



**Clinical Directorate**

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To: Overview & Scrutiny Committee

Yasmin Stammers  
Associate Director, Contracts  
NHS Hampshire

Wendy Ball  
Quality Manager  
SHIP PCT Cluster

23 April 2012

Dear Colleague

I was wondering if we could ask for your help and thoughts on our Quality Accounts. The Quality Account and report provides a framework to assess the quality of the service on what matters to patients and informs the public, our commissioners and staff about the quality of care provided to patients and families.

It also provides assurance about our commitments to improve the quality of the service through the setting of key priorities and actions.

The groundwork is underway in preparation for last years 2011-12 Quality Account. It is planned to provide a Quality Review for 2011-12 outlining the key achievements for the year and then move into the Quality Account for 2012-13. This will provide:

- A statement from the Chairman and Chief Executive
- Set out our statutory requirements as a Trust
- Key priority improvement areas
- Assurance statements from our commissioners and Overview and Scrutiny Committees across the region
- Examples of what our patients have said about us and what we have learnt and changed as a consequence

The full document will be presented to the Trust Board at the May meeting. We have been consulting with the public and staff on our progress with the current Quality Accounts and will take this into account, the feedback received when setting the priorities for next year and in our review of this year. Along with your comments we will, of course, provide you with the full report once it is complete.

Please find attached a summary of the progress we have made in the priority areas we outlined last year (2011-12) to improve the quality of care to the public who call 999.

**Next years Proposed priority improvements for 2012-13 Quality Account**

The following are the proposed areas and priorities for next year:

*Priority 1 Patient Safety*

- To decrease the numbers of patients experiencing a delay in response
- Improve cleaning monitoring of ambulances to prevent and control infection

- Maintain and improve falls management pathway for patients using SCAS
- Reduce the number of patients queuing at emergency departments

*Priority 2 Clinical Excellence*

- Maintain SCAS' position for quality performance in relation to the following clinical performance indicators and new clinical outcome measures: Stroke, STEMI
- Implement trauma pathway

*Priority 3 Patient Experience*

- Improve feedback to patients and ensure whole organization learning from complaints.
- To improve the experience for patients with dementia and learning disabilities

Please would you review the progress made for this year and also provide comments to me on the suitability / relevance of the chosen priorities for next year by 8 May 2012 at

[fizz.thompson@scas.nhs.uk](mailto:fizz.thompson@scas.nhs.uk)

Best wishes



Fizz Thompson  
Director of Patient Care / Deputy Chief Executive

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**Summary of Quality Improvement Priorities for Quality Account 2011/12**

Quality Priorities and outcomes	Aim	Measurement	Evidence	Update- March 12
<p><b>Priority 1 Patient Safety</b></p> <p>To decrease the numbers of patients experiencing a delay in response</p> <p>Identify the number of medication errors and incidents that affect the quality of patient care and plan to reduce these by 10%</p> <p>Maintain cleanliness of all vehicles</p>	<p>To reduce the numbers of long delays and improve patient experience</p> <p>To reduce the reported medication errors and incidents</p> <p>To report on the daily and deep clean schedules</p>	<p>The numbers of Category A and Green 1 calls that are delayed will be less than 120 month</p> <p>A baseline will be established and the errors will be reduced by 10%</p> <p>Ensure 95% compliance with cleaning plan</p>	<p>Integrated Performance Report Information pack RCA /audit</p> <p>IPR Medicines management report</p> <p>IPR Performance reports</p>	<p>New Integrated Performance Report Delays reducing through level 2 operational meetings below plan for waits - increase in Dec due to increased volume - patients receive apology letter</p> <p><b>On target - met</b></p> <p>New Integrated Performance Report Errors less than plan – however controlled drug incidents increased due to codeine losses</p> <p><b>Errors reduced and met following process change</b></p> <p>Make ready maintaining performance – issues with vehicle availability in Hampshire – action plan to address</p> <p><b>Below target - plan in place to improve IPR</b></p>

Ensure that all staff have refresher hand hygiene training	All staff to have had refresher hand hygiene training	All staff to have refresher training recorded	Performance reports and training records	All staff trained in S and M course Ongoing road shows included in Trauma training  <b>On target - met</b>
<p><b>Priority 2 Clinical Effectiveness</b></p> <p>Maintain SCAS' position for quality performance in relation to the following clinical performance indicators and new clinical outcome measures: Stroke, Heart Attack, Cardiac Arrest, Asthma and Hypoglycaemia.</p> <p>Engage in research and development</p> <p>Improve management of pain</p> <p>Implement the new trauma pathway aligned to commissioner and regional specification</p>	<p>To be seen as one of top ambulance service for clinical care</p> <p>To improve the evidence base for pre hospital care</p> <p>Introduce new oral analgesic medicines across the trust</p> <p>To improve the outcomes for patients involved in major trauma</p>	<p>Benchmarked in top 3 ambulance services</p> <p>Take part in national and local studies and publish two projects that demonstrate learning and potential changes to practice</p> <p>Increase in the documentation of oral analgesic medicines through the CARS system</p> <p>Reporting on trauma pathways and bypass protocol – number of correct destinations</p>	<p>National CPI data CQC reports Quality dashboard</p> <p>Clinical Review Group minutes</p> <p>Medicines audits CPI's</p> <p>Trauma audits of care</p>	<p>Currently 4<sup>th</sup> nationally – action plan in place for improvements in STEMI Quality and clinical areas covered in new team scorecards Small margins in data sets across trusts</p> <p><b>Improvement plans in place to increase national position</b></p> <p>Projects presented to CRG – one publication in pipeline</p> <p><b>On target - met</b></p> <p>Oral analgesia introduced through CPD 2 programme STEMI analgesia improved cycle 8</p> <p><b>On target - met</b></p> <p>Programme manager appointed PID in place- timescales agreed and on track CPD2 training commenced - on target with training plan</p> <p><b>On Target – met New Trauma Network live 1/4/12</b></p>

<p><b>Priority 3 Patient Experience</b></p> <p>Demonstrate effective engagement with patient and stakeholder groups across the emergency an patient transport areas of the trust.</p> <p>Improve service delivery and quality of care to patients and their families</p>	<p>To understand patient experience and satisfaction and improve service delivery</p> <p>To change practice as a result of learning from surveys, complaints, concerns and compliments</p>	<p>Undertake 6 quality surveys across the year</p> <p>Demonstrate learning by publishing 'You said we did' examples</p>	<p>Survey results Benchmarking with other trusts</p> <p>Clinical directives Staff communications You said we did sheets</p>	<p>Surveys on clinical support desk, ECPs and PTS completed</p> <p><b>On Target - met</b></p> <p>Learning from SUI to be published across Trust You said we did in Quality accounts and shared across the Trust</p> <p><b>On Target - met</b></p>
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