



SCRUTINY BOARD (HEALTH AND WELL-BEING AND ADULT SOCIAL CARE)

Meeting to be held in the Civic Hall, Leeds on
Wednesday, 19th December, 2012 at 10.00 am

(A pre-meeting will take place for ALL Members of the Board at 9.30 a.m.)

MEMBERSHIP

Councillors

- P Truswell - Middleton Park;
G Hussain - Roundhay;
T Murray - Garforth and Swillington;
J Walker - Headingley;
C Fox - Adel and Wharfedale;
S Armitage - Cross Gates and Whinmoor;
K Bruce - Rothwell;
J Illingworth (Chair) - Kirkstall;
S Varley - Morley South;
S Bentley - Weetwood;
M Robinson - Harewood;

Co-optees

- Joy Fisher Leeds LINK
Sally Morgan Equality Issues
Betty Smithson Leeds LINK
Emma Stewart Alliance of Service Users and Carers

Please note: Certain or all items on this agenda may be recorded

Agenda compiled by:
Stuart Robinson
Governance Services
Civic Hall
LEEDS LS1 1UR
Tel: 24 74360

Principal Scrutiny Adviser:
Steven Courtney
Tel: 24 74707

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
8			<p>QUALITY ACCOUNTS (2011/12) - PROGRESS</p> <p>To consider a report of the Head of Scrutiny and Member Development updating the Board on the progress of various local healthcare providers against the plans and targets set out in their respective Quality Accounts (2011/12). It also provides some information around the process for producing the Quality Accounts for 2012/13.</p> <p>(Yorkshire Ambulance Services Priorities attached)</p>	1 - 8



Priorities for Improvement 2012-13

We have used the feedback from our stakeholder consultation and our priorities agreed with commissioners under the Commissioning for Quality and Innovation (CQUIN) scheme to suggest the following Priorities for Improvement for the year ahead.

1. Ensure that the response from the ambulance service meets the needs of local populations

- a. To maintain our response times to patients with life threatening conditions in line with the nationally agreed indicator to reach 75% of these patients within 8 minutes
- b. To maintain our response times to patients with life threatening conditions in line with the nationally agreed indicator to reach 95% of these patients within 19 minutes
- c. To show the national average for each
- d. To improve patient experience
- e. To continue to work with our healthcare partners in maintaining and improving existing and new patient pathways
- f. To further develop our Clinical Hub to provide more advice and guidance for ambulance clinicians.

2. Recording Performance Against Ambulance Quality Indicators (AQI's)

- a. To set up the systems that will enable us to report against the 11 new clinical outcome measures for 2011-12.
- b. Service experience (feedback from service-users)
- c. Outcome from ST-elevation myocardial infarction (STEMI)
- d. Outcome from cardiac arrest: return of spontaneous circulation
- e. Outcome from cardiac arrest: recovery to discharge from hospital
- f. Outcome following stroke for ambulance patients
- g. Proportion of calls closed with telephone advice or managed without transport to A&E
- h. Re-contact rate following discharge of care

- i. Call abandonment rate
- j. Time to answer calls
- k. Time to treatment by an ambulance-dispatched health professional
- l. Category A 8 minute response time

3 Improving Patient Transport Service (PTS) Performance

- To measure our performance against quality targets and reduce waiting times for all patients.
- Map the timings of individual clinics and use this to plan return journeys that better match when patients are ready to be transferred
- Improve patient satisfaction for all patients using PTS by postal questionnaires, holding patient/carer and patient representative focus groups
- Target specific patient groups- renal, oncology, wheelchair users, and patients with learning disabilities
- To analyse and develop action plans from focus groups and continually monitor and manage changes
- To understand the different needs of specific patient groups and how they use our service, to refine and improve PTS.
- Deliver the CQUIN schemes agreed with the commissioning consortia.

4. Implementation of Clinical Leadership Framework

- a. Embed the clinical leadership structure through clearly-defined job descriptions and role clarity.
- b. Increase the number of clinical leaders who have received clinical leadership training and development.
- c. Deliver bespoke clinical leadership and clinical assessment skills' training
- d. Evaluate the impact of implementing the Clinical Leadership Framework.

5. Implementation of the National Trauma Strategy

- a. To implement a Major Trauma Triage Tool to enable major trauma to be identified.

- b. Introduce systems which ensure patients suffering major trauma are conveyed to MTC's (bypassing other acute centres).
- c. Provide an Enhanced Care Team- this means there will be a team of specialists, including trauma- trained paramedics and doctors, in the emergency operations centres (EOCs) who will coordinate a network wide trauma response (subject to commissioner agreement).
- d. Support the EOC with an experienced paramedic presence 24 hours a day, seven days a week.
- e. Enhance trauma training to include interventions which clinicians can deliver to patients who suffer major trauma.
- f. Evaluate the impact of the trauma plan.

6. Improve the Experience and Outcomes for Patients in Rural and Remote Areas

- a. Review the current model of care delivery in rural and remote areas.
- b. Make recommendations for future service delivery to meet the needs of patients in rural and remote areas.
- c. Development of flexible response models to meet the needs of patients residing in rural locations to promote equity with urban locations.
- d. The clinical AQI's and stakeholder feedback will be used to monitor the quality of the service within rural areas.
- e. Patient satisfaction surveys will take place specifically for patients in rural areas.

7. Improve the Quality of Care and Support for people with Dementia

- a. Launch a YAS Dementia Awareness campaign for Dementia Awareness Week (w/c 20 May 2012).
- b. Develop a Dementia Awareness Guide for all staff.
- c. Produce a modular Dementia Awareness course on the Trust's virtual learning environment (VLE) to be accessible to all staff
- d. Incorporate Dementia Awareness training into all new operational basic training courses

- e. Recruit 'Dementia Care' champions to raise awareness of dementia care within the Trust
- f. Incorporate Dementia Awareness into statutory and mandatory training for all staff by April 2013

8. Develop a Safety Thermometer Tool Relevant to the Ambulance Service

- a. Understand contributors and levels of harm within an ambulance service.
- b. Develop a tool which will enable potential harm to be identified
- c. Undertake specific activity to reduce levels of harm
- d. Ensure learning is shared across the organisation to ensure best practice is embedded

9. Raising Public Awareness to Support Appropriate Use of Ambulance Services

- a. Analyse any existing public awareness campaigns
- b. Identify target audiences for each audience group
- c. Develop educational tools and resources
- d. Utilise a variety of methods to engage with the public and communicate our key messages

1. Ensure that the response from the ambulance service meets the needs of local populations

YAS Red 8 minute performance (year to date): 76.47%

Performance has exceeded the 75% target each month in 2012-13.

Red 19 minute performance (year to date): 95.75%

Performance has exceeded the 95% target each month in 2012-13.

Referral pathways continue to be reviewed, revised and developed. New or revised pathways introduced in 2012-13 include: Mental Health, Alcohol, COPD, Falls, End of Life, Stroke and Cardiac.

The YAS Clinical Hub, situated in the Emergency Operations Centre, acts as a single point of advice for ambulance clinicians to access information about current referral pathways.

2. Recording Performance Against Ambulance Quality Indicators (AQIs)

Systems have been established to allow measurement of YAS performance against all AQIs. They continue to be monitored and reported to local management teams. The Clinical Managers are now leading work which aims to improve the AQIs and sharing learning across the wider organisation.

3. Improving Patient Transport Service (PTS) Performance

During 2012 we have been working with Unipart Expert Services in partnership to identify ways in which we can improve services for patients based on patient, commissioner and staff feedback. A detailed piece of diagnostic work is currently being carried out in West Yorkshire which is due to report in January 2013, however, we have already identified specific improvements which can be made to our planning and on day management of patient journeys which will decrease waiting times for patients. These changes have been piloted in South Yorkshire and have been shown to have a benefit.

All PTS Commissioning for Quality and Innovation (CQUIN) targets for Q1 and Q2 have been met. For West Yorkshire, the CQUIN scheme includes measures to reduce aborted journeys and to learn from patient experience through surveying and focus groups. This feedback will be used within the service to make sure that we are prioritising the improvements in those areas where patients will benefit most.

Whilst we have improved our aborted journey performance there is still further work needed in this area. We need help and support from patients, nursing homes, hospitals etc. to cancel transport when it is no longer required or informing us of changes which may impact on the type of transport booked. For example, if a patients needs change and they need a stretcher as opposed to a wheelchair, this can have a significant impact on the type of transport provided, without knowledge of this prior to the journey it is extremely difficult to accommodate this and journeys may be cancelled on the day of transport which we are working hard to avoid.

A major trust wide review of all PTS services across the region is being undertaken. This programme will bring together the different elements which are needed to continue to improve service quality and operational efficiency for the future and will build on the work done to date to improve services within locality areas.

4. Implementation of the National Trauma Strategy

Work complete in 2012-13 includes:

- Introduction of a trauma triage tool
- A paramedic is now present in the emergency operations centre 24/7 to coordinate the response to major trauma
- All patients identified with major trauma will be taken to a major trauma centre – those within 45 minutes travelling time will be taken direct
- Enhanced care teams are available 24/7 to provide care to patients with major trauma
- A structured pre-alert system is in place to be given as early as possible to the receiving hospital and a structured handover on arrival
- Over 90% of all clinicians trained in new equipment and techniques for major trauma.

5. Implementation of Clinical Leadership Framework

The YAS Clinical Leadership Framework provides the organisation with the structure through which appointed clinical leaders will drive forward the changes and service improvements required within YAS, to improve the health outcomes and the quality of care for our patients. The main aims within the framework are to:

- provide support mechanisms to all staff
- promote a clear line of responsibility and accountability
- provide consistent and effective education and training

Recruitment for five Clinical Development Managers (CDMs) is complete and the successful applicants have started in post.

The Clinical Supervisor (CS) roles are now active in all business units, and recruitment is scheduled for January 2013 to fill the final vacancies. Induction and training is ongoing for the new starters.

The newly developed Clinical Competency Portfolio has been printed and is currently being distributed. This will be completed by practitioners following assessment by their Clinical Supervisor on an agreed set of skills and competencies. It also details an escalation plan when practitioners fall below the expected standard.

The bespoke clinical leadership module co-designed with Bradford University continues to be delivered. A further two modules have been commissioned to ensure that all newly appointed CDMs and CSs have a place.

6. Improve the Experience and Outcomes for Patients in Rural and Remote Areas

Four areas have been defined as 'rural' for the purposes of this work: North Yorkshire, East Riding of Yorkshire, Wakefield and Calderdale.

Performance against AQIs in these areas is being monitored against non-rural areas and actions being built into operational improvement plans to improve performance. These include: introduction of new stand-by points, new static defibrillator sites, CPD events for staff and piloting the development of the community paramedic model.

An initial patient experience survey was carried out in June 2012. Results showed a high overall level of patient satisfaction (98.8% rated the overall service as good or excellent).

7. Improve the Quality of Care and Support for people with Dementia

Dementia awareness work completed to date includes:

- Production of a dementia-awareness booklet for staff (now ready for print)
- Development of dementia-awareness course on YAS virtual learning environment (launched as part of Dementia Week in May 2012)
- Dementia-awareness CPD events
- Introduction of dementia-awareness training into A&E and PTS training. PTS staff have received pre- and post-training questionnaires to monitor learning outcomes.

8. Develop a Safety Thermometer Tool Relevant to the Ambulance Service

The approach to developing a safety thermometer for the ambulance service has been to initially understand the areas of care delivery where harm can and does occur. In order to achieve this, the incident reporting and complaints system has been analysed to review the number of incidents where harm has occurred to patients whilst in receipt of care from YAS clinicians.

The two most frequent sources of patient harm were:

- a patient has a slip, trip or fall whilst in ambulance care
- a patient comes into contact with sharp object ie traps body part on stretcher, wheelchair, vehicle parts etc.

This was more frequent on PTS than A&E.

Work was then completed to understand the critical points on the patient journey which contributed to the harm occurring.

The next steps are to design intervention, based on the findings above, to reduce the frequency of harm occurring.

9. Raising Public Awareness to Support Appropriate Use of Ambulance Services

The aim of this work is to raise public awareness to support demand management and attempt to change the expectations and perceptions of the ambulance service.

The YAS Corporate Communications team has run public awareness campaigns (based around media relations) tailored to specific hot-spot periods during the year: eg Jubilee holiday, summer weekends, Easter, Bonfire Night etc.

A region-wide campaign is being developed in line with the NHS Choose Well campaign to raise general awareness of when to call 999 and what to expect from the ambulance service.

School and community visits, carried out by the YAS Community and Commercial Education Team, are used as opportunities to promote information about 'What happens when you call 999 for ambulance assistance'.

The population of West Yorkshire (particularly in metropolitan and deprived areas) have been identified as the most heavy users of urgent care services and the people who tend to call 999 more frequently. Campaigns specifically targeted at West Yorkshire are being rolled out in Q3 and Q4.