ADULT SERVICES AND HEALTH SCRUTINY PANEL

Venue: **Town Hall, Moorgate Street, Rotherham. S60 2RB**

Date: **Thursday, 14th April, 2011**

Time: **10.00 a.m.**

A G E N D A

1. To determine if the following matters are to be considered under the categories suggested in accordance with the Local Government Act 1972.

2. To determine any item which the Chairman is of the opinion should be considered as a matter of urgency.

3. Apologies for Absence and Communications

4. Declarations of Interest

5. Questions from members of the public and the press

6. Update on Changes within the NHS: Nationally, Regionally and Locally - (Pages 1 - 10)
   - presentation by Chris Edwards, NHSR (pages 1-10)

7. Quality Accounts (Pages 11 - 74)
   - Department of Health Quality Accounts – A Guide for Scrutiny and Overview Committees (pages 11-20)

   - Rotherham Foundation Trust
     presentation by Dr Trisha Bain/Jackie Bird
     leaflet and survey attached for consideration prior to meeting (pages 21-57)

   - Yorkshire Ambulance Service
     presentation by Hester Rowell
     draft QA and feedback form attached for consideration prior to meeting (pages 58-59)

   - RDaSH – presentation to be given at the meeting
     presentation by Deb Wildgoose/Michelle Rhodes/Karen Cvijetic (pages 60-74)

8. Diabetes Scrutiny Review - Final Report (Pages 75 - 88)

9. Adult Services and Health Scrutiny Panel (Pages 89 - 95)
- minutes of meeting held on 3rd March, 2011

10. Adult Social Care and Health (Pages 96 - 101)
- minutes of meetings held on 28th February and 14th March, 2011

Date of Next Meeting:-
Thursday, 26 May 2011

Membership:-
Chairman – Councillor Jack
Vice-Chairman – Steele
Councillors:- Barron, Blair, Burton, Goulty, Hodgkiss, Kirk, Middleton, Turner and Wootton
Co-opted Members
Jim Richardson (Aston cum Aughton Parish Council), Russell Wells (National Autistic Society), Mrs. A. Clough (ROPES), Jonathan Evans (Speak up), Victoria Farnsworth (Speak Up), Ms J Dyson, Ms J Fitzgerald and Mr. P. Scholey (UNISON)

Changes to the NHS

A national, regional and local perspective

Chris Edwards – Chief Operating Officer
NHS Rotherham

Better Health,
Better Lives

NHS Rotherham

National – but subject to change!

White paper – Equity and Excellence - Liberating the NHS

Headlines

- Commissioning by GPs
- Role of regulators, Monitor and CQC, strengthened
- Reduce management costs 45%
- Major ‘listening exercise’

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NHS Rotherham

Timeframe

April 2011

- Shadow NHS Commissioning Board
- Shadow Health and Wellbeing Boards

April 2012

- Healthwatch established (views of patients and carers)
- Strategic Health Authorities abolished

April 2013

- PCTs abolished
- GP consortia take up commissioning responsibilities
- Local authorities responsible for health improvement

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Regional/Sub Regional

- SHA's abolished April 2012
- Clusters – Andy Buck appointed as CEO
- 6 in Yorkshire and the Humber
  - Calderdale Kirklees and Wakefield
  - The Humber (4 PCTs)
  - South Yorkshire and Bassetlaw
  - Leeds
  - Bradford
  - North Yorkshire and York

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Cluster responsibilities

- **Performance**: safety, quality, finance requirements of the NHS Operating Framework
- **Efficiency**: QIPP to improve delivery
- **Transition**: to new NHS arrangements described in the Health and Social Care Bill subject to parliamentary approval. Development of GP commissioning consortia, establishing commissioning support organisations and transferring public health responsibilities to local authorities.

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Local Picture – NHS Rotherham

- Abolition of NHS Rotherham April 2013
  - Retain accountability until then
- New management structure and governance arrangements to manage transition.
- Establishment of GP consortia in shadow form
- Complete ‘Shaping our Future’ – transfer of RCHS – TRFT, RDaSH, Social Enterprise, Hospice

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NHS Rotherham - current position

- Meeting financial targets
- Reduce running costs by 45% (2 rounds of VR completed)
- Performance currently judged as ‘good’
- Good quality secondary care (all foundation trusts)
- Good reputation

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Single Integrated Plan

- Challenging next 4 years
- Plan assumes growth in allocations of 2.2% each year to 2.8%
- Providers have to make 4% efficiencies (approx £12m a year, £48m over 4 years)
- But we still require further system efficiencies of £24.5m over 4 years
- Total efficiencies required - £73m over 4 years

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NHS Rotherham

The future

- GP consortia development
- £73 million savings across health services for Rotherham patients required over 4 years
- Establishment of NHS commissioning support bodies
- Development of Healthwatch and Health and Wellbeing Boards
- Public health transfer to RMBC

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Any questions?

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Quality Accounts: a guide for Overview and Scrutiny Committees

DH INFORMATION READER BOX

Policy	Estates
HR / Workforce	Commissioning
Management	IM & T
Planning /	Finance
Clinical	Social Care / Partnership Working

Document Purpose	Best Practice Guidance
Gateway Reference	15794
Title	Quality Accounts: a guide for Overview and Scrutiny commitees
Author	DH
Publication Date	16 Mar 2011
Target Audience	Local Authority CEs
Circulation List	Local Authority CEs
Description	Healthcare providers publishing Quality Accounts in June 2011 have a legal duty to send their Quality Account to the OSC in the local authority area in which the provider has its registered office, inviting comments on the report from the OSC prior to publication.
Cross Ref	Quality Accounts Toolkit 2010/11
Superseded Docs	
Action Required	N/A
Timing	
Contact Details	Richard Owen NHS Medical Directorate Skipton House 80 London Road London SE1 6LH
For Recipient's Use	

Quality Accounts: a guide for Overview and Scrutiny Committees (OSCs).

Healthcare providers publishing Quality Accounts have a legal duty to send their Quality Account to the OSC in the local authority area in which the provider has its registered office, inviting comments on the report from the OSC prior to publication.

This gives OSCs the opportunity to review the information contained in the report and provide a statement on their view of what is reported.

Providers are legally obliged to publish this statement (of less than 1000 words) as part of their Quality Account.

Providers must send their Quality Account to the appropriate OSC by the 30 April each year. This gives the provider up to 30 days following the end of the financial year to finalise its Quality Account, ready for review by its stakeholders.

This mini-guide has been produced specifically for OSCs and draws on relevant information already published in the Quality Accounts toolkit :

http://www.dh.gov.uk/en/Healthcare/Qualityandproductivity/Makingqualityhappen/qualityaccounts/index.htm

What is a Quality Account?

Quality Accounts are annual reports to the public from providers of NHS healthcare services about the quality of services they provide. This publication mirrors providers' publication of their financial accounts.

In the second year of Quality Accounts, providers will report on activities in the financial year 2010/11 and publish their Quality Account by the end of June 2011.

Who has to provide one?

All providers of NHS healthcare services in England, whether they are NHS bodies, private or third sector organisations must publish an annual Quality

Account. For the first year of Quality Accounts, providers were exempt from reporting on any primary care or community healthcare services. This year the community healthcare service exemption has been removed.

What is the purpose of a Quality Account?

The primary purpose of Quality Accounts is to encourage boards and leaders of healthcare organisations to assess quality across all of the healthcare services they offer, and encourage them to engage in the wider processes of continuous quality improvement. Providers are asked to consider three aspects of quality – patient experience, safety and clinical effectiveness. The visible product of this process – the Quality Account – is a document aimed at a local, public readership. This both reinforces transparency and helps persuade stakeholders that the organisation is committed to quality and improvement. Quality accounts therefore go above and beyond regulatory requirements, which focus on essential standards.

If designed well, the Accounts should assure commissioners, patients and the public that healthcare providers are regularly scrutinising each and every one of their services, concentrating on those that need the most attention.

Quality Accounts aim to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda.

How will they be used?

Quality Accounts will be published on the NHS Choices website and providers will also have a duty to:

• display a notice at their premises with information on how to obtain the latest Quality Account; and

• provide hard copies of the latest Quality Account to those who request one.

The public, patients and others with an interest in their local provider will use a Quality Account to understand:

• where an organisation is doing well and where improvements in service quality are required;

• what an organisation's priorities for improvement are for the coming year; and

• how an organisation has involved service users, staff and others with an interest in the organisation to help them evaluate the quality of their services and determine their priorities for improvement.

Commissioners and healthcare regulators, such as the Care Quality Commission, will use quality accounts to provide useful local information about how a provider is engaged in quality and tackles the need for improvement.

Quality Accounts will be public-facing documents, published on NHS Choices

How will the process of producing a Quality Account benefit the provider?

The process of producing a Quality Accounts is an opportunity for organisations and clinicians to collect, review and analyse information relating to quality, so that they can decide where improvement is needed in such a way that it becomes part of the core business of the organisation.

It can also help with benchmarking against other organisations.

The process of producing a Quality Account also provides an opportunity for providers to engage their stakeholders, including PCTs, LINKs and the public, in the review of information relating to quality and decisions about priorities for improvement.

This sort of quality monitoring and improvement activity can have many purposes for the provider. For example it will help them to assess their risks and monitor the effectiveness of the services they provide; the information could also inform their internal monitoring of compliance with CQC registration requirements.

Why are OSCs being asked to get involved with Quality Accounts?

The Department of Health engaged widely with healthcare providers, commissioners, patient groups and third sector organisations in the development of Quality Accounts.

A key message from our stakeholder engagement activity was that confidence in the accuracy of data and conclusions drawn on the quality of healthcare provided from these figures is key to maximising confidence in those reading Quality Accounts. Without some form of scrutiny, service users and members of the public may have no trust in what they are reading.

OSCs, along with LINks and commissioning PCTs , have been given the opportunity to comment on a provider's Quality Account before it is published as it is recognised that they have an existing role in the scrutiny of local health services, including the ongoing operation of and planning of services.

The powers of overview and scrutiny of the NHS enable committees to review any matter relating to the planning, provision and operation of health services in the area of its local authority. Each local NHS body has a duty to consult the local overview and scrutiny committee(s) on any proposals it may have under consideration for any substantial development of the health service in the area of the committees' local authorities, or on any proposal to make any substantial variation in the provision of such service(s).

How can OSCs get involved in the development of Quality Accounts?

OSCs are ideally placed to ensure that a provider's Quality Account reflects the local priorities and concerns voiced by their constituents.

If an important local healthcare issue is missing from a provider's Quality Account then the OSC can use the opportunity in the form of a statement to be included in a provider's Quality Account to highlight this omission. Some of these issues might not directly relate to healthcare quality, so their omission by the provider might be unavoidable (given their legal obligation to report on healthcare only) and your commentary should acknowledge that.

Quality Accounts aim to encourage local quality improvements, OSCs can add to the process and provide further assurance by providing comments on the issues they are involved in locally.

OSCs may also wish to comment on how well providers have engaged patients and the public, and how well they have promoted the Quality Account.

OSCs should not feel that they have to comment on areas of the Quality Account where they do not have relevant knowledge. However, conversations between providers and OSCs should start at the beginning of the planning process for the production of a Quality Account so both the provider and the OSC are aware each others expectations in the process.

OSCs could therefore comment on the following:

- does a providers priorities match those of the public;
- whether the provider has omitted any major issues; and
- has the provider demonstrated they have involved patients and the public in the production of the Quality Account;
- any comment on issues the OSC is involved in locally

What must providers do to give OSCs the opportunity to comment on their Quality Account?

A provider must send their Quality Account to the OSC in the local authority area in which the provider has its registered or principal office located.

They must send it to the appropriate OSC by the 30 April each year. This gives the provider up to 30 days following the end of the financial year to finalise its Quality Account, ready for review by its stakeholders.

The OSC then has the opportunity to provide a statement of no more than 1000 words indicating whether they believe, based on the knowledge they have of the provider, that the report is a fair reflection of the healthcare services provided.

The OSC should return the statement to the provider within 30 days of receipt of the Quality Account to allow time for the provider to prepare the report, which will include the statement, for publication.

If the provider makes changes to the final published version of their Quality Account after having received the statement (possibly as a result of the statement), they are required to include a statement outlining what these changes are.

How does the review of Quality Accounts in April fit in with the other activities carried out by OSCs?

Quality Accounts do not replace any of the information sent to CQC by OSCs as part of CQC's regulatory activities.

Quality Accounts and statements made by commissioners, LINks and OSCs will be an additional source of information for the CQC that may be of use operationally in helping to inform their local dialogues with providers and commissioners.

It is recommended that discussions around the proposed content of a Quality Account and review of early drafts of the report is conducted during the reporting year in question so that by April each year OSCs will already have a good idea of what they expect to see in a provider's Quality Account and may have commented on earlier versions.

Where local elections are being held in April and OSCs will not have the opportunity to review Quality Accounts for 2009/10, it is advised that where possible, OSCs discuss plans and suggest content for 2010/11 Quality Accounts with providers when they reconvene in the summer.

Stakeholder engagement in the development of a Quality Account should be a year-long process – ideally starting at the beginning of the reporting year.

Which OSC should a provider send its Quality Account to?

A provider must send their Quality Account to the OSC in the local authority area in which the provider has its registered or principal office located. This may be different from the geographical area of the lead commissioner. In these cases, liaison and co-operation will be the key to achieving a rounded view on the organisation for whose Quality Account you are providing feedback.

Does an OSC have to supply a statement for every Quality Account it is sent?

No. The role of OSCs in providing assurance over a provider's Quality Account is a voluntary one. Depending on the capacity and health scrutiny interests of the OSC, the committee may decide to prioritise and comment on those

providers where members and the constituents they represent have a particular interest.

It would be helpful to let the provider know that you do not intend to supply a statement so that this does not hold up their publication.

Does the statement have to be 1000 words longs?

No, this is a maximum set in the Regulations. We have increased the maximum limit for situations where LINks and OSC wish to produce joint comments.

Working with commissioning PCTs, LINks and other stakeholders

Existing DH guidance recommends that scrutiny of services provided, commissioned or planned by a single NHS body covering more than one local authority area, is undertaken by a joint committee.

Joint committees may therefore wish to work together when considering Quality Accounts for organisations that provide services across multiple authority areas such as ambulance trusts. For instance, joint arrangements may already be in place for providing third party comments on providers to the CQC (for instance, to provide comments to CQC about a provider's compliance with registration requirements) and it would be appropriate to use these existing arrangements to discuss provider's Quality Accounts.

It should be noted however that the legal requirement is for a provider to send their Quality Account to the OSC in the local authority area in which the provider has its registered or principal office located and to publish within their final Quality Account any statement that they have provided. It is important therefore that when OSCs jointly consider a provider's Quality Account that it is the OSCs residing in the local authority area that sends the statement back to the provider. If the statement has been jointly written, it would be appropriate to state who has contributed to it.

How OSCs and other stakeholders work together is left for local discretion as there is variation across authority areas.

When OSCs jointly consider a provider's Quality Account, the OSC residing in the local authority area for the provider should send the statement back to the provider.

What should OSCs do if they receive a Quality Account from a provider with a national presence?

Some OSCs may receive Quality Accounts from multi-site providers. We do not expect an OSC to assure the quality of a national provider. Instead, we ask that the provider demonstrates how they nationally engage stakeholders day-to-day and in the production of the Quality Account.

How does Quality Accounts fit with the wider quality improvement agenda?

The objectives for Quality Accounts remain the same as last year, to encourage boards and leaders of healthcare organisations to assess quality across all of the healthcare services they offer, and encourage them to engage in the wider processes of continuous quality improvement, holding them accountable to stakeholders.

We will explore how Quality Accounts align with an NHS described in '*Equity and excellence: Liberating the NHS'*.

How do Quality Accounts relate to the work of regulators such as CQC and Monitor?

Quality Accounts do not replace any of the information sent to CQC as part of their regulatory activities. Quality Accounts and statements made by commissioners, LINks and OSCs will be an additional source of information for the CQC that may be of use operationally in helping to inform their local dialogues with providers and commissioners.

When providing comments on a Quality Accounts, LINks should consider whether their reflections on the quality of healthcare provided should also be submitted to CQC.

Monitor's annual reporting guidance requires NHS foundation trusts to include a report on the quality of care they provide within their annual report. NHS foundation trusts also have to publish a separate Quality Account each year, as required by the NHS Act 2009, and in the terms set out in the Regulations. This Quality Account will then be uploaded onto NHS Choices.

Monitor's annual reporting guidance for the Quality Report incorporates the requirements set out in the Department of Health's Quality Accounts Regulations, as well as additional reporting requirements set by Monitor. This is available from Monitor's website.

Quality Accounts for OSCs - Getting started

Before you receive a draft Quality Account:

- Identify which providers will be sending their Quality Account to you and start discussions on proposed content early on in the reporting year.
- Providers have been encouraged in guidance to share early drafts of their Quality Account and useful background information on the content with stakeholders .
- Discuss the provider's proposed content of their Quality Account at an early stage to ensure that it includes areas that have been identified as being local priorities.

Once you have received a draft Quality Account (between 1 – 30 April):

- Before providing a statement on a provider's Quality Account, OCSs may wish to consult with other OSCs where substantial activity (for instance specialised services) is provided to patients outside their area.
- Write a statement (no more that 1000 words in length) for publication in a provider's Quality Account on whether or not they consider, based on the knowledge they have of the provider, that the report is a fair reflection of the healthcare services provided. The statement could include comment on for instance, whether it is a representative account of the full range of services provided.

Sending the written statement back to the provider:

- Send the statement back to the provider within 30 days of the draft Quality Account being received. Your statement will be published in the provider's Quality Account.
- If the provider makes changes to the final published version of their Quality Account after having received the statement (possibly as a result of the statement), they are required to include a statement outlining what these changes are.

Yorkshire Ambulance Service NHS
NHS Trust

Yorkshire Ambulance Service Quality Account 2010-11

DRAFT 3
For Stakeholder Consultation

23 March 2011

CONTENTS

STATEMENT ON QUALITY FROM THE CHIEF EXECUTIVE

For everyone at Yorkshire Ambulance Service (YAS), providing high quality patient care is our highest priority. This applies to our ambulance clinicians responding to emergency calls, to our Patient Transport Service (PTS) crews taking patients to and from their planned hospital appointments, to our managers developing new care pathways or ways of working, and to our Trust Board making decisions about the future of our Trust.

The progress we have made has been acknowledged by the Care Quality Commission (CQC) who agreed in September that we had met the full requirements for registration with them. This means that we are achieving all of the essential standards of quality and safety.

The Board has been leading our focus on quality and has given significant time to developing our Quality Governance Framework. This will ensure that quality is at the centre of all our systems and structures, and enable the investment in our staff, managers and leaders to build a culture of quality. Demonstrating strong quality governance will be essential as we work towards achieving foundation trust status, our systems and structures will be subject to close scrutiny as we progress our application. We welcome this process as it will provide us with additional challenge in setting ambitious objectives and supporting innovation.

In 2010-11 we have made improvements in important areas of quality including incident reporting, management of serious untoward incidents (SUIs), safeguarding vulnerable adults and children, and the development of new care pathways. We have continued to measure the quality of our clinical care using the national Clinical Performance Indicators (CPIs). CPI results are regularly shared with front-line clinicians and local teams. This empowers clinical leaders to take responsibility for driving up achievement in their areas, and identifying where they can learn from colleagues in other areas.

2011-12 will be a challenging year for all healthcare providers as the health care reforms are implemented. We will be exploring and implementing new and more efficient ways of working which will enable us to improve the quality of our care, whilst also reducing the cost to the taxpayer. To achieve this we will work in partnership with our healthcare partners, our patients and local communities to listen and agree local priorities and concerns if we are to ensure our services are responsive to their needs.

We know from the thank you letters and telephone calls we received from patients and their families that many people receive an outstanding service thanks to the skill, care and dedication of all our staff. We want this to be the experience of every patient and will continue to strive towards this goal.

STATEMENT OF ACCOUNTABILITY

The Trust Board is accountable for quality. It oversees the development and delivery of the Trust's strategy which puts quality of patient care at the heart of all the Trust's activities.

As Accountable Officer and Chief Executive of this Board I have responsibility for maintaining the standard of the Trust's services and creating an environment of continuous improvement.

This report is in the format required by the Health Act 2009. It contains the sections mandated by the Act and also measures that are specific to YAS that demonstrate our work to drive up standards. We have chosen these measures based on feedback from our patients, members of the public, health overview and scrutiny committees, staff and commissioners.

As Accountable Officer I confirm that, to the best of my knowledge, all the information in this Quality Account is accurate. I can provide this assurance based on our internal data quality systems and [add opinion of internal/external audit once complete]

Dave Whiting
Chief Executive

PRIORITIES FOR IMPROVEMENT 2011-12

Recording Performance Against Clinical Outcome Measures

We know that for patients with certain life-threatening conditions, getting to them quickly saves lives and is vital to achieving the best possible clinical outcomes.

The nationally-set targets for 2010-11 were to reach:

- 75% of Category A patients (immediately life-threatening) within eight minutes
- 95% of Category A patients within 19 minutes
- 95% of Category B patients (serious but not life-threatening) within 19 minutes

Although it is important to get there quickly, it is not the only factor in providing a high quality service.

Based on Lord Darzi's definition, quality means providing a service that is safe, clinically effective and results in a positive patient experience.

For ambulance services this means measuring the outcomes of our clinical care in addition to our response time. This is why 11 new ambulance clinical quality indicators have been set by the Department of Health for 2011-12. The new indicators were developed by the National Ambulance Director, working with colleagues from across the ambulance service, including people from YAS.

The 11 new indicators keep the same requirements to reach Category A patients, but replace the Category B target. This has been agreed by the medical directors for the 11 English ambulance services because the Category B target was not based on clinical evidence. It is recognised that the most important factor for patients requiring ambulance assistance is the time it takes for them to get the right treatment for their condition. Often attending the nearest hospital emergency is not the fastest way to get this treatment and, increasingly, ambulance clinicians are able to refer patients to alternative sources of care or to take them directly to specialist treatment centres. These new ways of working also help us to ensure that we have ambulances available to respond immediately to patients with conditions, such as cardiac arrest, where fast response is proven to be life-saving.

To understand how well our care improves the health of our patients we need to record the clinical outcomes for those patients. Using the new indicators we will start to do this from April 2011 for patients suffering from cardiac arrest, heart attack (ST-Elevation Myocardial Infarction) and stroke.

We will also be reporting the number of patients whose calls we are able to resolve with telephone advice or whose conditions we can manage without transport to a hospital emergency department. To check how these decisions affect safety and patient experience we will be monitoring the numbers of patients who then need to call 999 again and surveying patients' opinions.

In 2010-11 we will set up the systems that will enable us to report against the 11 new clinical outcome measures for 2011-12:

1. Service experience (feedback from service-users)
2. Outcome from ST-elevation myocardial infarction (STEMI)
3. Outcome from cardiac arrest: return of spontaneous circulation
4. Outcome from cardiac arrest: recovery to discharge from hospital
5. Outcome following stroke for ambulance patients
6. Proportion of calls closed with telephone advice or managed without transport to A&E
7. Re-contact rate following discharge of care
8. Call abandonment rate
9. Time to answer calls
10. Time to treatment by an ambulance-dispatched health professional
11. Category A eight minute response time

Ambulance Response Times

Getting to patients with life-threatening conditions as quickly as possible saves lives and is a vital part of achieving the best possible clinical outcomes. In 2010-11 we made improving our response times our highest priority. We took every opportunity to learn from good practices in other services and we developed a detailed A&E Operational Improvement Plan to ensure we reached and continued to maintain the required standards. In September 2010 the Care Quality Commission (CQC) agreed that our performance in responding to patients with life-threatening (Category A) conditions had improved significantly and was now in line with national targets. We are now fully registered with the CQC without conditions. More details of this work are included in our Annual Report (pX). Our ambulance response times for 2010-11 measured against national targets are reported on pX. This shows that we met our national targets up to November 2010 when our performance was significantly affected by the extended period of adverse weather. With the milder weather in February and March 2011 we were able to improve our response times again.

In 2011-12 we will:

1. Maintain our response times to patients with life-threatening (Category A) conditions in line with the nationally-agreed indicator to reach 75% of patients within eight minutes

Developing Patient Pathways

We know that the best care for patients is not always provided by transporting them to hospital and that people with some conditions can be better supported be referral to specialist teams. Our progress in 2010-11 to develop pathways for diabetes, falls and patients at the end of their lives is reported on pX.

In 2011-12 we will:

1. Work with healthcare partners to develop our referral processes and establish pathways that meet patient needs and link effectively with local services.

2. Work with healthcare partners to develop processes for referring patients to alternative care pathways that are the same in all areas of Yorkshire. Having consistent procedures will promote the high standards in all geographic areas and allow comparisons to be made across the region and with other regions.

3. Introduce a monitoring process for the care provided to patients referred via the diabetes and end-of-life care pathways throughout the full patient journey.

Working with Partners to Ensure Appropriate Care and Management of 'Frequent Callers'

Some of the people who most frequently call our 999 service require help – but not necessarily the attendance of A&E ambulance clinicians. Since 2009 we have worked with local PCTs to identify frequent callers (either individuals or care homes) and review their care needs via multi-agency case conferences. This helps identify potential gaps in the care they are receiving in their communities and how this care could be improved. By putting in place alternative sources of care which better meet individuals' needs, this reduces the number of times they call 999 for an ambulance, leaving resources free for others who need them. This work earned Clinical Hub Team Leader Annette Strickland, our YAS lead for the programme, a Success in Partnership Working Award at the 2010 Yorkshire and the Humber Health and Social Care Awards.

In 2011-12 we will:

1. Continue to identify the top ten most frequent individual callers and care home callers by commissioned area

2. Work with other healthcare providers to review cases, agree action plans and monitor the impact of these plans

3. Analyse past cases to identify early warning indicators for potential frequent callers and work with healthcare partners to develop procedures for early action so at-risk individuals can get the care they need before resorting to the 999 service.

Improving Patient Transport Service (PTS) Performance

Our PTS provides transport for people who are unable to use public or other transport because of their medical condition and includes those:
- attending hospital outpatient clinics
- being admitted to or discharged from hospital wards
- needing life-saving treatments such as chemotherapy or renal dialysis.

The measures we use to monitor PTS service quality and our performance in 2010-11 are set out on pX. Some of our patients have been telling us that, in the past year, they have too often experienced extended waiting times for transport home after their appointments. We are working to improve this and in 2011-12 we will:

1. Agree a target with each of the three PTS commissioning consortia for the percentage of patients who should be collected for their return journeys within 60 minutes of the hospital/clinic advising that they are ready to travel.

2. Measure our performance against these quality targets and work towards reducing waiting times for all patients.

In order to reduce waiting times for home-ward journeys and improve patients' overall experience of our service we need to have better knowledge of the timings of individual clinics. At the moment we plan our journeys based on an appointment time of one-and-a-half hours for every clinic. In 2011-12 we will:

3. Map the timings of individual clinics and use this to plan return journeys that better match patients' appointment times.

Developing Clinical Leadership and Assessment Skills

In order to improve the quality of our care in line with the new ambulance outcome measures we need to ensure that our clinical staff have the skills and confidence to make good, clinically sound, decisions about treatment and referral. By supporting our staff to develop their clinical assessment and decision-making skills we aim to increase the numbers of appropriate referrals to appropriate alternative care pathways.

In 2011-12 we will:

1. Develop and deliver a clinical leadership and skills-development project.

2. Monitor the numbers of staff who have increased their clinical skills through the clinical leadership and skills-development project.

Providing Ambulance Clinicians with 24/7 Access to Clinical Advice

Our ambulance clinicians work 24 hours a day, seven days a week, 365 days a year. The nature of their jobs mean that they deliver care in peoples' homes and in public places where they do not have the same access to reference sources or advice from colleagues as people who work in hospitals or clinics. We want to provide our clinicians with better access to clinical advice and guidance on the available alternative care pathways. To do this we will be developing our 'Clinical Hub'.

The Clinical Hub is staffed by clinical advisors (specially-trained nurses and paramedics). Currently their role is to take calls from patients with non-life-threatening conditions (Category C) and assess their needs using a clinical triage system. The clinical adviser may then be able to provide advice about self-care, arrange a home visit by a healthcare professional such as a district nurse, GP or emergency care practitioner or refer the patient to an appropriate care pathway.

In 2011-12 we will:

1. Develop our Clinical Hub to provide a new clinical advice and guidance service for ambulance clinicians.

2. Monitor the number of incidents where clinicians working in ambulances and rapid response vehicles access the Clinical Hub.

3. Increase the satisfaction of clinicians with the service provided by the Clinical Hub. We will monitor this through surveys of staff opinions.

Measuring and Improving Patient Experience

Listening to and acting on feedback from patients is a vital part of providing a high quality service. By listening to what our patients are saying we can reduce the risk of missing the warning signs of poor care.

In 2010-11 we developed new ways to measure the experience of our patients and started to record our level of achievement. Details of this work and some early results are reported in section X.

In 2011-12 we will:

1. Increase the overall level of feedback given by patients and other service-users as a proportion of those using our services.

2. Review the diversity of those providing feedback on our services compared to the diversity of our services users and use this information to increase the opportunities for key groups to make their views known.

3. Develop mechanisms through which patient feedback influences and improves our services eg recruitment, induction, mandatory training and clinical leadership.

4. Keep records of work showing how feedback from patients has been used to develop and improve our services.

STATEMENTS OF ASSURANCE FROM THE BOARD

The National Health Service (Quality Accounts) Regulations 2010 require the Trust Board to make a number of Statements of Assurance. These are common to all providers, which makes our accounts comparable with those of other organisations. The statements confirm the total number of services we provide, that we have participated in research and national audits and that we are registered with the Care Quality Commission.

REVIEW OF SERVICES

During 2010-11 YAS provided five NHS services:

- Accident and Emergency (including Emergency Preparedness) response
- Patient Transport Service
- GP Out-of-hours call handling service
- Private and Events service.
- Vehicles and drivers for the Embrace neonatal transport service.

YAS has reviewed all the data available on the quality of care in all five of these services.

The income generated by the NHS services reviewed in 2011-12 represents 100% of the total income generated from the provision of NHS services by YAS for 2011-12.

In addition to Board reports and scrutiny at the Integrated Governance and Business Delivery committees directors also participate in 'Listening Watch' visits. Listening Watch is an annual programme of which covers all geographic areas, front-line services and support services. It gives directors the opportunity to hear from staff about a wide range of issues and to discuss safety and quality-related issues. After every visit directors record their learning from Listening Watch and a regular report is presented to the Executive Team. Key issues discussed and actions agreed. Wherever possible feedback is provided to staff on actions taken by the Executive Team as a result of their visits.

PARTICIPATION IN CLINICAL AUDITS

During 2010 -2011 two national clinical audits and one national confidential enquiry covered NHS services that YAS provides.

During that period YAS participated in 100% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which we were eligible to participate in.

The national clinical audits and national confidential enquiries that YAS was eligible to participate in during 2010-11 are as follows:

National Clinical Audits:

- Myocardial Ischemia National Audit Project (MINAP) - this is a national database gathering information on all patients who have had a heart attack or who have acute coronary syndromes.

- National Infarct Angioplasty Project (NIAP) – this is an audit of patients referred for an angioplasty surgical procedure.

National Confidential Enquiries

- Centre for Maternal and Child Enquiries (CMACE) - Confidential Enquiry into Head Injury in Children (completion of required data submission)

The national clinical audits and national confidential enquiries that YAS participated in, and for which data collection was completed during 2010 - 2011, are listed below.

National Clinical Audit/National Confidential Enquiry	**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**
MINAP and NIAP	The MINAP process requires ambulance trusts to validate data submitted to this national audit by acute trusts. There is no direct submission of data by YAS. At the moment we are able to validate the data submitted by one out of the 15 trusts who submit data on YAS patients.
CMACE - Head Injury in Children	Rather than submitting a required number of cases to this audit, CMACE requests information about specific patients. YAS provided information to CMACE about 130 patients.

We also submitted data to the national ambulance services' audit of Clinical Performance Indicators. The results of these audits are reported on pX.

YAS participated in the trial of the National Patient Safety Agency Community Suicide Prevention Toolkit Ambulance Audit Tool. The comments we submitted will be used to develop the toolkit in 2011.

The reports of two national clinical audits (MINAP and NIAP) were reviewed by the provider in 2010-11 and YAS intends to take the following actions to improve the quality of healthcare provided:

- enhance data collection, sharing and validation with acute trusts
- continue with staff education and awareness regarding Acute Coronary Syndrome management
- develop links with Primary Percutaneous Coronary Intervention (PPCI) centres, audit local pathways and improve awareness of best practice amongst YAS clinicians.

The above initiatives will build on our work as part of the Ambulance Service Cardiovascular Quality Initiative, which aims to improve the delivery of pre-hospital care for cardiovascular disease, acute myocardial infarction and stroke. In 2010-11 we received funding from this initiative for a quality improvement fellow to support teams of clinicians to work together to develop proposals for improving care for patients suffering from a heart attack or stroke.

As well as participating on national clinical audits, we undertake our own, local audits to measure our clinical practice against best practice standards. The results from these audits are provided to local teams every month to help them improve the quality of their service. They are also reported to the Trust Board.

Our local audits include:

- monthly audits of compliance with the five national Clinical Performance Indicators (see pX)
- audit of care provided to patients suffering neck of femur fracture.

The reports of 15 local audits were reviewed by the provider in 2010-11.

YAS intends to take the following actions to improve the quality of healthcare provided:

- Continue to undertake local audit (including peer review) of completed patient report forms (PRFs)
- Continue with staff education and awareness of clinical audit and engagement of front-line clinicians in reviewing the results
- Build on the best practice and learning from the Ambulance Service Cardiovascular Quality Initiative.

RESEARCH

Commitment to research as a driver for improving the quality of care and patient experience

Participating in clinical research demonstrates that an organisation is committed to improving the quality of care it provides and to making a contribution to wider health improvement.

YAS is committed to participating in clinical research that leads to better care for patients. Like all ambulance services, we are relatively new to the field of research. We continue to build our skills, experience and partnerships and look forward to developing our research programme further in the year ahead.

In 2010-11 we took part in three observational research studies approved by a research ethics committee. Two of these studies were related to our staff where researchers invited them to provide information about the barriers and benefits when treating certain groups of patients:

- Understanding how ambulance services achieve effective engagement from ambulance clinicians to improve the delivery of pre-hospital care for cardiovascular disease; primarily acute myocardial infarction and stroke
- Understanding to what extent the Mental Capacity Act (MCA) and its guidance are effective in providing a clear framework for the protection and empowerment of those who are judged to lack capacity.

The third research study was the final phase of a multi-national [CHECK] study that aims to identify variables that might act as predictors of survival in emergency medical patients:

- Development And Validation of Risk-adjusted Outcomes for Systems of Emergency Medical Care (The DAVROS Project)

The number of patients receiving NHS services provided or sub-contracted by YAS in 2010-2011 that were recruited during that period to participate in research approved by a research ethics committee was 1423. [Number to be confirmed at end of March]

In 2010-2011 we also:

- supported 20 ambulance clinicians to become research champions to promote and encourage the principles and benefits of research.

- Worked with three Comprehensive Local Research Networks (CLRNs) and two Higher Education Institutes to develop and carry out clinical research. These were:
  - West Yorkshire CRLN
  - South Yorkshire CRLN
  - North East Yorkshire and North Lincolnshire CRLN
  - University of Sheffield School of Health and Related Research
  - University of Bradford.

- had three peer-reviewed articles published related to research, audit and innovation activity:
  - J Taylor: *The role of ambulance clinicians in management and leadership.* Journal of Paramedic Practice, January 2011, vol/is 3/1 34-37
  - N Roberts, S Curran, V Minogue, J Shewan, R Spencer, J Wattis: *A pilot of the Impact of NHS Patient Transportation on Older People with Dementia*. International Journal of Alzheimer's Disease, Volume 2010 (2010), Article ID 348065, 9 pages
  - JT Gray, K Challen, L Oughton: *Does the pandemic medical early warning score system correlate with disposition decisions made at patient contact by emergency care practitioners?* Emergency Medical Journal, December 2010, vol/is 27/12 943-947

GOALS AGREED WITH COMMISSIONERS

X% of YAS's income in 2010-11 was conditional on achieving quality improvement and innovation goals agreed between YAS and our PCT commissioners through the Commissioning for Quality and Innovation (CQUIN) payment framework.

We achieved all our CQUIN targets for 2010-11 which related to our performance against clinical performance indicators, increasing referrals to alternative care

pathways, developing new alternative care pathways and increasing referrals to specialist services for safeguarding children and vulnerable adults.

Our CQUIN goals for 2011-12 are closely aligned to the new ambulance outcome measures and the priorities for improvement in these Quality Accounts.

Full details of our CQUIN goals are available electronically at www.XXXX [exact web address TBC]

WHAT OTHERS SAY ABOUT US

Care Quality Commission

YAS is required to register with the Care Quality Commission (CQC) and our current registration status is 'full registration'. The CQC has not taken enforcement action against YAS during 2010-11.

In April 2009 YAS was registered with the CQC with one condition: to ensure that by 31 October 2010 it is responding to emergencies defined as immediately life-threatening promptly in line with national requirements in order that people who use the services receive safe and appropriate care, treatment and support. This condition was lifted by the CQC on 3 September 2010 on the basis of our improved ambulance response times.

YAS has not participated in any periodic or special review or investigations by the CQC during 2010-11.

NHS Litigation Authority

On 11 November 2010 the Trust was assessed for compliance with the NHSLA Risk Management Standards for Ambulance Trusts at Level 1. The assessors looked at 50 key policies and all 50 were accepted as meeting the required standard. This shows a significant improvement since our last assessment in 2008 when 40 out of 50 policies met the required standard.

DATA QUALITY

Good quality information helps the effective delivery of patient care and is essential to our work to improve the quality of our care.

We place a high priority on maintaining effective, secure data management systems. This means that both ourselves and our partners can have confidence that the information that we use to measure the quality of our services is reliable and accurate.

In 2010-11 we took the following actions to maintain and improve our data quality:

- Delivered training workshops on to ensure that managers and staff in key data-processing roles understand their responsibilities and have the necessary skills

- Our Management Information team developed a monthly [CHECK] data quality report to help PTS managers to monitor and improve reporting and data quality in their teams
- Our managers responsible for our 'KA34' performance report to the Department of Health work together to ensure that any changes to our information technology are assessed for their impact on reporting systems.

In 2011-12 we will be taking the following actions to improve data quality:

- We will develop a data quality report for managers in our Access and Response communications centres to help them monitor and improve data quality in their teams
- [Add section here about data quality around outcome indicator reporting – work under development]

Our attainment against the NHS Information Governance (IG) Toolkit assessment provides an overall measure of the quality of our data systems, standards and processes.

Our Information Governance Assessment Report score for 2010-11 was 67% [awaiting final results – this is a minimum level and may be higher] and we were graded [colour - TBC]. Each year the standards within the IG Toolkit are strengthened, challenging NHS organisations to improve their systems and processes. This means that the standards are higher than in 2009-10 when we achieved a score of 72%.

The Health Act 2009 requires us to make the following statements:

YAS did not submit records during 2010-11 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

YAS was not subject to the Payment by Results clinical coding audit during 2010-11 by the Audit Commission.

REVIEW OF QUALITY PERFORMANCE IN 2010-11

How we selected our indicators

In our 2010-11 Quality Accounts we set ourselves six priorities for improvement. As these were our first Quality Accounts we chose these priorities ourselves based on the quality elements of our 2010-11 Business Plan and the CQUIN targets we agreed with our commissioners.

We report a summary of our performance against each of our 2010-11 priorities in the table on pX.

During the past year we have engaged our staff and stakeholders in discussions about service quality and their views on the content of our Quality Accounts. These activities included:

Staff Engagement

- Presentations and workshops at our October management time out event. Our time outs are held twice a year and are an opportunity for all our managers to meet each other in a single location, hear from the chief executive and the executive team about progress over the past year and plans for the year ahead. Workshops focus on key priorities and allow managers to share best practice and learn from each others' experience.
- To build awareness of YAS's responsibilities to maintain high quality services and the role of the Care Quality Commission the Director of Standards and Compliance visited managers and teams from front-line and support services. Staff were able to discuss what quality meant to them in their roles, put forward their views and ask questions.

Engagement with Partners

- We have a monthly Clinical Review Group attended by the YAS Medical Director, Director of Standards and Compliance and PCT commissioners to review service quality and performance against CQUINs.
- We work closely with the Yorkshire-wide Local Involvement Network (LINk) Ambulance Group. All LINks are invited to participate in this group which is a forum for members to raise concerns to their local LINks, identify common experiences across areas and receive responses from YAS managers.
- When issues are specific to an individual LINk we also engage directly with them to provide detailed information and, where possible, resolve problems.
- We acknowledge the important feedback provided via our 14 Yorkshire Health Overview and Scrutiny Committees (HOSCs). Our directors and assistant directors have attended meetings of most committees over the course of the year to report on performance and receive feedback on local issues.
- All LINks and HOSCs were given the opportunity to provide input on the content of our 2010-11 Quality Accounts through a questionnaire and, where possible, meetings with councillors or presentations to committee meetings.

Engagement with Patients and the Public

- We have a Critical Friends Network made up of patients and members of the public who have said they are willing to work with us on different aspects of our service provision and development. We asked all Critical Friends to give us their views on the content of our 2010-11 Quality Accounts by filling in a questionnaire.

From the results of this engagement we learned that while some of the indicators we had chosen in 2009-10 were important to our patients and stakeholders, others that were not included last year were considered more important. We have chosen our indicators for the Review of Quality Performance based on this feedback from stakeholders. All performance against all 2010-11 priorities is included in the table on page X. Other indicators, including our performance against national response time targets and the performance of our PTS are included this year in response to the feedback we received.

Context

When looking at the information presented in this section, it is important to remember the numbers of patients who use our services each year. In summary we:

- Received XXX,XXX urgent and emergency calls
- Responded to a total of XXX,XXX incidents of which XXX,XXX were immediately life-threatening.
- Made X,XXX,XXX journeys transporting patients to and from their planned hospital appointments.

Performance Against 2010-11 Priorities for Improvement

		Achieved	Summary of achievement	Reference for further detail
Patient Safety				
1a	To increase the number of referrals made to specialist services for safeguarding children and vulnerable adults.	✓	965 adult referrals were made in 2010-11 compared to 783 in 2009-10. This is an increase of x%. 797 adult referrals were made in 2010-11 compared to 610 in 2009-10. This is an increase of x%.	
1b	To ensure the Trust works closely with other agencies to respond effectively to all Serious Case Reviews (SCRs).	✓	Contributed to X SCRs, working with other organisations through the SCR panels.	
1c	To ensure all Independent Management Reports (IMRs) required as part of Serious Case Reviews are completed on time, to the necessary standard and all relevant recommendations are implemented.	✓	We completed X reports. All reports were submitted on time.	
2a	For every emergency patient's patient report form (PRF) to be fully completed.		In 2010-11 we started two pieces of work to improve PRF completion rates. We now monitor the percentage of records for which the boxes for date, vehicle and staff details and geographical area are correctly completed. This is the information needed to ensure all PRFs can be found from the archives if needed. Local systems are now in place to review the quality of clinical information recorded on PRFs and report the results back to teams and to individuals.	
2b	For no investigation following a Serious Untoward Incident to identify inadequate clinical assessment as a root cause.	✗	Two SUI investigations have identified issues with clinical assessment. These relate to spinal immobilisation and misinterpretation of ECG results. Actions have been taken as a result of these incidents and our plans to develop clinical assessment skills in 2011-12 will also help reduce the risk of future incidents.	
Clinical Effectiveness				
3a	To maintain the current level of achievement of greater than 90% for recording of clinical observations for patients with stroke	✓	All CPIs for stroke achieved above 90%	Full CPI performance: pX

3b	To maintain the current level of achievement of greater than 95% for management of patients with hypoglycaemia and 95% for management of patients suffering ST-elevation myocardial infarction (STEMI) heart attacks.	✓	All CPIs for hypoglycaemia achieved above 95%. All CPIs for STEMI improved compared to 2009 scores.	Full CPI performance: pX
3c	To achieve performance that is no worse than 1.8 standard deviations below the average score for all English ambulance services for response to patients with cardiac arrest and treatment of patients with asthma.	✓	Response to cardiac arrest: z score = -0.29 Treatment of patients with asthma: z score = 0.66	Full CPI performance: pX
3d	To make improvement against the clinical performance indicators for patients suffering STEMI heart attacks: recording of two pain scores and administration of analgesia	✓	May 2009 results: recording of pain scores = 60.34, analgesia given = 38.14 May 2010 results: recording of pain scores = 85.40, analgesia given = 75.2	Full CPI performance: pX
3e	To make improvements in the recording of peak flow readings for patients with asthma.	✓	Sept 2009 result: peak flow recording = 45.34 March 2010 result: peal flow recording = 54.50	Full CPI performance: pX
4a	To increase the percentage of eligible patients referred to the hypoglycaemia care pathway by 5%.	✓	To achieve a 5% increase 1500 referrals were required during the year. XX referrals were made in 2010-11.	
4b	To increase the percentage of eligible patients over the age of 65 referred to the falls care pathways.	✓	173 referrals were made in April 2010 and a target of 210 referrals per month was set. The target was met every month from July 2010 onwards. The average number of referrals per month was xx.	
Patient Experience				
5	To identify new ways to measure the experience of our patients and start recording our level of achievement.	✓	Satisfaction surveys carried out with users of Patient Transport Service. New patient experience survey for A&E patient developed. Experience survey of users of diabetes care pathway completed.	
6	To increase the number of patients requiring palliative care being referred to a district nursing service following assessment by our crews	✓	Trial of end of life pathway completed in Wakefield and results assessed. Agreement from PCTs to roll-out Yorkshire-wide.	

Indicator 1: Ambulance Response

In 2010-11 our nationally set targets were to respond to:

- 75% of Category A patients (immediately life-threatening) within eight minutes
- 95% of Category A patients within 19 minutes
- 95% of Category B patients (serious but not life-threatening) within 19 minutes.

The funding for our services is provided by PCTs and we work with our PCT commissioners to negotiate a level of funding that will allow us to achieve the national Category A response time indicator, on average, over the PCT area.

[Figures at 28 February 2011]

	Demand (Number of Incidents)				Demand (Number of Incidents)			
AREA	Category A				Category B			
	COMMISSIONED	ACTUAL	Diff	% Var	COMMISSIONED	ACTUAL	Diff	% Var
NHS NORTH YORKSHIRE AND YORK	28049	30598	2549	9.1%	25813	26483	670	2.6%
NHS EAST RIDING OF YORKSHIRE	13637	14588	951	7.0%	11449	11347	-102	-0.9%
NHS HULL	13935	14314	379	2.7%	13594	13794	200	1.5%
NHS BRADFORD AND AIREDALE	24362	25463	1101	4.5%	22711	22210	-501	-2.2%
NHS CALDERDALE	8112	8595	483	6.0%	8239	8568	329	4.0%
NHS KIRKLEES	15582	16283	701	4.5%	16433	16611	178	1.1%
NHS WAKEFIELD DISTRICT	14887	15858	971	6.5%	14960	15661	701	4.7%
NHS LEEDS	33302	34649	1347	4.0%	34906	35082	176	0.5%
NHS BARNSLEY	9960	10483	523	5.3%	9094	9315	221	2.4%
NHS DONCASTER	13255	13949	694	5.2%	12971	13068	97	0.7%
NHS ROTHERHAM	10883	11088	205	1.9%	10357	10134	-223	-2.2%
NHS SHEFFIELD	21837	23083	1246	5.7%	23284	22986	-298	-1.3%
OTHER AREA (Not Yorkshire)		1314						
TOTAL	207801	218951	11150	5.4%	203811	205259	1448	0.7%

	Performance					
AREA	Category A 8 Minute		Category A 19 Minute		Category B 19 Minute	
	ACTUAL	% Var	ACTUAL	% Var	ACTUAL	% Var
NHS NORTH YORKSHIRE AND YORK	68.0%	-7.0%	93.5%	-1.5%	90.8%	-4.2%
NHS EAST RIDING OF YORKSHIRE	68.2%	-6.8%	93.1%	-1.9%	89.5%	-5.5%
NHS HULL	87.1%	2.1%	99.5%	-0.5%	97.8%	2.8%
NHS BRADFORD AND AIREDALE	70.7%	-4.3%	97.1%	2.1%	91.3%	-3.7%
NHS CALDERDALE	75.6%	0.6%	97.5%	2.5%	91.8%	-3.2%
NHS KIRKLEES	71.9%	-3.1%	98.0%	3.0%	92.5%	-2.5%
NHS WAKEFIELD DISTRICT	76.1%	1.1%	98.5%	3.5%	93.7%	-1.3%
NHS LEEDS	72.7%	-2.3%	98.5%	3.5%	94.4%	-0.6%
NHS BARNSLEY	75.5%	0.5%	98.7%	3.7%	96.4%	1.4%
NHS DONCASTER	73.5%	-1.5%	98.5%	3.5%	95.7%	0.7%
NHS ROTHERHAM	75.0%	0.0%	98.7%	3.7%	95.8%	0.8%
NHS SHEFFIELD	77.4%	2.4%	99.0%	4.0%	95.7%	0.7%
OTHER AREA (Not Yorkshire)	56.9%		90.9%		85.3%	
YAS TOTAL	73.5%	-2.4%	97.3%	1.9%	93.6%	-1.4%

In 2010-11 we made significant progress in improving our response times to patients requiring emergency ambulance attention. This was recognised by the CQC and the condition on our registration, which related to our ability to meet our Category A targets, was removed in September 2010.

However between November and January our performance was significantly affected by the snow and freezing conditions which increased demand for our services and extended the journey times for our ambulances. This affected our

response times in this period and our overall achievement in 2010-11. More information about our response to the adverse weather is included in our Annual Report on pX.

We continue work with our primary care trust (PCT) commissioners to ensure we reach patients in all areas of Yorkshire – both urban and rural – as quickly as possible. This means looking carefully at the numbers and types of staff and vehicles we have in each area, and the way they operate, to best meet the needs of local communities.

In outlying rural areas where it is not always possible to get an emergency vehicle to a patient with a life-threatening condition within the first few vital minutes we support many local Community First Responder (CFR) schemes. CFRs are trained in basic life support skills, the use of an automated external defibrillator and to administer oxygen. They can provide treatment in the first few vital minutes before an ambulance arrives. We are also developing partnerships with other organisations, such as the Coastguard and Mountain Rescue services.

Our patients and stakeholders also asked us to state in our Quality Accounts the time it took us to answer 999 calls. This is the time between the call being connected to our 999 communications centre by BT and the call being answered by one of our trained call-takers.

Time from Call Connect to Call Answer (seconds)	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Target	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	
Actual	4	4	3	3	2	2	3	3	7	4	3	

Indicator 2: Patient Transport Service Performance

Our PTS is provided by trained staff working to high standards of quality, safety and professionalism.

In addition to trust-wide indicators of quality, we measure the standard of our PTS operational performance using three measures:

- Punctuality: whether patients arrive in time for their appointments. We aim to get patients to their clinic between 0 and 60 minutes before their appointment time.

- Waiting time: how long patients have to wait for their return transport after the clinic tells us that the patient is ready to travel. We aim to pick up patients for their return journey within 60 minutes of being told by the clinic that they are ready to travel.

- Journey times: how long patients spend on the vehicle. We aim for journey times to be below 60 minutes.

For each of the above measures we have agreed performance targets. Our achievement against these targets is reported below.

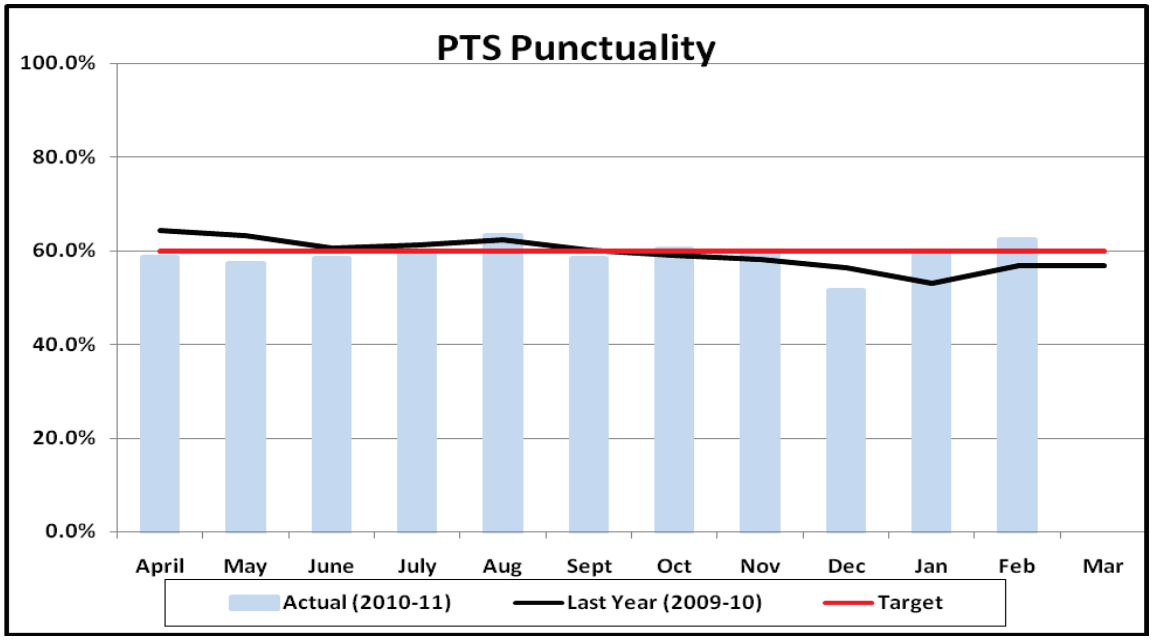


Table X: Percentage of patients arriving at their clinic up to 60 minutes before their appointment time.

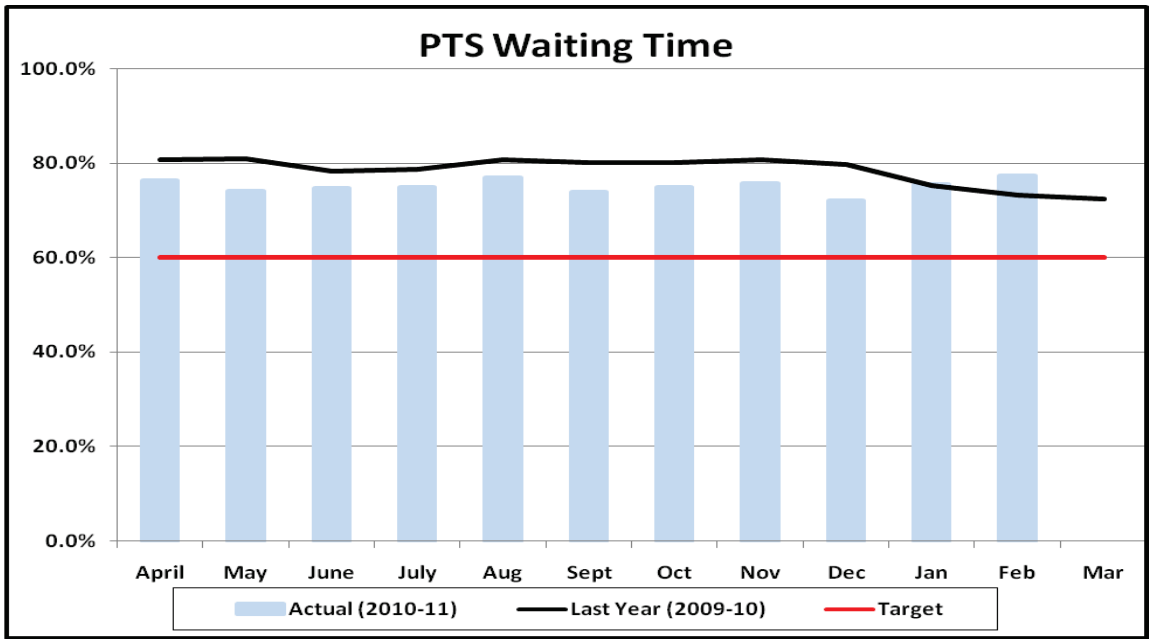


Table X: Percentage of patients waiting less than 60 minutes for transport home after they have been identified by the clinic as ready to travel.

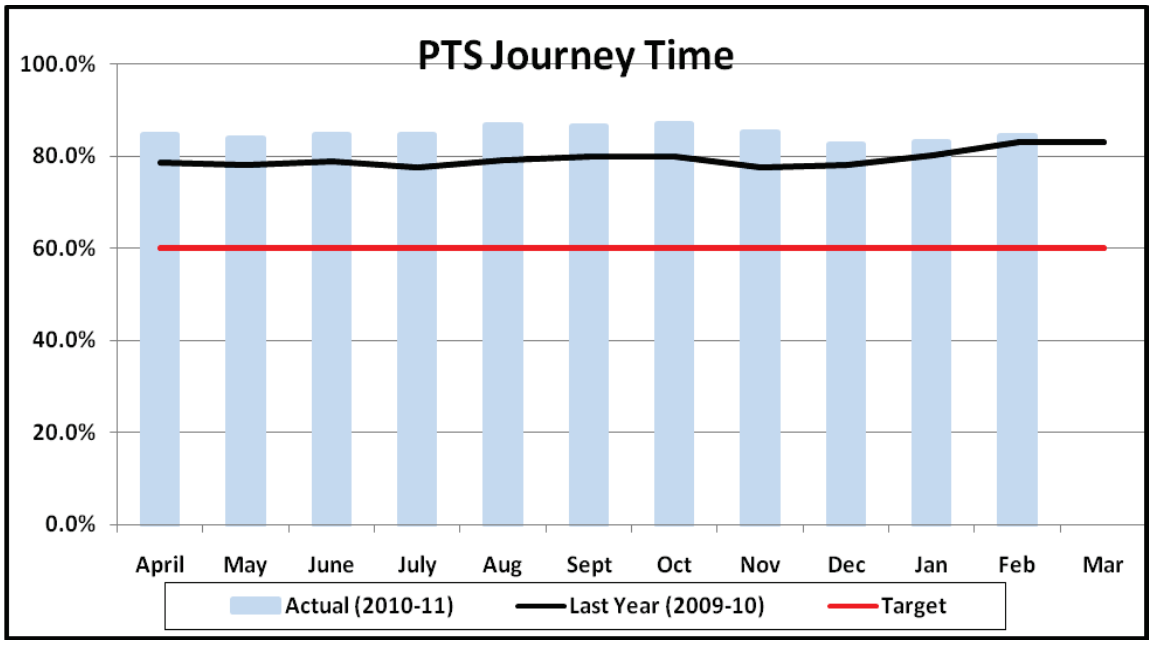


Table X: Percentage of patients who spend less than 60 minutes on the PTS vehicle on their journey to hospital.

Indicator 3: Clinical Performance Indicators

There are five nationally-agreed clinical performance indicators (CPIs) which relate to conditions where the care of ambulance clinicians can make a significant difference to patient outcomes. For each indicator there are a number of agreed actions that should be completed for every patient with that conditions and we audit our PRFs to identify whether these were carried out. Our performance is reported as the percentage of cases for which our ambulance clinicians carried out these actions compared to the total number of cases.

Our scores are also compared with those of other English ambulance services and a measure calculated for how close we are to the national average score. The z-score describes how many standard deviations above or below the mean score a trust is positioned. The standard agreed by national ambulance directors of clinical care is that a z-score of -2 or above indicates that a trust is performing within acceptable limits in comparison with other trusts, whereas a score of below -2 indicates underperformance in relation to other trusts.

In 2011-12 these CPIs will be included in the nationally agreed ambulance clinical outcome measures (see pX for more information about outcome indicators).

Summary of CPI Results 2010-11

Condition	Number of CPIs relating to the management of patients with this condition	National standard
Heart Attack (STEMI)	5	Met in 5 areas
Cardiac Arrest	3	Met in 3 areas
Stroke	3	Met in 3 areas
Hypoglycaemia	3	Met in 3 areas
Asthma	5	Met in 5 areas

Full CPI Results 2010-11

ST Elevation Myocardial Infarction (STEMI)	**Nov 2009 Results %**	**National Average**	**z-score**	**May 2010 Results %**	**National Average**	**z-score**
M1 – Aspirin administered	95.65	93.99	0.26	98.5	96.9	0.57
M2 – GTN administered	79.35	90.04	-1.56	93.0	92.2	0.13
M3 - Two pain scores recorded	80	77.56	0.72	85.4	79.9	0.79
M4 - Morphine alone given	58.44	64.94	0.47	67.6	72.1	0.59
M5 - Analgesia given	67.11	66.36	0.57	75.2	73.3	0.67
Cardiac Arrest	**Dec 2009 Results %**	**National Average**	**z-score**	**June 2010 Results %**	**National Average**	**z-score**
C1 – Return of spontaneous circulation on arrival at hospital	16.16	18.92	-0.34	15.3	21.1	-0.55
C2 - Advanced life support provider in attendance	92.61	95.55	-0.65	99.4	97.8	0.77
C3 - Response to cardiac arrest < 4 minutes	19.21	24.39	-0.60	21.1	23.4	-0.29
Stroke	**Jan 2010 Results %**	**National Average**	**z-score**	**July 2010 Results %**	**National Average**	**z-score**
S1 - Face, Arm, Speech Test (FAST) recorded	96.74	95.12	0.35	95.2	95.6	-0.07
S2 - Blood glucose recorded	96.60	90.89	0.92	94.6	92.5	0.50
S3 - Blood pressure recorded	98.98	98.45	0.25	100	98.6	0.59
Hypoglycaemia	**Feb 2010 Results %**	**National Average**	**z-score**	**Aug 2010 Results %**	**National Average**	**z-score**
H1 - Blood glucose recorded before treatment	99.3	98.9	0.22	98.0	98.8	-0.57
H2 - Blood glucose recorded after treatment	97.7	97.0	0.35	96.9	93.3	0.39
H3 - Treatment for hypoglycaemia recorded	99.3	96.92	0.48	99.0	95.3	0.40
Asthma	**Mar 2010 Results %**	**National Average**	**z-score**	**Sept 2010 Results %**	**National Average**	**z-score**
A1 - Respiratory rate recorded	98.8	98.49	0.29	100	97.4	0.82
A2 – Peak flow recorded before treatment	54.50	41.74	0.86	56.3	50.0	0.39
A3 – Oxygen saturation recorded before treatment	84.60	90.80	-0.65	92.8	92.8	0.00
A4 - Beta 2 agonist recorded	99.20	96.12	0.73	98.3	96.0	0.53
A5 - Oxygen administered	99.2	92.90	0.56	99.0	93.6	0.47

In 2010-11 we improved our performance against all five of the CPI areas. This shows that more patients than ever are getting the best possible care for their conditions.

As well as submitting information to the national CPI audits we now also carry out local audits every month. The results of the local audits are sent to local teams so that our clinicians can see where they are doing well, where they may be able to improve and where they may be able to learn from teams in other areas. The results are also reported every month to the Trust Board.

Indicator 4: Developing Alternative Care Pathways

Our priorities for improvement in 2010-11included making increasing the number of patients referred by our ambulance clinicians to care pathways for stroke and falls and end-of-life care.

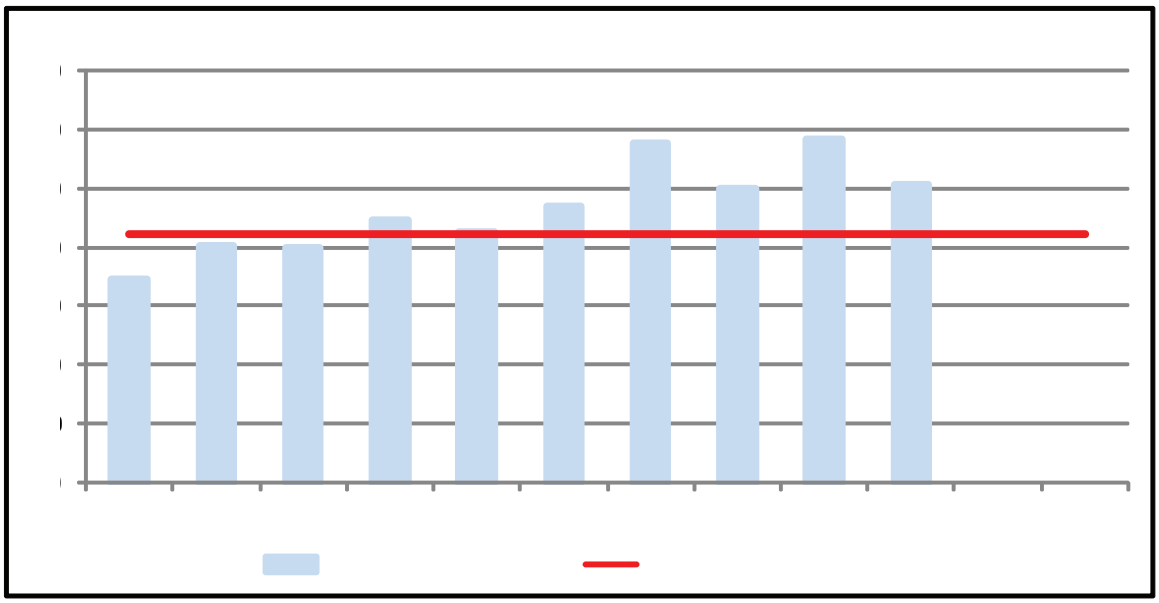


Table X: Numbers of patients over the age of 65 suffering falls who are referred to a falls care pathway. Target = 210 referrals per month.

Quite often patients who have fallen do not need to be transported to hospital for treatment. However it is important that they receive follow-up assessment to try to prevent them falling again in future. In 11 out of 12 of the Yorkshire PCT areas falls pathways are in place where ambulance clinicians can arrange for the patient to be visited by a member of a community falls team. We are in discussions with NHS Sheffield, the remaining PCT, about developing a pathway in this area.

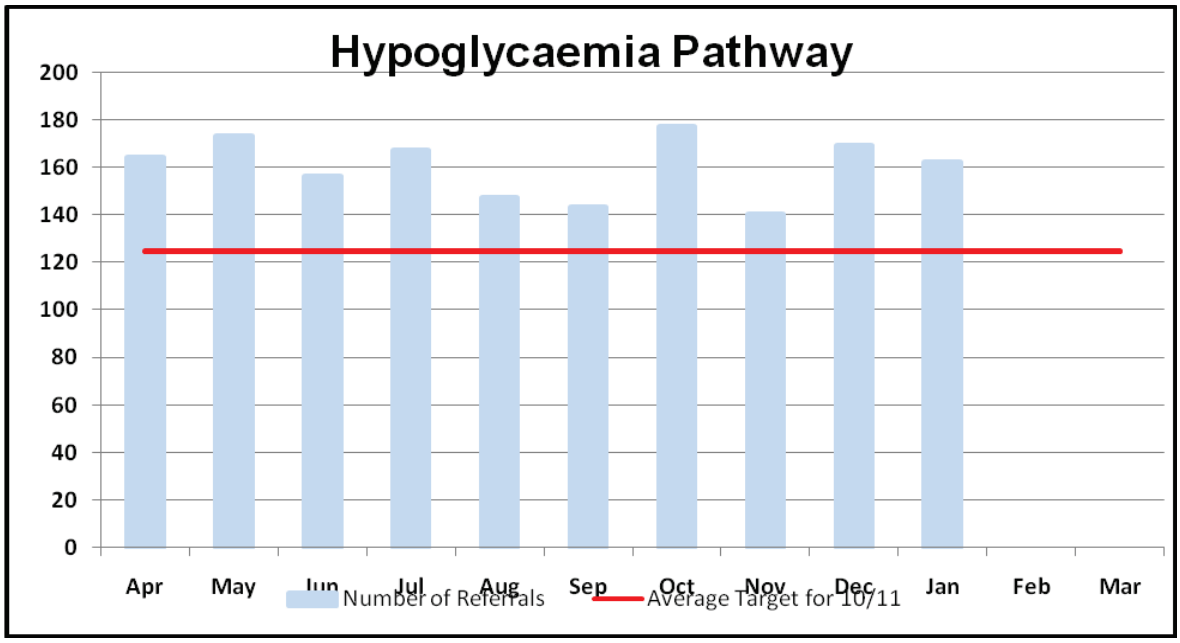


Table X: Numbers of patients with hypoglycaemia attended by YAS crews who were referred to hypoglycaemia pathways. Target = 125 referrals per month.

Following a 999 call for a hypoglycaemic episode (where blood sugar has fallen very low), patients across much of Yorkshire are referred to diabetes specialist nurses who provide follow-up care. Referral may not be appropriate for all patients attended, but those referred in this way have reported that it helped them understand the importance of monitoring their blood sugar and how to prevent problems in the future.

We set a target to increase the number of referrals made by our ambulance clinicians by 5% compared to 2009-10. This required us to make 1500 referrals during the year. In 2010-11 we made XX referrals.

Working with our PCT colleagues we carried out a survey to ask patients about their experience of the hypoglycaemia care pathway. The results are reported in section X.

Indicator 5: Complaints, Concerns, Comments and Compliments

Our staff work very hard to get the job right first time but, with a busy service, mistakes can happen and problems occur. When people tell us about their experiences we listen, if necessary put things right, and learn for the future.

As well as telling us when things go wrong, we are very pleased when people tell us about a good experience of our services. When this happens the member of our staff will receive a personal letter from their director acknowledging their good service. That director will also write back to the person who sent in the compliment to thank them for taking the time to contact our service.

	2010-11											
Complaints, Concerns and Comments	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Attitude - negative	21	11	13	19	13	19	16	15	17	16		
Delayed, inappropriate, no response	125	89	127	113	91	144	122	73	78	110		
Patient care	26	19	25	20	17	17	12	28	20	24		
Driving Issues	6	4	8	9	12	9	5	6	13	4		
Administrative	12	10	10	9	6	25	8	9	5	6		
Other (procedural issues)	3	2	1	2	2	2	0	0	0	1		
TOTAL negative	193	135	184	172	141	216	163	131	133	161		
Compliments	49	49	68	88	56	49	66	49	71	66		

	2009-10											
Complaints, Concerns and Comments	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Attitude - negative	13	15	12	17	16	8	22	20	13	19	11	14
Delayed, inappropriate, no response	43	55	61	59	43	62	75	61	58	42	99	131
Procedural deviation	14	19	18	31	21	29	34	39	42	40	29	50
Road Traffic Collisions	1	0	0	0	0	0	1	0	0	3	0	0
Equipment Failure	0	2	0	0	0	0	2	1	1	1	0	0
TOTAL negative	71	91	91	107	80	99	134	121	114	105	139	195
Compliments	20	44	37	38	13	18	49	58	25	40	46	53

When people contact us to tell us about a problem we understand that they want us to respond to their concerns as soon as possible. In 2010-11 we received XX concerns and XX formal complaints. Of these we responded to XX (XX%) within five working days.

Learning lessons from complaints, concerns and comments is very important to us. Every two months we report key issues, themes and trends to our Integrated Governance Committee (a sub-committee of the Trust Board) and how we are learning from these to improve our services in the future. Some of the improvements we made in 2010-11 as a result of issues highlighted through complaints, concerns and compliments were:

Patient Transport Service

- In April, September and October 2010 we received high numbers of concerns and complaints from patients calling our PTS patient booking line. This service is provided for patients in North and East Yorkshire where patients are required to book their transport directly with us rather than having it done for them by their GP surgery or hospital clinic. As a result of the feedback we recruited and trained additional call-takers in the PTS communications centre.

- A number of patients told us that they had found that their transport home from hospital had been cancelled without their knowledge. This happened where the patients had made their own way to hospital after their booked transport had been late to collect them. As the journey to hospital was logged on our system as cancelled, this then meant that the return journey was

automatically cancelled as well. As a result we changed our system so return journeys were not automatically cancelled in these circumstances. We also contact the clinic or surgery who are responsible for making the transport booking to ask them to check that the patient is still eligible for the service.

- A number of patients complained after receiving injuries whilst being transported in wheelchairs by PTS staff. As a result we developed new training and assessment to refresh staffs' skills. We are also improving the content of the statutory and mandatory training programme for PTS staff.

Accident and Emergency Service

- We received several complaints from patients which highlighted cases where clinicians had mistakenly diagnosed patients as suffering from panic attacks. To improve awareness of the potential clinical causes of hyperventilation (over-breathing) reminders about best practice were published in our weekly staff bulletin, *Operational Update*, and in the monthly *Clinical Catch-up* briefing.

- Following a complaint, we reviewed the case of an elderly patient who had fallen outdoors and had waited close to three hours for ambulance assistance. This had happened at a time when YAS had called a major incident due to the exceptional number of calls we were receiving as a result of adverse weather. As a result we developed a new system in our 999 communications centres where, during major incidents, a member of staff is responsible for checking the waiting times and clinical conditions of patients who have been waiting longer than usual for an ambulance.

Indicator 6: Adverse Incidents and Serious Untoward Incidents

If errors are made which put patients at risk, or if patients are harmed, we report and thoroughly investigate the incident to ensure lessons are learned for the future. The majority of incidents are reported internally according to Trust processes, but in addition, the most serious are reported to our commissioners as Serious Untoward Incidents (SUIs).

Incident Reporting

In 2010-11 we did a lot of work to develop and improve the way we record and report incidents and how we use this information to identify issues, themes and trends requiring action. Every month we report the numbers new incidents recorded and also, separately, report the numbers of incidents relating to patient care, medication and staff.

The numbers of incidents reported in 2010-11 are shown in the table below. In the future we will be able to compare the figures with those of the previous year.

The figures show that increased numbers of incidents reported between November 2010 and January 2011. This was due to the period of sustained adverse weather

when we received exceptionally high numbers of 999 calls and road and pavement conditions were treacherous for staff and vehicles. Front-line staff also reported that some clinical equipment did not work effectively in very cold conditions. Advice was quickly provided and, where necessary, new equipment sourced to address these issues.

Directorate	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Accident and Emergency	81	154	111	185	119	133	165	224	293	243		
Access and Response Communications Centres	32	82	56	60	39	52	43	110	235	220		
Patient Transport Service	12	32	30	31	28	38	38	25	55	50		
Other (includes fleet, equipment and estates)	88	210	250	257	229	221	244	366	293	278		
TOTALS	213	478	447	533	415	444	490	725	876	791		

Table X: Numbers of incidents reported by department

In our consultation with patients, public and our stakeholders, people said that they thought it was important for us to publish the numbers of medication-related incidents reported each month.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
TOTALS	24	17	17	25	9	28	35	37	26	24		

Table X: Numbers of medication-related incidents

This year we have rolled out morphine for use by qualified clinicians in all areas of Yorkshire. We have very strict procedures for managing this controlled drug and any errors in recording stock levels or breaches of security procedures have to be reported. We have also changed the systems for managing drugs in West Yorkshire and some incidents have been reported as a result of the transition to the new procedures. All medication-related incidents are reviewed by our Medicines Management Committee which is chaired by an Assistant Medical Director.

Serious Untoward Incidents

In 2010-11 we reported 19 SUIs. This compares to 23 in 2009-10.

Incident Category	2009-10
Delayed dispatch/response	8
Road traffic collision	1
Clinical care	2
Equipment failure	4
Inappropriate response	1
Incidents involving other organisations	2
Medication related	1
Procedural deviation	1
Other	3
TOTAL	23

Incident Category	2010-11
Delayed dispatch/response	7
Road traffic collision	3
Clinical care	2
Inadequate clinical assessment	2
Alleged assault	2
Data protection breach	1
Adverse media attention	1
Workplace safety	1
TOTAL	19

This year we have developed our procedures for managing SUIs to ensure that all incidents are reported and investigated in a thorough and timely manner, that action plans are agreed and monitored and that lessons are learned for the future. To support this we have provided training for managers in root cause analysis techniques and the management of incidents and SUIs.

Actions we have taken as a result of learning from SUIs include:

- Developing a Trust-wide driving policy and a process for periodic assessment of individual drivers
- Developing new routes for communicating essential clinical information and reminders to ambulance clinicians
- Completing a review of replacement and maintenance programmes for all essential clinical equipment.

Indicator 7: Referrals to Services for Safeguarding Vulnerable Adults and Children

The welfare of children and vulnerable adults is an ongoing priority and we aim to ensure that patients in our care are safe and protected by effective intervention if they are thought to be suffering, or likely to suffer significant harm.

The numbers of referrals our staff make to specialist services show how vigilant they are being for signs of neglect and abuse and their confidence in the training they have received.

YAS is leading the way in developing best practice for safeguarding in ambulance services and we chair the National Ambulance Safeguarding Group. This group allows safeguarding managers to work together on common issues, share knowledge and experience and compare information between ambulance trusts.

In 2011-12 our staff made the following numbers of referrals:

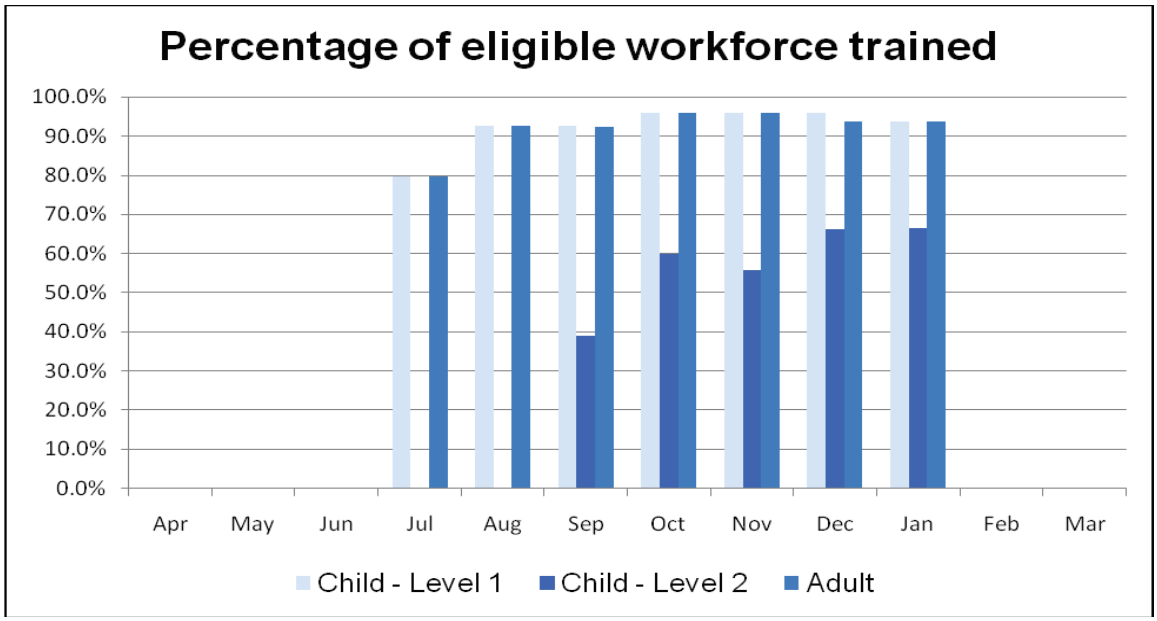
Referrals	09-10	10-11*
CHILDREN		
Referrals	783	965
ADULTS		
Referrals	610	797

* Figures at January 2011

We achieved this increase of X% on 2009-10 due to the significant effort we have put into our staff training programme.

Safeguarding Children level-one is basic-level training which is required by all YAS staff.

Safeguarding Children level-two is more in-depth training and is required by staff who have direct contact with children and vulnerable adults as part of their jobs.



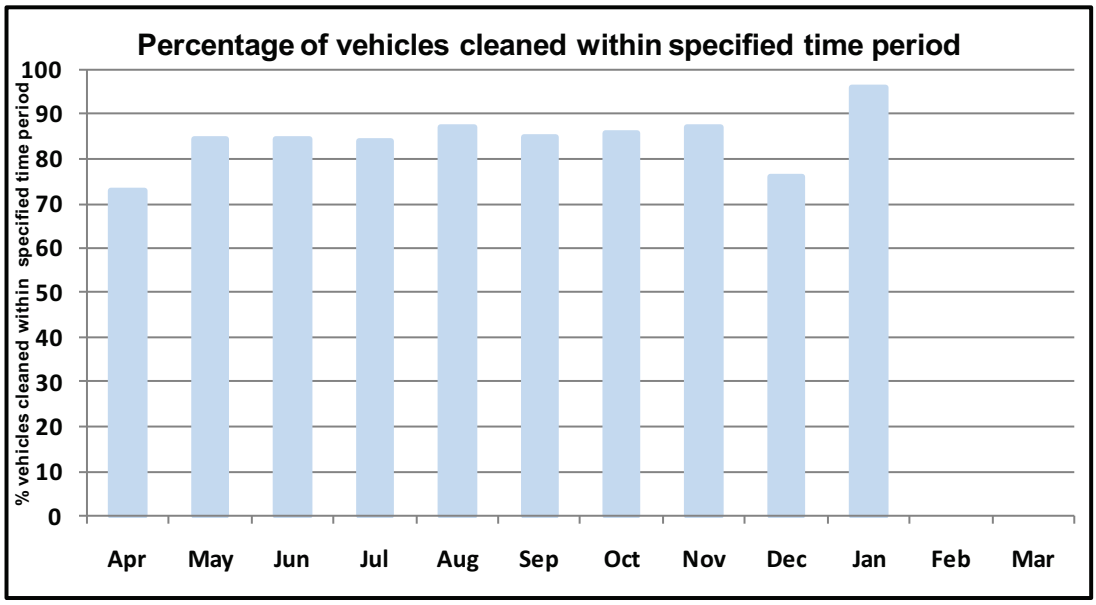
Indicator 8: Vehicle Cleaning and Hand Hygiene

Infection prevention and control is one of the basic elements of providing safe patient care. At YAS we monitor two key indicators:

- compliance with vehicle deep-cleaning schedules
- the compliance of staff with hand hygiene procedures.

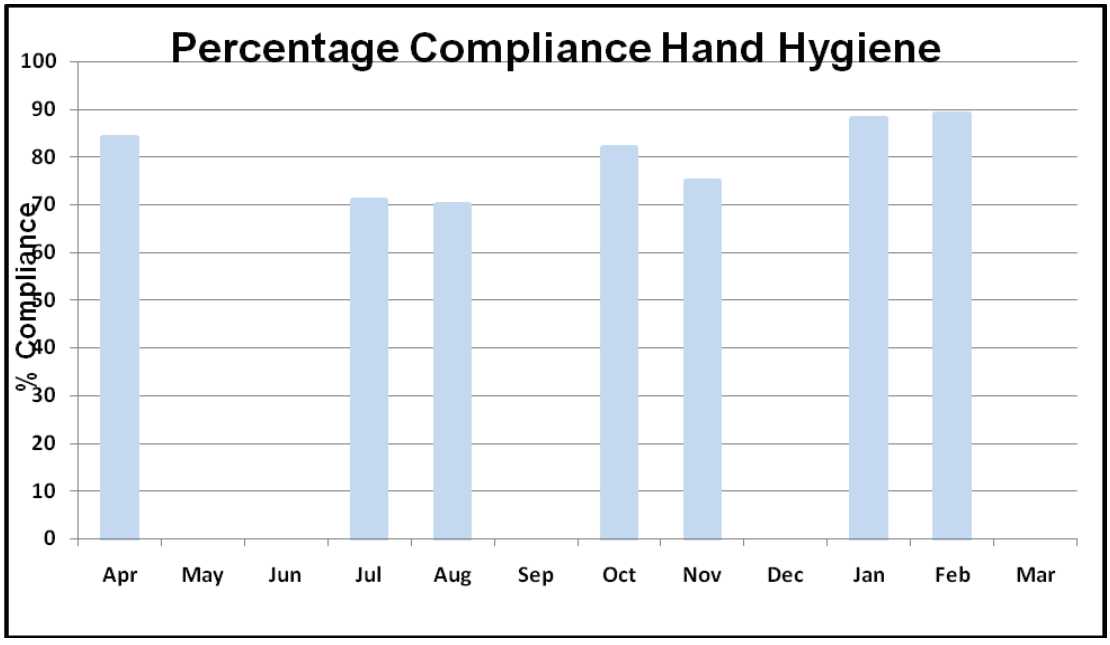
Vehicle Deep-cleaning

We set ourselves very tight targets for vehicle deep-cleans. In 2010-11 we aimed for 95% of ambulance vehicles to receive a deep clean once every 28 days. This was a challenging target to achieve as high demand for our services meant that vehicles were only off the road for relatively short periods. During the year we have recruited additional cleaners and developed our processes to ensure standards are consistently met.



Hand Hygiene Audits

We carried out seven audits (checks) on how well our staff were complying with rules on hand hygiene.



Our work this year to improve our infection prevention and control includes the introduction of our Trust '*Bare Below the Elbows'* policy and an ongoing programme of awareness-raising activities and staff training. From October 2010 hand hygiene audits have been completed every month with the exception of December 2010 when the process was suspended due to the adverse weather.

Indicator 9: Measuring Patient Experience

Unlike in hospital trusts, there is no standard national survey of the experience of ambulance service patients. However, we know that it is vital that the Board has a clear picture of what it feels like to be a patient using our services.

In 2010-11:

- We set up a Patient Experience Group to look at feedback from patients. The Group's role includes developing new ways to obtain feedback to get a balanced view from A&E and PTS patients and recognises the diversity of our communities. The group shares the learning from patient feedback with the staff and managers so they can improve services for the future.

- Our Trust Board started to use patient stories at its public meetings. This includes anonymised case studies and video footage of patients talking about their experiences. By putting the voices and experiences of real patients into our Board room it helps Board members maintain their focus on high quality patient care at all times.

- Launched a Dignity and Respect Campaign with our staff based around a six point Dignity Code:
    1. remembering that many care activities can leave people feeling vulnerable (physically, emotionally or psychologically)
    2. demonstrating respectful verbal and non-verbal communication
    3. having zero tolerance for all forms of abuse
    4. supporting people with the same respect you would want for yourself or a member of your family
    5. respecting people's right to privacy
    6. treating everyone as being of worth, in a way that is respectful of them as valued individuals.

We received feedback from patients via the following routes:

- 439 patients were asked to complete a questionnaire about their experience of the diabetes care pathway. 125 patients sent back their questionnaires

although not all patients answered all the questions. Out of 125 patients who responded to the survey, 114 said that they were very satisfied with the care provided by the ambulance staff. Six patients said they were fairly satisfied, one patient was not sure and four did not answer the question.

- We made comments cards available to all PTS users. 96 cards were returned over the year. 78% of service users rated the helpfulness and friendliness of our staff as excellent and 16% rated it as good. However some patients also told us they sometimes had to wait too long for their transport home. 51% rated their waiting time as good, 20% said it was satisfactory and 26% said it was poor.

- We also called a sample of PTS patients directly to ask them to tell us about their experience of our service. We called 125 patients and 46 gave us their feedback. 100% of patients said they were either satisfied or very satisfied with the attitude and professionalism of our staff. However 41% also said they had to wait longer than two hours for their return journeys after their appointments.

- We commissioned patient experience research to look at the experiences of renal patients using our PTS.

STATEMENTS FROM LOCAL INVOLVEMENT NETWORKS, OVERVIEW AND SCRUTINY COMMITTEES AND PRIMARY CARE TRUSTS

This section will follow the 30 day consultation period

[The regulations of the Health Act 2009 require us to send copies of our Quality Account to our LINks, OSCs and lead commissioning PCT for comment prior to publication. The regulations state that must allow a consultation period of 30 working days. We must publish the comments at the end of the Quality Account.]

GLOSSARY

Patient Report Form
Clinical Performance Indicator
Patient Transport Service
A&E Service
Category A
Category B
Category C
Alternative Care Pathway
Clinical Hub
Hypoglycaemia
Stroke
STEMI
Audit
PPCI
CQC

Yorkshire Ambulance Service NHS
NHS Trust

Feedback on Draft Quality Accounts 2010-11

Feedback from (name of organisation):

1. Comments for publication:

This is likely to include your assessment against the Department of Health's suggested headings:

- Do we demonstrate our commitment to improving the quality of care for the people we serve?
- Do we let people know where we have improved our services?
- Do we share information on where we plan to improve our services in the coming year?

[Max: 1000 words]

2. Comments on the content, format or wording of the Quality Accounts that you would like us to address before we produce the final version:

These comments may be about things in the document that you would like us to explain in more/less detail or where you think we can describe things in a more simple way.

The Rotherham NHS
NHS Foundation Trust

It's quality that counts

For two years now NHS healthcare providers have been asked to prepare Quality Accounts. A Quality Account is a report about the quality of services that we provide.

On a local level we identified four key priorities for 2010/2011. These have been defined in consultation with patients and members and other partner organisations and are:

- Reducing the number of deaths
- Reducing the number of patients who fall whilst in our hospital
- Increasing the number of 'Inpatient Survey' questions where you rate us in the top 20 per cent
- To reduce the number of pressure ulcers acquired in our hospital

We are currently thinking about our priorities for 2011/2012 and are broadly thinking about:

- Medicine Management (ie the way we dispense/ manage drugs)
- A&E re-configuration and recruitment of staff
- Reduction in re-admission rates
- Improved pathway for patients with Chronic Obstructive Pulmonary Disorder (COPD)
- Improved pathway for patients with Fractured Neck of Femur
- Improved pathway for patients at End of Life
- Improved pathway for patients suffering from Dementia
- Improved pathway for patients with Diabetes

We believe we can build healthier futures together so we would really value your feedback and involvement and would welcome your input to shape our future priorities.

Our Quality Accounts are published annually and made available to the public. The Accounts for 2010/2011 are available at NHS Choices and on our website at:

www.rotherhamhospital.nhs.uk/

Rotherham **Hospital** *Your health, your life, your choice, our passion*

The Rotherham NHS
NHS Foundation Trust

It's quality that counts

We believe we can build healthier futures together, so we would really value your feedback and your involvement to help us shape our future priorities.

All areas of the care we provide are equally important for us and each year we set ourselves a list of priorities to look at in even more detail. We are currently thinking about our priorities for 2011/2012 and are broadly thinking about:

- ☐ Medicine Management (i.e. the way we dispense/manage drugs)
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- ☐ Reduction in re-admission rates
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- ☐ Improved pathway for patients at End of Life
- ☐ Improved pathway for patients suffering from Dementia
- ☐ Improved pathway for patients with Diabetes
- ☐ Other (please state)

_____

_____

_____

_____

Please tell us which of these priorities is the ***most important to you*** by marking each box with a number (one being the most important). There is also a box marked 'other' for your feedback if there is a particular area which you consider to be a priority this year, or in the future.

Thank you for your feedback and for helping us to shape our future priorities.

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- ☐ Improved pathway for patients with Diabetes
- ☐ Other (please state)

_____

_____

_____

_____

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Thank you for your feedback and for helping us to shape our future priorities.

Rotherham **Hospital** *Your health, your life, your choice, our passion*

Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust

Why Quality Counts

Presented by:

Michelle Rhodes, Head of Performance

Karen Cvijetic, Head of Quality Improvement

Glyn Butcher, Chair – User Carer Partnership Council

Graeme Fagan, Deputy Director – Adult Services

leading the way with care

Introduction

- What is a Quality Account?
- 2010/11 Performance
- Review of Quality Markers 2010/11
- Process for 2011
- Quality priorities for 2011/12
- Next Steps

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What is a Quality Account?

- Coalition Government White Papers set out the vision of putting Quality at the heart of everything the NHS does
- Key component of the Quality Framework is the continuing requirement for all providers of NHS Services to publish Quality Accounts
- This is our opportunity to enable the OSC and LINk to review and supply a statement as to whether “the report is a fair reflection” of RDaSH services
- 2010/11 is the third Quality Account produced by RDaSH

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2010/11 Performance

- **Monitor**
  - Governance – Green
  - Finance – 4 (Good)
- **Care Quality Commission (CQC)**
  - Registered with no compliance conditions
- **Commissioning for Quality Indicators (CQUIN)**
  - Achieved 7 of 7 regional indicators

Monitor
Independent Regulator of NHS Foundation Trusts

CareQuality Commission

DH Department of Health

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Review of Quality Markers 2010/11

- Three domains of Quality:
  - Patient Safety
  - Clinical Effectiveness
  - Patient Experience

Patient Safety

- Improved reporting process for Serious Incidents
- Improved action plans and shared learning from Serious Incidents
- Environment is monitored to ensure patient safety
- Patient sensitive information is held securely – through productive ward in inpatient services

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Clinical Effectiveness

- Physical health check pilot carried out in adult services
- Environment being improved – modernisation programme includes Rotherham
- Service modernisation
- Clinical audits are undertaken and produce action plans to address issues
- Clinical supervision for clinical staff

Patient Experience

- Patients have access to privacy and are treated with dignity – Essence of Care
- Information about services and treatment is available to patients
- Patients and carers are involved in the development of services
- Feedback (negative / positive) is used to improve the delivery of care – national/ad hoc surveys

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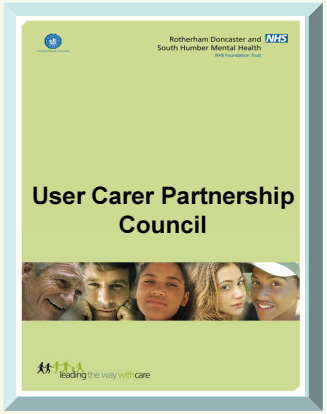
Process for 2011

- Consultation with OSC – presentation/draft Quality Account for comment
- Engagement with User Carer Partnership Council – regular agenda item/draft Quality Account for comment/development of Quality Markers for 2011/12
- Engagement with Council of Governors – regular agenda item / draft Quality Account for comment



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Quality priorities for 2011/2012

- Established by clinical teams
- Consultation with User Carer Partnership Council
- Presented to Trust Quality Council
- Process of continuous improvement

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Patient Safety

- Clinical supervision marker stretched to include safeguarding children supervision
- Serious incident learning stretched to include incidents / serious case reviews
- Patient sensitive information is held securely – stretched to include productive community / record

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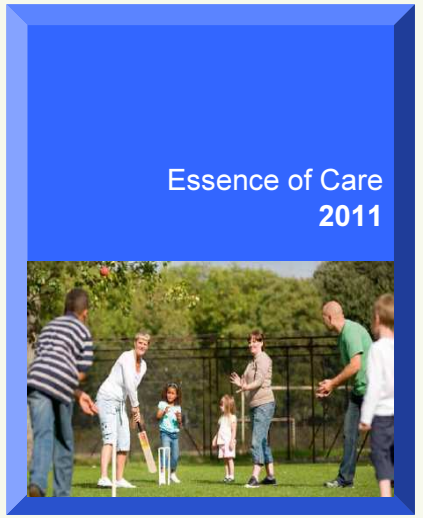
Clinical Effectiveness

- Productive principles stretched to include productive community
- Independent prescribing
- Development of patient pathways
- Medicines management

Patient Experience

- Embedding new Essence of Care benchmarks
  - Respect and Dignity
  - Care Environment
  - Prevention and Management of pressure ulcers
  - Food and Drink
- Embedding service user / carer involvement
  - Meridian real time feedback system
  - Carer questionnaires



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Next Steps

- Receive OSC comments for inclusion in the Quality Account 'Are these appropriate areas to focus on?' – 20 April 2011
- Report to Board – 28 April 2011
- Report to Council of Governors – 10 May 2011
- Report to Monitor – 7 June 2011
- Review by Audit Commission – April 2011
- Start work for 2012

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Thank you.

Any questions?

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ROTHERHAM BOROUGH COUNCIL – REPORT

1.	**Meeting:**	**Adult Services and Health Scrutiny Panel**
2.	**Date:**	**14 April 2011**
3.	**Title:**	**Scrutiny Review of Health Inequalities: Diabetes Draft Report**
4.	**Directorate:**	**Chief Executive's**

5. Summary

This report sets out the findings and recommendations of the scrutiny review of health inequalities associated with diabetes in Rotherham. The draft review report is attached as Appendix 1 for consideration by the panel.

6. Recommendations

That:

a. Members endorse the findings and recommendations of the report and make any amendments as necessary

b. The report is forwarded to Performance and Scrutiny Overview Committee for approval, and future submission to Cabinet

c. The response of Cabinet to the recommendations be fed back to this panel

7. Proposals and Details

7.1 As part of its 2010/11 work programme, Adult Services and Health scrutiny panel set up a review group to examine patient experience of care and support in relation to the diagnosis and management of diabetes in Rotherham.

The review methodology was based on a pilot model developed by Doncaster Council's Health Overview and Scrutiny Committee and took place between August and October 2010.

Below is a summary of the key findings:

- There are potentially 1100 undiagnosed people with diabetes in Rotherham, which highlights the need for awareness raising and education in relation to early symptoms in high risk groups
- Obesity and unhealthy lifestyles are prevalent in Rotherham, along with high levels of deprivation; raising awareness of the risk factors and focusing on prevention is needed to reduce the rise in diabetes
- NHS Rotherham have undertaken a project to redesign diabetes services in the borough, addressing a number of issues relating to patient diagnosis and care
- There is a lack of awareness of the condition with health professionals, which has raised questions in relation to the poor management of the condition when patients with diabetes attend hospital for another unrelated issue
- There is poor take-up of structured education for newly diagnosed patients, which may be a result of lack of awareness and understanding of the benefits to attending

7.2 The recommendations from the review are detailed in Section 4 of the full review report and include:

- The new statutory Health and Wellbeing Board (once established) provides a way of coordinating all partners to focus on prevention of unhealthy lifestyles, which will subsequently reduce diabetes and inequalities across the borough
- Prevention of obesity and raising awareness of the risk factors in both children and adults needs to be the main focus in reducing the prevalence of diabetes
- Need to maximise take-up of NHS Health Checks and structured education and widely promote the range of information sources available to inform people about risk factors and early symptoms
- Focus on education and early diagnosis of symptoms needs to be targeted at high risk groups
- The work being undertaken to redesign diabetes services in Rotherham needs to be supported and providers responsible for implementing this to be held to account by the Health and Wellbeing Board to ensure continued improvement in outcomes for patients

7.3 The indicative timetable for the onward consideration of the review and its recommendations is as follows:

- Due to the timescales with the local election and bank holidays throughout April, it is proposed to take the final report to PSOC when they reconvene in May/June 2011
- Report to Cabinet June 2011
- Cabinet response to report recommendations back to ASH before summer recess

7.4 Progress on the review's recommendations will be monitored on a six monthly basis by the Adult Services and Health Scrutiny Panel.

8. Finance

A number of the review recommendations may have financial implications, but it is considered that these will remain within existing budgets and resources in NHSR and GP commissioning once established. Costs in relation to the prevention and public health agenda are not yet certain and further guidance will be sought from NHSR as we move forward to leading on public health within the Council.

9. Risks and Uncertainties

Obesity and unhealthy lifestyles are widely prevalent in Rotherham and unless work is undertaken to support people to eat healthier and take regular exercise, diabetes will continue to rise, particularly in the younger generation.

10. Policy and Performance Agenda Implications

The developing Heath and Wellbeing Strategy will be a key document in tackling unhealthy lifestyles and preventing conditions such as diabetes.

11. Background Papers and Consultation

Consultation has taken place with the diabetes expert within NHS Rotherham to ensure factual accuracy and wording of the recommendations are correct.

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Rotherham Metropolitan Borough Council

Scrutiny Review of Health Inequalities: Diabetes

Draft

Report of the Adult Services and Health Scrutiny Panel

Scrutiny Review Group:
Cllr Hilda Jack (Chair)
Cllr William Blair
Cllr Frank Hodgkiss
Cllr Darren Hughes
Cllr John Turner

CONTENTS

1 EXECUTIVE SUMMARY

As part of its 2010/11 work programme, Adult Services and Health scrutiny panel set up a review group to examine patient experience of care and support in relation to the diagnosis and management of diabetes in Rotherham. This report sets out the process and findings, and makes recommendations for improving services.

The review methodology was based on a pilot model developed by Doncaster Council's Health Overview and Scrutiny Committee, which provides a structured approach to reviewing health inequalities. The review took place between August and October 2010

Summary of Key Findings

- NHS Rotherham have undertaken a project to redesign diabetes services in the borough, addressing a number of issues relating to patient diagnosis and care
- There are potentially 1100 undiagnosed people with diabetes in Rotherham, which highlights the need for awareness raising and education in relation to early symptoms in high risk groups
- Obesity and unhealthy lifestyles are prevalent in Rotherham, along with high levels of deprivation; raising awareness of the risk factors and focusing on prevention is needed to reduce the rise in diabetes
- There is a lack of awareness of the condition with some health professionals, which has raised questions in relation to the management of the condition when patients with diabetes attend hospital for another unrelated issue
- There is good support for patient groups such as Diabetes UK within the hospital, but there may be ways of promoting their services wider and utilising the knowledge and experience of groups such as this
- There is poor take-up of structured education for newly diagnosed patients, which may be a result of lack of awareness and understanding of the benefits to attending the programme

Summary of Recommendations

The recommendations have been made under 4 specific themes, from prevention and education to early diagnosis, good practice and better self-management:

- The new statutory Health and Wellbeing Board (once established) provides a way of coordinating all partners to focus on prevention of unhealthy lifestyles, which will subsequently reduce diabetes and inequalities across the borough
- Prevention of obesity and raising awareness of the risk factors in both children and adults needs to be the main focus in reducing the prevalence of diabetes

- Need to maximise take-up of NHS Health Checks and widely promote the range of information sources available to inform people about risk factors and early symptoms
- Focus on education and early diagnosis of symptoms (potentially through the NHSR diabetes testing equipment) needs to be targeting at high risk groups
- The work being undertaken to redesign diabetes services in Rotherham needs to be supported and providers responsible for implementing this need to be held to account by the Health and Wellbeing Board to ensure continued improvement in outcomes for patients
- Structured education for newly diagnosed patients is a key tool for supporting people to manage their condition, ways of encouraging this need to be considered
- Better links need to be made with patient groups such as Diabetes UK, as well as LINks and HealthWatch once established to understand patient experience

2 METHODOLOGY FOR REVIEWING HEALTH INEQUALITIES

A model for reviewing health inequalities has been piloted by Doncaster Council's Health Overview and Scrutiny Committee to provide a structured approach to reviewing inequalities relating to a particular medical condition, a service being delivered to patients, or issues within a specific neighbourhood. It has been designed to provide members of the scrutiny panel with an opportunity to research issues within their own constituencies, require commissioners and service providers to provide information, pose questions to identify gaps and then reach conclusions about the need for change.

The decision was taken to utilise elements of the Doncaster model for the purpose of the Rotherham review to help in understanding the broad range of issues in relation to diabetes, including; general awareness of the associated risk factors and possible issues faced by patients during diagnosis and management of their condition.

The model is based around a number of components which took place between August and October 2010:

- Initial notification of review subject and the requirement of expert opinion
- Questionnaires to all review Members to consider issues within their constituencies
- Desk top research to look at existing practice and policy framework
- Group discussions with clinical expertise

3 KEY FINDINGS

3.1 Redesign of Rotherham Diabetes Services

NHS Rotherham has undertaken a piece of work to help in understanding issues in relation to diabetes services locally. Through discussions with various providers in Rotherham, the following issues were identified:

- There was no intermediate level of care between care provided by the GP and specialist care provided by the hospital
- There had been variation in outcomes and prescribing costs per person with particular concern about insulin prescribing
- There was a shortage of structured education for people with diabetes and in particular top-up education for people with type ll diabetes
- There was fragmentation of the specialist diabetes team
- There was a lack of incentive for GPs to take on more advanced management of diabetes in primary care such as insulin initiation and review

The redesign of the diabetes pathway started in March 2010 and is due for completion April 2011. The purpose of the redesign is to improve the effectiveness of diabetes care as measured by practices achieving higher levels of good outcomes for patients. The new model includes 3 levels of care, from essential primary care, to enhanced primary care services and secondary care. Following completion the responsibility to implement this new model will be with the providers; GPs and Rotherham Foundation Trust and this review makes recommendations to support this new model and ensure it is implemented and monitored to continually improve outcomes for Rotherham patients.

3.2 In-patient Services

The review found anecdotal evidence of poor management of diabetes when patients were attending hospital as an in-patient for another matter.

There was evidence of problems in getting ward staff in hospitals released for training purposes, which may be a reason for the poor management of diabetes with in-patients, due to lack of awareness and appropriate skills to manage the condition. Getting access to the diabetic specialist nurse also appeared to be an issue in some cases.

3.3 Patient Groups

There is good support for the Rotherham branch of Diabetes UK at Rotherham Hospital. Diabetes UK produce a range of leaflets and posters about the charity and services they offer, which are distributed around the hospital. There may also be potential to promote Diabetes UK and their services much wider and utilise their knowledge and experience in helping to design appropriate services in the future.

Other groups such as LINks and Local HealthWatch, once established, may also provide essential knowledge in relation to service redesign and providers and commissioners of services (NHSR at present, then GP commissioning consortium once established) also need to ensure they are linked up to these user groups.

3.4 Retinopathy Screening

A number of issues were raised in relation to the diabetic eye screening service. Issues raised included:

- No location map of Maltby Service Centre sent with appointment letter and inadequate signage for patients attending retinopathy tests there
- Choice of location (between Rotherham Hospital and Maltby Service Centre) was not always communicated to patients, but this is being looked into following a complaint made by one of the patients
- Choice of location is particularly important given many patients' need for public transport as they are unable to drive after the test.
- When testing is done at Maltby, feedback is not available on the day; instead, the results are posted to the patient up to 6 weeks later.
- A further source of confusion is the fact that the tests are administered by Barnsley Hospital NHS Foundation Trust and the correspondence reflects this, even for patients from Rotherham.
- Service is only open 4.5 days per week

Following investigation into these issues, they have been picked up and dealt with directly by the Barnsley and Rotherham Diabetic Eye Screening Service and assurance has been made to the patients (through Diabetes UK) that they will continue to develop the service to ensure a positive patient experience.

3.5 GP Services

Diagnosis and subsequent care through GPs appears to be good, but there may be scope for more follow-up, such as GP-based diabetic groups where newly diagnosed patients can get reassurance.

GPs currently refer newly diagnosed patients to a structured education programme (see DAFNE and DESMOND below), however, although there is evidence that this service helps patients with management of their condition and therefore potentially reduces their need for time off work due to sickness and more serious complications in the future, there are a number of perceived barriers to patients accessing this service. Patients may feel they are unable to take time off work to attend the programme and may also be reluctant to inform their employer, there may also be feelings of anxiety which prevents them from attending. Ways of encouraging patients to attend this service and ensuring they receive the appropriate information in relation to the benefits of attending need to be considered.

3.6 Management, Treatment and Training

DAFNE (Dose Adjustment for Normal Eating) is a one day course for people with type I diabetes. DAFNE is a way of managing Type 1 diabetes and provides people with the skills necessary to estimate the carbohydrate in each meal and to inject the right dose of insulin.

DESMOND is aimed at newly diagnosed type ll patients. It provides 6 hours of nurse lead group education via a formal curriculum. Each group consist of 6-10 people newly diagnosed with Type ll diabetes and each person a can choose to be accompanied by a partner, family member or friend.

Lifestyle changes, early detection and good management all result in better outcomes for people with diabetes, however, self-denial (or lack of understanding) when early symptoms develop appear to be an issue with some individuals, suggesting a clear need for patients and service providers to be appropriately trained and educated in diabetes, to understand the potential issues and ways to appropriately manage condition.

There are also a number of resources available for health professionals to support them when working with people with learning disabilities, who are a significantly higher risk group due to a lack of awareness of the risk factors and symptoms and potentially poorer access to services and understanding of their needs by health professionals. “My Health” is a training initiative developed by Speakup Self Advocacy, the training focuses on diagnostic overshadowing, the health inequalities faced by people with learning disabilities and reasonable adjustments to practice. To date over 300 health professionals including GPs, Nurses, Receptionists and Practice Managers have attended these training sessions within Rotherham. “I’m a Person Too!” is a national training initiative aimed at improving the communication techniques of public and private sector organisations when working with people with learning disabilities and “Bywater” is an online resource based on the Knowledge and Skills Framework aimed at improving the service offered to people with learning disabilities within hospitals. The resource uses online video clips, knowledge tabs and assessments to improve participants’ knowledge, presently there are 4 levels and this is being trialled within Rotherham Foundation Trust from January 2011.

4 RECOMMENDATIONS

The Health Bill proposes that responsibility for Public Health will be moving over to local authorities when PCTs cease to exist in 2013. This increases the potential for a more joined-up public health message with regard to healthy lifestyles through the Health and Wellbeing Board.

The recommendations look at ways of improving care and services now as well as through the transition to this Board being established, set out under 4 specific themes.

Education and Prevention

4.1 Ensure the remit of the Health and Wellbeing Board focuses on the **promotion** of healthy lifestyles such as good diet, physical activity and the prevention of obesity, through the development of the partnership Health and Wellbeing Strategy

4.2 NHS Rotherham diabetes lead to ensures links are made with the community weight management services such as Reshape and the Carnegie Clubs to ensure those at risk due to being overweight or obese are made aware of the risks and sign-posted to early support where this may be appropriate

4.3 RMBC, through the healthy Schools Team, to investigate with schools the possibility of putting diabetic awareness on PSHE curriculum.

4.4 Ensure GPs continue to raise awareness and inform patients of the risk factors and early symptoms, through NHSR and the GP consortium and Health and Wellbeing Board once established

Early Diagnosis

4.5 Investigate ways of encouraging people to seek advice through the range of sources available, such as GP practices, pharmacies and NHS Direct, though the council and NHSR websites and the use of posters/leaflets available through Diabetes UK

4.6 Consider ways of utilising the NHSR Diabetes testing machine as widely as possible with high risk groups and communities, such as BME and older people – and investigate the possibility of training other staff (RMBC/NHSR) and volunteers to use the machine due to a lack of staff resource currently available to deliver this.

4.7 NHSR and the Health and Wellbeing Board (once established) to Investigate ways of maximising the take-up of the NHS Health Checks Programme which can identify those at risk, as well as early symptoms

Spreading Good Practice

4.8 Support the recommendations included in the redesign of diabetes services which was undertaken by NHSR and ensure that this is implemented by holding the GP consortium and relevant providers to account through the Health and Wellbeing Board once established

4.9 Ensure the Health and Wellbeing Board looks at performance in relation to service and patient improvements, resulting from the redesign of services, and refers relevant issues to Health Scrutiny where they feel it is necessary

4.10 NHSR to look at ways of encouraging newly diagnosed patients to go for structured education (delivered through GP practices) and ensuring GPs are promoting this service and reassuring those who may perceive barriers to attending (such as lack of time and feelings of anxiety)

Better Self-management

4.11 Ensure NHSR are engaged with the Rotherham branch of Diabetes UK and other patient groups, such as LINks (and HealthWatch once established) to raise awareness as well as understand patient experience of their condition and the services provided for them

5 BACKGROUND

Diabetes is a long-term condition with far reaching implications for people living with it and their families and carers. These range from the need to adopt a suitable diet, to possible long-term complications such as aggravated heart disease and diabetes is the leading cause of blindness and renal failure and (after accidents) the biggest cause of lower limb amputation. The average life-expectancy of people living with the condition is also considerably reduced if not managed properly.

There are two types of diabetes:

- Type I is genetic and begins in childhood
- Type II begins in adulthood and is influenced by lifestyle/diet and ethnicity

Diabetes does not impact upon everyone in society equally. Significant inequalities exist in the risk of developing diabetes, in access to health services and the quality of those services, and in health outcomes, particularly with regard to people with Type ll diabetes. Those who are overweight, physically inactive or have a family history of diabetes are at increased risk of developing diabetes. People of South Asian, African, and African-Caribbean descent have a higher than average risk of developing Type ll diabetes, as do less affluent individuals and populations. Socially excluded people, including prisoners, refugees and asylum seekers, and people with learning difficulties or mental health problems may receive poorer quality care. The knowledge that people have about their diabetes also varies considerably.

5.2 Prevalence

Prevalence of diabetes is increasing and has more than doubled in the last 10 years. Nationally, over 5% of men and over 4% of women have diagnosed diabetes.

In Rotherham there are 39 GP practices, caring for over 11,000 people with diabetes of which 2500 are on insulin.[1] There are 10 people diagnosed with type II diabetes for every person diagnosed with type I. But prevalence of both types is increasing. However, the actual prevalence of diabetes locally is 10% less than predicted which suggests there may be approximately 1100 people with undiagnosed diabetes across the district.

1. QUEST Qtr 2 2009

Diabetes prevalence is forecast to grow at 2.5% per year, which could mean 16,500 diabetics in Rotherham by 2020.[2] The longer someone has diabetes, the greater chance of complications such as blindness and circulatory problems.

5.3 Risk Factors

People from deprived areas are considerably more likely than those from more affluent areas to die from diabetes complications. In Rotherham, there are relatively high levels of deprivation across the borough which may be related to the higher numbers of people with type ll diabetes.

Rotherham also has a high prevalence of overweight and obesity in adults and children. Most GP practices have over 50% of patients with a BMI of 25+ which is a major concern in relation to the growing number of people diagnosed with diabetes

The links between type ll diabetes and obesity are firmly established. Without the intervention of a healthy diet and appropriate exercise, obesity may develop into diabetes over a relatively short period of time. There is clearly a need for any interventions to reduce diabetes in the Borough to focus on prevention and support people to take-up and maintain healthy lifestyles.

5.4 Current Spend

Spend in 2008-09 was around £2.3 million per 100,000 total population which is about average for similar PCTs. However, there is considerable variation between practices within Rotherham in relation to risk factor management and outcomes, suggesting there is potential for sharing good practice across the borough.

NHS Rotherham has the highest level of insulin prescribing within Yorkshire and the Humber and there is considerable variation in its use within the district. Some of this may be due to prevalence of diabetes within different practices and experience of managing diabetes, however there is also a variation in the types of insulin used which impacts on costs; there are plenty of practices achieving higher levels of good outcome using low cost insulin, whilst there are some practices achieving lower levels of good outcome using and more expensive insulin. The redesign of diabetes services has set out to address these issues.

5.5 Policy Framework

The national policy framework is the National Service Framework for diabetes which sets out everything that needs to be done in relation to diabetes and was published in 2001. Subsequently a set of NICE guidance has been issued which details how diabetes should be managed.

2. NHS Rotherham Redesign of Diabetes Services 2010

Locally, diabetes is implicit within the NHS Rotherham five year plan (better health better lives) in relation to reducing morbidity and mortality from diabetes (and its complications) which will help to achieve their strategic outcomes of reducing ambulatory care sensitive hospital admissions and CVD mortality rate.

The NHS Rotherham redesign of diabetes services has also been underway to improve the services and care provided to Rotherham patients.

6 THANKS

The review group would like to thank the witnesses for their time, co-operation and willingness to engage in this process. Their contributions are gratefully acknowledged.

With special thanks to Dr Nagpal Hoysal, Public Health Consultant, NHS Rotherham, for his contribution and involvement in the review.

7 CONTACT

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ADULT SERVICES AND HEALTH SCRUTINY PANEL
3rd March, 2011

Present:- Councillor Jack (in the Chair); Councillors Barron, Goulty, Middleton, Steele, Turner and Wootton.

Also in attendance were Jim Richardson (Aston cum Aughton Parish Council), Russell Wells (National Autistic Society), Mrs. A. Clough (ROPES), Jonathan Evans (Speak up) and Mr. P. Scholey (UNISON).

Apologies for absence were received from Councillors Blair, Hodgkiss, Victoria Farnsworth (Speak Up) and Ms J Dyson.

82. DECLARATIONS OF INTEREST

No declarations of interest were made at the meeting.

83. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no members of the press and public present at the meeting.

84. ASSISTIVE TECHNOLOGY REVIEW UPDATE

In accordance with Minute No. 77 of the meeting held on 10th February, 2011, the Director of Health and Wellbeing submitted an update on progress to date and an evaluation of the current position. This report had previously been considered by the Cabinet Member for Adult Independence Health and Welbeing on 28th February, 2011.

A number of significant changes had been made to the delivery of Assistive Technology (AT) that addressed the issues raised within the Scrutiny report which included:-

- Appointment of a dedicated Assistive Technology Officer
- Series of visioning events to facilitate the identification of difficulties that staff associated with the provision of AT
- Establishment of a system to monitor and demonstrate the savings that AT could achieve
- Change in emphasis during the assessment process
- Identification of simple and direct access to equipment
- Highlighting good news stories with an emphasis on outcome
- Better use of available information
- Prevention of avoidable admissions to hospital and the prevention/delay of admission to long term residential care
- Provision of information and signposting
- Direct involvement of staff in developing AT
- Better use of resources
- Better liaison with Rothercare
- Development of benchmarking opportunities

Also, action had taken place on the recommendations raised in the report:-

- Development of an AT Strategy within NAS with an action plan. There were significant savings to be made by both the Council and NHS Rotherham and had been identified as the next major area for development

- A database had been built up to demonstrate the financial savings that could be made from the provision of AT. The next stage was to demonstrate that the provision of AT could lead to significantly improved outcomes for customers

- A campaign to raise the profile of AT amongst customers, carers, staff and Members. Case studies had been promoted to demonstrate the outcomes that were possible with AT

- Discussions had commenced with major equipment suppliers to bring about a change in provision of lifeline units. New lifeline units were now put in when the customer had extra equipment added rather than as part of a rolling programme. This meant the units were fit for purpose

- Allocation of AT was now the default option in every social care assessment that took place in Rotherham. Social Workers now had to explain why they had not considered allocating AT and show the savings that they had made by allocating the equipment

- Awareness raising campaign would focus around an AT week in March modelled around the success of previous weeks that had focussed on safeguarding adults and personalisation

The Director also gave a powerpoint presentation highlighting the above.

Discussion took place with the following issues raised/highlighted;-

- There was the danger of a client having all the assistive technology but becoming socially isolated. It was emphasised that assistive technology would not be provided in isolation; if people had care needs they would still receive help to maintain their independence

- Most of the equipment was linked to Rothercare which was operational 24/7 and so could support in emergencies

- There had been a significant demand for items of equipment, and should this demand continue, the budget would be under pressure. However, given that AT on the whole helped to make savings on the cost of care, should there be pressure on the AT budget, there was still a strong business case for investing in AT

- AT was part of the preventative agenda as well as independent living

- Discussion about use of protective clothing – such as hip defenders which could be preventative in nature

- It was not felt that a separate AT Strategy was required. Work was taking place with the NHS around some of the changes in funding and co-ordination of Health and the Authority's technology. There was a need for a Prevention Strategy of which AT would be a strand

Resolved:- (1) That the NAS response to the Scrutiny review be welcomed.

(2) That the progress made in delivering assistive technology within Rotherham be noted.

(3) That a further report be submitted in 6 months on the impact of the review.

85. PUBLIC HEALTH WHITE PAPER CONSULTATION

Further to Minute No. 78 of 10th February, 2011, the Policy and Scrutiny Officer updated the Panel on the draft response to date to the above consultation the deadline for which was 31st March, 2011.

Consultation had taken place with Directorates and other Elected Members via the Performance and Scrutiny Overview Committee (PSOC). All comments had been incorporated and were to be considered by the Cabinet on 9th March, 2011, prior to submission.

There had been issues in the past with regard to missed opportunities to contribute towards consultations. PSOC had carried out a review of how consultations were managed and had drawn up a procedure, for consideration by the Cabinet. However, this had been an example of how it should work.

Resolved:- That the draft response be noted.

86. WINTER PRESSURES

Dominic Blaydon, Head of Partnerships, Rotherham NHS, gave a powerpoint presentation of an analysis of winter pressures experienced between 5th December, 2010 and 16th January, 2011, focussing on activity at Accident and Emergency, Acute Care, GP admissions and the GP Out of Hours service:-

- Rotherham Foundation Trust — Accident and Emergency
- Rotherham Foundation Trust — GP Admission Data
- Rotherham Foundation Trust — Acute Care
- Care UK — Walk in Centre
- Care UK — Out of Hours Service
- Social Care Response
- Mitigation Activity
- Future Work

Summary
- Severe weather event early December
- Unprecedented pressure on health community after New Year
- Caused by swine flu outbreak with norovirus
- Local health and social care service worked in close partnership
- Limited disruption to services

A&E
- Attendances
- Breaches
- Summary
  - Unprecedented spike in demand during first 2 weeks of January
  - Large proportion of admissions during this period – up to 26%
  - GP outliers – either large practices or in areas of deprivation
  - 57% of attendances with no follow up or referral to GP
  - 64% attendances were self-referrals

Acute Summary
- 54% increase in GP admissions during surge period
- RFT operating 50 extra beds above baseline
- Electives cancelled for 3 days
- Substantial pressure on critical care bed capacity
- Patients diverted on 2 occasions
- 13 cases of confirmed swine flu
- Outbreak of norovirus which took some beds out

- Walk in Centre Activity

- Out of Hours Activity

- Walk in Centre/Out of Hours Summary
  - 45% increase in demand from week 52 to week 2
  - Mitigation activity had an impact
  - Peak in out of hours activity was before the A&E surge
  - 43% increase in out of hours activity from week 53 to 3

Mitigation Activity
- Initiation of Surge Plan
  - Reduces threshold for admission to Intermediate Care and Breathing Space
  - Triggers interventions from community services to support discharge
  - Places Continuing Care Team on standby to fast track social care assessments
  - Triggers extra support from Rotherham MBC to support Social Work Team

- Emergency Bed Management Meetings
  - Daily reporting on bed status at Rotherham FT
  - Face-to-face support of Community Health Services to support discharge
  - Anticipate pressures on system such as staff sickness and infection control
  - Identify patients who were fit for discharge

- Daily Teleconferences
  - Inform stakeholders where pressures were in system
  - Enlist Community Services support on maintaining secondary care services
  - Daily reports from each health agency

- Local Sitrep Report
  - Bed availability for RFT, Breathing Space and Intermediate Care
  - Daily activity figures for A&E, YAS, WIC and OOH

Social Care Response
- Strong support on hospital discharge from intermediate care
- Additional social work support within the hospital
- Discharges to residential/nursing care expedited effectively
- Availability of home care packages on discharge
- No delays in social care assessments

Future Work
- Internet site which staff can access during severe weather
- Establish a list of organisations who can provide 4x4 vehicles
- Formal approval of the Surge Plan through RMBC
- WIC to introduce an appointment system to spread demand
- Communication Strategy to explain role of WIC
- Ensure plans are in place for the Easter Bank Holiday period
- Notify GP practices who undergo accelerated discharge

Discussion ensued on the presentation with the following issues raised:-

- Appointment system at the Walk in Centre – during the period there had been patients waiting for extended periods of time resulting in health and safety issues due to the number of people in the waiting area. There were 2 ways of dealing with this. Firstly, to get the GPs to process the patients quicker and secondly the introduction of an appointment system during periods of pressure. A trial would be conducted

- Analysis was still being carried out of the illnesses over the 5 week period but it was thought mainly to be flu like symptoms. There had not been many falls/fractures

- Luckily there had been relatively low levels of staff sickness. There had been an immunisation campaign in the hospital/community nurses which had had a positive impact

- There was no specific Government guidance on what weeks to cover. There was a requirement to submit, as a Strategic Health Authority, a Winter Plan by November until the end of March. The Plan should set out the inter-agency arrangements and each of the health organisations' effective continuity plans

- There were major issues with regard to the budget cuts and the resultant reduction in backroom staff. It was the effect of how to cover and maintain the support required between the different agencies. There would also be a reduction in front line staff both in Social Care and probably Health which would have an impact in the 2011/12 financial year. This could only be managed by addressing the issue of expectation by the public and understanding what the A&E and Walk in Clinic could achieve

- So many people used in the Walk in Clinic because of their inability to get an appointment at their GP surgery. Discussions were taking place with the GP Shadow Executive about how that situation was managed and address some of the conflicts with the Walk in Centre

- The Health Centre housed both the Walk in Clinic, the GP Out of Hours Service and a separate GP practice. In periods of high demand there would be some cross over and the GPs from the practice would be used. There were discussions taking place with UK Care with regard to the number of patients processed by the GPs

- An appointment system would not mean patients would not be seen but just spread the demand. It may not be necessary to continue with an appointment system if the other strategies for increasing the volume of patients being processed by GPs worked

Resolved:- (1) That the presentation be noted.

(2) That the NHS be informed that the Scrutiny Panel was not in favour of an appointment system at the Walk in Centre and be requested to reconsider the proposal.

87. DIABETES TESTING

Dr. Hoysal was in attendance to carry out diabetes testing for any Member present.

88. ADULT SERVICES AND HEALTH SCRUTINY PANEL

Resolved:- That the minutes of the previous meeting of the Adult Services and Health Scrutiny Panel held on 10th February, 2011, be approved as a correct record

89. ADULT SOCIAL CARE AND HEALTH

Resolved:- That the minutes of the Cabinet Member for Adult Independence Health and Wellbeing held on 31st January and 14th February, 2011, be noted and received.

90. KWILT PROJECT SUMMARY

The Policy and Scrutiny Officer presented, for information, a research study that was being conducted by the Sheffield Hallam University in conjunction with NHS Rotherham, on Keeping Warm in Later Life "KWILLT").

A focus group was to be held on 25th March, 2011, for which they were seeking 10 Elected Members.

Anyone interested in taking part should notify Kate Taylor.

CABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING
Monday, 28th February, 2011

Present:- Councillor Doyle (in the Chair); Councillors Gosling, Jack, P. A. Russell and Walker.

H62. MINUTES OF MEETING HELD ON 14TH FEBRUARY, 2010

Consideration was given to the minutes of the previous meeting held on 14th February, 2011.

Resolved:- That the minutes of the previous meeting held on 14th February, 2011, be approved as a correct record.

H63. KEEPING WARM IN LATER LIFE (KWILLT)

Jo Abbott, Consultant in Public Health, and Catherine Homer, Health Promotion Specialist, gave a powerpoint presentation on the above research project as follows:-

Why bother in Rotherham?
- Seasonal excess winter deaths – is there a problem?

Research Project
- Semi-structured, face to face indepth interviews
- Recruited 30 older people (aged 55-95) through social groups, mapping and snowball sampling e.g. VAR
- Tiny tag data logger used prior to interviews
- 25 Health and Social care staff recruited from RMBC and the NHS
- 5 focus groups with service heads and front line staff and older people from Anchor Staying Put, Tassibee and the Salvation Army

What have we learnt so far?
- Staff and older people identified similar barriers to keeping warn including
  Use of technology
  Money
  Visibility
  Disjointed systems (organisations, care staff, engineers etc.)

- Poor understanding of technology: heating
  People do not understand how to use their boilers
  - Set the timers
  - Temperatures
  - Buttons are too small
  - Digital screens are too small
  - "Can't see" gas/electric
  - Choose to use other more expensive forms of heating

- Poor understanding of technology: banking
  Older people do not understand modern banking or billing:
  - Direct debits (usually associated with a cheaper tariff)
  - Internet banking (virtual/"can't see")
  - Billing information from suppliers unclear – tariff

- Family and community support
  - People may be socially integrated into their community but they do not necessarily know the relationship between keeping warm and good health
  - People are unaware of the correct temperature their house should be (21°c for main living area 18°c bedroom)

- Trust
  Trust in who is providing the information
  - Local Council
  - NHS
  - Family and friends
  - Trust in technology
  - Lack of trust in private landlords

- Staff interviews
  The mindset of older people:
  - "They get to the stage where they will switch it off (their heating), they will wrap up but they do not understand the importance of the house being warm because they have lived in conditions like that for many years when they were younger, damp cold houses and they do not realise the effect it can have on their health"
  - "Older people see it as a luxury. I do not think they see it has any bearing on their health"

What next for the project?
- Focus groups continue including 1 for Elected Members on 25th March, 2011
- A stakeholder event to look at solutions to be held in the summer
- Social marketing – getting the message across to older people and staff

What does it mean for us in health and local authorities
- It raises a few challenges for the months ahead for our services including:-
  Implications of introducing "Green Deal"
  Technology and "smart meters"
  The mindset of staff and older people in Rotherham
  Visibility and vulnerability
- Against a backdrop of a new Health and Social Care Bill and the introduction of Health and Wellbeing Boards within local authorities

Discussion ensued on the presentation with the following points raised:-

- The statistics had taken into account the past heavy industry in the area and the resultant respiratory diseases
- It was more than installing a new boiler but ensuring that the customer knew how to use it and that the control was situated in a position that could be reached
- Energy providers did not immediately refund any overpayment on Direct Debits
- Winter Fuel Allowance not used for its intended purpose
- Work was needed with the banks and energy companies

- The stakeholder event would look at what the barriers were for the people of Rotherham

The Strategic Director of Housing and Neighbourhood Services stated that the statistics would be fed into the refresh of the Joint Strategic Needs Assessment so that actions would be commissioned to addressed the trends.

Resolved:- That the presentation be noted.

H64. "DO IT ROTHERHAM"

Catherine Homer, Health Promotion Specialist, reported that an event was to be held on 9th March, 2011, to celebrate the success of Rotherham's Healthy Weight Initiatives.

Rotherham's 2011 Public Health Annual Report and Joint Health and Wellbeing Strategy was based on the recommendations and 6 policy objectives from the Marmot Review. Whilst there was a lot of progress being made against all of the objectives, areas had been identified where, working smarter in a collaborative way, would create vital opportunities to address the wider determinants affecting healthy weight locally.

H65. CONFERENCE - "TOUGH TIMES, GOOD DECISIONS"

Resolved:- That the Cabinet Member (or substitute) be authorised to attend the "ToughTimes, Good Decisions" conference to be held at the ICC London ExCel on 19th-21st October, 2011.

H66. EXCLUSION OF THE PRESS AND PUBLIC

Resolved:- That, under Section 100A(4) of the Local Government Act 1972 the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 (business/financial affairs.)

H67. IN-HOUSE RESIDENTIAL ACCOMMODATION CHARGES

The Director of Health and Wellbeing submitted proposals for increasing the charge to service users for the provision of in-house residential care for 2011/12.

In accordance with its statutory duty, the Council was required to set a maximum charge for residential accommodation it provided in local authority homes for:-

- Those residents who refused to provide details of their financial circumstances
- Those service users who had been financially assessed according to their liability to pay and as a result did not qualify for financial assistance towards their charges
- Those service users who were placed and financially supported by another local authority

It was proposed that the maximum charge for all local authority residential care homes be increased by 1% (£5.00 per week). It was noted that this increase was below the current rate of inflation but in line with the Council's recommendations on levels of fee setting.

Resolved:- (1) That the charges set out in Appendix 1 of the report submitted be approved.

(2) That the charges be effective from April, 2011.

(3) That a further report be submitted on a possible further increase in line with the rate of inflation and the financial implications of such.

CABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING
Monday, 14th March, 2011

Present:- Councillor Doyle (in the Chair); Councillors Gosling, P. A. Russell and Walker.

Apologies for absence were received from Councillors Jack and Steele.

H68. MINUTES OF MEETING HELD ON 28TH FEBRUARY, 2011

Consideration was given to the minutes of the previous meeting held on 28th February, 2011.

Resolved:- That the minutes of the previous meeting held on 28th February, 2011, be approved as a correct record.

H69. ADULT SERVICES REVENUE MONITORING

Consideration was given to a report, introduced by the Finance Manager, (Adult Services) which provided a financial forecast for the Adult Services Department within the Neighbourhoods and Adult Services Directorate to the end of March, 2011 based on actual income and expenditure to the end of January, 2011.

The forecast for the financial year 2010/11 was an overall underspend of £717,000 against the revised approved net revenue budget of £71.3 million.

A significant part of the forecast underspend was due to the higher than anticipated response to voluntary severance, additional savings through holding vacancies to facilitate redeployment of staff in support of the various structural reviews and an increasing number of residential care clients now receiving full continuing heath care funding.

Underlying budget pressures included forecast overspends within home care, in-house residential care and direct payments. These were offset by underspends within independent residential care across all client groups and slippage on vacant posts within Assessment and Care Management. These were set out in detail in the report submitted.

Also reported, for the period April to January, 2011, was the total expenditure on Agency staff for Adult Services compared with an actual cost for the same period last year. Non-contractual overtime for Adult Services was also detailed.

The report set out the current position for the Department with a summary of the overall financial projection for each main service area/client group both against original approved budget and the revised budget approved by the Cabinet.

It was reported that to mitigate any further financial pressures within the service budget meetings with Service Directors and Managers were continuing to be held on a monthly basis to monitor financial performance against the revised approved budget and ensure expenditure was within this revised budget.

Reference was made to additional income from NHS Rotherham in respect of

additional funding announced by the Government for the support of social care both in 2010/11 and 2011/12.

Members raised a number of questions and discussion ensued on the following:-

- How much of the Home Care Service was being provided in-house or was this part of the Care Enablers Service.
- Merger of the Wardens and Care Enablers Service and the response to voluntary severance.
- Forecasted additional income within Rothercare Direct through the purchase of alarms.
- Projected underspends on Mental Health residential care and the supportive performance assistance to RDASH.
- Forecasted underspend on transport as a result of additional income and savings on leasing costs.
- Protocols for transportation and manoeuvres.
- Improved staffing provisions at Oaks Day Centre as a result of filling vacancies.
- Increased levels in continuing health care funding and the improvements being observed.
- Funding negotiations nearing resolution with the Primary Care Trust.
- Addressing the overspends in direct payments.
- Monitoring of financial performance against the revised approved budget.

Resolved:- (1) That the latest financial projection against budget for the year based on actual income and expenditure to the end of January, 2011 for Adult Services be noted.

(2) That staff be thanked for their hard work in ensuring expenditure was kept within the revised budget.