



WMAS Quality Account 2011

Gill Bennett Nursing Primary Care
& Quality Director

Quality Account 2011

Aim for this presentation

To show key priorities on areas which are the three domains of quality;

- patient safety*
- clinical effectiveness*
- patient experience*

**These do not change from 2010/11*

- To report outcome of Projects 2010/11
- Intentional Projects for 2011/12
- Timetable to publication Quality Account June 30 2011

Report on Outcome for Projects 2010

Patient Safety

- reducing patient falls in our care by 25%,
- reducing medicine incidents by 25%,
- improving compliance against the Hygiene Code,
- increasing the level and quality of safeguarding referrals by 10%.

Patient Experience

- Improving complaints response times by 5 working days
- and reduce delays in claim resolution caused by Trust actions by five working

Clinical Effectiveness

- Heart Attack
- Mini Stroke
- Stroke

Sustainability and Carbon Reduction

Report on Outcome for Projects 2010

Patient Safety; Project 1-reducing patient falls in our care

WMAS Target

25% reduction in the number of 'harm' incidents and through raised awareness and increase in near miss reporting by March 2011

WMAS Progress to date

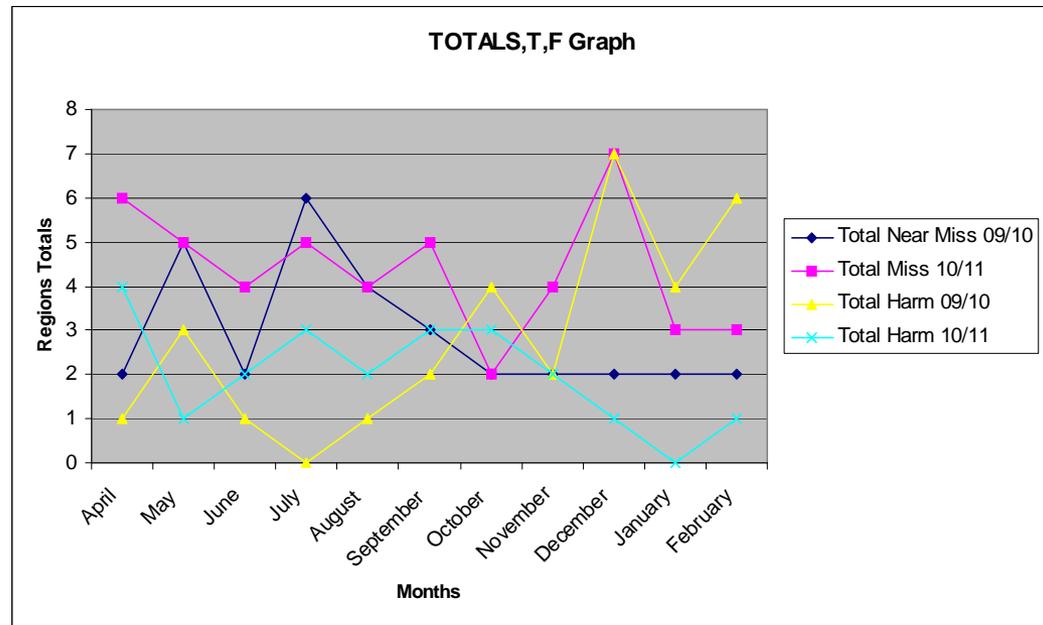
Comparison of 2009 -10 against 2010 -11 'year to date' indicates an increase in near miss reporting and reduction in harm incidents.
(Caution in estimation of expected final figures is recommended based on incident reports not yet submitted).

The majority remain reported within the non-emergency transport area of the service.

Intentional Projects for 2011

Patient Safety; Project 1; Reducing patient falls in our care by 25%,

NO for formula	Total Near Miss 09/10	Total Miss 10/11	Total Harm 09/10	Total Harm 10/11
1 April	2	6	1	4
2 May	5	5	3	1
3 June	2	4	1	2
4 July	6	5	0	3
5 August	4	4	1	2
6 September	3	5	2	3
7 October	2	2	4	3
8 November	2	4	2	2
9 December	2	7	7	1
10 January	2	3	4	0
11 February	2	3	6	1
	32	48	31	22



Year to date figures 09/10 and 10/11

(A&E and PTS Combined)

Patient Safety; Project 1-reducing patient falls in our care

WMAS Progress to date

Risk management

- Winter patient safety action plan – September 2010 – February 2011
- Patient Transport Service (PTS) Risk register developed including patient Slips Trips Falls
- PTS Managers / Supervisors trained in risk management / risk assessment
- Root Cause Analysis workshops commenced throughout WMAS for learning from incidents

Communication

- Weekly brief patient safety information sheets providing guidance for preventing STF
- Patient safety section of intranet developed

Report on Outcome for Projects 2010

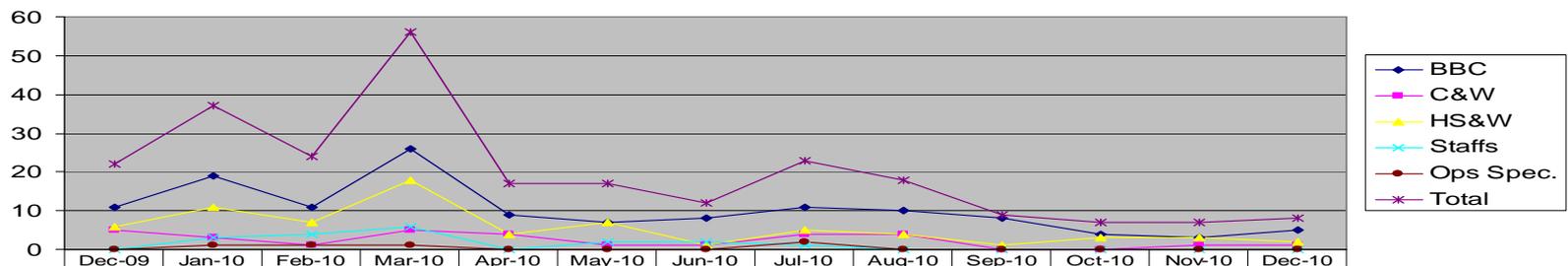
Patient Safety; Project 2-reducing medicine incidents

WMAS Target

To reduce by 25% on previous year figure regarding controlled drug medicine breakages

WMAS Progress to date

Controlled Drug Incidents Dec 09- Dec 10



—◆— BBC	11	19	11	26	9	7	8	11	10	8	4	3	5
—■— C&W	5	3	1	5	4	1	1	4	4	0	0	1	1
—▲— HS&W	6	11	7	18	4	7	1	5	4	1	3	3	2
—×— Staffs	0	3	4	6	0	2	2	1	0	0	0	0	0
—●— Ops Spec.	0	1	1	1	0	0	0	2	0	0	0	0	0
—*— Total	22	37	24	56	17	17	12	23	18	9	7	7	8

Report on Outcome for Projects 2010

Patient Safety; Project 3 -improving compliance against the Hygiene Code

WMAS Target

90% compliance for 2010 baseline measured against compliance of station and hand washing audits as of 31st March 2010 and 95% achievement of annual workplan by March 11

WMAS Progress to date

- Audit proposals in place and approved. IPC working group and CGC.
- Delay in audits being started due to continue adjustments to agreed audit tools. Lead by audit team and service delivery.
- Recourses not identified in regards to implementation

Report on Outcome for Projects 2010

Patient Experience; Project 4- Improving complaints response times

WMAS Target

Reduce response times by 5 days to 20 days for 90% of complainants

WMAS Progress to date

Average response time is currently at 23 days to resolution. So we are exceeding our target timeframe. The Trust has experienced a delay in investigation due to the winter pressures.

Report on Outcome for Projects 2010

Patient Experience; Project 5 -reduce delays in claim resolution caused by Trust actions by five working

WMAS Target

Reduce trust delays by 5 days so Claim resolution within 28 days for 95% of claims

WMAS Progress to date

The Trust has exceeded its target by ensuring initial information is passed to the NHSLA within 18 days.

Report on Outcome for Projects 2010

Clinical Effectiveness; Project 6 CQUIN 1-Service users are taken to appropriate care facilities rather than A&E

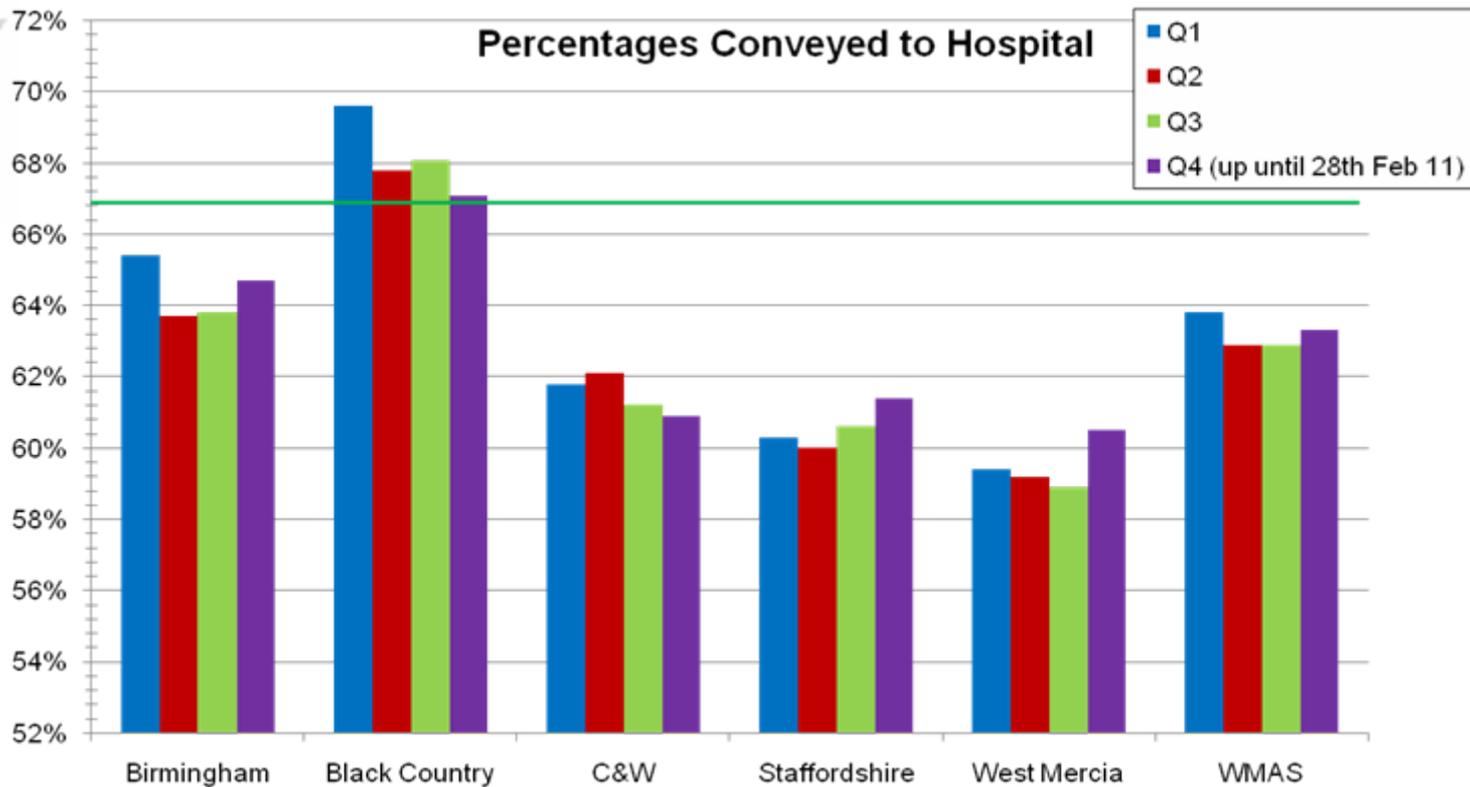
WMAS Target

A maximum of 67% of patients conveyed to A&E departments

WMAS Progress to date

The Trust report to show conveyances to A&E departments does not include Health Care Referral requests from Health Care Professionals or immediate inter hospital transfers where the trust has no option but to convey the patient to an A&E department.

Non Conveyance Reports



Report on Outcome for Projects 2010

Clinical Effectiveness; Project 7CQUIN 2-Pro-active Management of Frequent Callers

WMAS Target

The number of frequent callers to have clinical management plan agreed between WMAS and Primary Care to be above 60%

WMAS Progress to date

- 73.1% of all frequent callers are dealt with in the first week and only trigger the system once (one week)
- 95% of all frequent callers are dealt with within 4 trigger weeks (not consecutive)
- 65% of all frequent callers who have triggered > 1 week have had a coincidental safeguarding referral made by a WMAS clinician. This clearly demonstrates the link between vulnerable individuals and frequent callers.

Report on Outcome for Projects 2010

Patient Experience; Project 8 CQUIN 3 -Service User Feedback

WMAS Target

100% of the patients will have been offered the opportunity with the minimum of 2.5 giving feedback

WMAS Progress to date

The Trust implemented an online survey to obtain feedback from service users. 125,443 people have visited the home page between 7 July – 31 January 2011. 761 people have visited the survey page. 134 have completed the survey.

Report on Outcome for Projects 2010

Clinical Effectiveness; Project 9 CQUIN 4- Appropriate care for people with Stroke, TIA and Heart Attack

WMAS Target

at least 90% of the time

- The correct observations were undertaken and documented in accordance with current Joint Royal Colleges Ambulance Liaison Committee guidance.
- Those people suspected of having a Stroke or TIA have had a FAST test undertaken and documented.
- The diagnosis has been recorded on the patient notes
- The patients have been handed over to an appropriate acute unit within 60 mins

Clinical Effectiveness; Project 9 - Appropriate care for people with Stroke, TIA and Heart Attack

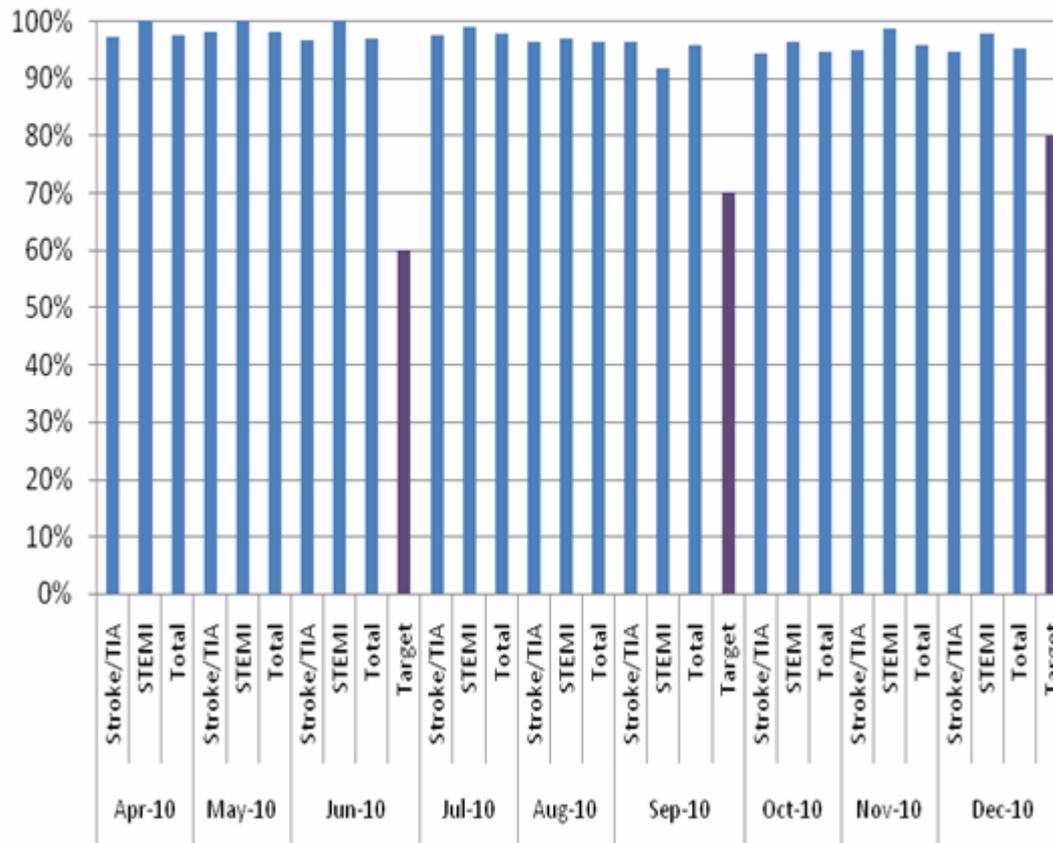
WMAS Progress to date

The primary survey consists of the documented assessment of the airway, breathing, circulatory status and level of response. Performance for both Heart Attack and Stroke inc Mini Stroke has never dropped below 90% from the introduction of the Quality Marker.



Clinical Effectiveness; Project 9 - Appropriate care for people with Stroke, TIA and Heart Attack

Quality Marker 1 - Primary Survey Documented



Clinical Effectiveness; Project 9 - Appropriate care for people with Stroke, TIA and Heart Attack

WMAS Progress to date

The documented assessment of FAST has continued to improve and has consistently remained above 90% from the introduction of Quality Marker 2. The documented record of a FAST is essential for the ongoing assessment and management of the patient upon their arrival at an Emergency Department or Stroke Centre

Clinical Effectiveness; Project 9 - Appropriate care for people with Stroke, TIA and Heart Attack

WMAS Progress to date

Accurate working diagnosis;

For cases of Heart Attack and Stroke and mini stroke the documented working diagnosis has been confirmed against the positive markers recorded during the assessment phase of the patient record

Report on Outcome for Projects 2010

Patient safety; Project 10 CQUIN 5 -Mortality

WMAS Target

Was to review care 100% of people in the care of the Trust.

WMAS Progress to date

100% of all patients that have died within the trust have received a clinical review.

Report on Outcome for Projects 2010

Project 11-Sustainability and Carbon Reduction

WMAS Target

WMAS 5 year plan (2010-2015) Sustainability Action Plan for
WMAS 2010/11 for 95% achievement of 2010-11 actions

WMAS Progress to date

5 year Sustainability Action Plan updated in Dec 2010

- **Completed Actions = 30%,**
- **Actions In progress = 53%,**
- **Actions to be commenced = 17%**
- 2010/11 actions are being reviewed by each lead to establish achievable targets over the 5 year strategy to bring back to target

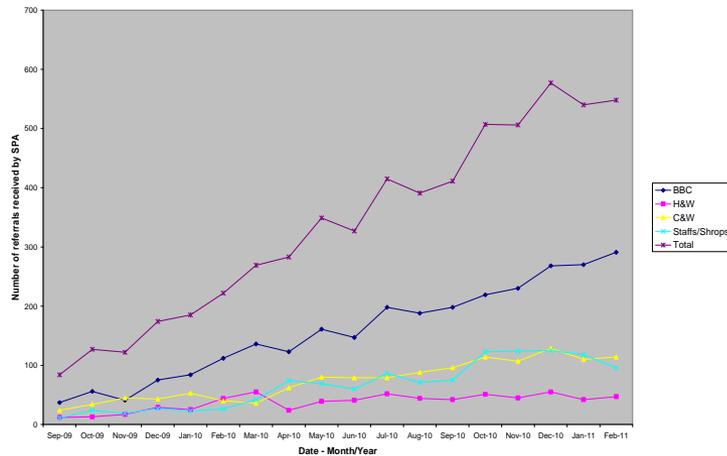
Report on Outcome for Projects 2010

Patient Safety; Project 12 -increasing the level and quality of safeguarding referrals

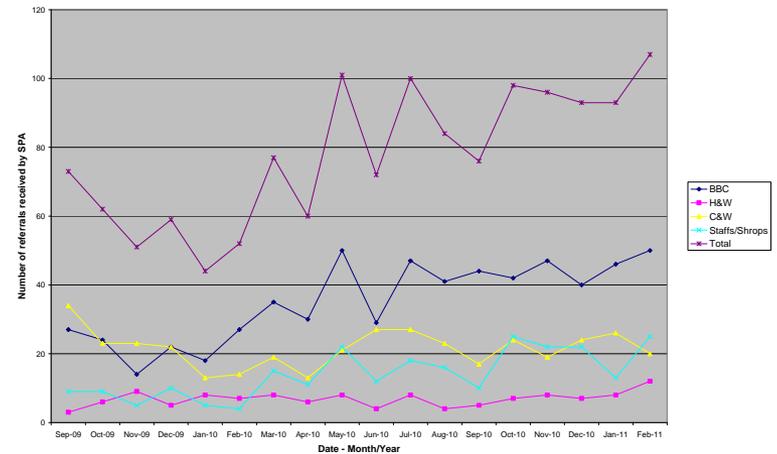
WMAS Target to improve by 10%

WMAS Progress to date

Safeguarding Adults - Number of Referrals - 2009-2011



Safeguarding Children - Number of Referrals - 2009-11





WMAS Intentional Projects 2011

Intentional Projects for 2011

Patient Safety

- Reducing patient falls in our care by 25%,
- Prescription Only Medicines increase compliance by 25% of baseline
- Hygiene Code- Norovirus Pathway improving compliance in Hand washing by 95%

Intentional Projects for 2011

Patient Safety; Reducing patient falls in our care by 25%,

Why?

A patient falling is the most common patient safety incident reported (NPSA) and WMAS is committed to ensuring that staff at all levels is encouraged to renew efforts to prevent harm from falls.

What?

Reducing patient slips, trips and falls in our care

How much?

25% reduction in the number of 'harm' incidents and through raised awareness an increase in near miss reporting.

By When?

31st March 2012

Outcome

Improved patient experience

Benefits

Reduced complaints and an improved Trust reputation.

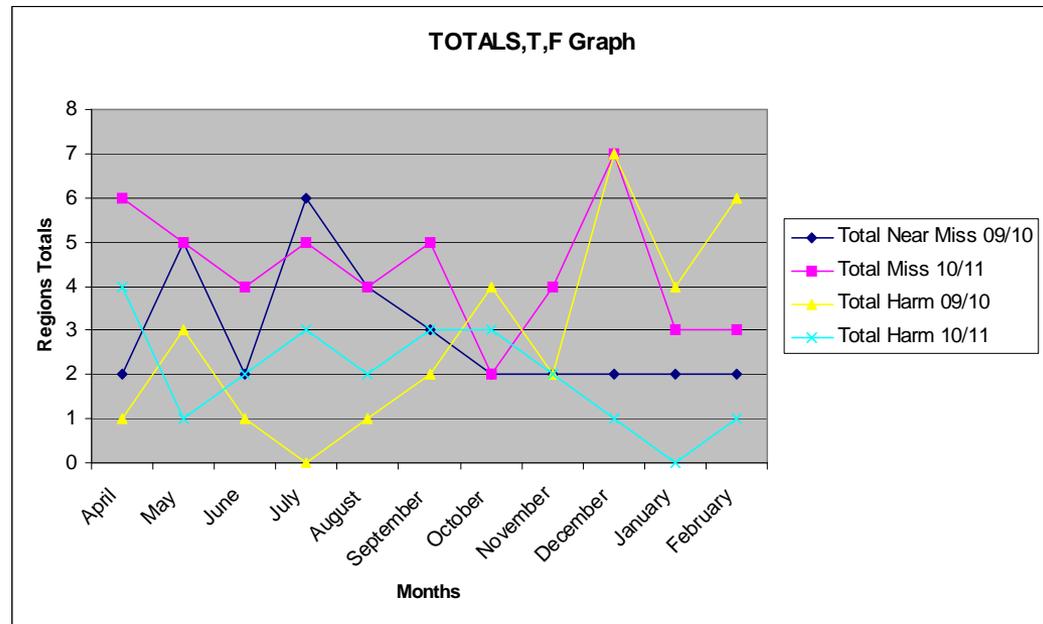
Baseline

2010/11 – Need to add end of year

Intentional Projects for 2011

Patient Safety; Project 1; reducing patient falls in our care by 25%,

NO for formula	Total Near Miss 09/10	Total Miss 10/11	Total Harm 09/10	Total Harm 10/11
1 April	2	6	1	4
2 May	5	5	3	1
3 June	2	4	1	2
4 July	6	5	0	3
5 August	4	4	1	2
6 September	3	5	2	3
7 October	2	2	4	3
8 November	2	4	2	2
9 December	2	7	7	1
10 January	2	3	4	0
11 February	2	3	6	1
	32	48	31	22



Year to date figures 09/10 and 10/11
(A&E and PTS Combined)

Intentional Projects for 2011

Patient Safety; Hygiene Code - Norovirus Pathway improving compliance in Hand washing by 95% by March 2012

Why	It is estimated that 5,000 deaths each year are attributed to HCAI. Statistics suggest that 1 in 9 patients acquire an infection during their hospital stay.
What	compliance investigations
By how much	95%
By when	March 2012
Outcome	Increased public, patient and staff confidence continued registration, increased partnership working with other health providers.
Benefits	reduce risk to patients and public would result in saving NHS costs up to £100,000,000 per year

Intentional Projects for 2011

Patient Safety; -Prescription Only Medicines increase compliance by 25%,

Why	To reducing medicine incidents
What	Compliance with storage in line with the Controlled Drugs management
How much	by 25% (baseline final annual figure as of 31 st March 2011
By when	March 2011
Outcome	25% reduction in incident and public saving

Intentional Projects for 2011

Patient Experience

- Patient Survey offered to all service users proactively
- Increasing amount & quality of feedback
- Patient involvement via Route Cause Analysis (Being Open policy) and learning groups

Intentional Projects for 2011

Patient Experience; Patient Survey offered to all service users proactively

Why	To obtain feedback from the service user to learn from their experiences and improve patient care
What	Through quarterly patient surveys, as well as an online survey and engagement with LINKs & PPEG
By how much	% of quarterly activity will be surveyed. The % will be determined by the activity for that period. e.g at least 384 patients of an activity of 230268 calls
By when	March 2012
Outcome	Improve Patient Experience

Intentional Projects for 2011

Patient Experience; Increasing amount & quality of feedback through Patient Survey and engagement

Why	To obtain feedback from the service user to learn from their experiences and improve patient care
What	Through quarterly patient surveys, as well as an online survey and engagement with LINKs & PPEG
How much	% of quarterly activity will be surveyed. The % will be determined by the activity for that period. e.g at least 384 patients of an activity of 230268 calls
By when	March 2012
Outcome	Improve Patient Experience

Intentional Projects for 2011

Patient Experience & Patient Safety ; Patient involvement via Route Cause Analysis (Being Open policy) and learning groups

Why?	Open and honest communication with patients is at the heart of health care. Research has shown that being open when things go wrong can help patients and staff to cope better with the after effects of a patient safety incident (NPSA 2010)
What?	Patients are contacted following each patient safety incident that has resulted in harm
How much?	100% of patient safety incidents will comply with the Trusts Being Open policy.
By When?	31st March 2012
Outcome	Improved patient experience
Benefits	Reduced complaints, improved learning and Trust reputation.
Baseline	34% as of March 2011 (YTD figure requires confirmation in April 2011)

Intentional Projects for 2011

Clinical Effectiveness

- ROSC improvement linked with survival to discharge
- Mental Health- Building on Mental Capacity Assessment
- Effective use of Alternative Pathways-right 1st time
 - Right Pathway
 - Right time
- Leave at Home appropriately

Intentional Projects for 2011

Clinical Effectiveness; Improvement in Return Of Systemic Circulation improvement

Why

This will link into the national quality indicators and will demonstrate the impact that actions have to improve survival to discharge

What

By how much

? % as National targets have not yet been defined

By when

March 2012

Outcome

Patients survival to discharge increased

Benefits

Patients increased survival

Intentional Projects for 2011

Clinical Effectiveness; Mental Health- Building on Mental Capacity Assessment

Why	In order to protect people who cannot make decisions for themselves
What	Documentation that mental capacity has been assessed and recorded.
How much	Increase by 50%
By when	March 2012
Outcome	Protection of patients best interests
Benefits	Clinical effectiveness in the patients best interest
Baseline	WMAS Mental Health capacity to record consent is 26% at last audit

Intentional Projects for 2011

Clinical Effectiveness; Effective use of Alternative Pathways-right 1st time

- Right Pathway
- Right time

Why

To reduce unnecessary responses and conveyances to A&E departments.

What

Conveyance reports and commissioning dashboard from NHS Pathways.

How much

National Targets not set as yet

By when

March 2012

Outcome

Improve patient care by referring to the appropriate health care facility at source or on scene.

Benefits

Patients treated at the appropriate facility at the appropriate time More Trust resources available for emergencies. NHS savings.

Intentional Projects for 2011

Clinical Effectiveness; Effective use of Alternative Pathways-right 1st time

Leave at Home appropriately

Why	To reduce unnecessary conveyances to A&E departments.
What	Face to face assessments, discharge at scene.
How much	National Targets not set as yet
By when	March 2012
Outcome	Improve patient care by referring to the appropriate health care facility at source or on scene.
Benefits	Patients treated at the appropriate facility at the appropriate time More Trust resources available for emergencies. NHS savings.

Timetable to publication Quality Account 2011/12

- **March 10 2011**
 - Stakeholder Forum to be held to discuss outcomes for 2010/11 & potential 2011/12
- **April 14th 2011**
 - CGC
- **April 19th 2011**
 - EMB
- **April 28th 2011**
 - Last day to submit to Stakeholders (aim for the 20th April post EMB)
- **May 11th 2011**
 - Regional Partnership Forum via email as group not due to meet until May after stakeholder deadline
- **May 31st 2011**
 - Last day to receive Comments by PCTs/LINKs/OSCs (30 days prior to publication)
- **June 14th 2011**
 - CGC Final Quality Account for approval.
- **June 2011**
 - Final version for Board sign off
- **30th June 2011**
 - Submission to the Secretary of State and electronically on NHS Choices



Comments / Questions?

Contacts

Adele Pearson

Regional Head of Professional Standards
and Quality

adele.pearson@wmas.nhs.uk

Marie Tideswell

Regional Head of Patient Experience

marie.tideswell@wmas.nhs.uk