2 response times being identified as the most challenging).

In addition to implementing the new ambulance standards, the Trust has faced a number of other challenges during 2017-18. The year on year increase in activity continued with an increase of 2.48% emergency contacts being experienced, with daily call volumes averaging 2,500 with this average increasing to 2,900 in December 2017.

Handover delays at the emergency departments of the region’s hospitals continued to be a challenge with an average of 75 lost operational hours per day being lost when handovers exceeded 15 minutes. The Trust works extremely closely with NHS commissioners and colleagues in acute hospitals to help manage the flow of patients into the hospital with the explicit aim of increasing the availability of ambulance resources wherever possible to deliver the best service that we can to our patients.

As a result of the introduction of the new ambulance standards mid-way the year, the Trust is only able to report on performance between 23 November 2017 and the end of March 2018 and this is set out below.

<table>
<thead>
<tr>
<th>ARP Response Category</th>
<th>National Standard</th>
<th>Trust Performance 23 November 2017 to 31 March 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category 1 – Mean Response Time</td>
<td>7 Minutes</td>
<td>9 Minutes 42 Seconds</td>
</tr>
<tr>
<td>Category 1 – 90th Centile Response Time</td>
<td>15 Minutes</td>
<td>17 Minutes 36 Seconds</td>
</tr>
<tr>
<td>Category 2 – Mean Response Time</td>
<td>18 Minutes</td>
<td>33 Minutes 24 Seconds</td>
</tr>
<tr>
<td>Category 2 – 90th Centile Response Time</td>
<td>40 Minutes</td>
<td>69 Minutes 42 Seconds</td>
</tr>
<tr>
<td>Category 3 – 90th Centile Response Time</td>
<td>2 Hours</td>
<td>2 Hours 59 Minutes 24 Seconds</td>
</tr>
<tr>
<td>Category 4 – 90th Centile Response Time</td>
<td>3 Hours</td>
<td>4 Hours 29 Minutes 6 Seconds</td>
</tr>
</tbody>
</table>

**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.¹

**Outcome from Acute ST Elevation Myocardial Infarction (STEMI) - % of patients suspected of suffering a STEMI confirmed on ECG and who receive an appropriate care bundle.**

<table>
<thead>
<tr>
<th>Local Performance Threshold</th>
<th>Year to date 2017/18 (April to October)</th>
<th>2016/17</th>
<th>National Average (April to October 2017)</th>
<th>Highest Trust Performance (April to October 2017)</th>
<th>Lowest Trust Performance (April to October 2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>90%</td>
<td>65.62%</td>
<td>73.64%</td>
<td>76.49%</td>
<td>91.81%</td>
<td>63.16%</td>
</tr>
</tbody>
</table>

**Outcome from Stroke for Ambulance Patients - % of suspected stroke patients (assessed face to face) who receive an appropriate care bundle.**

<table>
<thead>
<tr>
<th>Local Performance Threshold</th>
<th>Year to date 2017/18 (April to October)</th>
<th>2016/17</th>
<th>National Average (April to October 2017)</th>
<th>Highest Trust Performance (April to October 2017)</th>
<th>Lowest Trust Performance (April to October 2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>97%</td>
<td>95.86%</td>
<td>95.10%</td>
<td>97.12%</td>
<td>99.77%</td>
<td>94.00%</td>
</tr>
</tbody>
</table>

¹Highest/Lowest Trust reporting has been noted for each indicator independently.

Data for these indicators is not currently available for information after October 2017. 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 the quality of its services, by:

- Undertaking a programme of quality improvement activity across all areas.

**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 a CQC Compliance Team. The Trust also commissions its Internal Audit provider to undertake an annual audit, the scope of which in 2017/18 covered the

¹ Nationally agreed definitions of ACQIs are available at https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/
arrangements from the implementation of its agreed actions from the 2016 inspections. The Trust received a ‘significant’ assurance rating from the audit and the Trust has consistently achieved a “green” rated outcome from its annual review by Internal Auditors.

In December 2016, the Trust’s NHS 111 service was rated as ‘Requires Improvement’ with the domains of Safe, Caring and Responsive all noted as ‘Good’.

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

<table>
<thead>
<tr>
<th></th>
<th>SAFE</th>
<th>EFFECTIVE</th>
<th>CARING</th>
<th>RESPONSIVE</th>
<th>WELL LED</th>
<th>OVERALL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Operations Centre</td>
<td>Good</td>
<td>Requires Improvement</td>
<td>Outstanding</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Emergency and Urgent Care</td>
<td>Requires Improvement</td>
<td>Requires Improvement</td>
<td>Outstanding</td>
<td>Good</td>
<td>Requires Improvement</td>
<td>Requires Improvement</td>
</tr>
<tr>
<td>Resilience</td>
<td>Outstanding</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Outstanding</td>
<td>Outstanding</td>
</tr>
<tr>
<td>Patient Transport Service</td>
<td>Requires Improvement</td>
<td>Requires Improvement</td>
<td>Good</td>
<td>Good</td>
<td>Inadequate</td>
<td>Requires Improvement</td>
</tr>
<tr>
<td>Urgent and Emergency Care (MIU)</td>
<td>Requires Improvement</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Out of Hours Care</td>
<td>Requires Improvement</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>OVERALL</td>
<td>Requires Improvement</td>
<td>Requires Improvement</td>
<td>Outstanding</td>
<td>Good</td>
<td>Requires Improvement</td>
<td>Requires Improvement</td>
</tr>
</tbody>
</table>

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.’

Each year, the Trust develops a Quality Improvement Plan (QIP) which further embeds quality across the organisation. This plan builds on the learning and recommendations from CQC inspections, feedback from staff and the input of Executive Directors. Reporting and accountability is through the Trust’s Quality Committee.
## Quality Improvement Plan 2018 Priorities

### Theme 1: Complaints

<table>
<thead>
<tr>
<th>Risk or Requirement</th>
<th>Quality Improvement Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure that complaint leaflets are on all vehicles</td>
<td><strong>Ensure</strong> Getting in Touch leaflets are regularly available on all Trust vehicles and in Treatment Centres (TCCs) by agreeing a distribution and receipt process with local operations and TCCs</td>
</tr>
</tbody>
</table>

### Theme 2: Infection and Prevention Control

<table>
<thead>
<tr>
<th>Risk or Requirement</th>
<th>Quality Improvement Actions</th>
</tr>
</thead>
</table>
| Ensure infection control issues identified in this report are addressed | **Gain** assurance that cleaning schedules are in place, and published at the location with a copy held centrally in HQ for all sites  
**Gain** assurance that regular cleaning occurs through the information reported to the Trust by the cleaning provider  
OMs to provide evidence that staff have been stopped from feeding birds at their stations |
| Effective Infection Prevention and Control, including local oversight, meeting station and vehicle cleaning targets, training completion and appropriate disposal of clinical waste and extension of the Infection Control Policy within the Clinical Hubs | **Effective** Infection Prevention and Control, including local oversight, meeting station and vehicle cleaning targets, training completion and appropriate disposal of clinical waste and extension of the Infection Control Policy within the Clinical Hubs |
| Review the management of clinical waste in ambulance stations to avoid risks to staff | **CDMs** to seek assurance on storage arrangements within sluices and the correct management of waste through the quarterly audit process and annual station inspection, ensuring robust reporting to the Trust by PHS (clinical waste contract)  
OMs to review storage arrangements in sluices and waste bins with the IPC Lead Nurse to ensure that necessary changes are made to comply with CQC recommendations  
OMs to review the storage of trolleys and patient equipment, with the IPC Lead Nurse, to ensure that necessary changes are made to comply with CQC recommendations |
## Theme 3: Intensity and Fatigue

<table>
<thead>
<tr>
<th>Risk or Requirement</th>
<th>Quality Improvement Actions</th>
</tr>
</thead>
</table>
| Ensure work intensity and fatigue is monitored and actions put in place to mitigate risks to staff | - 1. Identify a set of indicators of intensity and fatigue (including measures showing improvement) e.g.:  
- missed meal breaks  
- SWS (staying well service) referrals related to stress at work  
- reduction in sickness absence for inclusion within the ICPR (integrated corporate performance report)  
2. Review after 3/6 months, providing a full assurance report and, if necessary, plan for further action to Quality Committee  
- Overruns - Number/Volume and Length - currently reported by the ROC to Divisional Managers. Overruns to be reported and reviewed at;  
  (a) Divisional Meetings  
  (b) the Trust RMG.  
  In the interim this forms part of the QPIP(2) Plan. |

## Theme 4: Medicines Management

<table>
<thead>
<tr>
<th>Risk or Requirement</th>
<th>Quality Improvement Actions</th>
</tr>
</thead>
</table>
| Ensure that staff follow procedures with respect to the safe and secure management of controlled drugs registers | - Reinforce the importance of full completion of CD (controlled drugs) registers.  
- Monitor compliance with the quality of completion of CD registers through the quarterly station audit and annual inspections.  
- Change the system for recording entries in morphine log books from patient surname, to initials (replacing old stock as soon as possible in liaison with the Comms team)  
- CD Registers – Ensure that CD registers are stored appropriately and not accessible to all staff or to stations |
| Ensure that Operational staff comply with the Medicines Management Policy with regard to partly administered medications | - Ensure that Operational staff comply with the Medicines Management Policy with regard to partly administered medications |
| Ensure that all medicines are securely stored and safely administered and disposed of according to the Medicines Management Policy | - Ensure that all medicines are securely stored and safely administered and disposed of according to the Medicines Management Policy |

## Theme 5: Quality and safety services and mitigation of risks

<table>
<thead>
<tr>
<th>Risk or Requirement</th>
<th>Quality Improvement Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure that quality is embedded operationally in all areas of the Trust at a local</td>
<td>- Review the effectiveness of the Quality Buddy system six months after implementation</td>
</tr>
<tr>
<td>Theme 6: Safeguarding</td>
<td>Theme 7: Training – Mandatory</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td><strong>Ensure that all staff are familiar with their Safeguarding responsibilities</strong></td>
<td><strong>Gain assurance that staff in the EOCs are provided with adequate protected time in order to complete their mandatory training, increasing establishment where under established in order to facilitate this</strong></td>
</tr>
<tr>
<td>Staff understanding and familiarisation with safeguarding responsibilities to be tested via station audits</td>
<td><strong>Gain assurance that mandatory training is completed as part of new staff joining induction</strong></td>
</tr>
<tr>
<td><strong>Gain assurance that EOC staff are offered overtime incentives for those staff prepared to undertake their mandatory training beyond their contracted working hours</strong></td>
<td><strong>Ensure all Heads of Department are held accountable for the completion of mandatory training for staff in their department (including support services) and test compliance</strong></td>
</tr>
<tr>
<td><strong>Provide Heads of Department with monthly training completion rates across all service lines</strong></td>
<td></td>
</tr>
</tbody>
</table>
Staff Survey

One of the key findings in the 2017 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>Staff Survey Indicator</th>
<th>Performance 2017</th>
<th>Performance 2016</th>
<th>National Ambulance Average 2017</th>
<th>Best Performing Ambulance Trust 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff recommendation of the Trust as a place to work or receive treatment.</td>
<td>3.46</td>
<td>3.57</td>
<td>3.44</td>
<td>3.66</td>
</tr>
<tr>
<td>Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months</td>
<td>24%</td>
<td>21%</td>
<td>28%</td>
<td>21%</td>
</tr>
<tr>
<td>Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.</td>
<td>74%</td>
<td>75%</td>
<td>69%</td>
<td>83%</td>
</tr>
</tbody>
</table>

The results from the national NHS Staff Survey 2017 were published on 6 March 2018. The results overall demonstrate that as in previous years the Trust continues to perform above average on half of the 32 key areas which make up survey, on 13 areas the Trust is in line with the rest of the Ambulance Sector and in three areas it performs less well.

Whilst the Trust is pleased to maintain its position within the sector our results do indicate a number of areas where improvements needs to be made. The results are, on the whole in line with the feedback we have been receiving direct from staff impacted by the rota review and who engaged with the Time to Care meetings. The Trust also recognises the pressure being faced by our staff in what continues to be a very challenging winter and in a health system facing unprecedented demand.

As such the Trust already has a number of initiatives underway to respond to the pressure facing our staff and in an effort to improve their work life balance. This will include the formation of a Health and Wellbeing engagement group to enable more of our staff to inform our health and wellbeing strategy and associated initiatives and an Equality and Diversity Steering group to continue the focus around areas of under-representation and to promote inclusiveness throughout the organisation. In addition the Trust has commissioned a Cultural review which will commence in the spring and which will give a further opportunity to learn about the experiences of our staff.

As in recent years management teams will be developing local engagement plans to respond to the results on a local level and these will be published, in addition to the creation of a Corporate Action Plan to coordinate Trust-wide improvements.
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 worsened since 2016; BME staff experience scored lower than that of white staff on all four indicator. The Trust scored worse than the average ambulance score for all of the 4 indicators:

<table>
<thead>
<tr>
<th>Key Finding</th>
<th>Ethnicity</th>
<th>SWASFT 2017</th>
<th>Ambulance Average 2017</th>
<th>SWASFT 2016</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>44%</td>
<td>50%</td>
<td>42%</td>
</tr>
<tr>
<td></td>
<td>BME</td>
<td>45%</td>
<td>39%</td>
<td>49%</td>
</tr>
<tr>
<td>KF26- Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months</td>
<td>White</td>
<td>24%</td>
<td>27%</td>
<td>21%</td>
</tr>
<tr>
<td></td>
<td>BME</td>
<td>38%</td>
<td>32%</td>
<td>14%</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>74%</td>
<td>71%</td>
<td>75%</td>
</tr>
<tr>
<td></td>
<td>BME</td>
<td>41%</td>
<td>48%</td>
<td>55%</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>10%</td>
<td>10%</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td>BME</td>
<td>32%</td>
<td>18%</td>
<td>9%</td>
</tr>
</tbody>
</table>

The worsening of the scores in this area require urgent attention and further engagement with this group of staff to encourage some further exploration of the issues raised and allow these to inform our next steps. The following actions are already being undertaken:

- Proactive work to promote the Trust and the Paramedic career to BME communities, with a specific focus at the student conference on encouraging greater representation.

- Talent Pools and internal development opportunities are being reviewed to identify areas of under-representation from applicants and/or successful appointees to enable targeted responses to increase engagement and representation from these employees.

- An Equality Steering Group has been developed and will commence in 2018-19. Yvonne Coghill, the national lead for WRES has agreed to assist the Trust in identifying actions to improve and inform our work in this area.
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 8,171 incidents reported during the 2017/18 year, 1,479 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>2017/18</th>
<th>2016/17</th>
<th>National Average</th>
<th>Highest Trust*</th>
<th>Lowest Trust*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Incidents Reported to NRLS</td>
<td>672</td>
<td>516</td>
<td>1,070</td>
<td>609</td>
<td>1,471</td>
</tr>
<tr>
<td>Number of Incidents Reported as Severe Harm</td>
<td>0</td>
<td>7</td>
<td>6</td>
<td>8</td>
<td>36</td>
</tr>
<tr>
<td>Number of Incidents Reported as Death</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>42</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 1st April – 30th September 2017. 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 the NRLS will not correlate exactly due to the difference in reporting periods.

There are a number of factors that may have influenced reporting numbers and resulted in variances in the year on year data. These include previous delays to uploading the data to NRLS, meaning that additional incidents were included within the data for a later period (April – September 2016/17). In addition, the number and types of contracts managed by the Trust varies year on year; this can result in increases and decreases in reporting. In the past, there have been a number of temporary members of staff responsible for the administration of Incidents. Since October 2016 an established, permanent team has resulted in improved consistency and accuracy when identifying reportable incidents. The Trust’s reporting figures are currently above the national average for ambulance organisations, showing a healthy reporting culture.

During the year the Trust moved to a process enabling timelier reporting of incidents. Previously, incidents were uploaded upon closure, once the data had been cleansed. Data is now cleansed when the incident is entered onto the system and incidents are uploaded upon
opening and then an updated report is uploaded upon closing, this allows for better identification of emerging issues by the NRLS.

The Trust has identified issues with the mapping of data across to the NRLS, in particular in relation to the degree of harm coding and the Incident Categories. Re-mapping was considered, however it was felt that it would be more proportionate to undertake this once planned work has been carried out on the Trust’s Datix system, to avoid duplication of work.

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.
  - Considering 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 patient 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

Following consultation with members of the public and our staff, the Sign up to Safety Improvement Plan was presented to the Board of Directors in September 2017. The actions, which are currently under review to ensure they accurately reflect the safety concerns of the Trust, 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

• 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 and identify further safety improvements;
• Reduce the instances of verbal abuse of staff;
• Review the incidents of needlestick injuries to identify areas for improvement.

Disease specific

• Improve awareness of mental health issues.

Safeguarding

The Safeguarding Service supports the Trust to protect the vulnerable from abuse. The Service supports the Trust to work with partner agencies to ensure that children, vulnerable adults, victims of domestic abuse, and victims of radicalisation are protected from those who would seek to harm them. To achieve this, the Trust needs to ensure that its staff and agents understand how to identify signs of possible or potential abuse in patients and members of the public they come into contact with and what action to take to ensure they are adequately protected. The Service also supports the Trust to ensure that it provides a safe service to vulnerable people.

External professional relationships

During 2017/18, the Safeguarding Service continued to maintain professional relationships with key external stakeholders in the arena of safeguarding. This included local safeguarding children and adults boards and partnerships, statutory agencies such as police forces, local
professional groups such as health safeguarding leads forums, and national forums such as the National Ambulance Safeguarding Group.

**Expert safeguarding advice**

The Safeguarding Service has a core role to support Trust staff with expert safeguarding advice. The Named Professionals provided telephone advice for complex cases, typically seven or eight cases per month each, during 2017/18. The advice service provided to staff has been recently enhanced with the introduction of an enquiry line which is permanently staffed during office hours.

**Assisting the Learning and Development Team**

Dependent on role, the Trust provides staff with level 1 safeguarding training through a mandatory workbook, level 2 training through face-to-face training by either Learning and Development Officers or Named Professionals, and level 3 update training delivered by the Named Professionals or the Head of Safeguarding. The requirements for training by role are specified in a Safeguarding Training Policy published by the Safeguarding Service.

During 2017/18 the Safeguarding Service worked closely with the Learning and Development Team to assist with the development of the 2018/19 staff development day content. The material that has been developed focusses on recognition of non-accidental injury in non-mobile children which has been identified as a key area of development.

**Safeguarding referrals**

The Safeguarding Service continues to provide a mechanism for staff to raise safeguarding concerns. Each referral is assessed by a safeguarding professional and an appropriate onward external referral made. Following several years of increase, largely due to the introduction of the Care Act, the volume of referrals generated by the staff levelled off in 2017/18 to a rate of around 1200 per month.

The method of processing referrals has been constantly refined and recent analysis has demonstrated that the process is financially cost effective as well as being a model of good practice supported by external partner agencies.

**Information sharing**

The Safeguarding Service provides a responsive safeguarding information sharing service which supports the work of the Information Governance Team. Certain types of enquiry are relayed direct to the Safeguarding Service, for example, urgent police enquiries concerning incidents of alleged child abuse. During 2017/18 the Service responded to 678 such requests, normally completing them on the same working day or referring requests to other teams if more detailed information was required.

**Statutory safeguarding investigations**

The Trust receives regular requests to contribute to statutory multi-agency safeguarding investigations including Serious Case Reviews, Safeguarding Adult Reviews, and Domestic Homicide Reviews. The Safeguarding Service has a core function to fulfil these requests on behalf of the Trust. The Named Professionals prepare chronologies and internal management reviews, and attend briefing meetings and learning events as required. During 2017/18 the Safeguarding Service received 64 notifications of new investigations. This was consistent with the volume in previous years.
Child death investigations

The Safeguarding Service undertakes a specialist role in the investigation of incidents of child death attended by the Trust. During 2017/18 there were 132 cases attended by the Trust. This was consistent with the volume in previous years. Detailed information about each incident is collated, analysed, and reported to the local child death enquiry office. The Named Professionals attend local case reviews to support clinicians and also attend the local Child Death Overview Panels where cases are reviewed in a multi-agency environment to identify modifiable factors.

Service development

A priority area of service development during 2017/18 and continuing into 2018/19 is the recognition of non-accidental injury in non-mobile babies. The need for this development was recognised following the learning recommendation of the Serious Incident (SI) for an incident in the Bath and North East Somerset (B&NES) area in 2016 which subsequently became an external Serious Case Review (SCR). The SCR is still in progress, having been delayed by judicial process. The Safeguarding Service is contributing to the SCR on behalf of the Trust and leading the implementation of areas of service development to assist the Trust. An impactful poster campaign was designed with assistance of the Communications Team and the subject of non-accidental injury will be a core component on the 2018/19 Development Day for staff.

The Safeguarding Service spotted a theme of concern within referral data regarding incidents of care home staff failing to recognise the symptoms of strokes. The concern was escalated to external partners. The data suggests a widespread issue. As a result the Commissioning Support Unit (CSU) has commenced a project to explore the issue on a south-west regional basis with a view to escalating learning through national channels. The Safeguarding Service will continue to provide themed data and the CSU will triangulate this against data from other sources.

Managing allegations

The Head of Safeguarding is the designated officer for allegations and is supported in this work by the Named Professionals in providing expert advice to managers when an allegation of abuse is made against a member of staff. During 2017/18 there were 50 cases of new allegations. This was consistent with the volume in the previous year. The allegations ranged in nature and geographic location. Most cases resulted in no further action; however 6 cases progressed to disciplinary processes.

Quality monitoring

The Head of Safeguarding provides quarterly quality reports and an annual report to the Trust’s Quality Committee. The Safeguarding Service produces an annual statutory Section 11 report on child safeguarding. In addition during 2017/18, the Safeguarding Service provided a number of reports on specific safeguarding themes to external partner agencies on request.

The Safeguarding Service has a comprehensive safeguarding policy and this policy was significantly revised during 2017/18. The Safeguarding Service utilises the Trust’s Clinical Effectiveness Committee for review and the Quality Committee for ratification of proposed policy changes.

Learning and Development

Statutory Mandatory Essential and Recommended training is provided to all staff to ensure the provision of clear and effective clinical leadership to frontline staff.
Every member of staff is required to complete the Mandatory Training Workbook within 6 months of receiving it. Workbook compliance is measured on a 3 yearly rolling basis and the Trust target has exceeded its target 85% by achieving 90% compliance.

The Learning and Development Team also deliver additional mandatory training to the following service lines within the:

**A&E Service Line**

All clinicians in A&E are required to complete two training elements in each financial year including the Learning and Development Review and Development Day, in addition to the mandatory workbook. Each element should have a minimum of 85% compliance in each operational area and as a department overall.

The number of staff to see is based on the available staff in each operational area. All of the following groups are removed from the staff expected to attend:

- Leavers (there can be a delay the leaving date to a person being taken off the report.)
- Long term sick
- Secondments
- Maternity

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>2017/18 Target</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workbook Completed</td>
<td>2,630</td>
<td>85%</td>
<td>95%</td>
</tr>
<tr>
<td>Development Day Completed</td>
<td>2,843</td>
<td>85%</td>
<td>96%</td>
</tr>
<tr>
<td>Learning &amp; Development Review (LDR) Completed</td>
<td>2,529</td>
<td>85%</td>
<td>95%</td>
</tr>
<tr>
<td>LDR or SME</td>
<td>2,640</td>
<td>85%</td>
<td>98%</td>
</tr>
</tbody>
</table>

The figures are based on the current available staff and it should be noted that there will be additional staff who have completed training that are not included within the above data for a number of reasons which may include being trained and subsequently leaving the Trust.

**Integrated Urgent Care Service**

All IUC Clinicians and Non-clinicians are required to complete the mandatory workbook and attend the annual Development Day. The performance target by the end of the financial year is 85% as a service. Final combined performance is 89%.

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>2017/18 Target</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workbook Completed</td>
<td>234</td>
<td>85%</td>
<td>60%</td>
</tr>
<tr>
<td>Development Day Completed</td>
<td>314</td>
<td>85%</td>
<td>89%</td>
</tr>
</tbody>
</table>

The figures are based on the current available staff; there are a number of staff who have completed training not included here as described above.

**Emergency Operations Centres**

Staff within the EOCs are required to complete the mandatory workbook and attend the annual Development Day. Due to significant operational challenges within the EOC, the release of staff has been extremely challenging and the Trust took the decision to set a 70% compliance target for 2017/18, which was exceeded.
As for the other service lines, the figures are based on the current available staff and there are a number of staff who have completed training not included here.

**Part 3: Quality Overview 2017/18**

**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.

**Reducing Emergency Admissions**

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.

Developments during 2017/18 continued to address identified themes from a trend analysis of the feedback received from staff and other Health Care Professionals (HCPs) and has included improving the way the clinical hub processes and manages HCP originated incidents and a Trust communications campaign and website for HCPs launched.

The 2017/18 priorities identified as a result of feedback and a Trust wide “Right Care” event held with all Out of Hours (OoH) GP Providers in February 2017 resulted in agreement of a standardised ambulance clinician referrals to OoHs Standard Operating Procedure, to understand and manage extended crew on scene times.

As a result of embedding the Trust minimal lifting in care homes, nursing homes and domiciliary care agencies policy, the team developed and launched a post falls care course in

<table>
<thead>
<tr>
<th>Number</th>
<th>Target</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workbook Completed</td>
<td>291</td>
<td>85%</td>
</tr>
<tr>
<td>Development Day Completed</td>
<td>378</td>
<td>70%</td>
</tr>
</tbody>
</table>
conjunction with the Trust’s First Aid training team. A suite of tools were developed and documents to support care providers (including domiciliary care agencies) in reducing requests for A&E ambulance attendance where avoidable. The course was delivered in Dorset as part of the pilot phase and a rollout plan across the Trust has been agreed.

Our clinicians are at the heart of this work 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 2,700 items of feedback were received and disseminated to the teams involved during 2017/18, 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**

As reported in previous Quality Accounts, the Trust has developed an electronic Patient Clinical Record System (ePCR) which has replaced the previously paper based clinical record. This not only enables clinicians to enhance the quality of their clinical documentation, but also supports the capture of data in a format that is readily available for research and audit purposes.

During 2017-18 this project has progressed to enable Summary Care Record (SCR) access to support clinical decision making and appropriate care pathway development and the Trust continues to work with partners to encourage the provision of SCR with additional information which offers an enhanced data set to further improve the delivery of appropriate care.

Further developments have included the better capture and assessment of mental health and cardiac arrest data, and the maximisation of digital systems to ensure robust reporting of Ambulance Clinical Quality Indicators (ACQI).

As fundamental to the provision of seamless care is an equally seamless transition of clinical data, during the coming year, the Trust will be working with NHS Digital and other partners to develop system integration opportunities. The Trust will be reviewing opportunities to create digital integration to enable health and social care data to be available at the point of care.

**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 to healthcare professionals in Dorset.

**Single Point of Access (SPoA)**

SPoA was commissioned to provide streamlined access for GP’s, community teams, care homes, social care, ambulance service and secondary care services to the community services Pan Dorset. The aim of SPoA is to simplify the pathway into community services for health and social care professionals so that patients receive the right service at the right time making the best use of available resources.
SPoA is a bespoke service which has grown in size and stature since it started. The framework used has proved successful and this is reflected in the number of HCPs who regularly rely on SPoA in accessing community services. It provides good value to the Dorset Health System. Other areas of the country have requested the opportunity to visit Dorset SPoA to see in practice the success of the team.

**GP Out of Hours Service**

During 2017/18 the Trust delivered GP out of hours services across Dorset and Gloucester until the end of May 2017.

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 Dorset contract continues to perform well.

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, the Trust ceased delivering this service on 31 May 2017.

**NHS111**

The Trust provided NHS111 services in Cornwall and the Isles of Scilly and Dorset in 2017/18. The Cornwall and Isles of Scilly contract was delivered for the first seven months of 2017 from 1 April 2017 to 31 October 2017 before transferring to a new provider.

As with GP Out of Hours services, national quality targets are set out by the Department of Health and are applicable to every NHS 111 service in England.

In previous years, the main challenge for Trust run NHS111 services has historically been achieving the target for the percentage of calls being answered within 60 seconds. During 2017/18 there has been a significant work programme focussing on improving performance, increasing the number of call-handlers and clinicians, focussing on staff communication, support and engagement, improving processes for clinical call-backs and a range of actions to strengthen audit activity. As a result of the actions being undertaken the Trust significantly improved performance during 2017/18.

Performance against each of the quality requirements can be found at Appendix 2.

**Tiverton Urgent Care Centre**

SWASFT delivered services at the Tiverton Urgent Care Centre for the whole of 2017/18. The Trust is measured against two key targets under this contract, measuring access and timeliness. The first is the national indicator measuring the total time spent in A&E – the national target is to treat a minimum of 95% of patients within four hours. The second indicator is a local standard and measures the time-to-triage within 15 minutes – this also has a 95% target. The Trust consistently delivers very strong performance against both indicators.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>2017/18</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of cases completed within four hours</td>
<td>95%</td>
<td>99.55%</td>
<td>99.59%</td>
</tr>
<tr>
<td>Percentage of patients triaged within 15 minutes</td>
<td>n/a</td>
<td>99.52%</td>
<td>97.73%</td>
</tr>
</tbody>
</table>
## Ambulance Clinical Quality Indicators

The following table shows Trust performance for further ACQIs.

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Return of spontaneous circulation (ROSC) at time of arrival at hospital</td>
<td>24.00%</td>
<td>28.75%</td>
<td>25.12%</td>
<td>30.55%</td>
<td>35.55%</td>
<td>22.37%</td>
</tr>
<tr>
<td>(Overall)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of Face Arm Speech Test (FAST) positive stroke patients (assessed</td>
<td>57.00%</td>
<td>37.30%</td>
<td>36.94%</td>
<td>54.19%</td>
<td>65.54%</td>
<td>37.30%</td>
</tr>
<tr>
<td>face to face) potentially eligible for stroke thrombolysis, who arrive at</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a hyperacute stroke centre within 60 minutes of call</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Data for these indicators (ACQIs) is not currently available for information after October 2017. 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.

The Clinical Audit and Quality Improvement Team have participated in national workshops to design and develop a new set of ACQIs for 2018/19.

## Research Activity

### Participation in research

Patients and Trust staff had the opportunity to participate in a variety of research studies during 2017/18. The Trust took part in six projects that were part of the National Institute of Health Research (NIHR) portfolio and 816 participants were recruited into these.

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2 National definitions of ACQIs can be found at https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/
Disseminating work at External Conferences

During 2017/18 the research and audit team showcased their work to a national audience through attendance at several key conferences. Posters were displayed at the 999 EMS (Emergency Medical Services) Research Forum in Stirling in March 2018.

Patient Safety & Experience

Central Alert System

The Central Alert System (CAS) is a national 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 2017/18 the Trust acknowledged 94% 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>2017/18</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Alert System (CAS) Received</td>
<td>121</td>
<td>140</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 core service lines for the Trust; A&E and Urgent Care Services (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. Although the service was ceased from 31 March 2017, PTS is also included as some incidents were not reported until after 1 April 2017.

<table>
<thead>
<tr>
<th>Other Patient Safety Measures</th>
<th>2017/18</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adverse Incidents</td>
<td>8,171</td>
<td>9,435</td>
</tr>
<tr>
<td>Moderate Harm Incidents</td>
<td>16</td>
<td>15</td>
</tr>
<tr>
<td>Serious Incidents</td>
<td>51</td>
<td>62</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;

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3 The Trust uses a local definition for Adverse Incidents which is based upon national guidance. Any event or circumstance arising that could have or did lead to unintended or unexpected harm, loss or damage to any individual or the Trust is classified as an adverse incident.

however, the incident could have been reported outside the 2017/18 timeframe of this document.

**Serious Incidents**

A fundamental part of the Trust’s risk management system is appropriately managing Serious Incidents (SI) 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 national criteria set by NHS England or are 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. Overall, fewer Serious Incidents were confirmed during 2017/18, all of these related to the A&E Service Line, with the predominant themes throughout the year being delays to ambulance attendances and inappropriate decisions not to convey patients to hospital.

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 remained consistent, with one additional incident identified during 2017/2018. The large majority of these incidents also related to the A&E service line with a primary theme of ambulance delays.

**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.

The Trust received a combined number of 921,386 patient contacts (A&E Activity and Urgent Care Services) against a total of 1,334 complaints\(^5\) (one complainant contact equates to one complaint) equating to 0.14% of all patient contacts.

\(^5\) The Trust has defined a complaint as any expression of dis-satisfaction from a patient, or their duly authorised representative, or any person who is affected by, or likely to be affected by, the action, omission or decision of the Trust, whether justified or not.
Patient Experience Measures

<table>
<thead>
<tr>
<th>Complaints, Concerns and Comments</th>
<th>2017/18</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient, Advice and Liaison Service (PALS) – Lost Property, signposting to other services etc</td>
<td>1,007</td>
<td>931</td>
</tr>
<tr>
<td>Health Service Ombudsman complaints upheld</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Compliments</td>
<td>2,653</td>
<td>2,235</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 complaints received, it is important to consider that the Trust proactively invites feedback from patients and their representatives.

Many Trust complaints are multifaceted, citing several areas of concern. In previous years, the number of complaints reported correlated with the number of complainant contacts the Trust received e.g. one complainant contacted equated to one complaint. This was then coded on the reporting system to a single primary area of concern, based on the feedback received from the complainant.

Since April 2017, the Trust has recorded each separate area of concern raised within the complaint, resulting in 1,665 separate areas of concern. Each concern is coded to report four subject areas in order to illustrate trends. The following table sets out the number of complaints received in 2017/18.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access and Waiting</td>
<td>649</td>
</tr>
<tr>
<td>Clinical Care</td>
<td>441</td>
</tr>
<tr>
<td>Communication</td>
<td>438</td>
</tr>
<tr>
<td>Security Vehicles and Driving Issues</td>
<td>137</td>
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</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;
- Delirium
- Comprehensive geriatric assessment
- Sarcopenia
- Informed consent

Further, the Trust produces quarterly Patient Safety and Experience Reports which are presented to the Trust’s Quality Committee. This summarises themes and learning arising from Patient Safety incidents dealt with by the Nursing and Quality Directorate, incorporating, SIs, Adverse Incidents, Comments, Concerns and Complaints.

In addition a quarterly Patient Safety and Experience Report is presented to the Trust’s Board of Directors. This also includes Claims and Inquests information.

The principle theme emerging from incidents and complaints relates to delays due to demand. A significant number of complainants and healthcare professional feedbacks raised concerns that the Clinical Hub had refused to provide an estimated time of arrival (ETA) for when they could expect and ambulance resource. Due to the continuously changing nature of emergency incidents, dispatchers (responsible for the allocation of ambulance resources) often need to divert ambulance resources. Therefore call handlers are unable to confirm that an ambulance is on its way or provide an ETA at the time of the 999 call.

Further trends have been identified in relation to non-conveyance of patients and clinical decision making in isolation, long lies following falls, absence of welfare calls, hospital capacity issues, clinical validation, Urgent Care Service staffing levels, palliative care and lack of capacity to undertake patient call backs from the 111 service clinical desk within the specified timeframe.

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.

2,653 compliments were received during 2017/18; an increase of 18.7% on 2016/17. These provide important assurance for the Trust in the public recognition for staff and their contribution to excellence in service standards and demonstrate the continuing public confidence in the Trust.

6 The Trust defines a compliment as any recognition by a member of the public, or other Health Care Professional, for the contribution of staff in delivering a high standard of service.
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 following picture is a year-end summary of the compliments received for 2017/18 - the larger the word/phrase the more frequently it was used.

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**Patient Engagement**

During 2017/18 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 and the patient experience team source 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 most importantly for the patients involved.

**Care Opinion**

Patients and their relatives and carers can post details of their experience on the “Care 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 55 stories relating to the trust have been posted on Patient Opinion. This is a decrease of 35% 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 Care Opinion site.

**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 639 people responded to the survey in respect of their NHS111 experience; equating to a response rate of 24%. These responses highlighted that further consideration needs to be given to communication about the process of 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 frustrated. 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.

205 responses were received from the GP Out of Hours Service surveys during the year, equating to a response rate of 22%. 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 delays and the quality of care received.
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.

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 cannot be used as a reliable benchmark.

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 2017/18 are:

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<tr>
<th>Recommend?</th>
<th>April</th>
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Public and Patient Involvement

During 2017/18 the Trust attended 267 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 298 members of the public had their blood pressure checked during 2017/18. 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:

- Worked collaboratively with the Fire and Rescue Services and Police Forces on providing 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.
- Coordinate and run station open days to increase public awareness and engagement.
- Develop our working relationship with our Healthwatch colleagues through open days showcasing latest Trust development and research.
- Improve our school resources and implement governance around school and educational visits, as well as station visits.
Assurance Statements – Verbatim

Clinical Commissioning Groups

NHS Dorset Clinical Commission Group on behalf of all Clinical Commissioning Groups across the South West

The Commissioners have reviewed the Quality Account and can confirm that the information presented appears to be accurate and demonstrates a successful organisation and a high level of commitment to quality. This is to be commended. It contains the undertakings of the organisation with regards to the quality ambitions, challenges and achievements from 2017/18 and defines the future direction for 2018/19.

SWASFT is a responsive, dynamic and innovative organisation, and has continued to work hard to develop excellent working relationships with commissioners. The Trust fulfils an important contribution to the health and wellbeing of the population within CCG localities through the services it provides and is committed to providing safe, high quality clinically effective patient care. The achievements from 2017/18 noted in the quality account reflect this.

There have been challenges in respect to achievement of the ambulance response times which may have impacted on patient safety and experience during the year. It is recognised that the Trust is not achieving the local performance threshold however as commissioners the action being taken to improve these percentages is welcomed and is reflected in the new priorities.

The Commissioners support the Trust’s open and transparent communication of their involvement with the CQC during 2017/18 within the quality account and the steps taken to improve the current Requires Improvement rating. The Commissioners also confirm that registration with the CQC has been maintained with no conditions and recognise that the caring attitude of the workforce, rated outstanding by CQC, remains evident.

SWASFT has produced an easy to understand and comprehensive report that helps the general public understand how their local health services are performing. The document outlines the Trust’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. South Central and West Commissioning Support Unit (SCWCSU) have put routine processes in place with SWASFT to agree, monitor and review the quality of services throughout the year. The information presented within the quality account is consistent with quality, safety and performance information supplied to the CCGs throughout the year through contract reporting and discussions at meetings with the Trust.

The Commissioners can therefore confirm that we have no reason to believe this Quality Account is not an accurate representation of the performance of the organisation during 2017/18.
Health Overview & Scrutiny Committees

Bath & North East Somerset Council, Health & Wellbeing Select Committee

We believe that SWAS’s priorities should and do match those of the public.

All of the priorities from last year were achieved and there was evidence of continued improvement in the priorities for the forthcoming year.

The select committee also welcome the patient experience priority that now focuses upon the experiences of people with mental health issues of the 999 service, which demonstrates a proactive approach to involving patients and service users to identify what matters to them.

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

During December 2016 the trusts NHS 111 service was rated as ‘Requiring Improvement’, within the domains of ‘effective’ and ‘well-led’. The select committee welcome the findings of the Quality Improvement Plan that will be embedded across the organisation, to learn from the CQC inspection.

The select committee also welcome the trusts learning from the production of the quarterly patient safety and experience report, and the development of a patient engagement programme, particularly for the use of a programme of Patient Engagement, Patient Experience Surveys, Friends and Family Tests, Public & Patient Involvement events, focus groups and through the development of the new ‘Care Opinion’ Website, for patients to post their experiences, is noted.

The select committee also welcome the trusts learning from the production of the quarterly patient safety and experience report, and the development of a patient engagement programme, particularly for patients who already engage with specialist mental health organisations and focus groups.

We were pleased to hear that the trust has been able to enhance their understanding of the patient experience by receiving testimonies from patients and also invited them to board meetings, which has become a positive experience for both patients and board members.

The select committee are pleased that there is mandatory training for all staff and we welcome the focus on support services, NHS 111 and agency staff.

However, previously the select committee would have liked more information regarding the induction, training and recruitment of new staff. 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 Health and Adult Social Care Overview & Scrutiny Panel

With reference to the priority for improving the management of the older patient we were pleased to see the online frailty learning zone for SWASFT staff. Initiatives such as First Aid training for care providers are welcomed to reduce ambulance attendance. Along with the new approach of triage in the clinical hubs this should ensure emergency ambulances are used effectively.

It was disappointing to see response times are still challenging but we didn't know if factors such as traffic, rural location or whether it was just problems with handovers. It's a concern
that delays are not only are of a safety nature but involve the future health outcome for the patient.

We are unsure about the idea of Always Events with patient experience being fairly subjective and perhaps in some cases having unrealistic expectations. However this aspect of safety in our view must not take priority over Never Events. We fully support putting the patient at the centre but have reservations over resources being used on this.

Sight must not be lost that the number of compliments exceeded bad experiences and the staff should be proud of that.

With new data reporting for 2018 we hope the Workforce Race Equality Standard will get back on track.

The Duty of Candour and Safeguarding seems to be well provided for and monitored.

Training for staff is important and obviously operationally challenging but the Trust are aware which is noted.

The GP Out of Hours report is good as this tends to be where the majority of patients interact with. The main concern is the patient call backs in 10 minutes being considerably lower than the target. We would like to see this improve for next year’s report.

Overall we feel staff should be proud of their caring and compassionate nature towards their patients.

**Bristol City Council People Scrutiny Commission**

The Bristol City Council People Scrutiny Commission holds the statutory health scrutiny function for Bristol City Council. The Commission received a presentation on the 8th May and Members were satisfied with the contents of the South Western Ambulance Service NHS Foundation Trust - Quality Review and Quality Account.

Members commended the use of the welfare call process in managing the impact of delays on patient safety.

Members suggested that in the reporting of quality priorities and actions taken, a better understanding and explanation of the measurement of the outcomes for patients was required.

Members strongly supported any initiatives that strengthened the organisations ability to provide feedback to patients. In addition, Members noted the need for better communication to manage patient’s expectations during the triage system and in respect of GP referrals.

Members suggested that the organisation explore whether a Community Transport option could be a viable addition to the wider service offer.

**Devon County Council Health and Adult Care Scrutiny Committee**

Devon County Council’s Health and Adult Care Scrutiny Committee has been invited to comment on the South Western Ambulance Service NHS Foundation Trust’s (SWAST) Quality Account for 2017-18. All references in this commentary relate to the reporting period 1st April 2017 to 31st March 2018 and refer specifically to the SWAST’s relationship with the Scrutiny Committee.
The Scrutiny Committee believes that the Quality Report for 2017-18 is a fair reflection and gives a comprehensive coverage of the services provided by the Trust, based on the Scrutiny Committee’s knowledge.

In terms of the priorities for 2017-18, the Members of the Committee recognise the work undertaken by the SWAST in the last year to improve the identification of frailty in older adults. The Committee also acknowledges the Trust’s work in improving the timeliness of responses to patient complaints. Members note however that there is still the need for improvement in this area.

Members are grateful to the SWAST for attending the NHS Inquiry Spotlight Review in October and the January Health and Adult Care Scrutiny Committee meeting in January. In January, the Trust provided the Committee with performance figures relating to the new targets for ambulance response times. The Trust representatives undertook to provide further information for members in relation to the Trust’s performance. It has been an issue of concern to Members that the Trust has been unable to meet national standards for response times.

Members are also thankful to the Trust for attending the meeting of the Health and Adult Care Scrutiny Committee Standing Overview Group in May 2018 in which the Trust outlined its Quality Account for 2017-18 to Members.

The Committee supports the Trust’s Quality Priorities for Improvement in 2018-19 and expect that the Trust will continue to work on improving ambulance response times. The Committee welcomes the initiative planned by the SWAST to improve the patient care experience through the ‘Always Events’ programme and endorses the Trust’s aims to better understand the experience of mental health patients and to use a new response framework to refine the appropriateness of responses that patients receive. Members also appreciate the Trust’s focus on continuing to improve the health and wellbeing of its staff.

The Committee looks forward to a continued positive working relationship with the SWAST in 2018/19 and beyond to continue to ensure the best possible outcomes for Devon residents.

Dorset Health Scrutiny Committee

Dorset Health Scrutiny Committee, welcomes the invitation to comment on the Quality Review and Quality Account 2017/18 for the South Western Ambulance Service NHS Foundation Trust, and would like to submit the following comments:

The Dorset Health Scrutiny Committee is pleased to note the progress against the three key priorities for 2017/18, particularly with regard to improving the management of older patients and understanding the impact of delays on patients. The on-going actions to review delays and the revisions to the welfare call process are welcomed. With regard to the priority to improve the quality and timeliness of responses to complaints, it was helpful to hear more about the rigour and complexity of the process from the Patient Engagement Manager, and the Committee has requested to receive some comparative data on the performance of other Ambulance Trusts in due course.

The Committee notes the priorities identified for 2018/19 and supports those proposed (clinical effectiveness of triage within the clinical hubs, experiences of mental health patients using the 999 service and the development and implementation of ‘always’ events). It was reassuring to hear that resources can now be more easily re-deployed to areas of high demand and to hear that good practice is being proactively encouraged and recognised.
With regard to the reporting of key performance indicators for 2017/18, the Committee is disappointed and concerned that the current performance within the Ambulance Response Programme is not meeting targets, particularly for Category 2, 3 and 4 calls. The fact that the standards make no allowance for rurality is recognised as a problem for the Trust; the Committee welcomes the use of resources such as community responders and the Fire and Rescue Service as an alternative where appropriate.

The results of the NHS staff survey for the Trust were recognised as being generally in line with or better than comparable Trusts. It was encouraging to hear of the measures being put in place to investigate bullying issues and the recruitment efforts with individuals from the BME community.

With regard to the quality indicators, again the problem of rurality was noted in respect of the poor performance for the Trust in transporting patients potentially eligible for thrombolysis to hyperacute stroke centres within 60 minutes. The Committee would support the need for more investment nationally and locally to compensate for the increased journey times across areas such as those covered by SWAST. New initiatives such as the Mobile Urgent Treatment Centres which will provide early assistance and intervention in Dorset, alongside funding for additional vehicles, were welcomed.

Over the past year, the willingness of the South Western Ambulance Service NHS Foundation Trust to engage with members of the Dorset Health Scrutiny Committee has been helpful, and we would like to express our thanks to the Trust for this and look forward to a continuation of this engagement in the future.

**Isles of Scilly Scrutiny Committee**

The Committee welcomes the additional resilience in the past year provided by having more island-based paramedics, plus investing in career development. We were grateful for a report in November 2017 that provided the island context from the Trust and look forward to receiving a future island-focused report.

As for other geographically isolated communities, the ability to respond quickly and appropriately is vital, especially given the requirement, on occasion, for additional travel by boat between the islands (and how this can affect response times), and the increase in the islands’ population in the summer months. We feel it is important that the challenges faced on the islands are fully captured within the new response framework, and that this ‘island-proofing’ ensures the best outcomes for patients. We therefore fully support the priority this year for clinical effectiveness, evaluating the effectiveness of the computer-driven support system, robustness of any data tools and outcomes from the triage process.

A focus on frailty over the past year links well with priorities for the community hospital provider on the islands, and we would welcome evidence of how the two organisations have worked together to add value to this area of improvement. Similarly, a focus on responses to patient experience is welcomed as it represents an opportunity for self-improvement as well as improving the quality of service. We hope this continues this year given the priority given to the experience of mental health patients. We would very much like this priority to be ‘island-proofed’ to include engagement with mental health charities and organisations as there are substantial challenges faced during a mental health crisis. As stated, sensitivity is required so as not to carry out activities that may be detrimental to the overall wellbeing of these patients.
Demonstrating that service provision is ‘island-proofed’ provides important reassurance that:

- there has been due regard paid to logistics of service delivery on the islands
- improvements and priorities can realistically be delivered in the local context

Overall, we desire that an integrated health and care approach on the islands is an example of excellence. We wish for the Trust to play an active part in developing and supporting a proficient workforce, recruiting and supporting volunteers on all the islands, within an effective, caring network that has sufficient capacity to meet the current and future needs of the islands.

**North Somerset Health Overview & Scrutiny Panel**

The Panel noted that there is a significant reorganisation process within the Trust and were very encouraged by the implementation of new processes and programmes such as the Red Bag Scheme. The Panel were also pleased to note the continuing work that is being done in the Ambulance Response Programme (pre-triage) and that despite the overnight closure of Weston’s Emergency Department there is a pathway for patients suffering from neck of femur injuries whom are to be prioritised and to still be admitted to Weston during these hours.

Nevertheless, the Panel acknowledges the significant impact of lack of resource and remains concerned about the effect this has on delays in attending patients.

The Panel acknowledges the Trust’s achievement of its 2017/18 priorities and welcomes the focus of the 2018/19 priorities.

**South Gloucestershire Health Scrutiny Committee**

The South Gloucestershire Health Scrutiny Committee received a presentation on your draft Quality Account at a meeting in common with the Bristol People Scrutiny Commission on 8th May 2018.

These comments are based on matters raised by Members of the South Glos Committee at the meeting in common. Members supported measures taken to raise awareness of frailty and noted that the Trust had collaborated with all its CCGs to try to ensure a consistent approach. All staff received the same training to ensure referrals and treatment of patients was consistent. It was noted that the QA report includes data on response times for South Glos, which is of interest to members. It was suggested that the Trust should look into using Community Transport for non-urgent calls to improve response times.

The Committee has not received any formal reports from the Trust during the year.

**Wiltshire Health Select Committee**

Since September 2016, SWAST Performance in Wiltshire have been presented to the Health Select Committee in the form of annual reports to the Committee on the performance of the ambulance service in Wiltshire. The first edition was presented at the Health Select Committee on 27 September 2016.

On 5 September 2017, the Health Select Committee received a report presenting information relating to the ambulance service's activity and performance in Wiltshire. Issues highlighted in the course of the presentation and discussion included: that targets in rural areas are often challenging; how calls are prioritised to send the right resource to the right person; the support to the service provided to the service by community first
responders; how demand patterns have changed; the issues facing the recruitment to some rolls such as call-handlers; the impact of the Sustainable Transformation Plans.

The committee looks forward to receiving the SWAST Performance in Wiltshire annual report at its meeting on 11 September 2018.

Healthwatch

The Care Forum - Healthwatch Bath and North East Somerset, Bristol, South Gloucestershire and Swindon

Healthwatch welcome the opportunity to respond 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.

Looking back at the priorities for 2017/18

Priority 1 – Clinical Effectiveness – Awareness and Improving the Management of the Older Patient.

Healthwatch welcome this priority, and would like all staff to be aware that it is the older person who should be consulted about their assessment where ever possible. Healthwatch has feedback that some NHS staff will discuss the older patient with family and carers and the patient is overlooked. In some cases where the patient does not have capacity this might be a necessity but staff should always address the patient first. Healthwatch would like to see the Trust include the priorities and especially the awareness of working with older people included in future staff development. Healthwatch are interested to see how the online frailty learning zone will be used to raise awareness to improve the recognition of frailty in older adults. It would be very useful to hear the voice of the older frail adult included in the training.

Priority 2 – Patient Experience – Improving the Quality and Timeliness of Responses to Patients.

Healthwatch supports the Trust’s recognition that there should be a timely response to complaints. Although there has been an increase to 33.2% this year this is still a very low percentage that needs to be addressed.


Healthwatch are pleased that the Trust wish to identify improvements that can be made to enhance patient safety and experience. The charts on page 20/21(not page 19) show how the Trust’s performance is still below the national standard. Healthwatch will watch to observe if the trust can maintain a focus on these targets in the coming year. Healthwatch has concerns with the delays at the emergency departments of the region’s hospitals and understand the Trusts difficulties associated with lost operational hours.
The term ‘deep dive’ might not be one that the public is aware of, perhaps this should be in the glossary of terms.

Healthwatch would like an update on how the Trust is addressing the Accessible Information Standard, as again this year the draft Quality Account could not be produced in an audio version in time for our Healthwatch volunteer to comment.

Priorities for 2018/19
Clinical Effectiveness – Clinical Effectiveness of Triage within the Clinical Hubs.

Healthwatch are glad to see that clinical effectiveness continues to be a priority within the Trust. Throughout the year Healthwatch will follow the planned outcomes to observe if the evaluation of the impact of the triage system will be achieved.

Patient Experience – Experiences of Mental Health Patients Using the 999 Service

Healthwatch are very pleased to note that the experiences of mental health patients using the 999 Service has been identified by the Trust as an issue for new learning, and that this can be incorporated into service development. Healthwatch applaud the development of the engagement programme and note how the Trust will engage with patients through existing groups and specialist mental health organisations.

Healthwatch are interested in how the Trusts operational staff will learn more about mental health issues from this priority.

Patient Safety – The Development and Implementation of Always Events.

Healthwatch read with interest the priority on the development and implementation of ‘Always Events’ and the goal for patients and service users to have an ‘Always Experience’ to improve the patient safety experience. The quarterly initiatives show the testing of a pilot and the implementation with an identified patient group, Healthwatch look forward to hearing how these actions will be achieved.

Quality Improvement Plan 2018 Priorities

Healthwatch noted the Quality Improvement Plan themes and are pleased to see the quality improvement action on Theme 3 to review the indicators for work intensity and fatigue. Healthwatch is very aware that the way the service runs often means that patients come first and staff work long hours without a break.

Staff Survey

Healthwatch are disappointed to read there is an increase this year in the percentage of staff experiencing harassment, bullying or abuse from staff in the last twelve months, but note that this is below the national average for 2017.

Workforce Race Equality Standard

Healthwatch are very disappointed to read the Trusts figures on BME staff experiencing harassment, bullying or abuse from staff in the last twelve months as this is a great increase from 2016. It is also unsatisfactory to see the rise to 32% an
increase from 9% in 2016 in the number of BME staff who have personally experienced discrimination at work from manager/ team leader or other colleague.

Healthwatch will follow the Trust's plans to address this through the development and actions of the new Equality group in 2018/19. It would also be useful for Healthwatch to comment on the Trust's Equality Delivery System when this is completed as concerns affecting other groups with protected characteristics are not identified in this report.

Duty of Candour

Healthwatch note that the Trust makes contact with the patient or next of kin within, at most, 10 working days of an incident. Healthwatch wonder if this year the timescale could be extrapolated so that Healthwatch could see an average of just how long it takes to contact patients as 10 working days sounds a long time to be waiting.

Sign Up to Safety

Healthwatch would like to see a link to the Trust priority on older people and frailty mentioned within this section. In the safeguarding section Healthwatch would like the term ‘care home’ – where staff are failing to recognise the symptoms of stroke be changed to ‘residential care home’, to reflect the difference from a nursing care home.

Healthwatch Cornwall

Healthwatch Cornwall (HC) was pleased to read with interest the Quality Account from the South West Ambulance Service NHS Foundation Trust and to see the on-going commitment to quality, safety, patient experience and innovation.

Of particular achievement, is the work to reduce admissions to emergency departments (ED) which has seen the proportion of 999 calls managed without the need for admission to ED, increase by 55%, the highest non-conveyance for any ambulance trust in the country.

It is encouraging to see the focus on improving the management of the older patient and that the Trust has achieved its target of implementing Rockwood scores on the electronic patient care record in over 60% of older adults. Furthermore, the target of 90% of available frontline clinicians to have received a frailty education update has also been achieved. The introduction of a frailty learning zone will further support the on-going education of staff in this important area of care, given the ageing population, which is comparatively higher in the South West.

We are pleased to see the continued focus and actions taken to improve the timeliness of response to complaints, whilst the quality of responses remains high.

It was positive to see the Trust achieved it’s priority objective of exploring the impact of extended delays in responding to 999 emergency calls and calls from healthcare professionals. This aimed to identify improvements that would enhance patient safety and experience, and raise the profile of the number of significantly delayed amber and green responses at strategic level.
It is good to see the Trust will use the data tool it has developed to further refine the clinical effectiveness of triage within the clinical hubs, in order to improve the appropriateness of response that patients receive.

We are pleased to read that a priority for patient experience will be to focus on people with mental health issues, and that the experience of these patients will be used to shape service development. This co-productive approach along with engagement with external experts and specialists is welcomed by HC. Similarly, we are also encouraged to see plans to enhance patient care by developing Always Events for specific patient groups, through patient and service user engagement.

The level of operational pressure felt by the Trust continues to be high. Whilst the Trust has not met the new ambulance standards introduced mid-way through the year, it has continued to face challenges such as increasing year-on-year activity and handover delays at the emergency departments regionally. Nonetheless, the Trust affirms its continued commitment to working ‘extremely closely’ with commissioners and acute hospitals to maintain patient flow, increase ambulance resource availability and to serve its patients.

It is also positive to see a continued commitment to improve Ambulance Clinical Quality Indicators, as it is particularly concerning to see below local performance threshold (65.2% versus 90%) performance for outcomes such as the percentage of Acute ST Elevation Myocardial Infarction patients who receive an appropriate care bundle.

The Trust recognises its caring and compassionate staff, as rated by the Care Quality Commission (CQC) as ‘Outstanding’ for caring. It is evident the Trust plans to build on the learning and recommendations made in CQC inspections, along with feedback from its staff, to develop its Quality Improvement Plans.

It is welcomed that the Trust report they proactively invite feedback from patients and those close to them. It must be acknowledged that the number of complaints decreased year-on-year from 1,616 in 2016/17 to 1,334 in 2017/18 and the number of compliments has increased from 2,235 to 2,653 during the same period. The majority of complaints relate to access and waiting, and the leading theme resulting from incidents and complaints related to delays due to demand. There were also concerns raised that the Clinical Hub refused to provide an estimated time of arrival, which is recognised as very difficult, due to the changing nature of clinical incidents. The Trust has also highlighted a number of further areas of concern on which to focus its learning. It is reassuring that the Trust show a commitment to learning from complaints and incidents by sharing information with staff via monthly bulletins, and with the Board through patient safety and experience reports, for example.

Friends and family test response rates remain low for the Trust and for ambulance trusts nationally. However, despite this, it is positive to see there was a consistent theme of praise and gratitude therein.

HC are pleased to see SWAFST continues its programme of public and patient involvement. It attended 267 events during the year, in which 298 members of the public received blood pressure checks. The Trust reports it continues to build relationships with key partners in health and stakeholders. HC were pleased to attend the Healthwatch open day in February 2018 and found the content of the day both informative and innovative. Of particular note were the presentations around the focus on mental health patients, the Quality Performance Improvement Plans and the numerous studies and research being undertaken within the Trust.
The feedback we received about the Trust’s services during 2017 to 2018 was small in number and some of which related to the 111 service in Cornwall, which is now no-longer provided by the Trust.

HC looks forward to continuing its relationship with SWASFT and to providing more regular patient feedback about the services it provides.

Healthwatch Gloucestershire, Somerset and Wiltshire

This statement is provided on behalf of Healthwatch Gloucestershire, Healthwatch Somerset and Healthwatch Wiltshire. 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.

Patients over the age of 65 years old account for over half of ambulance activity. Last year the Trust made a commitment to improve the management of older, frail patients including a comprehensive package of training and awareness for its staff. We are pleased to see that they met the set targets and that 94% of staff received a frailty education update as part of their annual development day and that a frailty learning zone is now available on the Trusts intranet.

We acknowledge the work that the Trust has carried out to improve the timeliness and quality of their response to complaints. However, we note that although performance has improved, the overall performance rate is still relatively low (33.2%) and therefore, we would like to see further improvements. Healthwatch have done a great deal of work around complaints handling in the past and would be happy to share this knowledge and experience with the Trust.

We are pleased to see that the Trust has chosen to focus on the experiences of patients with mental health issues who use the 999 service and are happy to share with the Trust, any relevant, anonymous feedback that we receive. In addition, the development of the implementation of ‘always events’ (aspects of care and experience that should always occur when patients and their relatives/carers interact with health professionals) programme is a positive move forward. In particular, the commitment to involving patients in the co-design and testing of ‘always events’ is encouraging. We look forward to hearing more about the outcomes of the work over the coming year.

We note that the Trust’s 999 performance times do not currently meet the National Standard. However, we acknowledge the rise in the number of emergency contacts, and the introduction on the new standards and indicators which likely had an impact on these results. Residents in the more rural areas of Gloucestershire, Somerset and Wiltshire have raised concerns regarding delays in response. We reiterate our recommendation in last year’s quality account response, that regular communication with patients whilst they wait for an ambulance enhances their experience and provides reassurance.

The Trust has actively engaged with and built on its existing relationship with local Healthwatch in 2017/18 and have welcomed patient feedback. We appreciated the opportunity to visit the Trust’s call centre in Bristol and spend some time with the call operators. This gave us a good insight into the operational challenges faced by the Trust on a daily basis.
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 North Somerset

Healthwatch North Somerset welcomes the opportunity to respond to the draft Quality Account of the South West Ambulance Service NHS Foundation Trust (SWASFT).

Overall the Trust Quality Account provides a comprehensive reflection on quality performance during 2017/18. We commend the Trust for the achievement of all the Quality Priorities.

We welcome the fact that 2017-18 Priorities included issues that have been mentioned to us previously by the public: Priority 2 (Patient Experience - Improving the quality and timeliness of responses to patients). Priority 3 (Patient Safety – Impact of delays on Patient Safety)

We also welcome the fact that although progress has been achieved on all priorities that further improvements are sought on Priority 2.

The number of patient and public engagement events attended by the Trust is commendable however the response rate to the Friends and Family Test remains poor.

We are pleased to see developments relating to responses to complaints and that older people and those with mental illness were high on the agenda as well as clear priorities set for safety, mental health, triage and timeliness. We note that stakeholders including Healthwatch were consulted about mental health issues.

We note the rise in compliments to the Trust which was a very positive statistic. However we note the concerns about staff fatigue, missed meals, sickness targets and stress at work and the level of bullying recorded. We welcome the commitment to initiatives to respond to the pressure facing staff and to improve their work life balance. There are concerns regarding race equality and abuse from both staff and patients; we are pleased that buddying, training, appraisals, risk assessment outcomes and a complaints procedure have been put in place.

Healthwatch Plymouth

Healthwatch Plymouth has read the Quality Account with interest and note the progress made around the 2016-17 initiatives around Clinical Effectiveness when managing older patients, Improving the quality and timeliness of responses to patient complaints and Patient Safety – the impact of delays. We also note that further work is ongoing in these areas.

Priorities for the forthcoming year are welcomed especially around the Clinical Effectiveness of Triage and improving Experiences of Mental Health Patients using the 999 service.

Patient experience of 999 services to Healthwatch Plymouth is generally positive around the Staff and treatment and care received. However, waiting times for ambulances to arrive or experiences of mental health patients is often negative. Whilst acknowledging that the Trust covers a large area of the South West and as with other areas of the health service is facing operational pressures, patients need to have confidence that when they need emergency health support it will be delivered in a timely manner. From our point of view the Trust needs to more communicative with the public about how the service is being delivered including how triage will inform the priority of ambulance dispatch.
Healthwatch Plymouth are looking forward to further developing its relationship with the Trust over the next 12 months and beyond.

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 2017/18 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 1 April 2017 to 31 March 2018
  - papers relating to Quality reported to the Board over the period 1 April 2017 to 31 March 2018
  - feedback from the commissioners dated 21 May 2018;
  - feedback from governors dated 6 July 2017, 19 October 2017 and 9 March 2018;
  - feedback from Local Healthwatch organisations dated 16, 18, 21 and 22 May 2018;
  - feedback from Overview and Scrutiny Committees dated 2, 9, 14,15, 17, 18 and 21 May 2018
  - 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 6 March 2018
  - the Head of Internal Audit’s annual opinion over the trust’s control environment dated 24 May 2018;
  - CQC Inspection Reports dated 6 October and 17 November 2016.

- the Quality Report presents a balanced picture of the NHS Foundation Trust’s performance over the period covered;

- the performance information reported in the Quality Report is reliable and accurate;

- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;

- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and

- the Quality Report has been prepared in accordance with Monitor’s annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.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
24 May 2018

Ken Wenman
Chief Executive
24 May 2018
## 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>98.34%</td>
<td>99.85%</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>86.40%</td>
</tr>
<tr>
<td>Quality Requirement</td>
<td>Target</td>
<td>Dorset</td>
<td>Gloucester</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------</td>
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<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>78.10%</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>n/a</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>n/a (no cases)</td>
<td>69.57%</td>
</tr>
<tr>
<td>QR12 - Urgent Consultations (presenting at base) started within 2 hours</td>
<td>95.00%</td>
<td>90.00%</td>
<td>90.69%</td>
</tr>
<tr>
<td>QR12 - Less Urgent Consultations (presenting at base) started within 6 hours</td>
<td>95.00%</td>
<td>97.56%</td>
<td>96.29%</td>
</tr>
<tr>
<td>QR12 - Emergency Consultations (home visits) started within 1 hour</td>
<td>95.00%</td>
<td>n/a (no cases)</td>
<td>75.00%</td>
</tr>
<tr>
<td>QR12 - Urgent Consultations (home visits) started within 2 hours</td>
<td>95.00%</td>
<td>90.06%</td>
<td>89.85%</td>
</tr>
<tr>
<td>QR12 - Less Urgent Consultations (home visits) started within 6 hours</td>
<td>95.00%</td>
<td>95.52%</td>
<td>86.93%</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>

* The contract for the provision of GP Out of Hours services in Gloucestershire ended on 31 May 2017, therefore the figures for the Gloucestershire contract in the above table relate to performance for the period 1 April 2017 to 31 May 2017.
### NHS111 Quality Requirements

<table>
<thead>
<tr>
<th>Quality Requirement</th>
<th>Target</th>
<th>Dorset</th>
<th>Cornwall and IoS *</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity (Total calls offered)</strong></td>
<td>n/a</td>
<td>245,785</td>
<td>95,292</td>
</tr>
<tr>
<td>QR1 - Providers must report regularly to NHS Commissioners on their compliance with</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>the Quality Requirements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<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</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>information) to the practice where the patient is registered by 0800 the next working</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>day.</td>
<td>95.00%</td>
<td>97.12%</td>
<td>96.81%</td>
</tr>
<tr>
<td>Compliance</td>
<td>Partially Compliant</td>
<td>Partially Compliant</td>
<td>Partially Compliant</td>
</tr>
<tr>
<td>QR3 - Providers must have systems in place to support and encourage the regular</td>
<td></td>
<td></td>
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<tr>
<td>exchange of information between all those who may be providing care to patients with</td>
<td></td>
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<td></td>
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<tr>
<td>predefined needs</td>
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</tr>
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<td>Compliance</td>
<td>Compliant</td>
<td>Compliant</td>
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<td>QR4 - Providers must regularly audit a random sample of patient contacts (audit should</td>
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</tr>
<tr>
<td>provide sufficient data to review the clinical performance of each individual</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>working within the service)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<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</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>service</td>
<td>1.00%</td>
<td>0.78%</td>
<td>0.89%</td>
</tr>
<tr>
<td>Compliance</td>
<td>Compliant</td>
<td>Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>QR6 - Providers must operate a complaints procedure that is consistent with the</td>
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<td></td>
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<tr>
<td>principles of the NHS complaints procedure</td>
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<td>Compliant</td>
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</tr>
<tr>
<td>predictable fluctuations in demand for their contracted service</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compliance</td>
<td>Partially Compliant</td>
<td>Partially Compliant</td>
<td>Partially Compliant</td>
</tr>
<tr>
<td>QR8a - No more than 5% of calls abandoned before being answered</td>
<td>5.00%</td>
<td>2.19%</td>
<td>2.67%</td>
</tr>
<tr>
<td>QR8b - Calls to be answered within 60 seconds of the end of the introductory</td>
<td>95.00%</td>
<td>87.01%</td>
<td>85.91%</td>
</tr>
<tr>
<td>message</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QR9a - All immediately life threatening conditions to be passed to the ambulance</td>
<td>95.00%</td>
<td>97.60%</td>
<td>98.92%</td>
</tr>
<tr>
<td>service within 3 minutes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QR9b - Patient callbacks must be achieved within 10 minutes</td>
<td>95.00%</td>
<td>26.83%</td>
<td>19.78%</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>95.00%</td>
<td>98.07%</td>
<td>100.00%</td>
</tr>
<tr>
<td>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</td>
<td>Compliance</td>
<td>Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>QR15 - Providers must demonstrate that they are complying with the Department of Health Information Governance SUI Guidance on reporting of Information Governance incidents appropriately.</td>
<td>Compliance</td>
<td>Compliant</td>
<td>Compliant</td>
</tr>
</tbody>
</table>

* The contract for the provision of NHS 111 service for Cornwall & Isles of Scilly ended on 31 October 2017, therefore the figures for the Cornwall & Isles of Scilly contract in the above table relate to performance for the period 1 April 2017 to 31 October 2017.
<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>
<tr>
<td>AI - Adverse Incident</td>
<td>Any event or circumstance that could have or did lead to unintended or unexpected harm, loss or damage to any individual or the Trust.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td>Board of Directors</td>
<td>Executive body responsible for the operational management and conduct of the organisation</td>
</tr>
<tr>
<td>Clinical Audit</td>
<td>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.</td>
</tr>
<tr>
<td>CCGs</td>
<td>Clinical commissioning groups – GP-led commissioners of local healthcare services</td>
</tr>
<tr>
<td>Clinical Guidelines</td>
<td>Trust documents which introduce guidance which is either not considered within the scope of the JRCALC guidelines, or where further clarification is required.</td>
</tr>
<tr>
<td>Clinical Hub</td>
<td>SWASFT term for control room where phone calls to the Trust are handled.</td>
</tr>
<tr>
<td>CoG</td>
<td>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</td>
</tr>
<tr>
<td>CQC</td>
<td>Care Quality Commission - the independent regulator of health and adult social care.</td>
</tr>
<tr>
<td>CQUIN</td>
<td>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.</td>
</tr>
<tr>
<td>Definitive Clinical Assessment</td>
<td>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).</td>
</tr>
<tr>
<td>DH</td>
<td>Department of Health – the government department that provides strategic leadership to the NHS and social care organisations in the UK</td>
</tr>
<tr>
<td>ECS</td>
<td>Electronic Care System – allows the Trust to electronically capture, exchange and report on patient information.</td>
</tr>
<tr>
<td>-------------</td>
<td>-----------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Executive Directors</td>
<td>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.</td>
</tr>
<tr>
<td>FAQ</td>
<td>Frequently asked questions</td>
</tr>
<tr>
<td>FAST test</td>
<td>Face, Arm, Speech, Time – brief but effective test to determine whether or not someone has suffered a stroke.</td>
</tr>
<tr>
<td>FFT</td>
<td>Friends and Family Test – NHS single question survey which asks patients whether they would recommend the service received to their friends and family.</td>
</tr>
<tr>
<td>NHS FT</td>
<td>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.</td>
</tr>
<tr>
<td>Governance</td>
<td>‘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</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>Health Service Ombudsman</td>
<td>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.</td>
</tr>
<tr>
<td>Healthwatch</td>
<td>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.</td>
</tr>
<tr>
<td>HOSCs</td>
<td>Health Overview and Scrutiny Committees – local authority committees with powers to scrutinise local health services to ensure improvements are made and inequalities reduced.</td>
</tr>
<tr>
<td>Hospital Episode Statistics</td>
<td>A data warehouse containing details of all admissions, outpatient appointments and A&amp;E attendances at NHS hospitals in England.</td>
</tr>
<tr>
<td>ICPR</td>
<td>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.</td>
</tr>
<tr>
<td>IG</td>
<td>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.</td>
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<tr>
<td>JRCALC</td>
<td>National clinical practice guidelines for NHS paramedics developed by the</td>
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<tr>
<td><strong>Guidelines</strong></td>
<td>Joint Royal Colleges Ambulance Liaison Committee.</td>
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<tr>
<td><strong>KPIs</strong></td>
<td>Key performance indicators – a set of quantifiable measures used to demonstrate or compare performance in terms of meeting strategic and operational objectives.</td>
</tr>
<tr>
<td><strong>Local Clinical Audit</strong></td>
<td>A quality improvement project involving healthcare professionals evaluating aspects of care they have selected as being important to the organisation and service users.</td>
</tr>
<tr>
<td><strong>Moderate Harm Incident</strong></td>
<td>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.</td>
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<tr>
<td><strong>National Clinical Audit</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>NEDs</strong></td>
<td>Non-Executive Directors – members of the Board of Directors, but not part of the executive management team</td>
</tr>
<tr>
<td><strong>NICE</strong></td>
<td>National Institute for Health and Clinical Excellence – independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.</td>
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<tr>
<td><strong>NRLS</strong></td>
<td>National patient safety incident database.</td>
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<tr>
<td><strong>OoH</strong></td>
<td>Out of Hours – a service which enables patients to access a GP out of normal practice hours.</td>
</tr>
<tr>
<td><strong>PALS</strong></td>
<td>Patient Advice and Liaison Service – a confidential advice, support and information service in respect of health related matters.</td>
</tr>
<tr>
<td><strong>Patient Opinion</strong></td>
<td>An independent website where people can post their experiences of using a health care service.</td>
</tr>
<tr>
<td><strong>Payment by Results</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>PPI</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Priorities for Improvement</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>PTS</strong></td>
<td>Patient Transport Service – the non-emergency conveyance of patients to and from healthcare provision.</td>
</tr>
<tr>
<td><strong>Quality Strategy</strong></td>
<td>Trust document sets out how the Trust will deliver high quality, cost effective emergency and urgent health care services to people in the South West.</td>
</tr>
<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>
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<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>
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</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 |
|**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 |