



Quality Accounts 2009-10



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Part 1: Statement on quality from the Chief Executive

'High Quality Care for All'¹ highlighted the importance of measuring what NHS trusts do in order to drive improvements in the quality of care. The requirement that NHS trusts publish a set of Quality Accounts offers the board of Great Western Ambulance Service NHS Trust, as well as me personally, the opportunity to review the quality of care we provide. This allows us to better understand which areas will benefit from improvement, and to ensure that quality remains part of the core business of our organisation.

I am personally committed to the trust delivering the highest level of care through quality improvement and innovation and I am delighted to welcome the publication of our first Quality Accounts.

This is a summary report of our performance against a number of quality measures for 2009-10 and to make clear our quality priorities for 2010-11. The format of this document follows guidance issued by the Department of Health in early 2010. Parts 1 and 2 follow the required template with part 3 reflecting more locally determined information relevant to our service users, staff and stakeholders. The trust vision is to build our business on a foundation of service quality and patient safety, continual improvement and innovation. Through our staff we aim to embed quality in all we do and provide a cost effective service to the communities we serve.

There are many things that the trust does well and some areas which require further improvement. The whole trust is committed to a strategy based on quality and safety that will improve patient experience and outcomes. Many of the improvements delivered over the last 12 months have come about through engagement and participation with local stakeholders and we will continue to develop and shape our service through a partnership approach.

Quality improvement is an ongoing cycle and the trust is continually updating and adapting plans and priorities to reflect its needs and experiences and I anticipate that Quality Accounts will evolve in a similar fashion and become the mechanism for us to share best practice within the local NHS. Whilst the next 12 months will continue to be challenging, not only for us, but for all parts of the local health community the trust will continue to identify and maximize opportunities to provide the highest levels of clinical care in the most appropriate settings.

I confirm that to the best of my knowledge the information presented in this Quality Account is accurate, and I would welcome any comments or feedback.

Signed

David Whiting
Chief Executive
Great Western Ambulance Service NHS Trust

¹ High quality care for all: NHS Next Stage Review final report. Department of Health Gateway reference 10106.

Part 2: Priorities for improvement

Three priority areas have been agreed between ourselves and our local commissioners (purchasers of our services on behalf of the public) as areas in which clinically effective intervention will have a significant impact on patient outcomes. These improvement areas build upon work undertaken through the Commissioning for Quality and Innovation (CQUINS) payment framework for 2009-10 and that moving forward into 2010-11.

2.1 Priority 1 - Improvement in asthma and hypoglycaemia care

The Care Quality Commission reported that the proportion of eligible patients with a clinical diagnosis of asthma or hypoglycaemic attack who were given the appropriate tests and treatment was not satisfactory when compared with the national average (Source: Care Quality Commission 2009). Specifically this related to the measurement of the peak expiratory flow rate (PEFR) before treatment in asthma and the recording of blood glucose levels prior to treatment of a hypoglycaemic episode. Great Western Ambulance Service NHS Trust will improve the application and recording of these tests and thus, the treatment provided to these patient groups.

For treatment of an asthma attack, this will include ensuring that the recording of the baseline respiratory rate, the peak expiratory flow rate before treatment, the pulse oximeter oxygen saturation (S_pO_2) before treatment, the administration of a beta 2 agonist (drug to dilate the airway and aid breathing) and the administration of oxygen is undertaken in all cases unless there is a clinical reason why this cannot be performed.

For the treatment of hypoglycaemic episodes, we will ensure that the recording of the blood glucose level before treatment, the administration of treatment to combat the hypoglycaemia and the recording of the blood glucose level after treatment is undertaken in all cases unless there is a clinical reason why this cannot be performed.

The number of calls where the clinical diagnosis is either acute asthma or hypoglycaemic episode will be recorded and progress monitored by audit of the patient care record. Improvement will be measured by an increase in the number of patients where appropriate treatment has been provided and data recorded.

Reporting on progress to the commissioner will be quarterly.

2.2 Priority 2 - Improvement in Return of Spontaneous Circulation (ROSC) on arrival at hospital following cardiac arrest

The return of spontaneous circulation (ROSC) on arrival at hospital following cardiac arrest (when the heart stops beating) is a first step on the road to recovery for patients.

Great Western Ambulance Service NHS Trust will record the number of incidents with a diagnosis of cardiac arrest and monitor by audit all cardiac arrest patient care records and report the percentage of patients where ROSC is achieved. Whilst we currently perform at or slightly above the national average, we wish to improve and increase the numbers of patients with a return of spontaneous circulation on arrival at hospital in 2010-11

Reporting on progress to the commissioner will be quarterly

2.3 Priority 3 - Improvement in the recognition of FAST +ve strokes during 999 call and upgrade to category 'A' response

Recognising the onset of a stroke and reducing the time taken to respond to the patient will improve the clinical outcome. Using a stroke diagnostic tool (Face Arms Speech Test) within the Advanced Medical Priority Dispatch System (AMPDS) will allow Great Western Ambulance Service NHS Trust to upgrade FAST +ve patients to a category 'A' response.

Great Western Ambulance Service NHS Trust will continue to develop this service response and increase the number of strokes identified using telephone FAST and those identified as FAST +ve being upgraded to category 'A' response.

The number of times when possible stroke is identified using the FAST diagnostic tool will be recorded and monitored by audit of all stroke patient care records. The number of incidents where strokes are identified using the FAST diagnostic tool will be recorded and monitored against the allocated response category.

Reporting on progress to the commissioner will be quarterly

2.4 Statements of assurance from the board

2.4.1 Review of Services 2009-10

During 2009-10 Great Western Ambulance Service NHS Trust provided or subcontracted three NHS services, accident and emergency (999) ambulance services, out of hours services and patient transport services.

Great Western Ambulance Service NHS Trust has reviewed all the data available to it on the quality of care in three of these NHS services.

The income generated by the NHS services reviewed in 2009-10 represents 95 per cent of the total income generated from the provision of NHS services by Great Western Ambulance Service NHS Trust for 2009-10.

2.4.2 Participation in clinical audits

During 2009-10 two national clinical audits and no national confidential enquires covered NHS services that Great Western Ambulance Service NHS Trust provides.

During that period Great Western Ambulance Service NHS Trust participated in 100 percent of national clinical audits and no national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Great Western Ambulance Service NHS Trust was eligible to participate in during 2009-10 are as follows.

- Myocardial Infarction National Audit Project (MINAP)
- National Clinical Performance indicators (cycle 3)

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The national clinical audits and national confidential enquiries the Great Western Ambulance Service NHS Trust participated in, for which data collection was completed during 2009-10 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.

Table 1 – Number of submissions to national clinical audit and national confidential enquiries

National clinical audit or national confidential enquiry	Number of cases submitted	Number of cases submitted as a percentage of registered cases required
Myocardial Infarction National Audit Project (MINAP).	1251 ²	N/A
National Clinical Performance Indicators cycle 3	537	35.8% ³

The reports of two national clinical audits were reviewed by the provider in 2009/10 and Great Western Ambulance Service NHS Trust intends to take the following actions to improve the quality of healthcare provided:

- The results from the pre-hospital thrombolysis (PHT) audit form part of the larger Myocardial Infarction National Audit Project (MINAP) audit which is inclusive of hospital data. This data is subject to scrutiny by key stakeholder groups. Primary Percutaneous Coronary Intervention (PPCI) has meant that the number of patients undergoing PHT has fallen. Continuous monitoring of data ensures deficits of care are identified and appropriate interventions including training are initiated to improve patient outcomes

² The number of cases submitted (1251) is the total number of patients entered onto the National MINAP database in 2009-10 by local NHS trusts and relates to the number of patients diagnosed as having had a myocardial infarction

³ The trust is required to submit up to 300 cases for each of the 5 National Clinical Performance Indicators (total 1500 cases). Hence the percentage submitted = 537/1500% Compared to other ambulance trusts our patient population is small which results in fewer cases being submitted for each CPI

The results of the national Clinical Performance Indicators audit (CPI) are reviewed by the National Ambulance Service Clinical Quality Group. An action plan to address underperformance in CPI for asthma and hypoglycaemia management has been developed and is being implemented. This includes the issuing of clinical instructions to staff, the inclusion of updates in the statutory and mandatory training in 2010-11, and the publication of articles on asthma and hypoglycaemia in the trust clinical journal.

The reports of four local clinical audits were reviewed by the provider in 2009-10 and Great Western Ambulance Service NHS Trust intends to take the following actions to improve the quality of healthcare provided;

(i) Infection prevention and control

The clinical audit programme ensured compliance against the HealthCare Associated Infection (HCAI) health check standards and ensured that the trust implemented a plan continual service improvement. The results of audits in hand hygiene, decontamination of medical devices and station and vehicle cleaning are ongoing and will continue to be monitored by the trust's Infection Prevention Control Committee (TIPCC) and reported to the governance committee and directors group. The trust was found to be complying with its duty to protect patients and staff under the Health Care Act 2005 during an unannounced inspection by the CQC in July 2009.

(ii) Use of morphine - pain management

An audit on the use of morphine and the recording of a pain score was undertaken by analysing the patient care records for a given month. The results from this audit, combined with data from the national clinical performance indicators programme showed that there was an opportunity to improve. As part of this improvement plan a clinical instruction has been issued to staff and the provision of staff training with the aim of improving pain management and patient choice regarding analgesia has been planned

(iii) Vulnerable adults

An audit of the vulnerable adult referral process was undertaken. The results indicated that a more streamlined process was required and led to a review of the relevant policies and procedures. New policies and procedures are now in place and changes to the referral process have been implemented.

(iv) Peripheral venous cannulation

An audit on the indications for, and process of, venous cannulation was undertaken. Following this a project has begun to replace the current venous cannula together with the introduction of cannulation packs to improve aseptic insertion. Aseptic "no touch" technique is included in the 2010-11 education plan.

2.4.3 Research

The number of patients receiving NHS services provided or sub-contracted by Great Western Ambulance Service NHS Trust in 2009-10 that were recruited during that period to participate in research approved by a research ethics committee was eleven.

This level of participation in clinical research demonstrates Great Western Ambulance Service NHS Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement.

2.4.4 Goals agreed with commissioners

A proportion of Great Western Ambulance Service NHS Trust income in 2009-10 was conditional on achieving quality improvement and innovation goals agreed between Great Western Ambulance Service NHS Trust and NHS Gloucestershire as lead commissioner for the provision of NHS services through the Commissioning and Innovation payment framework. Further details of the agreed goals for 2009-10 and the following 12 month period are available on request from the trust.

2.4.4 What others say about Great Western Ambulance Service NHS Trust

Great Western Ambulance Service NHS Trust is required to register with the Care Quality Commission and its current registration status is registered as of 31 March 2010. Great Western Ambulance Service NHS Trust has no conditions following registration.

The Care Quality Commission has not taken enforcement action against Great Western Ambulance Service NHS Trust during 2009/10.


Great Western Ambulance Service NHS Trust is subject to periodic reviews by the Care Quality Commission and the last review was on 1 May 2009. The CQC's assessment of the Great Western Ambulance Service NHS Trust following that review was weak for quality of services and fair for quality of financial management.

Great Western Ambulance Service NHS Trust took following action in 2009-10 to address the points made in the CQC's assessment:

- the production of an annual health check improvement plan
- publication of the improvement plan on the trust website
- a monthly review of progress within the improvement plan
- a review of the improvement plan with commissioners.

Great Western Ambulance Service NHS Trust has made the following progress by 31 March 2010

- Achievement of category A8 standard
- achievement of category A19 standard
- improvement of the category B19 standards
- achievement of the call to needle standard
- improved position with national clinical performance indicators
- full compliance with all standards for better health.



Great Western Ambulance Service NHS Trust has not participated in special reviews or investigations by the Care Quality Commission during the reporting period.

2.4.6 Data Quality

Great Western Ambulance Service NHS Trust was not required to submit records during 2009-10 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Great Western Ambulance Service NHS Trust score for 2009-10 for Information Quality and Records Management, assessed using the Information Governance Toolkit was 44%

Great Western Ambulance Service NHS Trust was not subject to the payment by results clinical coding audit during 2009-10 by the Audit Commission

2.4.7 Statements from Local Involvement Networks, Overview and Scrutiny Committees and primary care trusts

The regulations require Great Western Ambulance Service NHS Trust to send copies of the QA to the relevant Local Involvement Network (LiNK), Overview and Scrutiny Committee (OSC) and lead commissioning primary care trusts (PCT) for comment prior to publication, and their comments will be included in the published QA.

Part 3: Review of quality performance

Five areas of clinical quality performance are reported in more detail, each providing an insight into the services provided by the trust. Feedback from the Local Involvement Network (LINK), Overview and Scrutiny Committee (OSC) and NHS Gloucestershire (Lead Commissioner) is also reported at the end of this section.

3.1 Percentage of ST elevation myocardial infarction (STEMI) patients who received thrombolytic treatment within 60 minutes of call (call to needle time)

This indicator measures the percentage of people who receive thrombolytic intervention (clot busting drugs) following a diagnosis of ST elevation myocardial infarction (heart attack). The indicator is captured by the NHS information Centre as a measurement of health, performance, quality and efficiency and provides insight into how care is being delivered by measuring performance of the ambulance service and the hospital in providing timely treatment.

This indicator has been chosen as there is good evidence that early treatment of patients with thrombolytic drugs improves mortality outcome following ST elevation infarction. It has also been chosen as it provides a good example of how working in partnership with local hospitals to develop a service has resulted in improved performance.

The quality measure is the percentage of eligible patients (with initial diagnosis of a definite myocardial infarction, that did not self present, make own way to hospital or were transferred for primary percutaneous coronary intervention (primary angioplasty or PPCI) whose initial reperfusion treatment was thrombolytic treatment and did not have a justified delay to treatment) who received thrombolytic treatment within 60 minutes of calling for help.

Great Western Ambulance Service NHS Trust has worked in partnership with local hospitals to provide a consistent service within its area. Initially this relied on a combination of thrombolysis being given by the ambulance clinician prior to arrival at hospital and thrombolysis being given at the receiving hospital.

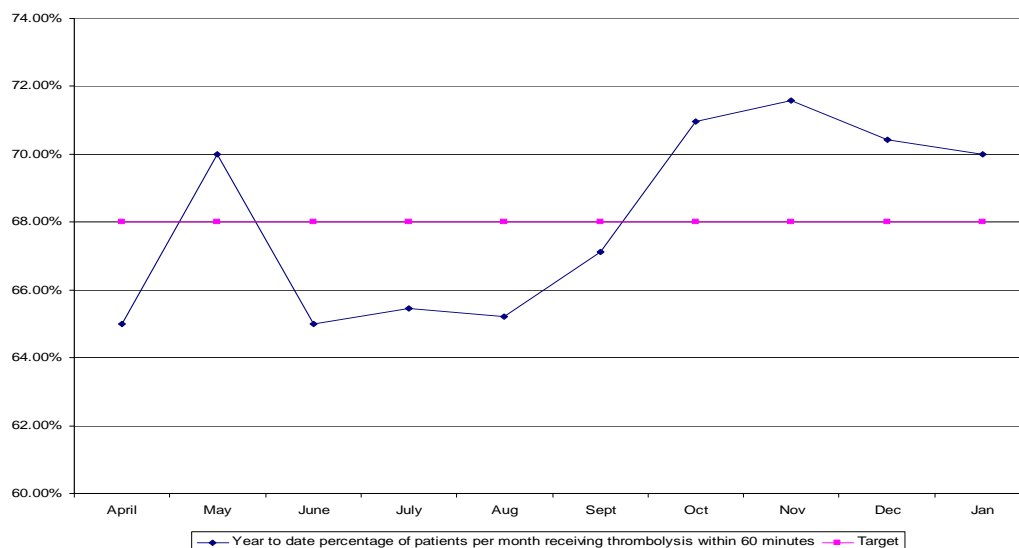
During 2009-10 Great Western Ambulance Service NHS Trust has been influential as a member of the local cardiac network clinical reference group in increasing the availability of primary percutaneous coronary intervention at specialist cardiology centres. This development has ensured that patients treated by Great Western Ambulance Service NHS Trust have access to the treatment of choice. Although the improved availability of this service has resulted in a reduction in the number of patients requiring thrombolysis Great Western Ambulance Service NHS Trust has still exceeded that national requirement of 68.00%.

Table 2 – Percentage of patients per month receiving thrombolysis within 60 minutes.

	A	M	J	J	A	S	O	N	D	J	YTD
Number of patients eligible for thrombolysis	20	10	10	15	14	7	17	9	12	8	122
Number of patients receiving thrombolysis in less than 60 minutes	13	8	5	10	9	6	15	7	8	5	86
Percentage of patients per month receiving thrombolysis within 60 minutes	65.00	80.00	50.00	66.67	64.29	85.71	88.24	77.78	66.67	62.50	70.49

In addition as the numbers of eligible patients per month reduce, this can result in large variations in monthly performance if treatment breaches the 60 minute window, Great Western Ambulance Service NHS Trust has exceeded the national requirement of treatment being received within 60 minutes by 68% of eligible patients.

Graph 1 – Year-to-date percentage of patients receiving thrombolysis within 60 minutes.



As the option for treatment at a specialised cardiology centre increases, the impact for Great Western Ambulance Service NHS Trust is that eligible patients have to be transported greater distances than when treatment was provided either by the ambulance clinician or by the nearest receiving hospital. In continuing to improve the quality of this service Great Western Ambulance Service NHS Trust has made available additional ambulance clinicians to transport patients to these centres.

3.2 Improving infection prevention and control for standard peripheral venous cannula insertion

Great Western Ambulance Service NHS Trust places great importance on the management of infection control. During 2009-10 the trust was subject to an inspection by the CQC who reported favourably on our management and practice for the prevention and control of healthcare associated infections. As part of our annual infection control audit plan, and our commitment to continually improve standards with this area the trust reviewed its use of peripheral venous cannula insertion.

This indicator has been chosen as The Health Act 2006 Code of Practice for the Prevention and Control of Healthcare Associated Infection states that “Effective prevention and control of HealthCare Associated Infection (HCAI) has to be embedded into every day practice and applied consistently by everyone” and the NHS organisations must audit key policies and procedures for infection prevention and control

Cannulation is a common procedure performed by appropriately trained ambulance clinicians in order to administer intravenous medication and fluids. The appropriate technique and management is key in reducing the risk factor for MRSA bacteraemia infection in the patient.

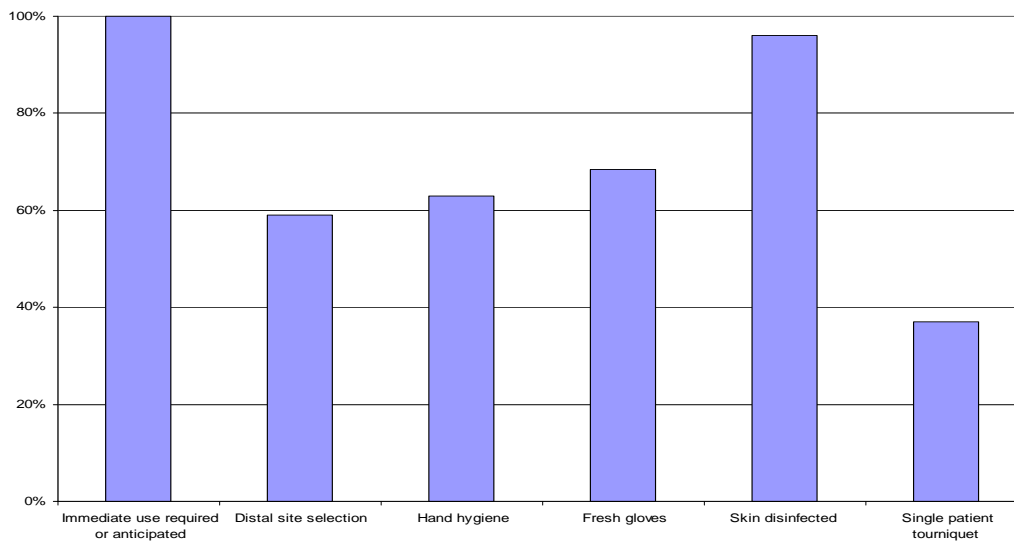
As an indirect measure of clinical effectiveness and patient experience (by assuming appropriate insertion reduces the risk of infection) an audit was designed to understand the limitations in emergency pre-hospital care and establish the current understanding of the cannulation procedure by ambulance clinicians.

To capture the reasons for each cannula insertion, for the period of 1 June - to 31 August 2009, ambulance clinicians completed an audit form each time they inserted a peripheral cannula (a device inserted into the smaller veins of the arms or legs to give fluid or medication). The data was collected and 54 completed forms were included in the analysis.

The following standards were measured;

- The cannula must only be inserted if immediate use is required or anticipated
- The site selection should be routinely selected in the distal areas of the arm
- Hand hygiene must be performed prior to cannula insertion
- New gloves must be worn for cannula insertion
- The skin must be disinfected prior to insertion of cannula
- A tourniquet should be used only once where there is the potential for cross contamination between patients

Graph 2 – Results of peripheral venous cannula insertion audit



The results show that insertion of cannulae is generally only performed for immediate or likely immediate administration of fluids or medication. Where the patient's condition did not affect where the cannula could be inserted, in the majority of cases the insertion was peripheral. Hand hygiene prior to cannula insertion and the application of a clean pair of gloves was performed in most cases, as was the preparation of the patient's skin. Although Great Western Ambulance Service NHS Trust supplies single use tourniquets, staff in most cases chose to use a reusable device which does increase the risk of infection between patients.

Following this audit the following actions have been developed:

- The trust is developing a customised cannulation pack to ensure all items are quickly and easily available. This will be introduced in May 2010 and will be accompanied with aseptic non-touch training (ANTT)
- All aseptically inserted cannulae will be marked with a green sticker which will provide assurance to our acute trust colleagues and reduce the requirement to remove and replace cannulae on admission to hospital, thereby improving quality and patient safety

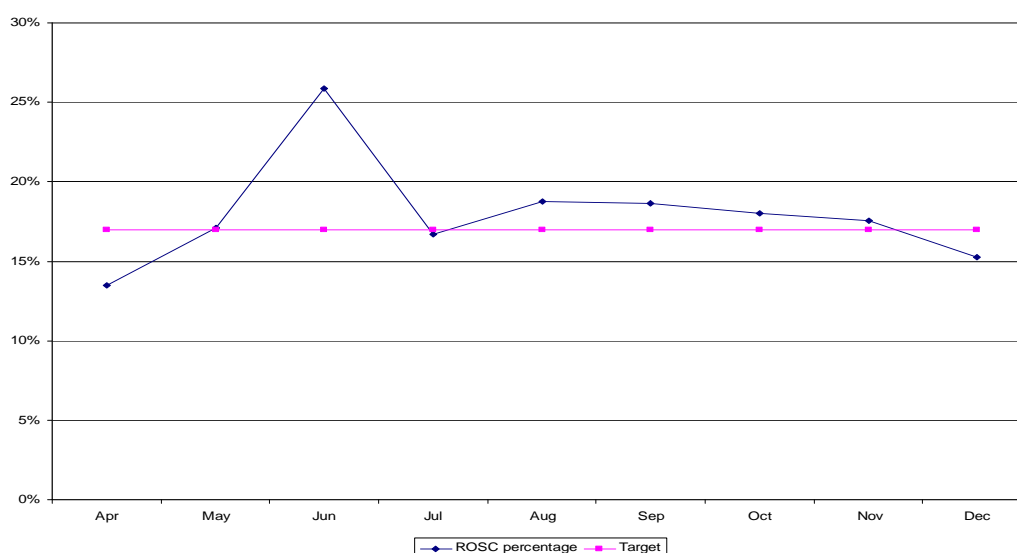
The trust will adopt the “saving lives peripheral intravenous cannula” compliance tool for ongoing audits, and it is planned to re-audit from June 2010.

3.3 Improvement in Return of Spontaneous Circulation (ROSC) on arrival at hospital

An improvement in the return of spontaneous circulation (ROSC) on arrival at hospital will greatly improve the outcome for patients following cardiac arrest. This indicator has been chosen as it is a current measure within the Commissioning for Quality and Innovation (CQUINS) payment framework and also a national clinical performance indicator reviewed by the National Ambulance Clinical Quality Group.

Great Western Ambulance Service NHS Trust agreed to achieve a ROSC rate of at least the national ambulance service average (currently 17%) over two quarters in 2009-10. Although the latest data for December 2009 showed a slight reduction, for the months August to November 2009 Great Western Ambulance Service NHS Trust exceeded the national average.

Graph 3 – Percentage of patients where return of spontaneous circulation is achieved at arrival at hospital.



However the trust recognises that further improvements in this area can be made and an improvement plan has been developed that will consider the following areas;

- The use of community based automated external defibrillators (AED) and cardiopulmonary resuscitation (CPR)
- Emergency operations centre procedures
- Ambulance clinician resuscitation knowledge.
- Consideration of drug therapy once ROSC at scene achieved
- An ongoing review / audit of resuscitation incidents
- Increase the contribution of Community First Responders (CFR's)

3.4 Improvement in the recognition of FAST +ve strokes during 999 call and upgrade to category 'A' response

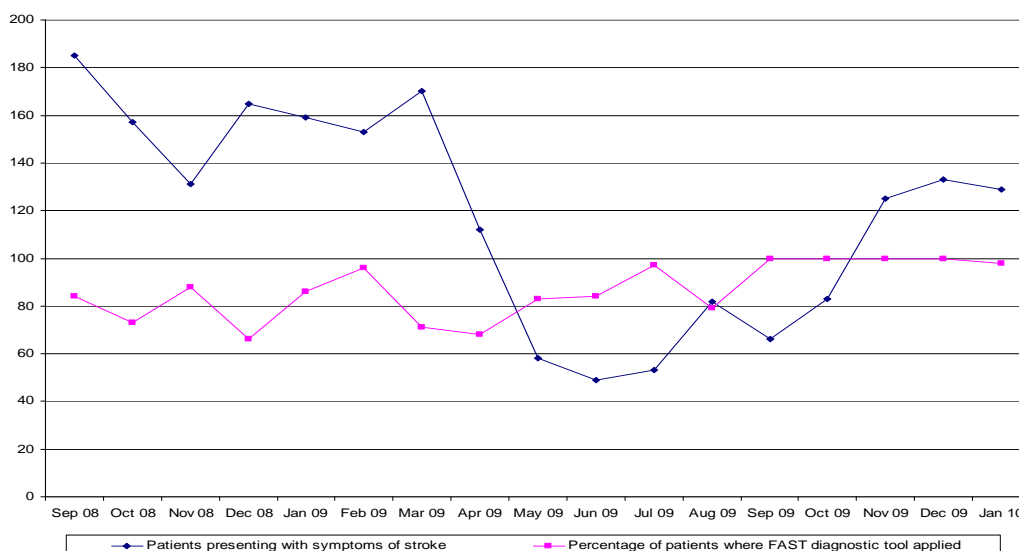
An initial assessment of a cerebral vascular incident (stroke) is undertaken by the application of the Face, Arms, Speech, Test (FAST). Where there is facial weakness, reduced arm mobility and slurred speech a patient is said to be have suffered a stroke (FAST +ve)

This indicator has been chosen as it is recognised that following the onset of a stroke reducing the time taken to respond to the patient will improve their clinical outcome. As such Great Western Ambulance Service NHS Trust was one of the first to link the application of the FAST diagnostic tool to the AMPDS, such that where a FAST +ve response is indicated the response is coded as a category A with an 8 minute response time set.

Great Western Ambulance Service NHS Trust submits supporting data for this quality measure to the National Ambulance Clinical Quality Group. Certain patient groups are excluded from this data set, but misinterpretation of the exclusion criteria from March to August 2009 resulted in Great Western Ambulance Service NHS Trust under-reporting patient exclusions. This resulted in a reduction in performance for that period.

Initial data collection difficulties from May to October 2009 resulted in a reduction in the number of new stroke cases being reported. An action plan, including training on data recording has now been implemented, resulting in improvements in both data quality and application of the FAST assessment

Graph 4 – Number of patients presenting with symptom of stroke and percentage of patients where FAST diagnostic tool applied.



3.5 An explanation of who Great Western Ambulance Service NHS Trust has involved

This first set of Quality Accounts has been produced and shared with NHS Gloucestershire, as lead commissioner, the Wiltshire Health and Overview Scrutiny Committee as lead for the Joint Health and Overview Scrutiny Committee and the Wiltshire Local Involvement Network as lead for the Joint Local Involvement Network Working Group.

3.6 Statements provided from commissioning PCT, LINKs or OSC's

This is also to include any changes made to the final version of the Quality Account after receiving these statements

You can write to us at:
Great Western Ambulance Service,
Jenner House, Langley Park Estate, Chippenham, Wiltshire SN15 1GG
You can telephone or fax us on: **Tel: 01249 858 000 Fax: 01249 850 091**

You can email us at **pals@gwas.nhs.uk**
www.gwas.nhs.uk

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Albanian

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telefoni numrin 01249 858612

Bengali

এ নথির বিষয়বস্তু আরো জানতে হলে, দয়া করে 01249 858612 এ নাম্বারে টেলিফোন
করুন।

Chinese

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Gujerati

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Hindi

यदि आप इस प्रलेख की अन्तर्वस्तु के विषय में और अधिक जानना चाहते हैं तो कृपया
01249858612 पर फोन करें।

Kurdish

بۆ وەرگرتنی زانیاری زیاتر سه باره ت به ئه م نامیلکه یه دهتوانن په یوهندی به ژماره تلهفونی 01249
858612 بکه ن

Polish

Jeśli pragną Państwo dowiedzieć się więcej na temat treści tego dokumentu,
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Portuguese

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Punjabi

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01249 858612 ਫ਼ੋਨ ਕਰੋ।

Somali

Haddii aad dooneyso akhbaar dheeri ah oo ku saabsan macnaha qoraalka
nuqulkaan, fadlan soo wac taleefanka 01249 858612

Urdu

اگر آپ اس دستاویز کے مندرجات کے بارے میں مزید معلومات چاہتے ہوں تو براہ کرم
ٹیلیفون نمبر 01249 858612 پر رابطہ کریں۔

Vietnamese

Nếu quý vị muốn tìm hiểu thêm về nội dung tài liệu này, xin hãy điện thoại số
01249 858612