

WEST MIDLANDS AMBULANCE SERVICE NHS FOUNDATION TRUST
Quality Account Priorities 2013-14

WMAS QUALITY ACCOUNTS 2013/14

Foundation trusts are required to include a quality report as part of their annual report. All trusts have to publish quality accounts each year, as set out in the regulations which came into force on 1 April 2010. The quality account for each Trust is published each year on NHS Choices.

The focus on quality reporting is in line with best practice and aims to improve transparency for all readers of the annual reports, in particular patients and service users. Crucially, it helps Trust Boards to focus on designing and implementing effective improvement strategies. A common minimum set of reporting standards should also assist in benchmarking between foundation trusts, providing indicators for boards on the progress they are making compared to others. It should also help in the development and sharing of best practice.

In summary, quality reports encourage:

- **A focus on quality improvement in each organisation:** the Quality account provides an opportunity to set out how each NHS foundation trust intends to improve its own quality.
- **Board ownership:** this can lead to ambitious board-driven quality improvement priorities, measures and programmes of work.
- **engagement with clinicians and patients:** the priorities and metrics included in the report must be relevant and credible to clinicians within the organisation and help form a narrative that is credible to patients and the local public..
- **a wider quality debate:** quality reports should provide an opportunity for providers to describe their performance and their improvement goals. This should be supplemented by benchmarking information for clinicians and regulatory assessments to identify significant quality outliers.

Foundation trusts' annual reports need to include the following in the quality report section:

- a review of performance against the priorities the trust set for the previous financial year
- three to five priorities the trust identified for quality improvement for the forthcoming financial annual plans;
- sustainability/climate change – providing a commentary, summary of performance and an outline of future priorities and targets;
- NHS staff survey – a statement of the trust's approach to staff engagement, results from the survey, with action plans to address areas of concern, and future priorities and targets
- Regulatory ratings from Monitor.

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Quality Accounts must cover the following:

Part 1

- **A statement on quality from the Chief Executive** including confirmation that to the best of that person's knowledge the information in the document is accurate
- a statement from the Board (or equivalent) summarising the quality of NHS services provided

Part 2

- **Priorities for improvement** – this forward looking section of the report is an opportunity to show plans for quality improvement and why these have been chosen
- **Statements relating to quality of NHS services provided** (in regulations) content common to all providers which makes the accounts comparable between organizations and provides assurance that the Board has reviewed and engaged in cross-cutting initiatives

Part 3

- **Review of quality performance** (for provider determination) – report on the previous year's quality performance offering the reader the opportunity to understand the quality of services in specific areas
- **An explanation of who you have involved** (for provider determination) and engaged with to determine the content and priorities contained in the QA (in line with current equality legislation and the Health Act 2009)
- **Any statements provided from your commissioning PCT, LINKs or OSCs** (in regulations) including an explanation of any changes made to the final version of the QA after receiving these statements

Reports on Outcome for Projects 2012/13

Patient Safety

- Falls Pathway; A virtual learning package to have been developed and a baseline of staff who have undertaken training
- Near miss reporting – 25% increase
- Infection Prevention and Control
 - Premises Cleanliness Audit: Minimum 90%
 - Vehicle Cleanliness Audit: Minimum 90%
 - Hand Hygiene Audits: 100% compliance in all instances where staff have been able to clean their hands.

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Patient Experience

- Patient Survey- 500 patients
- Patient engagement- 30 events attended by WMAS
- Patient involvement when things go wrong (Being Open policy)- 100% of patient safety incidents will comply with the Trusts Being Open policy

Clinical Effectiveness

- Medicine Management of appropriateness of drug administration- 85 % of patients will be treated
- Management of Onset of Stroke- 90% of Hyper Acute Stroke patients have an onset of symptom time recorded where known

Proposed WMAS Projects for 2013-14 are as follows;

Patient Safety

- Increase in established falls pathways
- Mental Health conveyance - Compliance against policy, the utilisation of the risk decision tool
- Lower Limb Fractures - Assessment of circulation distal to site of fracture recorded
- IP&C – Improved recording of cannulation conditions (clean or aseptic)

Patient Experience

- Patient involvement when things go wrong (Being Open policy)- 100% of patient safety incidents will comply with the Trusts Being Open policy
- Patient Survey including the Friends and Family Recommendation test – to target 5000 patients
- Raise awareness of dignity and increasing sign up of dignity champions by 25%

Clinical Effectiveness

- Trauma- Improved survival rates for patients suffering major trauma (directly or indirectly dealt with by specialist trauma centres)
- Frequent Users (follow on from the CQUIN last year)
- Onset of symptom time 90% target (it is anticipated that this target will not be achieved for 2012-12 of 90% YTD as we are currently at 87% YTD)
- STEMI Care Bundle with an 80% target
- Pain management – develop a workbook and increase pain score reporting by 10% in first year of using the workbook

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Time table for publication WMAS Quality Account 2013-14

24 January 2013-CQGC to decide on priorities to be taken forward

March 2013 -Stakeholder Forum to be held

March 2013 -Regional Partnership Forum engagement

20 March 2013-CQGC-approve draft Quality Account

20 March 2013- submit draft to commissioners for comment for WMQR meeting on the 28 March 2013

1 April 2013- submit draft to Stakeholders and invite comments within 30 days

4 April 2013- article in Clinical Times & Weekly brief to invite comments

1 May 2013 -Last day to receive Comments from PCTs/ LINKs/ OSCs

June 2013 -CQGC final Quality Account approval

June 2013 -Final version for Board sign off

30th June 2013- Submission to the Secretary of State and electronically on NHS

Choices

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