Coventry City Council

Agenda

Health and Social Care Scrutiny Board (5)

Time and Date
2.00 pm on Wednesday, 30th July, 2014

Place
Committee Rooms 2 and 3 - Council House

Public Business

1. **Apologies and Substitutions**

2. **Declarations of Interest**

3. **Minutes**

   (a)   To agree the minutes of the meeting held on 30th April, 2014 (Pages 5 - 10)

   (b)   Matters Arising

4. **Quality Accounts 2013/14** (Pages 11 - 12)

   Briefing Note of the Scrutiny Co-ordinator

   To consider the 2013/14 Quality Accounts for the following local provider NHS Trusts:

   (a)   Coventry and Warwickshire Partnership Trust (CWPT) (Pages 13 - 72)

   Paul Masters, Assistant Director of Governance and Tracey Wrench, Director of Nursing, CWPT have been invited to the meeting for the consideration of this item.

   (b)   West Midlands Ambulance Service (WMAS) (Pages 73 - 152)

   Ham Patel, General Manager for Coventry and Warwickshire, and Joanne Cavanagh, Clinical Support Manager, WMAS have been invited to the meeting for the consideration of this item.

2.45 p.m.

5. **Patient Transport Services**

Presentation by Dr Steve Allen, Accountable Officer, and Matt Gilks, Head of Contracting and Procurement, Coventry and Rugby Clinical Commissioning Group, who have been invited to the meeting for the consideration of this item. Ham Patel, General Manager for Coventry and Warwickshire and Joanne Cavanagh, Clinical Support Manager, West Midlands Ambulance Service have also been invited to attend for this matter.

3.30 p.m.

6. **Adult Social Care Peer Review and Commissioning and Personalisation Plan** (Pages 153 - 208)

    Report of the Executive Director, People

4.00 p.m.

7. **Outstanding Issues Report**

    Outstanding issues have been picked up in the Work Programme

8. **Work Programme 2014-15** (Pages 209 - 214)

    Report of the Scrutiny Co-ordinator

9. **Any other items of Public Business**

    Any other items of public business which the Chair decides to take as matters of urgency because of the special circumstances involved

10. **Meeting Evaluation**

Private Business
    Nil

Chris West, Executive Director, Resources, Council House Coventry

Tuesday, 22 July 2014

Notes: 1) The person to contact about the agenda and documents for this meeting is Liz Knight, Governance Services, Council House, Coventry, telephone 7683 3073, alternatively information about this meeting can be obtained from the following web link: http://moderngov.coventry.gov.uk

        2) Council Members who are not able to attend the meeting should notify Liz Knight as soon as possible and no later than 1.00 p.m. on INSERT DATE OF MTG giving their reasons for absence and the name of the Council Member (if any) who will be attending the meeting as their substitute.

        3) Scrutiny Board Members who have an interest in any report to this meeting, but who are not Members of this Scrutiny Board, have been invited to notify the Chair by 12 noon on the day before the meeting that they wish to speak on a particular item. The Member must indicate to the Chair their reason for wishing to

speak and the issue(s) they wish to raise.

Membership: Councillors M Ali, K Caan (By Invitation), J Clifford, A Gingell (By Invitation), P Hetherton, D Howells, J Mason (Co-opted Member), J Mutton, J O'Boyle, D Skinner, K Taylor and S Thomas (Chair)

Please note: a hearing loop is available in the committee rooms

If you require a British Sign Language interpreter for this meeting OR it you would like this information in another format or language please contact us.

Liz Knight
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Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 2.00 pm on Wednesday, 30 April 2014

Present:

Members: Councillor S Thomas (Chair)

                                  Councillor J Clifford
                                  Councillor P Hetherton
                                  Councillor J Mutton
                                  Councillor H S Sehmi
                                  Councillor D Skinner (substitute for Councillor Noonan)

Co-Opted Member: Mr J Mason, representing Mr D Spurgeon

Other Member: Councillor A Gingell

Employees (by Directorate):

                                  P Barnett, People Directorate
                                  E Bates, People Directorate
                                  S Brake, People Directorate
                                  M Godfrey, People Directorate
                                  L Knight, Resources Directorate
                                  J Moore, Chief Executive's Directorate
                                  A West, Resources Directorate

Apologies: Councillors M Ali, C Fletcher, H Noonan and A Williams

Other representatives: Roisin Fallon-Williams, Coventry and Warwickshire Partnership Trust (CWPT)
                                  Josie Spencer, CWPT

Public Business

69.   **Declarations of Interest**

        There were no disclosable pecuniary or other relevant interests declared.

70.   **Minutes**

        The minutes of the meeting held on 2nd April, 2014 were signed as a true record. Further to Minute 63 concerning 'Referral by Healthwatch Coventry – Commissioning of Patient Transport Services' the Chair, Councillor Thomas reported that a copy of the letter sent to Coventry and Rugby CCG outlining the Board's recommendations would be forwarded to Healthwatch Coventry by the end of the week. With reference to Minute 65 headed 'Local Care Data Programme', Councillor Thomas informed that the letter to University Hospitals Coventry and Warwickshire requesting information about patient data for acute care would be circulated by the end of the week.

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71. **Coventry and Warwickshire Partnership Trust - Feedback from the Recent Care Quality Commission Inspection**

The Scrutiny Board received a presentation from Josie Spencer, Deputy Chief Executive and Director of Operations and Roisin Fallon-Williams, Director of Strategy and Business Support, Coventry and Warwickshire Partnership Trust, detailing the outcome of the recent Care Quality Commission (CQC) Inspection of the Partnership Trust. This inspection was a pilot, the first of a new type of process used by the CQC and the Trust had put themselves forward. Councillor Gingell, Cabinet Member (Health and Adult Services) attended for the consideration of this item.

The presentation provided an overview of the Trust which served a population of 1,053,000 with a budget of over £200m. Mental health, learning disability and community health services were provided and the Trust operated from 70 sites.

The inspection reports included 13 location reports and 1 provider level report, all of which identified areas of good/notable practice and some acknowledging exemplar practices. Examples of good feedback from across the Trust were given along with examples of good practice that had been observed.

The inspection had also identified a number of areas which required improvement which had resulted in 1 enforcement action and 5 compliance actions. Each Directorate already had its own action plan that reflected these actions and the monitoring arrangements were detailed. Reference was made to each of areas which required improvement and to the proposed actions in response. Particular attention was given to the enforcement issue, to 'ensure that planning and delivery of care meets people's individual needs, safety and welfare'.

The Board were informed of the system issues; the wider learning from the inspection feedback; and the next steps to taken by the Trust. The presentation concluded with a summary of what the inspection meant for the Foundation Trust application.

The Board questioned the representatives on a number of issues and responses were provided, matters raised included:

- The importance of working with both the staff and patients to be able to understand dementia patients' needs and concerns
- Whether the increased training and awareness of the Mental Capacity Act would be available for temporary as well as permanent staff
- The rates of pay for bank staff
- Concerns about 17 year old patients being placed on adult wards
- Concerns about the CQC findings relating to patients being denied access to bedrooms and communal rooms
- The increased therapeutic activities for patients, would they meet individual needs as well as group needs
- Concerns about the lack of beds for young mental health patients with very complex needs
- How would the Trust ensure that any changes to culture would happen at all of their 70 locations

- How did the service cope with language barriers
- Were all the criticisms in the CQC's findings justified
- Did the Trust have any concerns that the CQC didn't pick up on
- Did the CQC comment on the work around the community support that was provided when a diagnosis of dementia was made
- Did the Trust have the opportunity to feed back to the CQC on their pilot inspection.

RESOLVED that the presentation be noted and the Board continue to work with the Coventry and Warwickshire Partnership Trust during the next municipal year.

72. **Overview of the Care Bill and Coventry's Preparations for when this becomes Legislation**

The Scrutiny Board considered a briefing note of the Deputy Director, Early Intervention and Social Care which provided an overview of the Care Bill and Coventry's preparations for implementation when this became legislation. Councillor Gingell, Cabinet Member (Health and Adult Services) attended the meeting for the consideration of this issue.

It was expected that the Care Bill would receive Royal Assent in 2014 and from April, 2015 Local Authorities Adult Social Care Services would be legally required to work to this new legal framework. The Bill focused on putting the wellbeing of individuals at the heart of care and support services and would replace many pieces of existing legislation.

The Care Bill set out key proposals for reforming the way in which adult social care was funded. Consequently much of the discussion and analysis had been in relation to the proposed Care Cap, which limited the lifetime costs an individual had to pay for their care, and the infrastructure required to manage this. The Bill would also impact upon the duties and functions of adult social care services and processes and practices needed to be reviewed to ensure compliance and delivery.

The briefing note provided a summary of the key requirements and timescales for implementation.

Members of the Board questioned the officers and responses were provided, matters raised included:

- A concern about the financial implications in light of the continuing reductions in the Council's budget and the potential to be able to support less elderly residents
- Whether interest would be charged if payments were deferred on the £72,000 care cap
- If there had been any indications that the Council would receive additional funding
- The potential for reductions in the quality of care
- If someone required care would the nature of care remain consistent once the £72,000 limit had been exceeded or would the support be different

- The responsibility upon the Council if people didn't have resources to pay for their care
- Whether the nature of support differed depending if people made contributions or not
- If the Council's two criteria for support, critical and substantial, might need to change.

RESOLVED that a progress report be submitted to a future meeting of the Board in six months including information on the financial implications.

73.   **Health and Well-being Board Work Programme**

Dr Jane Moore introduced the report of the Deputy Director, Public Health concerning the draft work programme for the Health and Well-being Board for the 2014/15 municipal year. The report had been considered by the Health and Well-being Board at their last meeting on 7th April, 2014. Councillor Gingell, Chair of the Health and Well-being Board attended the meeting for the consideration of this item.

The work programme had been established to reflect the following principles:
(i) Responsibility for delivering the key elements of the Health and Well-being Strategy rested with the responsible partnership or group and regular updates on progress would be submitted to future meetings.
(ii) Informal Board development sessions would be scheduled alongside formal Board meetings including joint sessions with Warwickshire's Health and Well-being Board.

The work programme was a live document and would be continually updated as new work areas developed and additional reports needed to be considered by the Board. Frequency of Board meetings had recently been increased and the Board would now be meeting every two months.

Members discussed the problems associated with the availability of GP appointments and the issue of good quality primary care.

RESOLVED that:

(1) The Board to continue to work with the Cabinet Member (Health and Adult Services) and the Health and Well-being Board during the next municipal year.

(2) Consideration to be given to the inclusion of the following in the Scrutiny Board's new work programme for 2014/15:
a) The joint initiative to develop an integrated model of care that keeps older people out of hospital
b) Good quality primary care including the availability of GP appointments.

74.   **Report Back on Conference - National Childrens and Adult Services Conference**

The Board noted a report of the Executive Director, People concerning the National Children's and Adult's Services conference which was held in Harrogate

from 16th to 18th October, 2013. The report detailed the benefits of attendance and how this would inform the work of the People Directorate over the next year.

75.   **Outstanding Issues Report**

The Board noted that all outstanding issues had been included in the work programme, Minute 76 below refers.

76.   **Work Programme 2013-14**

The Board noted the completed work programme for 2013/14. Members discussed potential items for the new work programme.

RESOLVED that:

(1) Items still to be considered to be prioritised for inclusion in the new work programme when planning for 2014/15.

(2) A report on the new pharmacy arrangements at the hospital to be included on the agenda for the first meeting in the new municipal year.

(3) A progress report on the interim arrangements for patient transport services to be submitted to a future Board meeting.

(4) University Hospital Coventry and Warwickshire Trust be invited to attend a future meeting of the Board, once their decision on whether to appeal has been determined, to discuss the spending of £10m on the Dr Raj Mattu case.

77.   **Review of 2013/14 Scrutiny Activity**

The Board considered a briefing note of the Scrutiny Co-ordinator that reviewed the work of the Scrutiny Board carried out during the course of the 2013/14 municipal year and sought to identify priorities or issues for consideration when planning 2014/15 work programme.

The Board had met on ten occasions during the year and the work programme had been used to prioritise issues for consideration. There was an acknowledgement that some issues were not covered during the year and some areas of the Cabinet Member portfolio were not addressed.

RESOLVED that arrangements be made for Members of the new Board to have a briefing session on social care early in the new municipal year.

78.   **Any other items of Public Business**

The Chair, Councillor Thomas, thanked members for their support and contributions during the course of the year. Members also congratulated Peter Barnett, Scrutiny Co-ordinator, on his new appointment as Head of Libraries, Advice, Health and Information.

(Meeting closed at 4.10 pm)

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Coventry City Council

To: **Health and Social Care Scrutiny Board (5)**   Date: 30 July 2014

Subject: **Quality Accounts 2013/14**

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1   Purpose of the Note

1.1   This Briefing Note is intended to introduce the Board to the 2013/14 Quality Accounts produced by local provider NHS trusts.

2   Recommendations

2.1   That the Board consider the Quality Accounts as supplied by local NHS provider trusts.

3   Information/Background

What Are Quality Accounts?

3.1   The Department of Health introduced the requirement for NHS trusts to issue quality accounts in the Health Act (2009). 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.

3.2   The purpose of Quality Accounts is to encourage the boards and leaders of healthcare organisations to assess quality across all the healthcare services they provide, 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
   • Clinical Effectiveness

3.3   This both reinforces transparency and helps persuade patients and stakeholders that organisations are committed to quality and improvement. Quality Accounts therefore go above and beyond regulatory requirements, which focus on essential standards instead engaging with patients and stakeholders to ensure that the organisation is constantly seeking to improve and achieve higher standards of care.

What Are Quality Accounts Used For?

3.4   Quality Accounts are published on the NHS Choices website, as well as being available in hospitals and other locations to illustrate providers' commitment to quality.

3.5   They are used by the Care Quality Commission (CQC) to understand how providers are engaging with patients and stakeholders about quality and the need for improvement.

3.6   They can also be used by those monitoring or scrutinising providers to assess the risks of an organisation and monitor the services provided.

What is the Scrutiny Board's role?

3.7   This forms part of general efforts by the Department of Health to increase engagement and participation in the health service, and is seen as complementary to the existing role of overview and scrutiny committees regarding the operation and planning of local NHS services.

3.8   The Department of Health sees the overview and scrutiny committees role as building confidence in the accuracy of data and the conclusions drawn from it. Without some form of independent scrutiny, service users and members of the public may not trust in what they are reading.

3.9   Overview and Scrutiny has the opportunity to provide a commentary on the local Trusts Quality Accounts which the Trusts are required to publish unedited and in full. The commentary is required to be no more than 1000 words long. During this year, a quality accounts task and finish group made up of representatives from Warwickshire County Council, Coventry City Council, Healthwatch Coventry and Healthwatch Warwickshire has met to provide a joint commentary on the Quality Accounts for Coventry and Warwickshire Partnership Trust and University Hospitals Coventry and Warwickshire. The Board has not traditionally made an individual response to the West Midlands Ambulance Service.

Trusts Providing a Quality Account to the Scrutiny Board

3.10   Quality Accounts from the following organisations are on today's agenda and those for UHCW will be scheduled for a leter date:
- Coventry and Warwickshire Partnership Trust (CWPT) – Appendix A
- West Midlands Ambulance Service (WMAS) – Appendix B

3.11   The Board should note that at present primary care providers are not required to produce Quality Accounts, although this is something which has been discussed by the Department of Health. Were this to be the case then the requirement for commentaries from Health Scrutiny bodies would become more onerous.

Background information
Quality Accounts – a Guide for Overview and Scrutiny Committees, produced in April 2012, DH website accessed 10th June 2013.
https://www.gov.uk/government/publications/quality-accounts-mini-guides-for-quality-accounts-a-guide-for-local-involvement-networks-link-and-overview-and-scrutiny-committees-oscs

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4 July 2013.

Coventry and Warwickshire Partnership

NHS
NHS Trust

Quality Account

2013/14

The Trust's vision is
"to improve the wellbeing of the people we serve and to be recognised for always doing the best we can."

Contents

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Statement on Quality from the Chief Executive, Rachel Newson

Welcome to Coventry and Warwickshire Partnership NHS Trust's (hereafter 'the Trust') Quality Account for the period April 2013 to March 2014. The Quality Account is an annual report to the public from providers of NHS healthcare about the quality of services they deliver.

The primary purpose of the Quality Account is to encourage Boards and leaders of healthcare organisations to assess quality across all of the healthcare services offered. It allows us, as leaders, clinicians and staff to demonstrate our commitment to continuous, evidence-based quality improvement and to explain our progress to the public.

I am therefore delighted and proud to share with you the fourth annual Quality Account for the Trust. Our vision is that the Trust is committed to providing the very best care for all of our patients. This requires the Trust to be recognised as a provider that delivers safe, clinically effective services, focused entirely on the needs of the patient, their relatives and carers.

The Trust provides mental health and learning disability services across Coventry and Warwickshire, some of these services in Solihull, and community health services in Coventry. The Quality Account for 2013/14 describes how we have sustained our excellent performance this year and demonstrates how we have used our resources to drive other quality improvements and initiatives. As well as direct feedback from our staff and people using our services, how we perform against the targets agreed with our commissioners every year is an important measure of our performance. In 2013/14, I am pleased to report that we met almost all of Commissioning for Quality and Innovation (CQUIN) targets and have made significant progress in others.

I would like to take this opportunity to say thank you to all of our staff for their efforts over the last year. During what has been a pro-longed period of change for the NHS, they have remained dedicated and focused on the job-in-hand – the provision of high quality care for people with a wide range of mental health, learning disability and physical needs.

It is important that I reflect on the Care Quality Commission (CQC) led work that the Trust volunteered to be involved within. The Trust participated in the development of the CQC's new inspection arrangements in January 2014. We had a team of around 50 inspectors who came to the Trust and spent time talking to patients and staff and observing how the Trust operates. Although not formally rated, as future inspections will be, the CQC have provided us with set of reports that tell us what is working well and what we might improve upon. Where improvements have been identified as being required we have developed appropriate plans, in conjunction with our other stakeholders. We plan to report our progress against our plan to our stakeholders and the CQC during 2014.

In addition I would like to specifically draw your attention to the work we have undertaken in respect of our Vision and Values, our response to the Robert Francis Inquiry, our learning from complaints and our work towards transforming how we deliver care and treatment.

Our Vision, Values and Behaviours

our vision

*'To improve the **wellbeing** of the **people** we serve and to be recognised for **always** doing the **best** we can'*

compassion in action

working together

respect for everyone

seeking excellence

Our work to consider the learning from the inquiry using the Equal Active Partners framework and through continued engagement with patients and stakeholders has culminated in a refresh to the Trust Vision, Values and Behaviour Statements (January 2014)

To learn more about how we intend to fulfil our vision and values please access the following link:

http://www.covwarkpt.nhs.uk/aboutus/visionandvalues/Pages/default.aspx

Our response to the Robert Francis Inquiry Report

The Trust has regularly reviewed its progress with the recommendations made within the Robert Francis Inquiry Report into concerns with care at Mid-Staffordshire NHS Foundation Trust and in particular following the government response, which was published November 2013. The Trust has revised its action plan to monitor and track activity being implemented in respect of the Francis Report and continues to share information on progress through its public Trust Board meeting.

Our Learning from Complaints

On a regular basis one of our Non-Executive Directors will review the Trusts response to a complaint that has been made about our services. The review determines that the complaint has been investigated appropriately, that engagement with the complainant has occurred, that the delivery of the response has been within an acceptable timeframe and the resolution to the complaint has been fair and balanced with the Trust formally saying sorry where mistakes have been made. This senior oversight has supported ongoing work the Trust continues to take to strengthen its complaints processes. The Clywd Report (Review of the NHS Hospitals Complaints System: Putting Patients Back in the Picture, October 2013) published as part of the suite of reviews triggered by the Robert Francis Enquiry report, made recommendations about how individual Trusts should improve the complaints process. All NHS organisations have been asked to clearly set out how patients and their families can raise concerns or complaints and how to engage with independent support available from NHS complaints advocacy services, Healthwatch or alternative organisations. The Trust has reviewed its position against the Clywd Report and has an action plan to support addressing the recommendations.

Patient Stories at the heart of the Trust

We have brought patient stories right into the heart of the Trust Board. Each Board meeting starts with a patient story, either a video diary and compilation or a powerful narrative of what it is like to be a patient served by the Trust.

How we are transforming the Delivery of Care – Integrated Practice Units

Changes to NHS care in Coventry and Warwickshire are putting the needs of patients first. That's the clear message I want you to take from us as the provider of mental health, learning disability and community services in this area. We have embarked on an ambitious five year programme of work across the whole Trust to transform our services and redesign how we deliver care. This Transformational Change Programme will see us bring clinical teams together to help deliver improved outcomes for patients, supported by new ways of working and innovative information technology. We are setting up something new: Integrated Practice Units (IPUs). This is organising teams of people so they can work more closely with patients based on their needs, rather than keeping staff in separate teams. Key programmes of work include:

- Community Resource Centres: To establish 'hub' and 'spoke' Community Resource Centres across Coventry and Warwickshire accessible to all staff who deliver services in the community. Staff are very mobile and administrative and management functions are centralised. This will enable more 'joined up' working, increase time spent focusing on patient outcomes and reduce time spent on tasks that don't add value for patients.

- Improving Access for Patients: To provide a single route into all services which is clear, responsive, accessible and timely via a new Central Booking Service. Once patients and referrers contact us we will strive to ensure we direct them to the right service to meet their needs, first time, every time.

- Centres of Excellence – Secondary Care Mental Health: To improve patient outcomes by focusing on high quality age independent mental health services through the creation of four integrated practice units (IPUs) across Coventry and Warwickshire, based in two Centres of Excellence for Secondary Care Mental Health services.

- Centres of Excellence – Specialist Services: To develop specialist services to improve our two Centres of Excellence at Brooklands, Marston Green, and at the Aspen Centre, Warwick. Also, redesign our teams into integrated practice units (IPUs) focussed on local, community-based care.

- Integrated Children's Services: Children's services will be redesigned to provide more 'joined up' care to children and young people through Pre-School, School and Youth Health Services and Specialist Services IPUs. This will help join up physical health, mental health and learning disabilities services for children.

- Community and Primary Care Prevention Services: To develop three IPUs: Living Well, Rehabilitation and Re-ablement and Palliative Care/End of Life, working closely with primary care to support patients to maintain independent living, manage their own conditions in the community and be cared for in their own home.

The Trust Board is confident that this account presents an accurate reflection of quality across the Trust and I can confirm that to the best of my knowledge the information contained within is accurate. I hope you enjoy reading the account of the Trust's quality achievements during the year and those that we look forward to accomplishing over the next 12 months.

SIGNATURE:

Rachel Newson

Chief Executive

Coventry and Warwickshire Partnership NHS Trust

June 2014

Part Two

Priorities for Improvement and Statements of Assurance from the Board

Part 2 is the section in our Quality Account that reflects on the progress of our priorities from 2013/14 and looks forward and identifies our quality priorities for 2014/15. It also includes our statements of assurance from the Trust Board.

Quality Priorities Framework

C — Customer Care

A — Achieving shared and agreed outcomes

R — Respectful environments

E — Efficiency through effectiveness

The Trust has developed and agreed, in consultation with its staff, Four Quality Priorities, which are:

- Customer Care
- Achieving Shared and Agreed Outcomes
- Respectful Environments
- Efficiency Through Effectiveness

The Trust Board is committed to promoting a positive culture enabling continuous improvement of our services for patients/service users and carers, the public, our staff and our stakeholders through the setting of specific Trust Quality Goals.

Progress against our Quality Goals in 2013/14

The goals set for the year 2013/14, and our progress against them is described below.

C

Customer Care

Goal 1:
Compassionate Care

- We have held events across the Trust to reflect on the principles of the NHS England derived Compassion in Practice framework and have adopted this within the Trust.

- We formed a cross health economy project group to develop and support implementation of Compassionate Care through Practice Education.

Goal 2:
Implement a 'cultural barometer' including Friends and Family Test

- We undertook the Friends and Family Test questionnaire with staff, have learned from the results and are planning to repeat in 2014/15.

A

Achieving shared and agreed outcomes

Goal 3:
Real Time Patient Experience Outcomes

- We identified patient feedback advocates for each service.

- We developed our dashboards and pathways to include real time metrics.

Goal 4:
Outcome Frameworks for all service areas

- We refined the way in which we report performance and success to ensure that the outcomes important to the health and wellbeing of patients was clearly evident.

Goal 5:
Using Safety Thermometers to deliver safer care

- A trajectory for improvement for keeping pressure ulcer prevalence as low as possible was agreed with our commissioners and reported against each quarter.

R

Respectful environments

E

Efficiency through effectiveness

Goal 6:
Deliver our enabling strategies for Estates and Information Technology

- We developed and implemented a Statutory Compliance Programme for 2013/14.

- We developed and approved a Sustainability Management Plan for 2013/14.

- We reviewed the process and governance around food, including quality of food provided to patients.

- We rolled-out the use of Video and Webex Conferencing facilities.

Goal 7:
Further mature Early Warning System (EWS) including Compassion in Practice indicators

- We continued to inspect our services and revised our Early Warning approach to include capturing Compassion in Practice indicators.

Goal 8:
Effective Workforce Planning and Development

- We mapped the full reporting capabilities of Electronic Staff Record and defined the organisation's needs.

- Following a recommendation from the Francis Report, we commenced planning for a value based recruitment approach in the Trust and evaluated the Middle Managers Leadership Programme.

Goal 9:
Competent workforce through Protected Learning Time

- We consulted with Lead Nurses and Allied Health Professional (AHP) Leads on our proposed Protected Learning Time arrangements and began implementation.

Goal 10:
'VALUE' based, user focused services

- We used the NHS Change model to evaluate readiness for change and developed plans to prepare us for the changes.

- We refined the clinical models to be used to implement the Integrated Practice Units (IPU) structure.

- We worked with clinical groups to promote changes in professional working and behaviours required to achieve clinical service change.

Commissioning for Quality and Innovation (CQUIN) Framework

Our last Quality Account, reflecting the year 2012/13, detailed a number of priorities for 2013/14, which were based on the Commissioning for Quality and Innovation (CQUIN) framework, and which is designed to promote quality improvement by linking a proportion of the Trust's income to the delivery of agreed quality goals. The content of local schemes is agreed between the Trust and its Clinical Commissioning Group (CCG) commissioners prior to the start of the financial year, and includes nationally and locally defined CQUIN indicators.

The following table lists our CQUIN goals for 2013/14 and provides a summary of achievement.

Improving service user experience through innovative access to and for secure services

What did we aim to do?	We will review our existing technology support for patients and develop and deliver a plan to ensure a range of improvements are made.
What did we expect to achieve?	Increased utilisation of communications technology.
How well did we do? ☺ **Target Met**	We reviewed the technology that we were using at the start of the year and decided where this could be improved. We have worked with the Trust's Information Technology department and put systems in place to promote the use of technology on the Marston Green site, and have installed video conferencing and wi-fi equipment. We have issued laptops to staff to facilitate agile working.

Optimising pathways

What did we aim to do?	To achieve, by year end, 95% of all patients having receipt of an intervention within the timescales set out in the admission and discharge pathway.
What did we expect to achieve?	We aimed to ensure that the time spent by service users at each stage of the admission and discharge pathway was clinically appropriate and met the expected timeframes.
How well did we do? ☺ **Target Met**	Each quarter we have submitted a reporting template which measured the length of time spent by service users at each stage of admission and discharge pathway. We assessed the data to identify any deviations from the pathway timescales and considered how improvements could be made to optimise length of stay. Timescales were met in the vast majority of cases except for variations due to individual circumstances or patient need.

Improving Patient Experience through ensuring effective Care Programme Approach (CPA)

What did we aim to do?	Complete a baseline audit and develop an action plan to ensure that the Care Plan Approach (CPA) process is effective in meeting the service users' needs.
What did we expect to achieve?	To increase attendance at CPA review meetings by all appropriate partners, so that discussions to assess and plan the care pathway took place in a timely fashion and ensured that care plan needs were being addressed.
How well did we do? Target Met	We collected data to show the numbers of CPA reviews taking place and the number that should have occurred. We reviewed who attended the meetings, and the organisation that they represented, to establish the levels of attendance. We devised actions to address the issues identified, and have monitored our progress. We have worked with our partners to improve attendance at meetings and have briefed our staff on how to maintain this going forwards.

Improving physical healthcare and well-being of patients

What did we aim to do?	To improve the physical health and wellbeing of all patients, as an integral part of their overall treatment and rehabilitation plan.
What did we expect to achieve?	To ensure that standard physical health checks are undertaken at appropriate timeframes throughout the patient's journey.
How well did we do? Target Met	We implemented Health Promotion programmes to improve patients' ability to manage their own health and wellbeing. We carried out audits to identify whether the necessary processes and procedures were being followed. We provided evidence to our Commissioners which showed that all clients had received full, age-appropriate physical examinations and health screening in line with national guidance and that all targets were being met.

Reducing social exclusion by improving literacy, numeracy, IT and vocational skills

What did we aim to do?	We aimed to develop and deliver a plan for improving opportunities for education skills development by service users, including service user engagement and involvement.
What did we expect to achieve?	We expected to improve the provision of resources for training on literacy, numeracy, IT and vocational skills within secure care environments, and so provide better opportunities for clients to participate in various aspects of life.
How well did we do? Target Met	We reviewed existing literacy, IT and numeracy opportunities, including the courses that were being offered and how many of these were taken up. We developed a plan to improve this level of provision. Much work was undertaken to redesign the activity and vocation service, including recruiting new activity workers. This will improve the available opportunities, accessibility and experience for service users. As a result, the uptake of literacy, numeracy and vocational courses is expected to rise further in 2014/15.

Out of Area Year 3

What did we aim to do?	To expand the Out of Area programme and continue with the clinical review process for those patients in out of area placements, including the development of business cases for the design of new services to improve local provision.
What did we expect to achieve?	To ensure that timely care package review and governance arrangements are in place and to reduce the financial burden on the local health economy arising from expensive Out of Area placements.
How well did we do? **Target Met**	We have continued to review packages of care for mental health clients placed out of area, and to determine whether the client's needs are being met, whether they could be met closer to home or whether a change to their care package is required. We have maintained an up to date list of clients along with any changes to care packages or repatriations, including details of the financial impact of these changes. We have shared this information monthly with our Commissioners and have achieved savings in excess of £1.2 million as a result.

Out of Area 117

What did we aim to do?	To ensure that treatment plans for patients subject to Section 117 (Mental Health Act) are cost effective and appropriate and thereby deliver agreed financial savings.
What did we expect to achieve?	To develop a process for review, assessment and discharge where appropriate of patients subject to section 117 (Mental Health Act).
How well did we do? **Target Met**	We have succeeded in developing a joint policy with our Commissioners which includes a standardised process for the review of S117 patients. We have developed associated appointment letters and discharge documentation. We have established and regularly updated a live list of patients who required review and this register is now being maintained on our patient administration system (ePEX). We have commenced assessments of clients who are no longer in receipt of Trust services but are eligible for Section 117 aftercare, to determine current needs. We have made recommendations for discharge of clients from Section 117 eligibility where appropriate.

Safety Thermometer (National CQUIN)

What did we aim to do?	Using the Safety Thermometer tool, we aimed to monitor on one day each month the number of older adult patients recorded as having a pressure ulcer. We would collect prevalence data (based on the number of old and new pressure ulcers) and the incidence data (based on the number of new pressure ulcers only) in inpatient and community settings, and assess whether this had improved. Improvement would be measured by calculating median values over six consecutive months of the year.
What did we expect to achieve?	Over the course of the year, we would seek to reduce both the incidence and prevalence of pressure ulcers. We expected to reduce the incidence of all new pressure ulcers from a median of 2.2% to a median of 1.1%. We expected to reduce the prevalence of all pressure ulcers from a median of 10.8% to 7.5% or below.
How well did we do? **Target Partially Met**	We used the Safety Thermometer tool and successfully collected data each month throughout the year. We achieved improvements in the both the incidence and prevalence of pressure ulcers compared to the baseline values, but the degree of improvement was not as anticipated. We reduced the incidence of new pressure ulcers from a median of 2.2% to a median of 1.37%. We reduced the prevalence of pressure ulcers from a median of 10.8% to a median of 8.9%. (Improvements based on lowest median values obtained during 2013/14, as agreed with Commissioners).

Patient Experience – Mental Health Care Clustering

What did we aim to do?	Improve service users' and carers' knowledge, understanding of, and active participation in their care and care options within the new mental health treatment cluster system.
What did we expect to achieve?	We expected to complete a number of tasks throughout the year, including: a) hold a series of stakeholder engagement meetings with service user groups across Coventry and Warwickshire b) produce and disseminate communication materials c) train our staff in how to present care cluster information to users and carers in a coherent and user-friendly manner d) to commence roll out of care clusters and treatment options to service users at review meetings
How well did we do? **Target Met**	We have consulted with service users, carers and partners and used this to develop easy-read care cluster communication materials. We have presented details of the changes to care and care options at stakeholder engagement meetings across Coventry and Warwickshire. We have established a Working Group to support development of communications plans, agree key messages and also agree a local 'language' for clusters. A staff training plan has been developed and implemented, alongside a 'top tips' guide for staff to use when discussing clusters with users and carers. We have introduced a process for discussing care and care options with users and carers. All patients who have had discussions about their care cluster have been given a questionnaire at the end to ask for their feedback on how this was delivered.

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Improving Communication

What did we aim to do?	Continue to develop relationships with GP practices and clinical commissioning groups, with a focus on development of GP caseload reports, care plans, discharge plans and shared care.
What did we expect to achieve?	We hoped to improve contact between primary and secondary care professionals by working closely with a group of pilot practices to develop a range of communication processes. We would regularly share health information safely with GPs. We would work with GPs to develop open channels of communication when mental health clients were being discharged, and improve the procedures for clients to return to secondary care services in a timely way if this was required. We would supplement this work by producing some Cognitive Behavioural Therapy (CBT) self-help guides as electronic applications, which would be made available for GPs to share with their patients as appropriate.
How well did we do? **Target Met**	We agreed on a sample of GP practices to work with on the joint care plan review and discharge process. We have provided assurance of arrangements for the rapid re-entry process between primary and secondary care. We agreed and finalised the caseload and cluster reports, including care cluster information which was shared with GP Practices every quarter. We created client & cluster profiles for each of the GP Practices, which included clients who could be discharged back to primary care, expected cluster review dates for all clients, and information related to each client's mental health, physical health, current risks and medication. We have developed and published CBT based resources for use in primary care.

Acute Mental Health Assessment Team (AMHAT)

What did we aim to do?	To ensure the continued effective and timely implementation of the health economy-wide AMHAT service and act as main contact point for all providers.
What did we expect to achieve?	Undertake a full evaluation of the service, review and revise the service specification in-year and provide details of measurable activity and outcomes each quarter.
How well did we do? **Target Met**	We have measured activity and outcomes during the year and produced a full detailed evaluation of the service against clear criteria. A full review of the service was completed, with specific work being undertaken in conjunction with our Commissioners and South Warwickshire Foundation Trust, George Elliott Hospital and University Hospital Coventry and Warwickshire. A programme of work to review and scope the AMHAT dataset has developed a revised dataset which will provide more appropriate and relevant information from all key partners within the health economy.

CAMHS – Clinical Pathways

What did we aim to do?	Undertake detailed analysis of capacity and demand, identifying options to address any gaps and provide an overview of existing and best practice care pathways to inform future modelling of the service
What did we expect to achieve?	To develop robust clinical pathways for key conditions: self-harm, eating disorders, ADHD and depression pathways.
How well did we do? **Target Met**	We have provided details of work to date on our demand and capacity and agreed with commissioners the methodology behind this. We discussed our current care pathways and the interventions that are made available within each of these pathways. We agreed how we would develop each of the pathways and provided reports that detailed the transitions pathway for patients' movement from CAMHS to adult mental health services. This work has not progressed as quickly as we would have liked but will continue into 2014/15 to ensure best practice pathways can be commissioned and implemented.

Learning Disability Annual Healthcheck

What did we aim to do?	Develop and implement a process for supporting and monitoring annual health checks, with the aim of increasing the number of adult patients with learning disabilities who receive an annual health check through their GP.
What did we expect to achieve?	To promote and facilitate the access of clients open to a Community LD team to a GP-led annual health check.
How well did we do? **Target Met**	We established a baseline of LD clients that were open to our community teams. We have identified ways of helping to support these clients to receive an annual health check with their GP, and where this was not possible, have delivered NHS health and lifestyle checks through our community nursing teams. We have provided materials and training events for GPs on best practice methods for carrying out health checks for clients with a learning disability. We set up a monitoring system to determine take-up of health checks by GP practice. We have reviewed the current 'good health' groups available across Coventry and Warwickshire which support people with LD to increase their knowledge & understanding of health issues and personal responsibility, and have gathered any patient feedback that is available for these groups. We have developed easy read material for LD clients to support access to annual health checks and to give them more information about what is involved. We have provided a report that shows our progress against our implementation plan.

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Dementia

What did we aim to do?	To encourage earlier diagnosis of dementia by screening for dementia within the community, through the use of a verified screening tool, for all clients over 75 years old on the District Nursing Caseload.
What did we expect to achieve?	To train staff to use the screening tool, to commence screening and to collect data on the findings. To enhance clinical staff knowledge and skills to care, support and signpost patients and carers for further support as required.
How well did we do? **Target Met**	We identified the screening tool that we would use and training has taken place over the year to train all relevant staff to use this tool. We have looked at our active caseload, identified all of the clients that could be screened, and then offered and completed the screening where this was clinically appropriate. We have undertaken patient and staff feedback as part of this process. Where memory problems were identified from the screening, clients were referred to their GP for further investigation.

End Of Life – Advanced Care Planning

What did we aim to do?	To offer advanced care planning to appropriate patients on the GP palliative care registers by appropriately trained and competent staff.
What did we expect to achieve?	To improve end of life care by increasing the number of patients receiving high quality personalised care towards the end of life, through: i) adoption and implementation of Coventry and Warwickshire unified policies ii) ensuring all patients on the GP palliative care register have named key workers, advanced care plans and carer assessments iii) delivering associated training to community nurses
Assessment of achievement in progress with commissioners.	There have been on-going discussions with our Commissioners throughout 2013/14 to work out how the unified policies and associated IT infrastructure could be implemented. Delays in reaching agreement on this have prevented achievement of all of the initially-agreed CQUIN milestones. However, we have continued to report to Commissioners our plans for improving the numbers of patients who have an Advanced Care Plan and this remains an on-going objective for the Trust which will be continued into 2014/15.

End Of Life – Family Support Service

What did we aim to do?	Increase the number of people who have access to evidence-based practical end of life care in the last weeks of life, through demonstrable improvements in a range of selected performance measures and delivery of associated action plans.
What did we expect to achieve?	Implement the new service specification for the Family Support Service.
How well did we do? **Target Met**	Following review of the Family Support Service at the start of 2013/14, it became clear that the new service specification could not be delivered using the existing service model. A management of change programme was commenced, and this has involved extensive consultation and a service redesign process which has taken the majority of the year to conclude. However, the Trust has consulted with a range of stakeholders and reported progress of the redesign process to Commissioners at regular intervals. The new service will provide a small team of specifically trained support workers aligned to the palliative care team who will provide care and support to patients at the end stage of their life and will fulfil the requirements of the new service specification, commencing from 2014/15.

End Of Life – Link Nurse Network

What did we aim to do?	Developing a Link Nurse Network in palliative and end of life care.
What did we expect to achieve?	To develop a network of link nurses with a special interest in palliative and end of life care, including a framework for this role and associated competencies.
How well did we do? **Target Met**	We scoped an outline for the Link Nurse Competency framework and identified a link nurse for each cluster. We have completed a training needs analysis for each link nurse and developed a training programme for them. We have ensured that each cluster team has a resource file for End of Life. We have reported progress against the roll out to our Commissioners, which has now successfully concluded. We have put together a report showing lessons learnt and our recommendations for 2014/15.

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Patient Experience – Community Services

What did we aim to do?	To further enhance knowledge of patient experiences within Community Services.
What did we expect to achieve?	Roll out of the Friends and Family Test to all clinic-based services and continued roll out of real-time feedback methodologies within District Nursing Services.
How well did we do? 🙂 **Target Met**	We put together a roll out plan which included plans for implementation within identified services, methodologies to be used, proposed sample size of patients and target response rate and any staff training/awareness planned to support the roll out. We carried out surveys in a range of community services, for example district nursing, sexual health services, physiotherapy, utilising a range of paper-based and electronic methods. We have acted on feedback received from patients by developing and implementing action plans. We have identified and responded to emerging trends and themes. We have gathered additional evidence including the number of events held and the number of patients/carers attending these.

Pressure Ulcer Reduction and Integrated Working

What did we aim to do?	Identify opportunities to improve prevention and management of pressure ulcers in order to reduce prevalence and develop action plans as appropriate.
What did we expect to achieve?	To work with acute and community providers to ensure a common approach to root case analysis for pressure ulcers in line with best practice and to share learning.
How well did we do? 🙂 **Target Met**	A joint working group was established with representatives from the Trust, other local acute Trusts and Commissioners. The group pursued a programme of work which included piloting a new root cause analysis tool, raising awareness among GPs, reviewing care standards in residential homes and investigating the potential for information leaflets in languages other than English. This work will be carried forward and enhanced during 2014/15.

Looking forward to 2014/15

In conjunction with the government response to the Francis Enquiry Report, consultation with staff in the Trust and key stakeholders the Trust has refreshed its Quality Goals for the period 2014/15. Of note during this development stage is the Trust participation in a Task and Finish Group (TFG) with representatives of the Health Overview and Scrutiny bodies from Coventry and Warwickshire Local Authorities and representatives from local Healthwatch groups covering Coventry and Warwickshire. Healthwatch ensure that the views of patients are captured and fed into the work in developing the Quality Account and the indicators and goals described within.

Support from the TFG has been invaluable in ensuring that the Trust set goals that were felt important and reflective of patient, Trust, local health economy and national drivers and requirements.

Our Quality Goals for 2014/15 are as follows:

With the support of the TFG the Trust has blended a combination of national requirements, which require local interpretation and implementation, in amongst locally important issues. The Trusts consultation in respect of its Goals and Objectives identified that in many instances the national agenda was in tandem with what was felt quite important to the local agenda (for example, in respect of the safer staffing requirements). We have also carried over the theme of a number of Quality Goals from 2013/14 to 2014/15 to support continuation of our plans and work.

We will report our progress with this goal to our public Trust Board meeting on a quarterly basis. The quarterly report will inform if we are on track with our intended progress.

Customer Care

Compassion In Action	
What do we aim to do?	Working with the Arden, Hereford and Worcester Local Education and Training Boards (ahw LETC) the Trust will develop and test a multi-source feedback tool for healthcare students.
What do we expect to achieve?	To have developed and tested a multi-source feedback tool for healthcare students and have roll out plans in place to implement with healthcare students.
How will we know?	A clear plan has been developed and reported through the Public Trust Board. Progress reports will be reported against each quarter to the Trust Board.
Implement a 'cultural barometer' including Friends and Family Test for both patients and staff	
What do we aim to do?	Implement the Patient and Staff FFT as per national guidance and according to the national timetable.
What do we expect to achieve?	To improve the experience of patients and staff. The FFT will provide timely, granular feedback from patients and staff about their experience of the Trust.
How will we know?	The Trust has to demonstrate to its commissioner that the patient and staff FFT has been delivered across patient and staff groups as outlined in guidance and findings have been used to improve practice where appropriate.

Achieving Shared and Agreed Outcomes

Real Time Patient Experience Outcomes	
What do we aim to do?	We aim to capture the experience of patients using our services in real time so that prompt action can be taken where appropriate. We aim to ensure that the most appropriate methods are used within each service setting.
What do we expect to achieve?	Have systems in place, for each service that support real time feedback from patients, the capture of information and evidence of action and change occurring as a result of feedback.
How will we know?	A clear plan has been developed and reported through the Public Trust Board. Progress reports will be reported against each quarter to the Trust Board.
Further embed the outcome frameworks at a more granular service level and Integrated Practice Unit level	
What do we aim to do?	We aim to ensure that the data and information we capture, about the delivery of our services and impact on patients is focussed on the outcomes of the care that is provided to each patient.
What do we expect to achieve?	We expect to review our current suite of reporting indicators and develop and report against new and revised metrics that are focussed on the outcomes important to patients. Further, we aim to consider additional outcomes focussed metrics that we will plan to develop appropriate ways to capture date for in the future.
How will we know?	A clear plan has been developed and reported through the Public Trust Board. Progress reports will be reported against each quarter to the Trust Board.

Respectful Environments

Develop our approach to values based recruitment and appraisal	
What do we aim to do?	We aim to review the way in which we provide staff with a valid and appropriate appraisal of their performance, through staff consultation and the development of revised appraisal methods and approaches.
What do we expect to achieve?	We expect to have consulted with staff and revised our appraisal processes and supporting documentation. We expect to have started to implement this process by year end.
How will we know?	A clear plan has been developed and reported through the Public Trust Board. Progress reports will be reported against each quarter to the Trust Board.

Implementation of the Safer Staffing requirements across the Trust	
What do we aim to do?	We aim to have in place appropriate arrangements to ensure that the national requirement for safe staffing, in inpatient settings is met. This will ensure that there is an appropriate number of skilled staff in place to support patients during an in-patient stay. We aim to ensure that information, in respect of the current staffing provision, is available to patients and their visitors on each ward.
What do we expect to achieve?	We expect to operate in compliance with the national Safer Staffing guidance as it is published.
How will we know?	A clear plan has been developed and reported through the Public Trust Board. Progress reports will be reported against each quarter to the Trust Board.

Continue to develop our estates elements of our Transformational Programme	
What do we aim to do?	We aim to improve the design and safety of patient areas across the Trusts, through a structure refurbishment plan.
What do we expect to achieve?	We expect to refurbish a number of areas across the Trust to benefit patients who use those services.
How will we know?	A clear plan has been developed and reported through the Public Trust Board. Progress reports will be reported against each quarter to the Trust Board.

Efficiency Through Effectiveness

Develop our approach to and begin implementation of our new clinical information system.	
What do we aim to do?	We aim to strengthen our electronic capture of data and information that underpins and supports robust patient care.
What do we expect to achieve?	We expect to have consulted upon and developed a business case for an appropriate clinical information system that will strengthen existing arrangements.
How will we know?	A clear plan has been developed and reported through the Public Trust Board. Progress reports will be reported against each quarter to the Trust Board.

Further develop and implement the leadership and people development strategy, with a particular focus on first-line leadership	
What do we aim to do?	We aim to develop a People and Leadership Strategy through consultation with key stakeholders.
What do we expect to achieve?	We aim to roll out the People and Leadership Strategy and regularly evaluate and learn from those staff who have participated within it.
How will we know?	A clear plan has been developed and reported through the Public Trust Board. Progress reports will be reported against each quarter to the Trust Board.

VALUE' based, user focused services	
What do we aim to do?	We aim to ensure that 'Value' underpins any changes to the way in which services are provided and delivered across the Trust.
What do we expect to achieve?	We aim to reflect on the work we have already started in 2013/14. The Trust will clarify its expectation for 2014/15 within the reporting year.
How will we know?	A clear plan has been developed and reported through the Public Trust Board. Progress reports will be reported against each quarter to the Trust Board.

Commissioning for Quality and Innovation (CQUIN) Framework

In addition to Quality Goals the Trust is committed to deliver a number of Commissioner targets (collectively known as CQUINS). Commissioner priorities for the new contract year were agreed through a process of negotiation involving the Trust, Clinical Commissioning Groups and Specialist Commissioners Groups.

Suggestions for quality improvement were taken from all stakeholders, and through open discussion, areas of commonality and shared priority were agreed. The rationale for inclusion of each priority was based on links with national, regional and local quality improvement programmes. Project teams will take forward specific actions and documentary evidence will be reported at regular intervals to demonstrate achievement against milestones, both internally and externally to Commissioners. The TFG asked the Trust to only report against a small number of CQUIN targets for 2014/15 and we have prioritised the following to be reported within the Quality Account (the remaining CQUIN have been listed within the 'Focus On Services' section).

1. Friends and Family Test (FFT)

Develop our approach to values based recruitment and appraisal	
What do we aim to do?	Implement the Patient and Staff FFT as per national guidance and according to the national timetable.
What do we expect to achieve?	To improve the experience of patients and staff. The FFT will provide timely, granular feedback from patients and staff about their experience of the Trust.
How will we know?	The Trust has to demonstrate to its commissioner that the patient and staff FFT has been delivered across patient and staff groups as outlined in guidance and findings have been used to improve practice where appropriate.

2. Improving Physical Healthcare to reduce Premature Mortality (Cardio metabolic assessment for patients with schizophrenia)

Develop our approach to values based recruitment and appraisal	
What do we aim to do?	For 2014/15 this CQUIN focuses on all patients with psychoses, including schizophrenia and bipolar affective disorder, in all types of inpatient beds, intensive community teams in all sectors including early intervention teams, assertive outreach and community forensic teams. This CQUIN will support the Trust to ensure that service users have recorded comprehensive physical and mental health diagnoses, communicated between primary care and specialist mental health clinicians and with the service user. The primary aim is to reduce premature mortality, improve patient safety, patient experience and quality of life, through shared communications and reconciliation of treatments. This CQUIN also supports and facilitates closer working relationships between specialist mental health providers and primary care. It has the capacity to lead to reductions in length of stay through addressing the impact of untreated physical morbidity on recovery.
What do we expect to achieve?	The Trust will work with its commissioners and other care services within the local health economy to agree how best to support services to put in place systematic arrangements to ensure that their services are routinely undertaking cardio metabolic assessments and that, following assessments, treatment arrangements are in place and communicated with the patient and their family and between clinicians in all sectors who have responsibility for the patient.
How will we know?	The Trust will regularly liaise through its governance arrangements with its commissioners to ensure that appropriate progress is made.

3. Leadership and Compassionate Practice – Peer Review of community services

Develop our approach to values based recruitment and appraisal	
What do we aim to do?	Compassion in Practice (2012) introduced the six fundamental values for nursing care: Care, Compassion, Competence, Communication, Courage, and Commitment. Known also as the 6Cs, these values and behaviours form the basis of the government's three-year strategy for delivering Compassionate Care across the NHS, Public Health and Social Care. Building on the Trust's existing Early Warning System (EWS) process, this CQUIN is aimed at developing a Peer Review approach for Community Services Pathway and Primary Care and Prevention Services which is based on the 6Cs. The approach will involve undertaking a series of observational visits (both planned and unplanned) to support the embedding of 6Cs in services delivered in particular to the frail elderly population of Coventry. This would be based on the 6C competency framework.
What do we expect to achieve?	Design a peer review model based on 6Cs competency framework. Undertake peer reviews across services and develop improvement plans where necessary. Report the impact from learning and resulting changes to practice.
How will we know?	Regular internal reporting of the outcomes of peer reviews and an evaluation report submitted to commissioners at the end of the year (to include learning, action and improvements in practice).

Statements of Assurance from the Board relating to the Quality of NHS services provided here at Coventry and Warwickshire Partnership NHS Trust

The wording in the following statements is required in the Department of Health regulations for producing quality accounts and is included to enable readers to make comparisons between similar organisations.

Review of Services

During 2013/14 the Trust provided and/or sub-contracted 39 relevant health services. The Trust has reviewed all the data available to them on the quality of care in 39 of these relevant health services.

The income generated by the relevant health services reviewed in 2013/14 represents 94.33% of the total income generated from the provision of relevant health services by the Trust for 2013/14.

Participation in Clinical Audits

During 2013/14, 6 national clinical audits and 1 national confidential enquiry covered relevant health services that the Trust provides.

During 2013/14 the Trust participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Trust was eligible to participate in during 2013/14 are as follows:

1. National Audit of Schizophrenia
2. National Audit of Intermediate Care
3. Epilepsy 12 (Childhood Epilepsy), Round 2, 2012-2014
4. POMH 4b: Prescribing Anti Dementia Drugs
5. POMH 7d: Monitoring of Patients Prescribed Lithium
6. POMH 13a: Prescribing for ADHD
7. National Confidential Inquiry into Suicide and Homicide for People with Mental Illness (NCISH).

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1. National Audit of Schizophrenia
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4. POMH 4b: Prescribing Anti Dementia Drugs
5. POMH 7d: Monitoring of Patients Prescribed Lithium
6. POMH 13a: Prescribing for ADHD
7. National Confidential Inquiry into Suicide and Homicide for People with Mental Illness (NCISH).

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2013/14, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Eligible audits / confidential enquiries applicable to the Trust	Eligible to participate	Participation in 2013/14?	% of cases submitted 2013/14
National Audit of Schizophrenia	✓	✓	60% Case notes 10% Service user questionnaires 16% Carers questionnaires
National Audit of Intermediate Care	✓	✓	Not published by national audit.
Epilepsy 12 (Childhood Epilepsy) (Round 2, 2012/2014)	✓	✓	100%
POMH 4b: Prescribing Anti Dementia Drugs	✓	✓	118 cases
POMH 7d: Monitoring of Patients Prescribed Lithium	✓	✓	8 cases
POMH 13a: Prescribing for ADHD	✓	✓	52 cases
National Confidential Inquiry into Suicide and Homicide for People with Mental Illness (NCISH)	✓	✓	100%

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The reports of 5 national clinical audits were reviewed by the provider in 2013/14 and the Trust intends to take the following actions to improve the quality of healthcare provided as detailed below.

National audit title	Description of actions following national clinical audit
National Audit of Psychological Therapy	The Trusts results compared favourably to the national findings. The Trusts recovery rates are high when compared to the national average. Measures have been put in place to improve the recording of demographic data to ensure equity of access to services. Staff will be provided with appropriate training to maintain their skills and delivery of nationally recommended care. Referral protocols have been developed and implemented between IAPT and Secondary Care Mental Health Services.
National Audit of Intermediate Care	No action to be taken as the recommendations made were aimed at Commissioners in relation to how services are commissioned to meet people's needs.
POMH-UK Topic 4b: Prescribing Anti-Dementia Drugs	No further action being taken.
POMH-UK 7d: Monitoring of Patients Prescribed Lithium	No further action being taken.
POMH-UK Topic 13a: Prescribing for ADHD in children, adolescents and adults	No further action being taken.

The reports of 38 local clinical audits were reviewed by the provider in 2013/14 and The Trust intends to take the following actions to improve the quality of healthcare provided (from a selected number of audits):

Audit title	Description of actions following clinical audit
Tissue Viability, Community Services Pathway: Skin Bundle Audit: Standards of Care for the Prevention of Pressure Ulcers	Overall compliance against the standards across the teams ranged from 72% to 92%. Fast training for skin bundles has been delivered to staff and teams continue to complete reliability audits to monitor practice. A new carer's booklet has been commissioned.
Dental Services, Primary Care and Prevention: Quality Outcome of Completed Orthodontic Treatments 2012/2013 According to PAR Scores	Comparison with 2011/12 results has shown that a high standard of orthodontic care has been maintained by the service. 0% of cases fell into the worse or no different category; the national recommendation is less than 5%. As high standards have been maintained no action was required.
Learning Disability In-patient Services, Specialist Services: Re-audit of the Accuracy of Consent to Treatment Forms T2/T3	Overall compliance against the audit standards was good. Greater than 90% compliance was achieved against 11 of the 12 standards audited with 100% achieved against 7.
Secondary Care Mental Health Acute Services: Audit of Admission Clerking of General Adult Patients to In-patient Mental Health Services	The clinical audit findings demonstrated that admission clerking was inconsistent. In response to the findings the clerking admission sheets have been revised to include pertinent information for the patient's admission.
Learning Disability Community Services, Specialist Services: Re-audit of the Quality and Content of Community Learning Disability Psychiatrists Clinic Letters to GPs	The re-audit demonstrated improvements against the audit standards suggesting that the content of letters to GPs is more consistent and contains the minimum essential information. A standardised GP discharge letter has been developed to ensure consistency and that these standards are maintained.

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Participation in Clinical Research – Commitment to research as a driver for improving the quality of care and patient experience

The number of patients receiving relevant health services provided or sub-contracted by the Trust in 2013/14 that were recruited during that period to participate in research approved by a research ethics committee was 910.

Research is a key priority for the NHS. The NHS Constitution (Section 3a) has pledged: "….. to give people better access to the potential benefits of participating in research studies including clinical trials". Participation in research offers potential benefits not only to the patient, but also to the staff involved, to the Trust, and to the NHS as a whole".

The Trust's participation in clinical research demonstrates its commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes. Our engagement with clinical research also demonstrates the Trust's commitment to testing and offering the latest medical treatments and techniques. Over the past year we have recruited to six drug intervention trials, and have formally responded to five requests for 'expressions of interest' from commercial companies.

There were 30 Portfolio and Commercial studies open to recruitment during 2013/14. The majority of these were adopted by Mental Health and Integrated Sexual Health Services and have recruited to time and target. The Trust has seen an increase in the number of Principle Investigators, and in the number of clinicians supporting research delivery. Over the past few years there has also been an increase in the number of clinicians attending specialist training delivered by study teams. For example, 12 psychological therapists from IAPT services received training by experts in the field of Obsessive Compulsive Disorder (OCTET trial; previously reported) and of treating people with depression with a diagnosis of terminal cancer (CanTalk trial; reported below).

The Trust has a long standing and effective partnerships with both the University of Warwick and Coventry University. Each year a number of collaborative grant applications and research studies are undertaken, demonstrating the value that the Trust places on research. This year we have supported three Research for Patient Benefit grant applications and two Programme grant applications.

The following is an example of a Research project that demonstrates how the Trust is using research to inform the delivery of care and to make links with other Trusts and services:

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The clinical and cost effectiveness of CBT plus treatment as usual for the treatment of depression in advanced cancer: a randomised controlled trial (CanTalk).

CanTalk is funded by the HTA and recruitment and treatment delivery is undertaken within CWPT, University Hospitals Coventry and Warwickshire (UHCW) and George Eliot Hospital (GEH). All 3 Trusts have local R&D approval with a Principal Investigator at each site. Screening and recruitment is undertaken within UHCW and GEH by Cancer Research Nurses, and treatment is delivered within CWPT IAPT Services by trained High Intensity Therapists trained by experts in the field.

The study was developed by researchers from University College London because depression is common in people with advanced cancer who might need hospital treatment, and their carers may suffer from this psychological burden. The research aims to see if the addition of a psychological therapy to a patient's usual care will improve depression, reduce NHS costs and help carers. Cognitive behaviour therapy (CBT), a well recognised psychological treatment, is an effective treatment for depression that remains to be fully evaluated in this patient group. The study team want to find out if the addition of Cognitive Behavioural Therapy to Treatment As Usual (TAU) is more effective than TAU alone. People with advanced cancer are screened within Oncology services at UHCW and GEH for depression by cancer research nurses using 2 screening questions. For those interested in taking part in the trial their suitability will be confirmed by CWPT Clinical Studies Officers (CSOs) who obtain written consent and conduct an interview to confirm a diagnosis of depression using the Mini International Neuropsychiatric Interview (MINI). If screened positive participants will have a 50/50 chance of being allocated to one of the two groups. The treatment group will receive treatment by HI therapists within IAPT services, a 12 week course in CBT for depression using a manual developed by the study team.

Over the year we have recruited 6 participants and have been one of the best performing sites nationally (the majority of sites are within London, but also Tyneside and Knowsley). Three people have been randomised to a treatment arm and 3 to the control arm. The 3 in the treatment arm have completed treatment and have reported improvement in their depression because of their treatment. All 6 participants continue to undertake follow-up assessments at 6, 12, 18 and 24 weeks post baseline assessments undertaken by CWPT CSOs.

This interventional trial has been a huge success within our Trust. It has been a challenge for IAPT HI therapists, but this has contributed to their CPD, and helped their Clinical Supervisors to understand those challenges. It has helped people with cancer and their family to cope with a terminal disease.

The importance of our Trust taking part in this trial has demonstrated that people within the Coventry and Warwickshire area can gain better access to psychological treatment for depression through research. Research will also bring benefit to the staff involved, the supervisors and the managers of those staff. Through the CanTalk study links have been made with Oncology services within other Trusts in the region.

The Trust will review with interest the outcome of this national study and the implications for the way in which we deliver services.

Goals agreed with commissioners – Use of the CQUIN payment framework

A proportion of the Trusts income in 2013/14 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2013/14 and for the following 12 month period are available online at http://www.covwarkpt.nhs.uk/aboutus/CQUINs

What others say about the provider – Statements from the Care Quality Commission (CQC)

The Trust is required to register with the CQC and its current registration status is registered without conditions.

The CQC has taken enforcement action against the Trust during 2013/14.

The Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2013/14, namely the CQC Wave 1 Inspection (Pilot). This was undertaken in January 2014, the draft report was received in March 2014 and final report was received in April 2014. The CQC identified one Enforcement Action and five Compliance Actions.

The Trust put itself forward for inspection after the CQC announced a radical new approach to inspecting services. Services were visited for a week in January by a team of around 50 inspectors, who conducted a 'see for themselves' inspection of services offered by the Trust. The CQC has published 14 reports in all, consisting of a total of more than 330 pages. It has praised the Trust for its 'outstanding services' in places, and has also identified a number of areas for improvement.

The inspection team found areas of good practice within the Trust, including:

- The Trust's Specialist Inpatient Eating Disorder Service (Aspen Centre), Children's Respite Services, Electro Convulsive Therapy Unit (ECT) and Community Services were all seen to be either good or outstanding;

- A number of the Trust's Clinics: Lakeview ECT Clinic; Gosford Ward at the Caludon Centre, and; Amber Ward at Brooklands, had previously been rated as excellent by the Royal College of Psychiatrists;

- Good examples of multi-disciplinary partnership working that were person-centred and which planned for effective discharge from hospital;

- School Nurses demonstrated good partnership working with midwives, police and social services;

- Children's Respite Services benefitted from established teams, which had a long–term relationship, good rapport and understanding with the children they looked after;

- Staff committed to supporting the people they serve with good quality care.

The inspectors also identified areas for improvement (enforcement and compliance actions), which require the Trust to review its arrangements in some areas of the Trust to ensure:

- The planning and delivery of care meets people's individual needs;

- Effective arrangements are in place to identify, assess and manage risks consistently across services;

- People are protected against unsafe or unsuitable premises;

- Suitable storage, recording and monitoring systems are in place to ensure medicines are handled safely and appropriately;

- There should be sufficient numbers of suitably qualified, skilled and experienced staff available at all times

- Accurate records, containing the appropriate information about people's care and treatment need to be maintained and records must be securely kept.

The Trust intends to take the following action to address the conclusions or requirements reported by the CQC:

1. The Trust has developed an action plan to respond to the points raised by the CQC.

The Trust has made the following progress by 31st March 2014 in taking such action:

1. The Trust has worked with the CQC and other stakeholder agencies to support the development of an action plan and has engaged with the CQC to confirm and challenge the content and findings of each report.

In addition to the Wave 1 inspection described above the CQC completed 6 inspections as part of their on-going programme of reviews during 2013/14. Following all inspections the CQC declared that the Trust was meeting all of the Essential Standards of Quality and Safety it had checked at each location, with the exception of Amber Unit. The CQC reported against an Essential Standards inspection at the Amber Unit

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in August 2013. The report indicated that the service was not in compliance with two of the CQC Essential Standards and that this was deemed to have a moderate impact on patients. The CQC standards were Respecting and Involving People who use Services and Care and Welfare of People who use Services respectively. An action plan was developed by the Trust which has now been completed and reported to the CQC. The CQC have confirmed that the service is now operating in compliance with the required standards, as at January 2014.

Data Quality – Statement on relevance of Data Quality and our actions to improve our Data Quality

Good quality information underpins the effective delivery of patient care and is essential if improvements in quality of care are to be made. Improving data quality, which includes the quality of ethnicity and other equality data, will thus improve patient care and improve value for money.

NHS Number and General Medical Practice Code Validity*

The Trust submitted records during 2013/14 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

Which included the patient's valid NHS number was:

- 99.7% for admitted patient care;
- 99.97% for outpatient care;
- Not applicable for Accident and Emergency.

Which included the patient's valid General Practitioner Registration Code was:

- 99.5% for admitted patient care;
- 99.92% for outpatient care;
- Not applicable for Accident and Emergency.

Information Governance Toolkit attainment levels

The Trust Information Governance Assessment Report overall score for 2013/14 was 71% and was graded Green.

Clinical coding error rate

The Trust was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.

Our actions to improve our Data Quality

The Trust will be taking the following actions to improve data quality:

- Continued development of data capture processes and procedures that are aligned to the patient journey;
- Identifying roles and responsibilities for data capture along the patient journey;
- Data quality improvement plans for nationally flowed datasets;
- Regular data quality subscription reports issued to staff where there are data quality issues with the data for key data items such as ethnicity, postcode and General Practitioner
- Using nationally reported benchmarking data from the Health and Social Care Information Centre to benchmark our performance on data quality and identify any issues for resolution(from datasets like MHMDs and IAPT)
- Data quality newsletter has been launched this year
- Continued compliance with the Information Governance Toolkit

Core Quality Indicators

The Trust is required to provide performance details against a core set of quality indicators that were part of a new mandatory reporting requirement in the Quality Accounts from 2012/13 with the data being supplied through the Health and Social Care Information Centre (HSCIC) as follows:

7 Day Follow Up 2013/14

The data made available to the Trust by the HSCIC with regard to the percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period demonstrated the following:

Year	Target	Q1	Q2	Q3	Q4	Full Year	National Average	National Range
2013/2014	95%	99.6%	99.6%	99.1%	97.6%	98.98%	97.3%	77.2% - 100%
2012/2013	95%	98.9%	97.5%	97.3%	98.7%	98.2%	97.6%	0%-100%
2011/2012	95%	97.5%	96.8%	98.3%	98.3%	97.7%	97.6%	92.4% - 100%

Please note: The following local exemptions apply to locally reported data: Patient Choice; Patient moved out of area; Patient transferred to prison; No mental illness; Not an adult Mental Health patient.

All patients discharged to their place of residence, care home, residential accommodation, or to non-psychiatric care must be followed up within seven days of discharge. Where a patient has been transferred to prison, contact should be made via the prison in-reach team. The seven day period should be measured in days not hours and should start on the day after the discharge.

Exemptions include patients who die within seven days of discharge; patients where legal precedence has forced the removal of the patient from the country; and patients transferred to an NHS psychiatric inpatient ward. All CAMHS (child and adolescent mental health services) patients are also excluded.

The Trust considers that this data is as described for the following reasons:

- This data is reported through local performance management systems and reviewed at relevant committees. The indicator is reported monthly to Trust Board having been reviewed and signed off by senior managers.

The Trust intends to take the following actions to improve this percentage, and so the quality of its services, by:

- Continuing its current success in following up patients after they have been discharged from psychiatric care.

Gatekeeping Admission by Crisis Intervention Teams 2013/14

The data made available to the Trust by the HSCIC with regard to the percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period demonstrated the following:

Year	Target	Q1	Q2	Q3	Q4	Full Year	National Average	National Range
2013/14	95%	100%	100%	100%	100%	100%	98.3%	0% - 100%
2012/13	95%	100%	100%	100%	100%	100%	98.4%	90.7%-100%
2011/12	95%	97.7%	99.6%	100%	99.6%	99.2%	97.7%	89.6% - 100%

An admission has been gatekept by a crisis resolution team if it has assessed the service user before admission and was involved in the decision making-process which resulted in an admission. An assessment should be recorded if there is direct contact between a member of the CRHT team and the referred patient, irrespective of the setting, and an assessment is made. The assessment may be made via a phone conversation or by any face-to-face contact with the patient.

Exemptions include patients recalled on Community Treatment Order; patients transferred from another NHS hospital for psychiatric treatment; internal transfers of service users between wards in the trust for psychiatry treatment; patients on leave under Section 17 of the Mental Health Act; and planned admissions for psychiatric care from specialist units such as eating disorder units.

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Partial exemption for admissions from out of the trust area where the patient was seen by the local crisis team (out of area) and only admitted to this trust because they had no available beds in the local area. Crisis resolution team should assure themselves that gatekeeping was carried out. This can be recorded as gatekept by crisis resolution teams.

The Trust considers that this data is as described for the following reasons:

- This data is reported through local performance management systems and reviewed at relevant committees. The indicator is reported monthly to Trust Board having been reviewed and signed off by senior managers.

The Trust intends to take the following actions to improve this percentage, and so the quality of its services, by:

- Ensuring that all admissions to psychiatric wards are managed through the Crisis Intervention Teams.

- Continuing to monitor its performance to ensure that its high standard is maintained.

Admissions with 28 days of discharge 2013/14

The data made available to the Trust by the HSCIC with regard to the percentage of patients re-admitted to the Trust within 28 days of being discharged demonstrated the following:

Patient Age	2013/14	2012/13	2011/12	2010/11
0 to 14	-	-	-	0.00
15 or Over	-	-	-	0.00

The data is not reported by the HSCIC as this indicator is not applicable to the Trust.

The Trust considers that this data is as described for the following reasons:

- The Target does not apply to the Trust.

The Trust intends to take the following actions to improve this score, and so the quality of its services, by:

- No further action.

Staff recommending the Trust as a provider of care

The data made available to the Trust by the HSCIC with regard to the percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends demonstrated the following:

Year	Trust %	National Average for similar trusts	Range of Scores for similar trusts
2013	57% (351 respondents)	59%	38% - 85%
2012	60% (407 respondents)	58%	39% - 80%

The 2013 results reflect responses to the question "If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation

The Trust considers that this data is as described for the following reasons:

- This survey is undertaken independently to the Trust and in line with national survey requirements.

The Trust intends to take the following actions to improve this percentage, and so the quality of its services, by:

- The Trust Board continues its large scale staff engagement programme of activity within our Equal Active Partners (EAP) framework, including our Big Conversation events. This will support our development and continual improvement of staff engagement at all levels.

Patient experience of community mental health services

The data made available to the Trust by the HSCIC with regard to the trust's "Patient experience of community mental health services" indicator score with respect to a patient's experience of contact with a health or social care worker demonstrated the following:

Year	Score	National Range (England)	National Average Score (England)
2013*	86.3	80.9 – 91.8	85.8
2012	85.9	82.6 – 91.8	86.6

233 people out of 850 people completed the survey in 2013 however not all respondents completed every question.

The Trust considers that this data is as described for the following reasons:

- This survey is undertaken independently to the Trust and in line with national survey requirements.

The Trust intends to take the following actions to improve this score, and so the quality of its services, by:

- Implementing its Transformational Change Programme within Mental Health Services, creating more focussed care for service users. The programme will see us bring clinical teams together to help deliver improved outcomes for patients, supported by new ways of working and innovative information technology.

Percentage of patient safety incidents that resulted in severe harm or death

The data made available to the Trust by the HSCIC with regard to the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Year/Period	Number of incidents occurring	Percentage resulting in severe harm or death	National average percentage resulting in severe harm or death	National range resulting in severe harm or death
Apr 13 to Sept 13	3183	60 (1.9%)	Incidents 1548 Average 1.3%	0% - 5.33%
Oct 13 to Mar 14*	3256	65 (2.00%)	-	-
2013/14*	6439	124 (1.92%)	-	-
Apr 12 to Sept 12	2198	35 (1.6%)	1747 (1.6%)	0% - 9.4%
Oct 12 to Mar 13	3247	69 (2%)	1485 (1.3%)	0% - 33%
2012/13	5445	104 (1.9%)	3232 (1.45%)	

Includes locally reported data – national data not available at the point of publication – Data not available

The Trust considers that this data is as described for the following reasons:

- Incident reporting data is reported to the Trust Integrated Performance Committee. Data is reviewed at all levels of the organisation through the incident reporting and review system. The National Reporting Learning System, (NRLS) highlight that recording is not necessarily consistent across Trusts which make comparisons difficult.

The Trust intends to take the following actions to improve this rate, and so the quality of its services, by:

- The Trust will continue to take action to address issues arising out of the reporting of incidents and will continue to report and review trends and themes throughout its governance structure.

The Trust would also like to take the opportunity to confirm that it has not reported any 'Never Events' in 2013/14, against the Department of Health reportable list.

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Information on the Quality of Our Services.
Patient and Public Engagement and Feedback

There has been significant work and achievements which have taken place over the period 2013/14 in progressing the Equal Partners work against the Action Plan.

A summary of these are as follows:

We have re-launched the Equal Partners Strategy at events attended by ley stakeholders including International Older People's Week event, Living Well with Dementia Engagement day and World Mental Health day.

There has been significant development in recruiting, establishing and supporting a new Equal Partners Service User Carer Assembly Steering Group. Their skills, knowledge and experiences are of immense value to the Trust in driving forward our involvement and experience work. To date they have contributed to a range of activities including; working directly alongside staff as Equal Partners in the Values and Behaviours Workshops led by the Chief Executive and Director of Nursing and Quality. Mental Health Planning Workshops led by the Medical Director, and the recruitment of the Director of Finance, Performance and Information. This is a significant move forward in creating a culture of co-production and collaboration at strategic level with our service users and carers.

Assembly Members are also now active on the steering group for Care Clusters, established to ensure successful delivery of related CQUIN. We have a number of people to date who have signed up to the Assembly. We are also delighted to be developing the roles of our two patient/carer partners who are working alongside us as part of an NHS national ambition to create revolution in Patient and Service User and Carer involvement and experience.

There has been considerable work building on the learning from the Community CQUIN on Realtime Feedback 12/13. This is currently being embedded across the organisation as part of Quality Goal 3. Based on information obtained from the Trust's participation in the National Feedback Challenge, this methodology (based on the 15-Step Challenge for Community Services introduced by the NHS Institute for Innovation and Improvement) has been successfully rolled out to all the eight in-patient wards. Service User and Carer Feedback Advocates have been identified, trained and are supporting a range of work including PLACE and the Feedback Challenge. A 'Vision and Values' Questionnaire has also been developed.

Plans are in place to roll out the Equal Partners Strategy to staff in each directorate. This will include training and roll out of Experience Based Design in conjunction with developing specific Involvement strategies. This will be developed via workshops with staff, service users and carers which will engage participants more fully in understanding and embedding these areas of work.

We will continue to develop the role of the Equal Partners Assembly Steering Group and our patient/carer partners. Also we will be working to develop how Governors can be involved in supporting and challenging our Equal Partners work.

We will continue to test the NET Promoter methodology for Community and MH services and by working with NHS England; and to input into the Community and Mental Health Friends and Family Test (FFT) National Work stream and we are currently working on the Implementation Guide to support the roll out in these two areas.

We will deliver two Carer Involvement Events, planned to take place on 21 November 2013 and February 2014. These will focus on developing our partnerships and developing ways to better inform, develop our involvement with carers. We will also build on our approach to implementing the Triangle of Care evaluating the base line assessment being completed in mental health inpatient settings. Our Carer Involvement Framework which has been drafted for some time will be launched at the events.

We will continue to develop engagement with local veterans and strengthen our links with the local Veterans Contact Centre and our partner agencies. We will complete the Veterans DVD which is already in progress in partnership with the Regional Veterans Hub which is supporting the National Veterans Strategy.

We will strengthen the process of reporting complaints via the development of a Complaints Review Group and further strengthen the activities of the team via the appointment of the new PALS Officer.

We will further develop and complete the draft paper/ strategies/policies outlined in the Action Plan. These include: our approach to developing service user and carer involvement in staff training and education, the draft Policy for involving service users and carers in staff recruitment which has been agreed by Human Resources and the Payment and Reimbursement Policy.

Complaints, Patient Advice and Liaison Services (PALs) and Compliments

Putting people at the heart of everything we do, and working with them as Equal Partners, will ensure that we develop quality services, based around people's individual needs and aspirations, valuing the contributions they can make. Equal Partnerships will ensure that every voice is heard, individual choice and wellbeing is promoted, and people are enabled to have the best possible experience of our service.

The Trust has identified that complaints have become more complex and may involve an increasing number of different organisations (for example other NHS services and Social Care Services). It is our aim to ensure that each complaint received, is acted upon in a way that meets the needs of each individual.

In 2013/14 the Trust received 109 complaints (109 in 2012/13) as demonstrated in the table below.

Number of complaints		Financial Year	
Service area	Category	2012/13	2013/14
Corporate Services	Communication Issues	2	3
	Information		2
	Rights (Of The Patient)	1	
	Staff Attitude	2	
Corporate Total		5	5
Community Services Pathway	Communication Issues		1
	Medical Care From Doctor/Cons	1	4
	Nursing Care & Treatment	6	5
	Rights (Of The Patient)		2
	Staff Attitude	2	
Community Services Pathway Total		9	12
Integrated Childrens Services	Admission/Discharge		1
	Communication Issues		1
	Information	3	
	Medical Care From Doctor/Cons	2	2
	Nursing Care & Treatment	3	5
	Other Direct Care - Ie CPN		2
	Rights (Of The Patient)	3	5
	Staff Attitude		1
	Waiting Lists	1	
Integrated Childrens Services Total		12	17
Primary Care and Prevention	Communication Issues	1	5
	Information	1	
	Medical Care From Doctor/Cons	1	1
	Nursing Care & Treatment	2	
	Other Direct Care – Ie CPN	1	
	Staff Attitude	1	

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Number of complaints		Financial Year	
Service area	Category	2012/13	2013/14
Primary Care and Prevention Total		6	6
Secondary Care Mental Health	Admission/Discharge	2	1
	Communication Issues	5	11
	Information	1	1
	Medical Care From Doctor/Cons	13	9
	Nursing Care & Treatment	19	9
	Other Direct Care - Ie CPN	11	14
	Rights (Of The Patient)	8	13
	Staff Attitude	4	2
	Waiting Lists	5	
Secondary Care Mental Health Total		60	60
Specialist Services	Communication Issues	1	1
	Domestic - Cleanliness/Food	1	
	Medical Care From Doctor/Cons	2	1
	Nursing Care & Treatment	1	3
	Rights (Of The Patient)	3	3
	Staff Attitude		1
Specialist Services Total		8	9
Grand Total		109	109

The Trust aims to make local complaint handling a positive experience for those who seek to access the service. The Trust takes pride in the way in which complaints are managed as it is important to us that the process, the decision making and the way in which we communicate are as straight forward and effective as possible.

The points to be investigated are agreed with the complainant at the earliest opportunity, and meetings are offered on either an informal or formal basis. Through our letter of response, which may involve a number of different clinical areas and/or other organisations, we aim to provide various remedies through the issuing of an appropriate apology and a variety of actions which aim to redress the issues identified, where appropriate.

All of our complaint responses are signed by our Chief Executive and reviewed by the Chairman, in order to underpin the organisations approach to complaints handling, and our wish to reassure the public that we take complaints very seriously. We always ensure that organisational learning is clearly identified in the response and that this is supported internally through evidence being available to assure stakeholders that we have done what we said that we would do.

The Trust PALs service provides advice, information and support to patients and carers to help to resolve issues. This may take the form of signposting to other services, providing information, for example, of how to access services, or supporting someone in a ward round, outpatient appointment or case conference to assist them in getting their views heard. PALS often provide a speedy resolution to an issue or concern and for many provides a better option than making a formal complaint. During the period 2013/14 there has been a sustained number in the number of PALs contacts recorded in the previous 12 months.

No of PALS contacts	No PALS contacts
2013-2014	2012-2013
425	424

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During the course of the year individual members of staff, teams and services receive many compliments from patients wishing to say thank you for the way in which they or their loved ones have been cared for and treated. Where complainants have a formal process to follow, those who compliment tend to do it informally by sending a letter or card, or verbally and collecting this data across the Trust is much harder to do. Staff are continually reminded and encouraged to capture and record evidence of compliments so that this can be reported but we know that the data is far from complete. The table below shows the number of compliments received by The Trust in 2013/14 in comparison to 2012/13.

	2013-2014	2012-13
Number of Compliments received	475	424

Patient Survey

The Trust participated in the nationally mandated National Community Mental Health Service User Survey which published its results in 2013. The questionnaire was issued to 850 people who receive community mental health services. Responses were received from 233 service users, which is a slightly small response rate than the previous year (259 responses).

Where we do well

There were a number of areas in the survey where the Trust achieved a rating in the top 20% of the country including:

- Definitely or to some extent given enough time to discuss condition and treatment
- Views definitely or to some extent taken into account in deciding what is in care plan
- Care plan definitely or to some extent sets out goals
- NHS MH services have definitely or to some extent helped to start achieving goals

Where we could do better

There were though a number of areas where the Trust where we needed to improve including:

- Service users were made aware of the side effects of their medication
- Service user knows who Care Co ordinator is
- Service users will have regular reviews of their care

The Trust has developed an action plan to address these issues and updates on progress have been regularly reported. The mandated survey is repeated each year and the results will demonstrate whether the action plans have been successful.

As part of the National Patient Feedback Challenge, a system for the collection of real time patient feedback on inpatient wards and community teams has been developed and was piloted in February 2013. Qualitative and quantitative feedback will be collected through a guided conversation with patients and this will enable an understanding of the on-going impact of changes made as a result of the survey.

Staff Survey

The Trust took part in the 11th annual NHS Staff Survey. A random sample of 850 staff was asked to participate in the survey, of which 43% responded. This is a reduction on the 48% in 2012.

Where we were ranked in the top 5 scores nationally

- Percentage of staff receiving health and safety training in last 12 months
- Percentage of staff agreeing that their role makes a difference to patients
- Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver
- Staff motivation at work
- Percentage of staff suffering work-related stress in last 12 months

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Where we were ranked in the bottom 5 scores nationally

- Percentage of staff able to contribute towards improvements at work

- Percentage of staff feeling pressure in last 3 months to attend work when feeling unwell

- Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

- Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month

- Staff recommendation of the trust as a place to work or receive treatment

Overall we have made improvements in many areas and as a Trust we recognise that there are still a number of areas we wish to focus on and improve upon. The Valuing our Staff Forum has been asked to focus on two areas for improvement, and continue to develop actions for improvement on two key findings identified in the previous staff survey.

The Trust Board has embarked on a large scale staff engagement programme of activity within our Equal Active Partners (EAP) framework. This, we are hopeful, will support our development and continual improvement of staff engagement at all levels, showing some additional improvements in our 2014 staff survey. Our third wave of EAP teams have attracted over 20 teams which are developing their own mission statements and straplines to make improvements in their areas, owning and taking forward action plans locally. Other staff engagement activity continues which includes health and wellness days for staff. Valuing our staff road shows, social activities such as sports day and quiz night and more visibility of our senior team through back to the floor and online content. Our Chief Executive continues to update her blog regularly and has now developed an "Ask Rachel a Question" section on the Intranet. This is proving to be popular and has already generated a number of questions from staff. All questions and answers are available for all to see in "Rachel's Room" on the staff Intranet.

Robert Francis Inquiry

The Government response to the Francis Report, which looked into a host of issues related to the quality of care at Mid Staffordshire NHS Foundation Trust, has provided us all with focussed reminder of the need to sustain a relentless focus on quality. In particular, it has reaffirmed the absolute necessity of doing the basics well – listening to people, understanding their needs and treating them with respect and dignity. It has also underlined the fact that, while meeting performance targets is undoubtedly important, 'ticking the boxes' will never tell the whole story about how well an organisation is looking after its patients. The Trust is particularly keen to maintain its work in respect of being an open, listening and transparent Trust.

With the Government response to the Francis Report in mind the Trust has:

- Consulted with its staff, through its Active Equal Partners programme of work to revise its Vision, Values and Behaviours which are available publically at http://www.covwarkpt.nhs.uk/aboutus/visionandvalues/Pages/default.aspx

This has been extensively shared with staff through core brief, and via an automatic screen saver display on each staff member's computer screen equipment or on display screen equipment across the Trust.

- To support the duty of Candour the Trust has revisited its policy arrangements for both for the management of incidents/serious incidents and for Being Open. The Trust has also worked closely with its commissioners to explore transparently, appropriate application of the Duty of Candour requirement, maintaining the best interests of patients at all times.

- The Trust has also reflected upon its arrangements for encouraging staff to report issues of concern and has developed an internal web link, straight to the Trust Chief Executive for staff to use (anonymous option available). In addition, the Trust Board has appointed a Non-Executive Director to hold a specific role in supporting staff who wish to raise concerns.

- The Trust continues to report and share lessons learned as a result of complaints and/or incidents and has, for some time now, published a monthly Learning Alert.

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Focus on:
Community Services and
Primary Care and Prevention

Community Services and Primary Care and Prevention provides services both in clinic and home settings to a variety of patient groups from the living well through to patients approaching the end of their life and this will be reflected in our on-going Integrated Practice Unit (IPU) development. The directorate is diverse in its workforce from nursing staff through to allied health professionals and mental health workers. We are currently going through a programme of service re-design which will further support and underpin the work of the IPUs in ensuring a seamless patient journey.

Key achievements in 2013/14

- We have finalised IPU structures to support seamless services for patients.

- We have developed and successfully implemented a Palliative Care Link Worker Programme.

- We have successfully re-launched of Band 5 Competency Framework within Community Nursing.

- We have developed a robust Safety and Quality Forum within Community Services to oversee the governance agenda and support local Safety and Quality Groups.

- We have seen a vast improvement in attendance at Statutory and Mandatory training for all staff compared to same period last year.

- We have seen a significant increase in patient experience feedback which has been used to help develop and improve the services we offer largely due to the use of the

Family and Friends test which has now been embedded into the day to day practices of our services and this has led to further ways of seeking and capturing additional patient experience/feedback.

- We have supported the development of the Early Warning System (EWS) which is used to review the quality and safety of the services we provide.

- We have seen a considerable reduction in avoidable pressure ulcers (i.e. the patient developed a pressure ulcer whilst in our care that could have been avoided). Between June and December 2013 there were 57 Grade 3 and/or Grade 4 pressure ulcers reviewed of which only one was found to be avoidable. There were also 291 Grade 2 pressure ulcers reviewed of which less than 5% were found to be avoidable. The lessons learnt from the reviews have been used to form the basis of on-going training and staff education.

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- We have worked hard to increase the number of staff who receive and benefit from an annual appraisal.

- We were invited by the Minister for Care and Support to attend a national event for the top performing Improving

Access to Psychological Therapies (IAPT) Services within the country. This was to identify and explore the factors that contribute to the high level of performance and success within our IAPT service.

Case study of the quality of our services this year – Development of the Band 5 Competency Framework

The competency framework has been developed for the Band 5 Nurse practicing in the Community Nursing Service to standardise staff competence ensuring high standards of research based care. Prior to this a skills assessment tool was used which was not comprehensive enough to ensure competence was met and standardised in all areas of community nursing practice. The competencies selected are those which are required by band 5 staff in the clinical teams and have been identified as required by this role referring to their job description, to deliver patient care in relation to disease management. Skills for Health National Occupational Standards (NOS) have been identified as the primary source of competence. The Skills for Health competencies are developed and updated as the needs of the community nursing service change, as work patterns shift, and as new operational practices, legislation and technologies are introduced. This ensures competences/NOS remain useful and effective.

The new band 5 competency frameworks will allow individuals to demonstrate their competence by applying

knowledge, understanding and skills to perform to the standards required in employment. National Occupational Standards can be used as a bench mark to assess a person's competence to undertake a role against a set of national standards. If a competency is considered to be missing, an action plan should be agreed to secure the skill. This will be part of the personal development plan. This should identify who will train the nurse, where this will take place and when this will occur. If there is an issue where performance continues to be deemed unsatisfactory for the standards required for the role, the organisational capability policy and procedure will be followed.

The new competency document has now been rolled out city wide through road shows and drop in sessions which allows for any questions or signposting to be carried out, All staff will be given protected time to complete the competencies and progression monitored closely to ensure all band 5 staff are working towards completion.

CQUIN(s) for 2014/15

The CQUINS for 2014/15 for our services are around Joint Falls, Pressure Ulcers, Advanced Care Planning for End of Life, Admission Avoidance in Care Homes, Early Warning Systems approach, Peer Review and 6 C's and Improvement in Evidence and Data Reporting around Sexual Health Services. We are also continuing our work with national CQUINS around Safety Thermometer and Friends and Family testing.

Goal Name	Description of Goal
Leadership and 6Cs – Peer Review	• Development of peer review approach within Community Services (CSP & PCP) based on the 6Cs • Peer review visits to be carried out by a team of clinical and non-clinical managers and a GP representative Guidance from main S&Q function
Falls – Integrated Approach to reduction of Falls across the local health economy	• To work with a range of health and social community providers to ensure a common approach to RCA for falls in line with best practice and to share learning in order to identify opportunities to further reduce prevalence and involve
Advanced Care Planning for End of Life	• Develop and scope an effective, multi-agency pathway of care for patients with life limiting conditions, led by Community Health Services • Develop a clear process which includes a more structured approach to joint care planning with GPs, and builds on existing MDT processes e.g. GSF / risk stratification meetings • Changes in patient condition and PPC to be monitored and updated. All relevant clinicians to have access to care planning information. • Community Matrons confident in being able to deliver Advanced Care plans.
Admission Avoidance in Collaboration with Care Homes	• Deliver a targeted in-reach development programme for care homes in Coventry: o Establish a Community Matron role located in the Central Booking Service to provide preliminary healthcare advice to care homes to reduce inappropriate attendances and admissions at A&E o Community Matron to act as liaison with community nursing triage team (District Nurses) who will be based in the Central Booking team and whose role is to allocate and triage community nursing referrals. Links also to be established with specialist mental health dementia professionals involved in delivery of MH dementia in-reach CQUIN o Develop a targeted liaison service, particularly focussing on out of hours provision, for care homes with the highest level of need (predominantly telephone contact) o Establish links with identified care home staff to raise knowledge of the range of alternative services available outside of A&E, and when each should be used eg. NHS 111, Directory of Services, OOH

Focus on:
Integrated Children's Services

Integrated Children's Services is configured into three Integrated Practice Units (IPU). The focus of these IPU's is to provide multi-professional services that support children and families in an holistic way, within evidenced-based clinical pathways; provided by staff who work with families to maximise the health and wellbeing of children and young people, by being the best we can be, responsive to children's needs and to be sustainable.

The Preschool and School and Youth Health Services IPU's provide universal and targeted services to every child from birth to 16 years via a range of nursing and allied health professional staff's support.

Specialist IPU provides treatment and therapy provision required for children with more complex needs and includes support from medical team members, Psychologists and specialist Nurses and therapists.

Preschool IPU:

- The health visitor implementation plan has meant we have already doubled our health visiting workforce with newly qualified staff.
- Two demonstrator sites have been established Tile Hill and Hillfields where the health visitors are working as an integrated team with Midwives and Children's Centre staff.
- Establishing a pilot of using Twitter in one of the health visiting teams.
- The health visiting teams have been split from 5 to 17 new smaller teams linked to each Children's centre.

School age IPU:

- Successful immunisation and vaccination programmes resulting in 90.5% coverage for the HPV vaccine which is above the national average.
- An increase in additional school commissions for speech and language therapy.
- Two school nurses successfully completed their school nursing degree resulting in an increased knowledge base for the team and supporting recruitment and retention.
- The development of a pain diary app within Occupational Therapy and Physiotherapy to support their very successful Pain Clinics.

Specialist IPU:

- Extremely positive responses from parents, children and young people with respect to their experiences of care in CAMHS.
- Establishing a successful Single Point of Entry for all CAMHS referrals, making referral routes clearer and easier and now keeping referrals within an 18 week referral to assessment target.
- Children's Learning Disability Respite teams have started to implement Peer Review programmes to support to each other.

Over arching:

- Establishment of Professional Lead roles for Allied Health Professionals, Medical, Nursing and Psychological professionals.
- The development and implementation of ?32 integrated care pathways.
- Extended the roll out of agile working through the use of laptops for staff to access children's health records electronically, access emails and information and provide opportunities to speak to children, young people, families and colleagues whilst 'on the move'.

Case Studies:

Preschool IPU:

The Preschool IPU undertook a real time user feedback at all the open baby clinics in the city and this was really positive. Here is some feedback from a client who is receiving the Family Nurse Partnership (FNP) programme:

"Having my son has changed my life around. Before I was a boisterous, bullying, tomboy, getting in trouble. I was arrested and ended up on a Youth Offending programme. My parents and FNP programme has helped support the change along the way, to become a really good mum to my son. If it wasn't for my son the support of my family and FNP I know I would have been in prison today. I am so proud of myself."

School Nursing Team

The School Nursing team under significant pressure due to a substantial increase in child protection cases and safeguarding work recently implemented a duty desk system to manage the increased requests for agency checks from Local Authority professionals. Now, a qualified school nurse takes a scheduled turn in a morning or afternoon to focus on incoming checks. Work is apportioned equally and this means Nurses are not trying to balance this 'unknown' demand on top of their already extremely full caseloads. The benefits have included increased staff morale and opportunities to focus on the specific task, thus minimising risks. Due to the success of this pilot, the duty desk system is due to be rolled out to support the huge increase in domestic violence notification work after Easter.

Looked After Children

The Looked After Children's Nursing team received this validation from an extremely hard to reach teenager, who had not wanted to engage with any Local Authority or Health services staff and therefore had extremely limited opportunities to improve their health outcomes or potentially their life chances as they become more independent and move towards leaving care:

"hi its (name) I was just letting you know that (staff member) had booked me an appointment for the doctor this Wednesday to see about having the pill done and thank you for helping me and listening to me and giving me good advice – thank you so much"

CQUIN(s) for 2014/15

Goal Name	Description of Goal
Developing a programme to enhance Health Visiting's response to Domestic Violence & Abuse	• To update and implement the Health Visiting pathway for Domestic Violence and Abuse by reviewing national, regional and local good practice and evidence; • To develop and pilot Domestic Violence 'advisor' roles within defined proportion of new Health Visiting Hubs who will become expert in Domestic Violence and Abuse and share good practice across all Health Visiting teams in the City • To develop the skills and confidence of Health Visitors in Coventry in a defined cohort or geographical area in identifying and signposting victims of domestic violence to appropriate help and support services and explore the potential of enhanced surveillance as part of universal plus provision for those at risk in line with PH40 guidance • To design and pilot a health promotion programme in conjunction with appropriate partners as the basis for raising awareness of the impact of Domestic Violence and Abuse on children under 5 years old, their parents and siblings. • To design and pilot enhanced surveillance (via additional visits in line with PH40) for a small cohort of families.

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Focus on:
Secondary Care Mental Health

Secondary Care Mental Health services are currently separated into services for Adults and Older Adults and have quite different landscapes. There is a difference in the range of services spread across localities, which is mainly due to the amalgamation of predecessor organisations and therefore there is an inequity of access and service delivery for service users or carers. The Trust Vision for Secondary Care Mental Health Services as set out in the Five Year Integrated Business Plan is to create four Integrated Practice Units (IPUs) providing services aligned to care clusters and interventions linked to patient outcomes. This will see the development of an Acute IPU and will consist of all services which will support front door services and service users and their carer whilst in an acute phase of a person's illness and/or receiving high intensive treatment. This IPU will include Acute Liaison, Age Independent Crisis Resolution/Home Treatment, Place of Safety, Day Treatment Services and Inpatient Servicers (Centres of Excellence). This sees the integration the pathways of Inpatient Services, Acute Day Treatment, Crisis Resolution/Home Treatment, Place of Safety and Acute

Liaison. It will also include the development of three further community IPUs that will create integrated age independent secondary care mental health services across Coventry and Warwickshire.

During 13/14 we have been working towards the implementation of the IPU's this has seen:

- The introduction of one age independent Single Point of Entry for Coventry with further plans for Warwickshire which will triage all referrals and book an appropriate assessment in the right IPU. Currently the SPE function across Warwickshire is undertaken by 4 CR/HT Teams

- Day Treatment Services became age independent for Functional patients and will in the future offer an alternative to admission for age independent functional patients, focusing on decreasing inpatient admissions and facilitating early discharge.

- Inpatient Services: Currently we have 6 Adult inpatient wards with a total of 110 beds, 5 Older Adult Functional and Organic wards with a total of 75 beds, 2 PICU wards with a total of 16 beds. This means currently we have an overall total of 201beds in the acute services. In addition we also have 4 Rehabilitation units with a total of 55 beds.

- Home Treatment: Although currently we have 5 CR/HTs providing 24/7 home treatment to adults with functional illnesses we have introduced a Scheduling and caseload management system. Also gatekeeping all admissions to inpatient services through a number of SPE's, 1 CAITT Team Older Adults (Rugby) and HATT team older adults North Warwickshire (Pilot).

- Community Mental Health Teams: Currently we have 15 Adult teams spread across Coventry and Warwickshire, including Assertive out Reach/Early Intervention and community Rehab. Also 5 Older Adult teams for Functional and Organic patients.

Key achievements in 2013/14

1. To ensure that patients understand the new care clusters and treatment pathway that this will require a series of stakeholder events have taken place with service users and cares who have developed information for service users and carers, this jointly supported development has ensured that information is truly patient friendly and has removed jargon. The engagement process has helped to strengthen the equal partnership approach of embedding users and carers at the heart of service development.

2. To further support and embed services at the heart of SCMH an exciting appointment has been made within SCMH operational services of a service user Coordinator. This role will continue to support the active engagement and embedding of services users and carers in a full range of service provisions and developments over the coming years.

3. The ambitious Transformational change programme has ensured that services are made fit for purpose and wrap around the patient ensuring that services are truly needs led. Within the Acute inpatient configuration a substantial investment has been made in recruitment of nursing staff ensuring that the acuity and complexity of service users' needs are addressed. Services have been configured to support an age independent approach that will open all services to all patients removing restricting barriers to age.

4. The safety and quality forums within SCMH have continued to maintain and improve the safety and quality of services, the robust approach continues to drive up quality monitor trends and make changes to support services when necessary. The bottom up approach continues to allow staff to identify changing trends in both inpatient and community settings and ensures that a targeted approach services the users of our services

5. Coventry has been nominated as one of the pilot sites for the national programme for the Mental Health Liaison Services across the Criminal Justice System. There is £25 million funding nationally. The new pilot services in Coventry will work with criminal justice agencies to identify needs and offer assessment to those with health and social care vulnerabilities, to engage individuals with appropriate services, to share information across agencies and to enable the outcomes of criminal justice decision to be guided by a complete understanding of the individual. The service will be based in Coventry and will be available 8am-8pm 7 days a week. Recruitment process is now being completed so that staff are in post to begin the implementation plan.

6. Clinical staff from Community SCMH completed their 1 year course in CBT in December 2013 with the second cohort of trainees going in January 2014. Staff are now utilising their new skills within their team with clinical supervision and support from Psychology staff. These new skills will help with the transformation of the new IPU 3-8 which is more psychological focused.

7. The provision of input to triage, assessment, formulation, diagnosis and therapy in Secondary Care Mental Health Services through training and supervision of staff as well as through direct work. This has included specialist neuropsychological assessment and therapy, for example to help with dementia and cognitive loss, or to identify strengths and weaknesses such as Asperger's syndrome which has a positive impact on the therapeutic programme delivered by colleagues.

8. The therapeutic range has been diverse, supplementing and complementing the medical, social, nursing, occupational and 2nd wave CBT interventions provided by colleagues. This work has centred on expert CBT for problems such as OCD, and has included 3rd wave interventions such as Compassion Focussed Therapy, Mindfulness, and Cognitive Processing Therapy. For those for whom these interventions are ineffective or inadvisable, Cognitive Analytic Therapy, Psychodynamic Therapy, Personal Construct Therapy and Eye Movement Desensitisation and Reprocessing has been provided. All therapies are provided by carefully supervised and accredited staff.

Case studies: Specialist Compassionate Mind influenced CBT

A service user film was made to showcase the good work done with one particular patient. This was a very articulate person who had had years of input in the private sector as well as inpatient admission for a psychotic crisis, and who had failed to benefit from psychiatric and home treatment interventions provided by colleagues. Time was taken to build a trusting therapeutic alliance and to formulate a holistic understanding of the situation. With expert therapy, a Compassionate Mind framework was combined with recent research on shame to produce a specialist CBT programme. The CORE (Clinical Outcomes in Routine Evaluation) measures showed a comprehensive reduction in symptoms, and the person reported feeling "transformed" as a result of the work, collaborating in the production of the service user video.

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Case studies: EMDR therapy for complex trauma

All patients with complex trauma are taught to manage their symptoms and given education about how trauma affects them, followed by EMDR sessions to target specific traumatic events.

One man had experienced early childhood neglect and abuse compounded by placement at 5 in a Care Home which was later the subject of criminal prosecution and victim compensation. Before therapy he struggled with anger, depression, anxiety, hyper-vigilance, low self-esteem and guilt, and he did not have the courage to participate in the prosecution of the perpetrators of his abuse. This meant he was able to eliminate their post traumatic symptoms following expert EMDR therapy: and went on to develop better self-esteem, and become more assertive. Their use of medication and their visits to psychiatrists and GPs were substantially reduced, and at the time of discharge from therapy most intend to stop medication completely.

CQUIN(s) for 2014/15

Goal Name	Description of Goal
Cardio metabolic assessment for patients with schizophrenia	To demonstrate, through the National Audit of Schizophrenia, full implementation of appropriate processes for assessing, documenting and acting on cardio metabolic risk factors in patients with schizophrenia. To undertake an assessment of each of the following six key cardio metabolic parameters (as per the 'Lester tool'), with the results recorded in the patient's notes/care plan/discharge documentation as appropriate, together with a record of associated interventions (e.g. smoking cessation programme, lifestyle advice, medication review, treatment according to NICE guidelines or onward referral to another clinician for assessment, diagnosis, and treatment). The six parameters are: • Smoking status • Lifestyle (including exercise and diet) • Body Mass Index • Blood pressure • Glucose regulation (HbA1c or fasting glucose or random glucose as appropriate) • Blood lipids.
Veterans Mental Health	This is a two year ambition which at the end will: 1) Ensure access to priority treatment for Veterans by improved data capture of veteran status at all entry points into CWPT (CBS/ triage). 2) Establish an enhanced standard care pathway tailored for veterans and their carers referred to IAPT and other secondary care services. 3) Identify and co-ordinate a Veterans champions network within CWPT and this to be incorporated in job plans. 4) Consolidate CWPT's role as a spoke for South Staffs FT Veterans Mental Health Network hub (representation at meetings, contribution to regional developments). 5) Develop partnerships with veterans charities (Combat Stress, Royal British Legion) to pilot a multi-agency 'one-stop shop' approach for veterans and their families. 6) Delivery of a training package for CWPT clinicians on adjustments necessary for successfully engaging and treating veterans plus education about enhanced pathway. 7) Ensure on going veteran service-user involvement through establishment of a 'Veterans Forum'. Develop further resources for Veteran service users and their families (e.g. may include: website, DVD, phone applications).
Communication with General Practitioners	Completion of a programme of local audit of communication with patents' GPs, focussing on patients on CPA, demonstrating by quarter 4 that, for 90% of patients audited, an up-to-date care plan has been shared with the GP, including ICD codes for all primary and secondary mental and physical health diagnoses, medications prescribed and monitoring requirements, physical health condition and on-going monitoring and treatment needs including relapse/crisis plans.
Dementia In-Reach	To support residential and nursing home staff in the recognition of and management of complex challenging behaviours within residential and nursing care settings, thereby preventing attendance and admission at A&E, psychiatric inpatient facilities and reduce need for 1:1 observation. Reference national guidance including NICE clinical guidelines 42: Interventions for non-cognitive symptoms and behaviour that challenges in people with dementia.

Focus on:
Specialist Services

Specialist services provide high quality inpatient and community services to people with learning disabilities or eating disorders across CWPT. Specialist assessment and treatment services provide care at both Brooklands and Gosford Ward (Caludon Centre) in Coventry, with secure service also being provided at the Brooklands site. The eating disorder service has 15 inpatient beds at the Aspen centre and community provision offers domiciliary support. All of the inpatients services are able to detain people so they can be cared for under the Mental Health act.

Specialist services also has five community learning disability teams across the trust which provide MDT services for people with learning disabilities and there is also Day care, respite care, domiciliary care staff provide support to people who live in their own homes in Coventry.

Key achievements in 2013/14

Development Update – Marston Green site: The second of the Trust's refurbished LD Assessment and Treatment Services (Jade unit) was opened in December 2013, and will complete the Trust's £2M service development of the 2 units on the site.

Trust's Malvern Unit admits patients: On 22nd October 2013 male low secure learning disabled patients moved into the 'state of the art' Malvern Unit which was completed in May this year on the Brooklands site at Marston Green. These patients were previously in less suitable older accommodation on the same site and their move is part of the Trust's on-going refurbishment programme for the Brooklands site.

Aspen Unit goes from strength to strength: The Trust's 15 bed inpatient Eating Disorders unit at the Aspen Centre is attracting an increasing number of referrals. The Clinic provides specialist, multidisciplinary treatment for people with diabetes and an eating disorder and is based on the South Warwickshire Hospital site in Warwick.

Community Learning Disability Teams Move Toward an Integrated Approach: The Trust's Learning Disability Speech and Language Therapy team (SLT) based at Dover Street, Coventry moved to Enterprise House during January together with Consultants and Psychologists from the Caludon Centre to join the rest of the Coventry Community Learning Disability Team (CLDT) and their LD Social Care colleagues from Coventry City Council. This move has been long awaited and creates a joined up approach to delivering community LD services across the city.

Ladies Inpatient Service Users Knit and Natter Group score 'Hat Trick': The 'knit and natter' group at Brooklands has been hugely successful. The group is open to the ladies within low secure learning disability services, which historically has been a difficult group to engage. The group has been running some time and the demand is so high that they are oversubscribed with the potential to start a second group.

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General Practitioner Training Events: Specialist Services Learning Disability (LD) Community Team organised two events for General Practitioners from Coventry and Warwickshire on 12th and 19th September 2013. Service users from the advocacy services New Ideas and Grapevine facilitated the events and were involved in role play with GP involvement. The events were aimed at improving access to health care checks for people with LD and were attended by 54 GPs from Warwickshire and 82 GPs from Coventry and covered.

Change for the Better – Conference about the menopause for women with learning disabilities, family and carers: This multiagency conference, including speakers and organisers from the Trust and sponsored by numerous organisations, was held in Nuneaton at the end of September.

Patients Provide Real Time Feedback: Specialist Services Directorate supported by Service User Involvement Team has commenced the collection of real time feedback from patients across six of the inpatient services at Brooklands, Marston Green.

Working with 'acute' hospital to support People with a Learning Disability: Work has been on-going jointly between The Trust's Learning Disability Service and University Hospitals Coventry and Warwickshire (UHCW) to develop a new consent from for adults who are unable to consent.

Peer Review Praises Medium Secure Unit: In March 2013, the Royal College of Psychiatrist's Quality Network for Forensic Mental Health Services carried out a peer review of the Trust's medium secure service, the Janet Shaw Clinic, for Patients With a Learning Disability, at Marston Green; the clinic has been a member of the network for four years. Reviews utilise members of the multi-disciplinary teams from other providers of secure services and a service user representative.

Remembering Me: In December 2012 South Warwickshire Community LD nurses started a new memory group called 'Remembering me'. The group is for individuals who have an LD and are at high risk of developing Dementia. The group gives the opportunity for early identification and intervention of dementia through both baseline assessment and raising the awareness of the disease to individuals and carers.

Case Study: Ashby House Health Assessments

We aimed to ensure that all clients accessing Ashby House received a Health Assessment by our team of nurses. There were a number of reasons that we decided to undertake this:

- We know that many of our service users do not access their GP.

- We aimed to assist service users to become familiar with various types of health assessment in an environment they felt safe and comfortable. It is hoped that this will help them to access primary care services when required in the future.

- We wanted to obtain a baseline for our clients.

- We were already completing basic observations on admission and had highlighted a number of health concerns from this.

- We were concerned that some service users had not received a health check.

Findings

The Health Checks highlighted many concerns and has helped to improve the health of service users. The benefits of completing this work included:

- All service users now have a Hospital Passport. This document can provide essential information to staff in Primary Care Services to assist them when working with the clients. It also contains information about how the individual responds to basic health assessments.

- All service users are now more familiar with the processes involved with basic health assessments and are becoming more tolerant of these procedures. We have also supported a number of clients to access their GP following the work completed at Ashby.

- All service users have their basic observations taken during each respite stay and any concerns highlighted on the check are also monitored each stay. For example if a client has had a UTI we will test their urine each stay. We also monitor things such as weight, skin integrity, continence during each stay.

2014/15 CQUIN – Specialised Commissioners (NHS England)

Goal Name	Description of Goal
Quality Dashboard (All Specialised Commissioned Services)	This indicator is aimed at ensuring that Providers embed and routinely use the required clinical dashboards developed during 2013/14 for specialised services. The Area Team is responsible for agreeing the relevant dashboards with the providers.
Friends and Family Test – Phased Expansion	Implementation of Friends and Family Test into specialised mental health provision.
Improving physical healthcare & wellbeing (Mandatory all specialised services)	To improve the physical health and wellbeing of all patients, as an integral part of their overall treatment and rehabilitation plan.
Collaborative risk assessment (Medium/Low Secure)	The provision of an education training package for patients and qualified staff around collaborative risk assessment and management
Supporting carer involvement (Medium/Low Secure)	To support carer involvement with their relatives in secure care, (particularly in the first three months of care) and then on to the point of discharge.
Pre-admission formulation (Medium/Low Secure)	To provide the service user information detailing a formulation of both current and potential future needs and how the proposed service might best meet them.
Outcome measures in specification on admission/ discharge (Eating Disorder Services)	To systematically collect outcome measures for individuals receiving inpatient care at admission and discharge

2014/15 CQUIN – CCGs Arden Cluster (Local Commissioners)

Goal Name	Description of Goal
Attention Deficit Hyperactivity Disorder (ADHD) Transition from children's	Pilot against proposed transition pathway and test this Implementation of proposed pathway CQUIN has been developed in conjunction with Secondary Care Mental Health and Integrated Children's Services).
Repatriation of Out of Area LD Patients	Utilise model developed by the Clinical Review Team to review opportunities to repatriate patients as appropriate with link to Winterbourne View Hospital Report / Concordat requirements.

ANNEXES

Statements Provided by Commissioning Organisations, Healthwatch and Health Overview and Scrutiny Committees

• Coventry and Rugby Clinical Commissioning Group

• Healthwatch Coventry

• Warwickshire Health Overview and Scrutiny Committee

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Coventry and Warwickshire Partnership NHS Trust Quality Account 2013-14

NHS Coventry and Rugby Clinical Commissioning Group Commentary

We welcome the opportunity to review and comment on Coventry and Warwickshire Partnership NHS Trust (CWPT) Quality Account 2013-14. It has been reviewed by members of the Governing Body and the Clinical Quality and Governance Committee. The version seen by NHS Coventry and Rugby CCG (CCG) was a draft and as such we are unable to verify all of the contents, however, we believe that it broadly reflects the information received through the contract monitoring process over the last year. We are unable to verify the achievement of CQUIN schemes, as this had not been finalised in time for the commentary.

The year 2013-14 has been a challenging year for CWPT with the launch of a significant Transformational Change Programme which aims to deliver improvements in the quality of services in a cost effective way whilst enhancing access to services for patients. Against this backdrop CWPT participated as a pilot site for the first wave of the new style Care Quality Commission (CQC) inspections. As this was a pilot there were no ratings following the inspection, however, the CQC identified a number of areas where improvements are required. We are assured by the robust and comprehensive action plan which is in place to address the compliance and enforcement notice issued by the CQC and builds on the existing improvement work that was being undertaken by the Trust. The CCG will continue to monitor this closely and provide support to ensure services remain safe and of a high quality.

It is important to note that the CQC identified many examples of excellent practice within the Trust and we recognise that a key challenge for CWPT is to ensure that where they have areas of excellence that this practice is shared across the organisation, which is particularly difficult for a large organisation spread across a number of different locations in Coventry, Warwickshire and Solihull and offering a range of services including mental health, learning disabilities and community nursing.

As commissioners we are working closely with the Trust to improve capacity within some of their services including Child and Adolescent Mental Health Services (CAMHS) and Memory Assessment, both of which are priorities for the CCG in 2014-15.

We recognise and support the work that CWPT have undertaken and continue to build upon to embed core values across the workforce as part of the Equal and Active Partners Programme and the steps that they have taken in response to the staff survey to improve the culture and support to the workforce.

Improving health outcomes for our local population relies on effective partnership working across health and social care and the CCG is impressed by the enthusiasm of CWPT to participate in a number of joint initiatives with our local acute provider and the local authority. This has resulted in the recent launch of a joint programme to reduce pressure ulcers, one of the most common preventable harms, by an ambitious 40% within care homes and we will be closely following the progress of this over the next year.

Provision of high quality care relies in part on the capacity and capability of the staff. As commissioners we are interested in the levels of vacancies, sickness, the use of agency/bank staff and also the training of staff to ensure that they are competent and able to deliver high quality care. The use of agency/bank staff has been a particular challenge for some of CWPT services during this year and this has been identified as one of their quality goals for 2014-15. We are interested in the innovative approach they have developed to address this by the introduction of 'floating teams' to address the fluctuating demand which arises from the case mix on some in-patient wards and will be watching this closely over the coming year.

We fully support the quality goals they have identified which resonate with the recommendations from the Government's response to the National Enquiry into Mid Staffordshire NHS Foundation Trust. NHS Coventry and Rugby CCG have a positive relationship with the Trust which is based on high support and robust challenge and we look forward to supporting them to achieving these goals and making continuous improvements during 2014-15.

Healthwatch Coventry commentary on the Coventry and Warwickshire Partnership Trust Quality Account

Healthwatch Coventry is the consumer champion for local health and social care services, working to give local people and users of services a voice in their NHS and care services. Local Healthwatch welcomes its role in producing commentaries on NHS Trusts' Quality Accounts.

The version of the draft quality account Healthwatch Coventry received to enable us to compose this commentary was not complete.

We have been a member of a task group convened by Warwickshire County Council Scrutiny Board to meet with the Trust and discuss progress on last year's priorities, and what should be included as priorities this year.

Last year's priorities

The trust's priorities would benefit from being written as smart outcomes and this would make it easier to report on progress against the quality priorities

This section also suffers from jargon and would benefit from more explanation.

Other performance information

The Trust has recently been inspected by the Care Quality Commission (the regulator of NHS services) under its new inspection approach. This identified good practice along with compliance and enforcement actions. There is also a wealth of other information and key themes within the CQC's reports. Some of these relate to issues we have looked at such as in patient activities and care planning in the Caludon Centre. The Trust has shared its plans for addressing issues identified with us, including a detailed plan for in patient activities.

The Trust is also implementing a significant change programme leading to staff teams being reconfigured and changes to the use of buildings. The programme of care clusters is difficult to explain to service users even with the considerable effort the Trust has been putting into this.

CQUIN targets:

The information about optimising pathways would benefit from some examples to help illustrate what this means.

We consider, from the evidence given, that the reducing social exclusion CQUIN; Safety Thermometer; end of life advanced care planning; and pressure ulcer reduction targets are in progress rather than fully met. The end of life family support service and CAMHS pathways CQUINs we think are partially met.

Therefore these should be reflected in the work for the coming year.

Priorities for the coming year

We have asked the Trust to change the way the priorities are written in order to make them clearer and more specific and measurable. We passed on an example of how this could be done from another quality account.

The broad underlying aims of improving customer care, working towards outcomes for service users, developing respectful environments and being efficient and effective cannot be argued with.

We are however interested in the detail of what the developments over the coming year will mean, especially for patients/service users and in how patients and service users can be involved in this work.

Patient public engagement and feedback

The Trust is placing more emphasis on developing its engagement activities and is in the process of adopting the Healthwatch Coventry Good Engagement Charter. These are positive developments.

Some examples of actions taken in result of the patient surveys would be welcome.

It is positive to see actions in response to the Francis Inquiry report detailed in the document.

Focus on different services

Previously we have asked that the quality account document better reflects the breadth of work carried out by Coventry and Warwickshire Partnership Trust. They provide mental health services, learning disability services and community health services for Coventry. Therefore it is good to see progress on this with the inclusion of different service related sections.

We look forward to continuing to work with the Trust in the coming year.

Approved By Healthwatch Steering Group 3/6/14

Statement from Warwickshire Health Overview and Scrutiny Committee (Warwickshire County Council)

Coventry and Warwickshire Partnership Trust (CWPT) – Quality Account 2013/14 (QA)

Response on behalf of the QA Task and Finish Group ("the Group") made up of representatives from Warwickshire County Council ("WCC"), Coventry City Council ("CCC"), Healthwatch Coventry and Healthwatch Warwickshire.

The new approach developed in 2012 towards a more meaningful outcome-focussed, improvement process for QA has been strengthened this year. The TFG welcomed the opportunity to continue working with CWPT this year, looking both backwards and forwards and to make this commentary. In 2013 the TFG felt there should be earlier, fuller engagement in this process, which the Trust took on board and the TFG were pleased to be invited to propose priority suggestions, which were considered by the Trust Board in developing the 2014/15 Quality Goals and Annual Objectives programme of work. This is a positive indication of the improving relationship and constructive dialogue that is developing.

The TFG feels that there still needs more focus on improving communication with patients, carers, staff, and stakeholder organisations, and a demonstration of how lessons learnt are embedded into the Trust's work, and benchmarked against similar providers of mental health services. Where this is not possible, it would be useful to reference work done with groups such as the Mental Health Compact. The TFG welcomes the Trust's commitment to do this, particularly the development of a Compassion in Action and Friends and Family Test Quality Goal/Objective to support a greater understanding of wider views. The TFG will monitor its impact over the next year.

The Group welcomes the responses the Trust has given to their suggestions for 2014/15 Priorities, as follows:

Dual-Diagnosis Patients

There needs to be further work done with dual-diagnosis patients, i.e. patients receiving treatment for different conditions from different parts of the organisation or for medical conditions and mental health/learning disabilities, to ensure treatments are jointly managed in a coordinated and effective way.

The Trust has undertaken to capture this under the Quality Goal – "VALUE based, user focussed services". This is an area of risk for patients and performance against this Goal will remain a focus for the TFG.

Transitions between services

The TFG wants to see an ongoing programme to improve transitions between services, including handovers - those between different units and settings, and between different organisations (e.g. dual-diagnosis patients, mental health and primary care, Hospital Trusts or social care and between inpatient and community services). This is an area of concern for all NHS Trusts, and one that we will continue to monitor closely, particularly in light of the fact that the progress against the CQUIN for CAMHS Clinical Pathways (2012/13) is defined as: "has not progressed as quickly as we would have liked and not all milestones were met within the financial year".

We are pleased that this work will continue into 14/15, and think it should be broadened out to all transitions.

An open, listening and transparent Trust

The Group has highlighted the need for all Trusts to become 'open, listening and transparent' in line with the Francis/Keogh recommendations. This should include engaging the support of staff at all levels and effective partnership working with all partner stakeholders commissioned to deliver complementary services, including carers. Similarly, having an organisational culture of openness, transparency and candour, as set out by Francis. This would involve the training and empowerment of staff to identify issues and concerns and report them on; empowering staff to help patients to raise concerns and to embed a culture within the Trust where staff and managers could clearly demonstrate how lessons had been learned and changes made as a result of feedback and complaints.

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The Group feels strongly that effective partnership working and an ethos of dialogue and support needs to be developed with carers and would encourage the Trust to embed the principles of the Triangle of Care standards.

The Group are reassured that the Trust has acknowledged the importance of this approach and have already started to reflect on what this will mean for the Trust and how to involve staff in this process.

In terms of the QA document, the TFG would like to make the following suggestions/comments:

- We strongly encourage having an executive summary/easy to read version directed at the public, and welcome the Trust's undertaking to develop this.

- Unlike hospital trusts where people access different services at different times, users will often access one CWPT service over a lifetime. It would be useful if there could be an outline with links that are condition-specific, of what is being done within each service. This could be used for the "You Said We Did" section – with separate sections for autism, eating disorders, community services, etc.

- The TFG welcomes the easy to read language and the layout which clearly shows what the aim was, what was expected to be achieved and how well the Trust did for 2013/14 priorities.

- The Quality Goals identified for 2014/15 however, are worded for clinicians, for example the goal to "Further embed the outcome frameworks at a more granular service level and Integrated Practice Unit level".

- The TFG welcomes the overall message of putting patient needs first, and will continue to work with the Trust to ensure that this does happen and to clearly demonstrate the improved outcomes as a result of the priorities - it is not enough to say "we have learned from the results". QAs need to set out how staff, patients and carers have been involved in determining what a good service should look like, what that is achieved and what difference it has made to user outcomes.

- The TFG welcomes the ongoing focus on 2013/14 priorities.

- The outlining of CQUINs in the draft is well done and sets out clearly what the CQUINs for the Trust are.

The TFG understands the restrictions NHS Trusts have to work within producing QAs – and the need to respond to competing demands of different audiences. The TFG would like to thank the Trust for their willingness to try to accommodate our requests.

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Statement of Directors Responsibilities

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2012).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- The Quality Account presents a balanced picture of the Trust's performance over the period covered;

- The performance information reported in the Quality Account is reliable and accurate;

- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;

- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and

- The Quality Account has been prepared in accordance with Department of Health guidance

- The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

Martin Gower

Chair
Coventry and Warwickshire Partnership NHS Trust

June 2014

Rachel Newson

Chief Executive
Coventry and Warwickshire Partnership NHS Trust

June 2014

Independent Auditors' Limited assurance report to the Directors of Coventry and Warwickshire Partnership NHS Trust on the Annual Quality Account

We are engaged by the Audit Commission to perform an independent assurance engagement in respect of Coventry and Warwickshire Partnership NHS Trust's Quality Account for the year ended 31 March 2014 ("the Quality Account") and certain performance indicators contained therein as part of our work under section 5(1)(e) of the Audit Commission Act 1998 ("the Act"). NHS trusts are required by section 8 of the Health Act 2009 to publish a quality account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

Scope and subject matter

The indicators for the year ended 31 March 2014 subject to limited assurance consist of the following indicators as published on the NHS Health and Social Care Information Centre (HSCIC) Portal:

• Percentage of patients on Care Programme Approach (CPA) followed up within seven days of discharge, page 30.

• Percentage of admissions gatekept by the Care Resolution Home Treatment team (CHRT), page 30.

We refer to these two indicators collectively as "the specified indicators".

Respective responsibilities of Directors and auditors

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

In preparing the Quality Account, the Directors are required to take steps to satisfy themselves that:

• the Quality Account presents a balanced picture of the Trust's performance over the period covered;

• the performance information reported in the Quality Account is reliable and accurate;

• there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;

• the data underpinning the measures of performance reported in the Quality Account is robust andreliable, conforms to specified data quality standards and prescribed definitions, and is subject toappropriate scrutiny and review; and

• the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors are required to confirm compliance with these requirements in a statement of directors'responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

• the Quality Account is not prepared in all material respects in line with the information requirements prescribed in the Schedule referred to in Section four of the Regulations ("the Schedule");

• the Quality Account is not consistent in all material respects with the sources specified below; and

• the specified indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account have not been prepared in all material respects in accordance with Section 10c of the NHS

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(Quality Accounts) Amendment Regulations 2012 and the six dimensions of data quality set out in the NHS Quality Accounts - Auditor Guidance 2013/14 issued by the Audit Commission in February 2014 ("the Guidance").

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions inconsistent with:

• Board minutes for the period April 2013 to May 2014;

• papers relating to the Quality Account reported to the Board over the period April 2013 to May 2014;

• feedback from the Commissioners 'Coventry and Rugby Clinical Commissioning Group' dated 06/06/2014;

• feedback from Local Healthwatch 'Healthwatch Coventry' dated 03/06/2014;

• the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009, 'Annual Complaints Compliments & PALs Report, 1 October 2012 – 30 September 2013', dated 12/11/2013;

• feedback from other named stakeholder, 'Warwickshire Health Overview and Scrutiny Committee' involved in the sign off of the Quality Account;

• the latest national patient survey dated 'CQC Patient Survey Report 2013';

• the latest national staff survey '2013 National NHS Survey';

• the Draft Head of Internal Audit's annual opinion on the Effectiveness of the System of Internal Control at Coventry and Warwickshire Partnership Trust for the Year Ended 31 March 2014;

• the Annual Governance Statement dated 27/05/2014;

• Care Quality Commission quality and risk profiles dated April, June, July, November, December 2013 and February to April 2014; and

• Care Quality Commission Inspection Reports, April 2014.

We consider the implications for our report if we become aware of any apparent misstatements or materialinconsistencies with these documents (collectively the "documents"). Our responsibilities do not extend to any other information.

This report, including the conclusion, is made solely to the Board of Directors of Coventry and Warwickshire Partnership NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010. We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and Coventry and Warwickshire Partnership NHS Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with the Guidance. Our limited assurance procedures included:

• reviewing the content of the Quality Account against the requirements of the Regulations;

• reviewing the Quality Account for consistency against the documents specified above;

• obtaining an understanding of the design and operation of the controls in place in relation to the

collation and reporting of the specified indicators, including controls over third party information (if applicable) and performing walkthroughs to confirm our understanding;

• based on our understanding, assessing the risks that the performance against the specified indicators may be materially misstated and determining the nature, timing and extent of further procedures;

• making enquiries of relevant management, personnel and, where relevant, third parties ;

• considering significant judgements made by the management in preparation of the specified indicators;

• performing limited testing, on a selective basis of evidence supporting the reported performance indicators, and assessing the related disclosures; and

• reading documents.

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A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Account in the context of the Schedule set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations. In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Coventry and Warwickshire Partnership NHS Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014:

* the Quality Account is not prepared in all material respects in line with the requirements of the Regulations and the prescribed information in the Schedule;

* the Quality Account is not consistent in all material respects with the sources specified above; and

* the specified indicators in the Quality Account subject to limited assurance have not been prepared in all material respects in accordance with Section 10c of the NHS (Quality Accounts) Amendment Regulations 2012 and the six dimensions of data quality set out in the Guidance.

Pricewaterhouse Coopers LLP

PricewaterhouseCoopers LLP
Chartered Accountants
Cornwall Court, Birmingham
24 June 2014

The maintenance and integrity of the Coventry and Warwickshire Partnership NHS Trust's website is the responsibility of the directors; the work carried out by the assurance providers does not involve consideration of these matters and, accordingly, the assurance providers accept no responsibility for any changes that may have occurred to the reported performance indicators or criteria since they were initially presented on the website.

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How to provide feedback

Thank you for taking the time to read this Quality Account. We hope that you have found it useful and informative and would welcome any feedback or suggestions on how we could improve this further for next year, be it either layout, style or content.

If you would like to make a comment or suggestion then please contact us using any of the methods listed below:

By Email:

enquiries@covwarkpt.nhs.uk

By Letter:

Chief Executive
Coventry and Warwickshire Partnership NHS Trust, Wayside House, Wilsons Lane, Coventry CV6 6NY

Glossary

Care Quality Commission (CQC)	The CQC is the independent regulator of health and adult social care services in England. It also protects the interest of people whose rights are restricted under the Mental Health Act.
Clinical Audit	Clinical audit is a systematic process for setting and monitoring standards of clinical care. Guidelines set out what best clinical practice should be and audit investigates whether best practice is being carried out and makes recommendations for improvement.
Clinical Coding	Clinical coding is used to translate medical terminology describing a diagnosis and treatment into standard, recognised codes.
Commissioners	Commissioners have responsibility for assessing the needs of their local population and purchasing services to meet these needs. They commission services, including acute care, primary care and mental healthcare) for the whole of their local population with a view to improving their health.
Commissioning for Quality and Innovation (CQUIN)	CQUINs are a payment framework that is a compulsory part of the NHS contract. It allows local health communities to develop local schemes to encourage quality improvement and recognise innovation by making a proportion of the organisations income conditional on achieving the locally agreed goals.
Foundation Trust (FT)	A Foundation Trust remains part of the NHS however has greater local accountability and freedom to manage themselves. Staff and members of the public can join their Boards or become members.
Hospital Episode Statistics (HES)	HES is a national data source that contains anonymous details of all admissions to a NHS hospital in England. It also contains anonymous details of all NHS outpatient appointments in England and is used too plan healthcare, support commissioning, clinical audit and governance and national policy development.
Information Governance (IG)Toolkit	The IG toolkit is an online tool that allows organisations to measure their performance against information governance standards. The information governance standards encompass legal requirements, central guidance and best practice in information handling.
Integrated Practice Unit	Describes the way in which the Trust organises its services.
Healthwatch	Each local authority area has a Healthwatch group which is a network of local people, groups and organisations from the local community who want to make care services better. The aim of Healthwatch is to ensure local people have a say in the planning, design, commissioning and provision of health and social care services.
National Institute of Health and Clinical Excellence (NICE)	NICE provides guidance, sets quality standards and manages a national database to improve people's health and prevent and treat ill health. It makes recommendations to the NHS on new and existing medicines, treatments and procedures; treating and caring for people with specific diseases and conditions and how to improve people's health and prevent illness and disease.
National Patient Safety Agency (NPSA)	The NPSA leads and contributes to improved safe patient care by information, supporting an influencing the health sector. It manages a national safety reported system and received confidential reports from healthcare staff across England and Wales. These reports are analysed to identify common risks to patients and look at opportunities to improve patient safety.

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Equality statement

If you require this publication in a different format or language, please contact our Equality and Diversity Department on 024 7653 6802, or write to the address below.

West Midlands Ambulance Service **NHS**

NHS Foundation Trust

West Midlands Ambulance Service NHS Foundation Trust

QUALITY ACCOUNT

Quality Report 2014-15
Summary Review of 2013-14

Trust us to care.

Contents

INTRODUCTION

Welcome to our Quality Account Summary, which aims to take the key highlights from the full Annual Report, The Quality Account 2013/14 which can be found at: http://www.wmas.nhs.uk in the section ` About Us` clicking on Publications and selecting Quality Accounts.

West Midlands Ambulance Service NHS Foundation Trust would like to share with you what it is doing well and where improvements in quality have been made and the way in which these have been prioritised.

The Vision for West Midlands Ambulance Service NHS Foundation Trust is:

"*Delivering the right patient care, in the right place, at the right time, through a skilled and committed workforce, in partnership with local health economies*"

Vision
Delivering the right patient care, in the right place, at the right time, through a skilled and committed workforce, in partnership

Strategic Objectives

| Achieve Quality and Excellence | Accurately assess patient need and direct resources appropriately | Establish market position as an Emergency Healthcare Provider | Work in Partnership |

Values

- World Class Service
- Patient Centred
- Dignity and Respect for All
- Skilled Workforce
- Teamwork
- Effective Communication

PART 1

1.1   Statement on Quality from the Chief Executive

Welcome to the West Midlands Ambulance Service NHS Foundation Trust's Quality Report which reviews 2013-14 and sets out our priorities for 2014-15. This account is an assessment of the quality of care patients received when they were in our care. The report details our commitment to delivering high quality care first time for the benefit of patients.

At the end of each financial year, it is always appropriate to look back and reflect on the past 12 months. There is no doubt that we have faced another very busy and challenging year. This is evident in our patient response year-end figures which show an excellent response to Red 1 calls, but unfortunately we narrowly fell short of the target for Red 2 calls for the first time in six years. Although we missed the target by an average of only 12 seconds, I am committed to ensuring all of our performance standards return to those expected from WMAS.

The pressures that our staff are now asked to work under is greater than at any previous time. To their outstanding credit they have operated to the highest standards and given everything in order to improve the quality of care for patients. I would therefore like to take this opportunity to record my gratitude to all of our staff and volunteers for the contributions that they have made in delivering patient care to the West Midlands.

We must not forget that the year has also brought success; we have increased the number of frontline clinical staff, which is an immense achievement in such challenging financial times. Even more clinicians will join the Trust during the next twelve months to further boost our frontline capability. We have also completed the rollout of the Make Ready Hubs which means vehicles are refuelled, cleaned and restocked for use by staff when they arrive for duty.

In November, WMAS was asked by local commissioners to step-in and take over the NHS 111 service across the majority of the West Midlands. I am delighted that in a very short time we were able to make significant improvements to the way the call centre operates for those patients seeking urgent medical assistance.

The Trust has continued to work with commissioners and stakeholders to make improvements to the service by addressing call demand increases, hospital turnaround delays and underfunding. It is only by dealing with these issues in a prompt and professional manner that we will ensure improvements for patients in the future.

On behalf of West Midlands Ambulance Service, I would like to present this Quality Account, we welcome your feedback and if you have comments on this Quality Account or the Trust in general we would be pleased to receive them.

a. c. marsh.

Dr Anthony C. Marsh. QAM SBStJ DSci (Hon) MBA MSc FASI
Chief Executive Officer

1.2 Foreword from the Chair

I am very pleased to be able to review the past 12 months and be in a position to present this year's Quality Account in our first full year as an NHS Foundation Trust.

This year has been another extremely demanding one for the Trust with many challenges to overcome to ensure the highest standard of care to patients across the West Midlands region.

The high quality clinical care that is given to our patients on a daily basis remains exceptional and I wish to thank all our staff and volunteers for their dedication and hard work in support of this objective.

With staff, governor and stakeholder support, we continue to move forward with our ambitious programme for developing our ambulance service. Our governors, who contribute their time, experience and support to the Trust, have done exceptionally well to take on board the huge amount of information necessary to fulfil their role. With that knowledge, the Council of Governors has played a significant role during the first twelve months helping to shape the service and we look forward to continuing to work with them as we move forward with our strategy and vision to improve services for patients further.

We are continuing to take forward our innovative programme of capturing feedback from patients about their experiences of using our services. This information is used to inform our planning priorities for the coming year. I would encourage all of our patients to record their views on the service provided so that we can enhance the patient experience for all concerned.

Finally, I would like to take this opportunity to thank the executive team and my non-executive colleagues for their leadership and valuable expertise. The year ahead will be no less challenging. However, I believe that by working together we can make progress on our aim of delivering the best health care in the ambulance sector of the NHS. West Midlands Ambulance Service NHS Foundation Trust has achieved an excellent reputation based on high quality clinical care and performance and we intend to build on this in the years to come.

Sir Graham Meldrum. CBE OStJ
Chair
West Midlands Ambulance Service NHS Foundation Trust

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PART 2
2.1 Priorities for Improvements and Statements of Assurance.

2.1.1 Patient Safety

Priority 1: Falls Pathway	
Rationale	Falls can have a devastating impact on quality of life and the Trust is committed to providing a safe environment where patients are protected from avoidable harm. This Trust wants to ensure that when our staff have face to face contact with someone who has fallen, the Trust will ensure that an appropriate referral is made to the correct service in order to ensure that person is assisted in the prevention of a fall in the future. This year we plan to develop further the falls pathway by focusing on working in collaboration in local areas after engagement with our patients and scrutiny boards and building on the Directory of Services for prevention and appropriate.
Measures & reporting to board;	Qtr. 1 : From the baseline of Calls WMAS received in 2012-13 related to falls to develop locally agreed pathways with participating CCGs and scope areas with falls services Qtr. 2: Areas without timely falls pathways and services to be raised with commissioners Qtr. 3: Education of local WMAS staff with Virtual learning Environment (VLE) Qtr. 4: Demonstrate referrals for each participating area made
Target	Increase referral to appropriate participating falls team by 25% See a reduction in attendance to Falls by 10%
By When?	31 March 2014
Outcome	Patient Safety will improve by identifying, managing and reducing falls
Baseline	TBC in Qtr1
Lead	Clinical Quality Manager with Directory of Service Leads
End of Year Review	

Local engagement with commissioners has continued throughout the year.
Virtual learning Environment (VLE) was not identified as the most appropriate method on this occasion therefore education has been increased locally (face to face) and regionally through regular briefing articles.
Pathways for WMAS to refer into have been scoped across the region. The only fit for purpose scheme that has been commissioned is via the Staffordshire Telemed desk. This has been set up for 6 months and in this time 84 patients have been eligible to be referred to the falls team. The impact of this has yet to be realised for re-contact of the same patients to WMAS. The intention is now to demonstrate this scheme to other commissioners across the region as best practice. **ACHIEVED**

Priority 2: Lower Limb Fractures	
Rationale	The purpose of this initiative is to introduce a KPI nationally to measure and improve the quality of care given to patients who suffer lower limb injuries.
Measures monthly reporting to board	KPI measures: Assessment of circulation distal to site of fracture recorded Two Pain Scores Recorded (before & after treatment) Analgesia administered
Target	>85% compliance with KPI measures
By When?	31 March 2014
Baseline	TBC in Qtr1
Lead	Head of Clinical Practice &Trauma Lead
End of Year Review	

The National mean for this new KPI is 43% and WMAS achieved 35.4%.
This was introduced as a pilot during 2013/14 and will need to be taken forward to 2014/15 to achieve improvements - **NOT ACHIEVED**

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2.1.1 Patient Safety (continued)

Priority 3: Cannulation	
Rationale	**Cannulation** (use for administering drugs and/or fluids directly into a patients blood vessel) is one of the highest risk procedures which can cause Healthcare Associated Infection that the Ambulance Service performs. In the cannulation packs there are 2 stickers which identify to the receiving hospital staff whether Aseptic No Touch Technique (ANTT) was possible. This enables the receiving hospital to make a judgement based on risk whether to remove or leave in the cannula.
Measure reporting to board	20 observations done by Clinical Team Mentors during mentored shifts in each area in the Region per quarter, which will give 100 observations per quarter
Target	95% use of stickers and communication of Aseptic or Emergency inserted
By When?	31 March 2014
Outcome	Engagement with receiving units to assure them of WMAS commitment to reduce the risk of HCAI
Lead	Head of Clinical Practice Infection Prevention and Control
Baseline	95% use of stickers and communication of Aseptic or Emergency insertion
End of Year Review	
The Trust achieved 95% compliance and will continue to monitor this priority as part of the Infection Prevention & Control Committee's work plan. **ACHIEVED**	

2.1.2 Clinical Effectiveness

Priority 4: Onset of symptom time	
Rationale	Where Ambulance clinicians document time of onset of symptoms for patients suffering from a stroke we want to show that there has been a decrease in the time to getting the patient to the computerised tomography (CT Scan). This would improve patient outcome by reducing the time to thrombolysis treatment. This would assist in the reduction of the disabling effects a stroke can have on patients.
Monthly Board report	Onset of stroke symptoms are documented in all hyper acute stroke cases
Target	90% target of hyper acute stroke patients have an onset of symptom time recorded where known
By When?	31 March 2014
Outcome	Improved access to hyper acute stroke services
Lead	Head of Clinical Practice and Cardiac and Stroke
Baseline	TBC at 87%
End of Year Review	
This target has not been achieved therefore this will be measured during 2014-2015. Further recommendations will be made to ensure improvement – **NOT ACHIEVED**	

2.1.2 Clinical Effectiveness (continued)

Priority 5: General Pain Management	
Rationale	Pain is defined as an "unpleasant sensory and emotional experience associated with actual or potential tissue damage" *. The patient deserves appropriate assessment and management of pain, minimising any adverse physical or psychological effects. Documenting the pain score allows WMAS to ascertain whether pain assessment has been achieved.
Monthly Board report	Qtr.1 : Develop general Pain management Guidelines to include scoring Qtr. 2&3: develop a pain workbook with e-learning and this will be uploaded to the Virtual Learning site to assist with pain management Qtr. 4: Documentation to increase by 10% from baseline for Qtr. 4
Target	An e-learning package will be developed and increase pain scoring documentation by 10% of the baseline
By When?	31 March 2014
Outcome	Better patient experience and clinical effectiveness
Lead	Clinical Quality Manager
Baseline	39%
End of Year Review	
This target has not been achieved therefore this will be measured during 2014-2015. Further recommendations will be made to ensure improvement: An e-learning package will be developed to increase pain scoring documentation from 24.08% **NOT ACHIEVED**	

Priority 6: Trauma	
Rationale	WMAS was instrumental in the implementation of a regional trauma care system that rapidly identifies major trauma patients and delivers them to specialist Major Trauma Centre (MTC) hospitals. Since the system went live in March 2012 the majority of major trauma patients are now taken directly to MTCs, others are transferred later from supporting Trauma Unit (TU) hospitals by a medic led team and WMAS will continue to monitor the effectiveness of the Trauma Triage tool in 2013-14.
Quarterly Board report	The patients that trigger the level 1 or 2 of the triage tool will be directly taken to a major trauma centre when they satisfy the criteria to do so
Target	95% of the time
By When?	31 March 2014
Outcome	Improvement in outcomes for this patient group (evidence produced by national Trauma Audit and Research Network)
Lead	Head of Clinical Practice and Trauma Lead
Baseline	80 per month directly to major trauma centres
End of Year Review	
This target has not been achieved therefore this will be measured during 2014-2015. Further recommendations will be made to ensure improvement: Patients that trigger the Level 1 or 2 of the triage tool will be directly taken to a Major Trauma Centre when they satisfy the criteria to do so 95% of the time (currently achieving 91.46%) **NOT ACHIEVED**	

2.1.3 Patient Experience

Priority 7: Patient Survey	
Rationale	Patient care is at the centre of everything we do and it is important to the Trust to ensure that we collect the views of service users to inform us of the quality of care we deliver. The Trust continues to learn from patients', carers' and members of the public's experience so we can see where the service user has reported good experience and, on occasion poor service. In 2012/13 the current Patient Survey incorporates the following question 'would you recommend this service to friends and family`.
Measure reporting to board	Through quarterly patient surveys, as well as an online survey and engagement with Health Watch and Foundation Trust Governors to include the Friends and Family Recommendation test
Target	5000 patients
By When?	31 March 2014
Outcome	Learn from patients and improve the patient experience
Lead	Head of Patient and Public Experience
Baseline	Target 5000 patients
End of Year Review	
Through quarterly patient surveys, as well as an on-line survey and engagement with Health Watch and Foundation Trust Governors to include the Friends and Family recommendation test. The Survey including Friends & Family was shared as 7267 targeted surveys. **ACHIEVED**	

Priority 8: WMAS dignity challenge	
Rationale	Respecting people's dignity should include a zero tolerance of all forms of abuse and patients deserve the same respect/privacy: People should feel able to complain without fear of retribution, engagement with family members and carers as care partners; where people are lonely and isolated and in need of care they should be referred to the right service at the right time.
Measure reporting to board	Qtr. 1: scope and Baseline Qtr. 2: Raise awareness of the WMAS Dignity campaign amongst staff Qtr. 3&4: Staff signed up to the dignity challenge
Target	To have dignity champions up by 25%
By When?	31 March 2014
Outcome	Improve awareness of dignity in the Trust improving patients experience
Lead	Clinical Quality Manager
Baseline	3 champions identified in Qtr1
End of Year Review	
Recruitment of 27 Equality and Dignity Champions. This work has been scheduled for further development of the role during 2014/16 **ACHIEVED**	

2.1.3 Patient Experience (continued)

Priority 9: Renal Patients	
Rationale	During 2013/14 we will be working with the University Hospitals of Birmingham Foundation Trust (UHB) as part of a transformation project which is seeking to improve the patient experience for renal patients through our Quality Governance Committee (QGC) we will seek assurance that quality standards are being met, and where they are not, what actions are in place to improve performance
Measure reporting Qtrly to board	Monthly reporting from CGQC to the Trust Board demonstrating performance levels. Q2 – Recommendations and outcomes from UHB transformation transport trial. Q3 – Implementation of service redesign.
Target	To have improved performance standards against relevant and specific renal standards in accordance with contracts. To have reduced levels of complaints from renal dialysis patients by 25%.
By When?	31 March 2014
Outcome	Improvements in patient experience and wellbeing
Lead	General Manager PTS
Baseline	TBC in Qtr1
End of Year Review	
The trial allowed WMAS the opportunity to review procedures of transporting patients but most importantly provided learning on the best care the ambulance service can provide. This learning now forms part of contract improvement plans that have already began implementing new ways of working. The introduction of additional resources to support the contract has resulted in a reduction of – 76% March 2014. **ACHIEVED**	

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2.2 Performance Summary for year to date 2013-14

April 2013- March 2014	Red 1 - 75% - 8 min	Red 2 - 75% - 8 min 75%	Red 19 - 95% - 19min	Green 2 - 90%-30mins	Green 4 - 90% - triage in 60mins
Financial Month	Red 1- 08 Min Performance	Red 2 - 08 Min Performance	Red - 19 Min Performance	Green 2 Performance	Green 4 Performance
April	81.2%	73.4%	97.3%	93.1%	99.6%
May	83.0%	77.0%	97.9%	94.9%	99.6%
June	83.4%	77.2%	97.9%	92.9%	99.7%
July	77.1%	71.5%	96.8%	86.2%	99.7%
August	80.0%	74.6%	97.1%	89.2%	99.5%
September	82.3%	73.8%	97.1%	87.5%	99.5%
October	77.6%	72.7%	97.0%	85.7%	99.7%
November	76.6%	72.2%	96.9%	86.0%	99.6%
December	79.5%	70.8%	86.6%	86.6%	99.5%
January	80.5%	73.6%	96.9%	90.3%	99.7%
February	79.6%	71.9%	96.2%	85.4%	99.3%
March	80.2%	73.9%	97.0%	88.6%	99.6%
Grand Total	80.0%	73.6%	97.0%	88.6%	99.6%
National Target	75%	75%	95%	90%	90%
WMAS Performance	80.0%	73.6%	97.0%	88.6%	99.6%

Red 1: Respond to 75% of calls within 8 mins
These are for the most life threatening conditions, the most time critical patients

Red 2: Respond to 75% of calls within 8 mins
These calls may be life threatening but less time-critical and should receive an emergency response within 8 minutes irrespective of location in 75% of cases.

Red 8 Mins: Respond to 75% of calls within 8 mins

Red 19 Mins: Respond to 95% of calls within 19 mins

Green 2: Respond to 90% of calls within 30 mins

Green 4: Triage 90% of calls in 60 mins

Referral Target: Target 90% achieved 91.9%

Significant efforts were made to achieve the targets. Despite this, WMAS continues to employ the highest Paramedic skill mix in the country with a Paramedic present in over 95% of crews every day. This is significantly higher than some other Services. We are actively recruiting over 300 student and graduate Paramedics this year, which will further boost our capacity to respond and our clinical performance for patients. We experience comparatively short ambulance back up delays to Paramedic response cars, in comparison to other Trusts and this year have seen a downturn in complaints. Furthermore, WMAS does not receive adverse media coverage that has been reported elsewhere, e.g. we do not use of taxis or police cars to convey emergency patients.

2.3 Clinical Performance Indicators (CPI) and Ambulance Quality Indicators (AQI)

To ensure patients of the West Midlands receive quality care from their Ambulance Service a set of key Performance Indicators and Ambulance Quality Indicators have been set nationally. These help set our policies and guidelines and develop our organisational culture that places quality at the top of the Trust's agenda. The following details the figures for each CPI/AQI and highlights the national mean percentage and the position of WMAS against other Trusts.

2.3.1 Outcome from Cardiac Arrest

The Ambulance Quality Indicator includes measurements for 2 elements:

a) Return of Spontaneous Circulation (ROSC) at hospital (i.e. the patient has a pulse on arrival at hospital)
b) Survival to hospital discharge (i.e. the patient has survived the cardiac arrest and been discharged from hospital)

The patient groups that the above measures are:

a) The overall group refers to all patients in cardiac arrest where resuscitation has been commenced (by WMAS Clinicians).
b) The comparator group is referring to those patients in cardiac arrest where resuscitation has been attempted, where the arrest was witnessed by a bystander, the rhythm that the patient was initially presenting with was ventricular fibrillation/ ventricular tachycardia (VF/VT) and the aetiology presumed to be cardiac. The comparator group look specifically at cases where a person is witnessed to go into cardiac arrest, and are found to be in a cardiac rhythm that is able to be defibrillated on arrival.
c) The comparator group give rise to the more meaningful data but numbers are inevitably small, so even one case can alter results by several percentage points.

The number of patients where resuscitation has been attempted has increased to 3861 for 2013/14 this is a 32.7% increase compared with last year's number of attempts. The number of patient arriving at hospital with return of spontaneous circulation has increased to 927 patients during 2013/14 this is a 13% increase when compared with last year. The number of patients who survived to discharge has improved to 253 cases this year which is an improvement of 16.6%. The Trust has demonstrated a year on year improvement in the number of patients surviving to be discharged and will continue strive to improve this during the next financial year.

ROSC at Hospital	Overall Group	Comparator Group
2013-2014 (April 2013-March 2014)		
Birmingham	24.19%	43.93%
Black Country	23.83%	39.44%
C&W	28.16%	40.63%
West Mercia	24.13%	32.94%
Staffs	23.51%	42.53%
WMAS	24.48%	40.10%
National Mean	26.06%	46.46%

Survival to Hospital Discharge	Overall Group	Comparator Group
2013-2014 (April 2013-March 2014)		
Birmingham	6.45%	22.43%
Black Country	7.42%	21.13%
C&W	5.31%	17.19%
West Mercia	6.06%	15.29%
Staffs	7.17%	24.14%
WMAS	6.55%	20.29%
National Mean	8.84%	25.53%

2.3.2 Acute ST-elevation myocardial infarction (STEMI)

STEMI (ST-elevation myocardial infarction): This is a type of heart attack. It is important that these patients receive:

A CHEST PAIN IS YOUR BODY SAYING CALL 999

DOUBT KILLS. CALL 999 IMMEDIATELY.
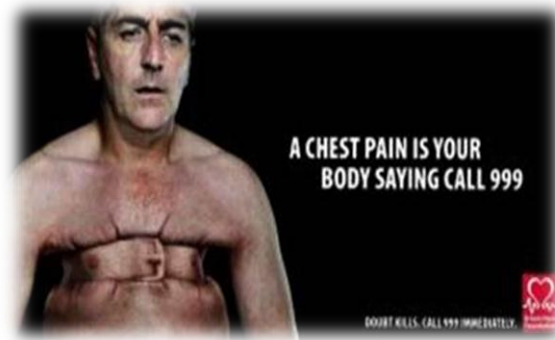
- Aspirin - this is important as it can help reduce blood clots forming.
- GTN – this is a drug that increases blood flow through the blood vessels within the heart. (improving the oxygen supply to the heart muscle and also reducing pain).
- Pain scores – so that we can assess whether the pain killers given have reduced the pain.
- Morphine – a strong pain killer which would usually be the drug of choice for heart attack patients.
- Analgesia – Sometimes if morphine cannot be given Entonox, a type of gas often given in childbirth, is used.
- Call to Balloon - 75% of patients that have Primary Percutaneous Coronary Intervention (PPCI) should do so within 150 minutes of the initial call. This treatment is provided at a specialist heart attack center.

The Care Bundle requires each patient to receive each of the above. The AQIs include measurements for the management of STEMI cases. The indicator has the following components:

a) The percentage of patients suffering a STEMI who are directly transferred to a centre capable of delivering primary percutaneous coronary intervention (PPCI) and receive angioplasty within 150 minutes of call.
b) The percentage of patients suffering a STEMI who receive an appropriate care bundle.

	Aspirin Administered		GTN administered		2 Pain Scores Documented	
	2012/13	2013/14	2012/13	2013/14	2012/13	2013/14
Birmingham	96.54%	97.72%	97.17%	96.58%	88.05%	90.87%
Black Country	97.06%	97.46%	94.96%	97.83%	89.50%	93.48%
C&W	98.24%	98.99%	97.06%	95.98%	82.94%	87.44%
West Mercia	97.12%	94.12%	95.67%	93.56%	90.87%	88.52%
Staffs	91.95%	94.62%	91.95%	92.47%	86.21%	93.55%
WMAS	95.98%	96.45%	95.31%	95.29%	87.70%	90.83%
National Mean	*	*	*	*	*	*

	Morphine administered		Analgesia administered		SPO2 documented		Care Bundle	
	2012/13	2013/14	2012/13	2013/14	2012/13	2013/14	2012/13	2013/14
Birmingham	73.90%	80.37%	77.04%	81.28%	100.00%	100.00%	67.92%	73.74%
Black Country	84.87%	89.49%	87.39%	89.86%	99.58%	99.64%	79.41%	82.25%
C&W	88.24%	90.45%	88.82%	89.95%	99.41%	98.99%	75.29%	78.89%
West Mercia	92.79%	84.87%	91.83%	84.87%	99.52%	100.00%	81.73%	71.99%
Staffs	79.31%	83.51%	81.61%	84.95%	99.62%	100.00%	68.58%	74.55%
WMAS	82.59%	84.89%	84.35%	85.41%	99.67%	99.81%	73.81%	75.66%
National Mean	*	*	*	*	*	*	77.80%	80.30%

	Call to Needle		Call to Balloon	
	2012/13	2013/14	2012/13	2013/14
WMAS	29.41%		85.74%	89.43%
National Mean	44.44%		88.82%	89.45%

*No National Mean Available.

2.3.3 Stroke / Mini Stroke (TIA)

The AQI for this area is compromised of;

- Blood pressure – a raised blood pressure may be a contributing factor for stroke.
- Blood glucose level - as patients with an altered level may present with the same symptoms as a stroke.

SPOT A STROKE

FACE DROOPING   ARM WEAKNESS   SPEECH DIFFICULTY   TIME TO CALL 911

Stroke Warning Signs and Symptoms

FAST test – this is an assessment of the following:
- o **F**acial weakness - can the person smile? Has their mouth or eye drooped?
- o **A**rm weakness - can the person raise both arms?
- o **S**peech problems - can the person speak clearly and understand what you say?
- o **T**ime to call **999**

The Care Bundle requires each of the above elements to be undertaken and documented during the patient assessment.

The AQIs include measurements for the management of all stroke cases, which amounts to approximately 700-800 cases per month.

The indicator has two components:

(a) The percentage of FAST positive stroke patients (assessed face to face) potentially eligible for stroke. Thrombolysis, who arrive at a hyper acute stroke centre within 60 minutes of call.
(b) The percentage of suspected stroke patients (assessed face to face) who receive an appropriate care bundle.

	FAST Documented		Blood Glucose documented		Blood Pressure documented	
	2012/13	2013/14	2012/13	2013/14	2012/13	2013/14
Birmingham	97.58%	97.85%	98.05%	97.38%	99.94%	99.91%
Black Country	97.71%	97.61%	98.72%	98.21%	100.00%	99.94%
C&W	95.43%	95.10%	95.97%	97.80%	100.00%	99.80%
West Mercia	96.70%	95.56%	98.28%	98.04%	100.00%	99.93%
Staffs	94.41%	95.36%	97.48%	97.74%	100.00%	100.00%
WMAS	96.55%	96.31%	97.92%	97.83%	99.99%	99.93%
National Mean	*	*	*	*	*	*

*No National Mean Available.

2.3.4 Asthma

A common respiratory condition where the tubes going into the lungs become inflamed and narrowed, making it difficult for the patient to breath. Measurements of quality include the following being undertaken and documented during the patient assessment.
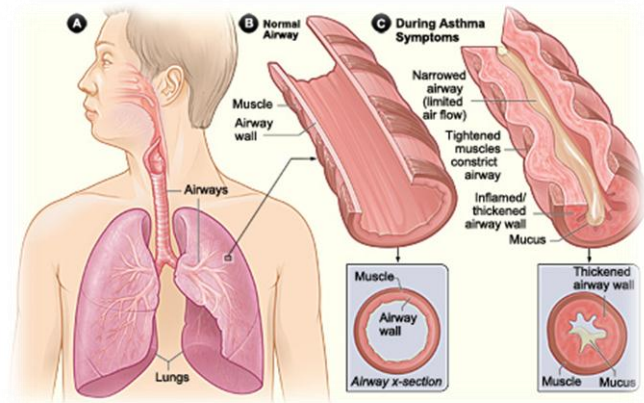
- **Respiratory rate** – how frequently the patient takes a breath, usually measured as times per minute.
- **Peak expiratory flow rate (PEFR)** prior to treatment - a device is used to determine and measure the flow of breathing out and indicates the amount of narrowing of the tubes. Measuring this before treatment allows doctors in the hospital to assess how bad the asthma attack was and what further treatment may be required.
- **PEFR** after treatment – this shows how effective the treatment given has been.
- **SpO2** before treatment - this shows the amount of oxygen present in the blood.
- **Oxygen** – whether we gave oxygen as a treatment.
- **Salbutamol** – The most commonly used treatment for patients with asthma.

	Care Bundle for the AQI		FAST+ patients transported to a hyper acute	
	2012/13	2013/14	2012/13	2013/14
Birmingham	95.86%	95.41%	Data recorded regionally	
Black Country	96.54%	95.93%		
C&W	91.51%	93.10%		
West Mercia	95.02%	93.71%		
Staffs	92.23%	93.19%		
WMAS	94.63%	94.24%	62.07%	58.68%
National Mean	95.63%	96.28%	63.45%	63.63%

	Respiratory Rate documented		Peak Flow documented		SPO2 documented	
	2012/13	2013/14	2012/13	2013/14	2012/13	2013/14
Birmingham	100.00%	99.79%	85.18%	82.80%	99.68%	99.25%
Black Country	99.86%	99.87%	87.00%	86.24%	99.73%	99.47%
C&W	100.00%	99.63%	85.55%	85.00%	100.00%	99.81%
West Mercia	99.84%	99.85%	88.30%	85.34%	100.00%	99.85%
Staffs	99.58%	99.86%	86.11%	82.22%	99.31%	99.58%
WMAS	99.86%	99.81%	86.36%	84.19%	99.72%	99.56%
National Mean	99.00%	99.10%	80.60%	79.50%	94.70%	95.50%

	Salbutamol administered		Oxygen administered		Care Bundle	
	2012/13	2013/14	2012/13	2012/13	2013/14	
Birmingham	95.92%	98.18%	96.46%	98.50%	81.42%	81.09%
Black Country	96.03%	97.62%	96.72%	97.88%	83.99%	84.13%
C&W	93.81%	98.52%	93.81%	98.33%	81.43%	83.89%
West Mercia	96.57%	94.29%	95.63%	95.83%	85.80%	81.33%
Staffs	94.17%	94.86%	95.14%	96.67%	82.22%	77.64%
WMAS	95.39%	96.75%	95.70%	97.50%	82.90%	81.50%
National Mean	97.30%	97.90%	96.50%	97.70%	76.70%	75.50%

2.3.5 Hypoglycaemia

This is when the amount of glucose (sugar) in the blood is lower than the normal range. This is usually related to diabetes but can be caused by other conditions.

Effective recording of blood sugars enlightens the patient receives the right treatment quickly and allows monitoring of effectiveness of treatment and informs clinicians the appropriate way forward for that individual patient.


Low blood sugar symptoms include:
Headache ▶ ▲ Sweating
Shaking ▶ ▲ Feeling tired
 ▲ Weakness
Hunger ▲

	Blood Glucose documented before treatment		Blood Glucose documented after treatment	
	2012/13	2013/14	2012/13	2013/14
Birmingham	98.93%	99.57%	97.44%	98.40%
Black Country	99.34%	99.47%	96.96%	98.81%
C&W	97.59%	100.00%	97.78%	98.89%
West Mercia	98.15%	98.46%	98.30%	98.61%
Staffs	98.32%	98.06%	97.20%	99.17%
WMAS	98.55%	99.11%	97.50%	98.75%
National Mean	**99%**	**99.10%**	**97.30%**	**97.20%**

	Treatment provided to patient		Direct Referral to healthcare professional		Care Bundle	
	2012/13	2013/14	2012/13	2013/14	2012/13	2013/14
Birmingham	97.76%	99.15%	74.79%	70.83%	95.41%	97.54%
Black Country	98.54%	99.60%	71.56%	74.74%	95.50%	98.15%
C&W	98.89%	99.44%	70.74%	66.48%	95.00%	98.33%
West Mercia	98.30%	99.07%	69.29%	70.22%	95.68%	96.91%
Staffs	97.90%	98.89%	76.05%	83.89%	94.12%	96.11%
WMAS	98.22%	99.22%	72.76%	73.50%	95.16%	97.39%
National Mean	**99.10%**	**99.00%**	**61.80%**	**70.20%**	**95.80%**	**95.60%**

2.4 Review of Services and Assurances from the Board
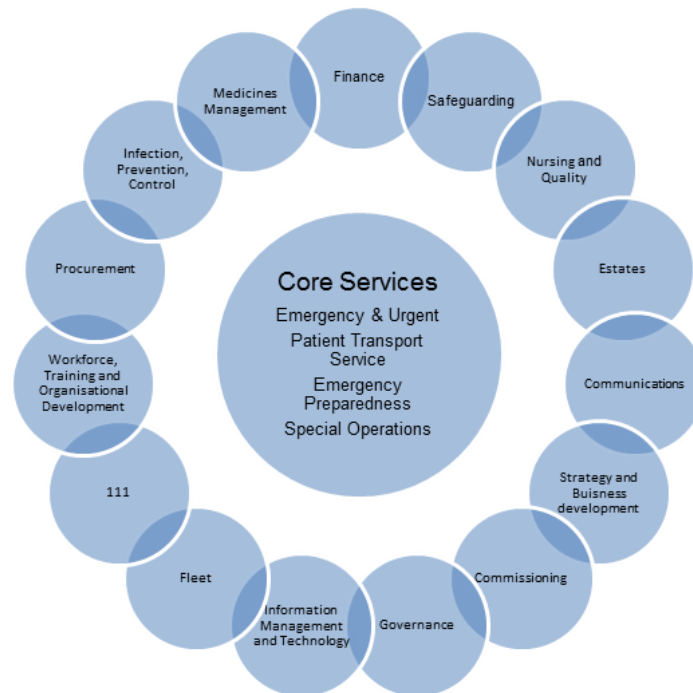
During 2013/14 West Midlands Ambulance Service provided NHS services as above The Trust sub-contracted to 1 Voluntary Urgent Care Provider. WMAS provides Patient Transportation Services to other NHS Trusts. To ensure excellent business continuity during times of surges in demand or in support of major incidents, the Trust has the facility to call upon a small number of Ambulance Sub-contractors to supplement service delivery. Sub-contractors are subjected to a robust governance review before they are utilised.

The Board of Directors has strong governance arrangements in place that have been embedded over a number of years, the Board of Directors has reviewed all of the data available and is assured that this account is an accurate account on the quality of care in all of these services.

The total service income received in 2013/14 from NHS sources represents 98% of the total service income for the Trust. More detail relating to the financial position of the Trust is available in the Trust's 2013/14 Annual Report.

2.5 Trust Profile

2.5.1 Geographical Area & Population

The Trust serves a population of 5.6 million who live in Shropshire, Herefordshire, Worcestershire, Coventry and Warwickshire, Staffordshire and the Birmingham and Black Country conurbation. The West Midlands sits at the Heart of England, covering an area of over 5,000 square miles, over 80% of which is rural landscape.

The West Midlands is an area of contrasts and diversity. It includes the second largest urban area in the country, covering Birmingham, Solihull and the Black Country where in the region of 45% of the population live. Birmingham is England's second largest city, second only to the capital in terms of its ethnic diversity.

The Region is also well known for some of the most remote and beautiful countryside in the Country including the Welsh Marches on the Shropshire / Welsh borders and the Staffordshire Moorlands.

2.5.2 About the Trust

West Midlands Ambulance Service became a NHS Foundation Trust on 1st January 2013, following authorisation by the regulator Monitor and received its licence as a Health Service Provider in April 2013.

The Trust has a budget of approximately £200 million per annum. It employs over 4,000 staff and operates from 15 Operational Hubs and over 100 Community Ambulance Stations together with other bases across the Region. The average age of the Operational Fleet is, for the first time, now under five years old. In total the Trust utilises over 800 vehicles including Ambulances, Response Cars, Non-Emergency Ambulances and Specialist Resources such as Motorbikes and Helicopters.

The Trust is supported by a network of Volunteers. More than 800 people from all walks of life give up their time to be Community First Responders (CFRs). CFRs are always backed up by the Ambulance Service but there is no doubt that their early intervention has saved the lives of many people in our communities. WMAS is also assisted by Voluntary organisations such as the British Red Cross, St. John Ambulance, BASICS doctors, water-based Rescue Teams and 4x4 organisations.

In November 2014, it was agreed that the Trust should take over from NHS Direct and manage the **NHS 111 Service** in Birmingham, Solihull, the Black Country, Shropshire, Herefordshire, Coventry and Warwickshire.

Emergency and Urgent: This is perhaps the best known part of the Trust and deals with the 999 calls. Initially, one of the two Emergency Operations Centres (EOC) answers and assesses the 999 call. They then send the most appropriate Ambulance Crew or Responder to the patient or direct the patient to the most appropriate service. Where necessary, patients will be taken by ambulance to an A&E Department or other NHS facility such as a Walk in Centre for further assessment and treatment.

Patient Transport Services (PTS)**:** A large part of the organisation deals with the transfer and transport of patients for reasons such as hospital appointments, transfer between care sites, routine admissions and discharges and transport for continuing treatments such as renal dialysis. A dedicated control rooms deals with the Non-emergency Patient Transport Services (NEPTS), it is the largest business area for the Trust and the largest business area within Commercial Services. Commissioning of NEPTS is predominantly the responsibility of Clinical Commissioning Groups, with some exceptions which are commissioned by Acute Trust's. The construction of NEPTS' contracts varies which is normally based on an annual cost and volume agreement including tolerance and marginal cost arrangements for over and under activity.

Demand: NEPTS usually completes approximately 850,000 patient journeys each year; however in 2013/14, 640,000 journeys were undertaken due to the loss of a major NEPTS contract.
The majority of the contracts held by WMASFT have experienced a lower level of activity than expected which is mostly due to a commissioner focus upon transport provision to an agreed Eligibility Criteria. Resultantly, WMASFT see a lower number of more mobile patients transported by NEPTS; however a corresponding increase in higher mobility patients such a stretcher and wheelchair patients.

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Emergency Preparedness: This is a small but important section of the organisation which deals with the Trust's planning and response to significant incidents within the Region as well as co-ordinating a response to large gatherings such as football matches and festivals. It also aligns all the Trust's Specialist assets and Operations into a single structure. Such assets include the staff, equipment and vehicles from the Hazardous Area Response Team (HART), Air Operations, Decontamination staff and the Mobile Emergency Response Incident Team (MERIT). The department constantly arranges training for staff and ensures the Trust understands and acts upon intelligence and identified risk to ensure we keep the public safe in terms of major incidents.

Make Ready is a dedicated ambulance preparation system operating successfully in most of the Trust that was implemented during 2013. Under the Make Ready system, specialist non–clinical staff clean, prepare and stock the ambulances ready for the start of each shift. They also 'Make Ready' replacement vehicles for crews if an ambulance is contaminated during a shift. This realises the following benefits:

- Maximize vehicle cleanliness and minimize cross infection.
- Improve medicines management.
- Maximize unit hour utilization.
- Minimize critical vehicle failure rate of the fleet including related equipment.
- Ensuring ambulances are stocked to the required standard from a reduced number of locations.
      This results in better use of consumables reducing the waste of out of date stock.
- Provide assurance regarding asset control and medical equipment servicing routines.
- Provide readiness arrangements for Major Incident assets and ensure ancillary staff exists to deploy and manage the physical assets allowing clinical staff to concentrate on treating patients.
- Larger ambulance stations / Hubs will provide better facilities for staff and improved staff communications due to better access to managers.
- Better compliance with the deployment plan due to improved vehicle readiness will lead to faster treatment for patients.

Police award for 'Make Ready' Hub

The "Secured by Design" accreditation is the official UK Police flagship initiative developed by ACPO (Association of Chief Police Officers) and is based upon the principles of 'designing out crime' and is for recognition of build and layout, designed to reduce the opportunity for crime and anti-social behaviour.

The Trust was presented the award for its newly-built premises in Hollymoor Way in Rubery.

It is the first of four Hubs to receive such accreditation; the other three will follow at the recently constructed premises in Erdington, Willenhall and Coventry at dates to be confirmed.

Receiving the award on behalf of West Midlands Ambulance Service, Barry Thurston, Director of Service Delivery, said: "It's a credit to the staff and the teams who have worked so hard on the 'Make Ready' scheme for the past two years. It is a validation of the efforts that are being recognised in this way."

Emergency Operations Centres deal with approximately 76,000 999 calls each month, over 95% of which are answered within 5 seconds. Each 999 call is triaged through NHS Pathways in order to ensure that the correct categorisation is reached to meet the needs of the patient. As part of the NHS Pathways licencing agreements we are required to audit 1% of all emergency and urgent calls processed to which they are required to achieve an average audit compliance of over 86%. Of all the calls audited, we can confirm that the Trust has a compliancy rate of 95% indicating that the 999 calls we manage are appropriately triaged. The audit process is used to identify training needs and requirements and is also a useful tool for future developments within NHS Pathways. The Trust is currently participating in a trial regarding patients in a state of peri-arrest. As part of this trial the call assessors are required to evaluate a patients breathing when they are unconscious. An early indication is, that as a result of this trial, the Trust is better suited to respond and categorise patients that are not in an actual cardiac arrest but a delay in responding could result in the patient going into Cardiac arrest situation.

NHS 111

NHS 111 was introduced back in March 2013 to the general public to make access to health services easier. The service had a difficult start across the country including the West Midlands where NHS Direct were the chosen provider. In the summer of 2013 NHS Direct took the decision to rescind the 111 contract so NHS England approached WMAS to be the 'step in provider' for the West Midlands and Staffordshire Doctors Urgent Care for Staffordshire.

On the 11th November 2013, the contract was transferred to WMAS from NHS Direct along with the workforce and the estates.

With the Festive season approaching, the main objectives were to keep the service stable, maintain a high level of public access and more importantly provide a safe service to the public. WMAS achieved this by answering 95.4% of 73314 calls taken within 60 seconds. We also worked in partnership with our Out of Hours (OOHs) colleagues to stream line 111 calls directly into the OOH's to provide early GP intervention making the patient's journey more efficient. In addition, we supported other 111 services hosted by Ambulance Service Trusts over the festive period at times of high demand.

WMAS 111 is now providing a safe and stable service. One of the main changes was to introduce a clinical model which ensures that a Clinician is readily available to answer queries from call takers within the Call Centre. All new members of staff to 111 receive 8 weeks training which includes First Person on Scene (FPOS).

We achieved our first landmark with our 250,000th call on the 7th March 2014. We also publically launched the Service on the 11th March 2013 and invited members of the press and media into the call centre to see 111 in action and to share our good news story of 111's first baby to be delivered with the help of our staff.

The service is experiencing steady growth per month and on the back of the public launch we fully expect to see a more significant rise in call volumes moving forward. We continue to achieve our call answering performance targets which ensuring caller receive a timely and effective call response.

We will continue to work with our Commissioners and other Providers to ensure that we identify and support improvements in meeting the healthcare needs of people within the West Midlands. Our aim is to reduce the 8% of patients we currently send to A&E departments and the 12% we send 999 ambulances to, we will do this by listening to our patients, identifying the right local service required and ensuring we work with Commissioners to bridge any gaps in those services.

We also use complaints, Health Professional Feedback and internal incidents to help drive improvements and quality. Themes identified recently include being sent to the wrong Health Care Provider and Dental patients calling 111 in the Out of Hour's period with very little dental provision.

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2.6 Divisional Profiles

2.6.1 Black Country Division

This overview is intended to provide relative information for various bodies, in understanding the composition, operational make up, and challenges that face the West Midlands Ambulance Service in the Black Country.

The resident population of the Black Country is approximately 1.1 million people and has seen population increases in recent years; there is also a large transient population that travels through the area on a daily basis due to a busy road and rail network.

The area stretches across approximately 150 sq. miles, and is mainly urbanised with multiple borough. The Black Country operating division has 4 Clinical Commissioning Groups (CCGs), with whom the ambulance service interact on a frequent basis. The CCGs are Dudley, Sandwell and West, Walsall and Wolverhampton.

The ambulance service is strategically located in three areas where the main ambulance hubs are sited. An ambulance hub is a unit or building where staff report to centrally, ambulances are prepared, cleaned and repaired, and where training and education takes place. From these ambulance hubs, the ambulances are strategically placed in line with a dynamic operational status plan, based on the emergency activity, and ensure that the ambulance resources are best positioned to meet the daily patient demand.

The Trust occupies a variety of locations across the area as Community Ambulance Stations and standby sites. Many of these sites are based in existing estates owned by the other emergency service providers and this encourages interoperability and good working relationships when attending the same incident.

Black Country is also the site of the Trust Headquarters in Brierley Hill (Dudley area) which accommodates one of the two Emergency Operations Centres, where emergency calls are received and triaged. The regions 111 service provision is under temporary contract to the Trust and is also located in Brierley Hill.

The People to Know

Nick Henry – General Manager Black Country Division based at Willenhall Hub with responsibility for the Accident and Emergency performance and delivery within the area. Nick joined the former WMAS as a cadet in 1990 and has progressed through the Trust holding many posts during this term of service.

Mark Chapman is the Area Manager for the South of Black Country which comprises of Dudley and Sandwell where there are two Hubs situated. Based at Dudley Hub, Mark is responsible for 2 Assistant Area Managers, 2 Hospital Ambulance Liaison Officers, 5 Operational Area Support Officers and 241 Operational staff. The fleet consists of 34 Ambulances and 15 operational Rapid Response Vehicles which are based in the South Area. The area provides operational cover to Dudley, Stourbridge, Halesowen, West Bromwich and Oldbury.

Paul Baylis is the Area Manager for the North of Black Country which comprises of Wolverhampton and Walsall. Based at the central Willenhall Hub, Paul is responsible for an Assistant Area Manager, 2 Hospital Ambulance Liaison Officers, 5 Operational Area Support Officers and 205 operational staff. The fleet consists of 30 ambulances and 15 operational Rapid Response Vehicles which are based in the North Area. The area provides operational cover to Wolverhampton, Bilston, Walsall and Aldridge.

Performance

Overview by HUB –

Post code activity is variable on daily basis, however, historical data proves that certain areas are busier than others and the status plan is adapted to meet the demand based on this data. The following is a snapshot of current performance data:

Dudley - DY1 (Dudley) is the busiest in volume and best performing area with over 90% of calls attended within targets, DY8 (Stourbridge) is the next busiest and performance has been historically challenging. DY5 (Brierley Hill) and DY2 (Netherton) are the next busiest areas, and performance has been consistently strong to both postcodes.
Current performance achieving year to date at 77.9%

Sandwell – DY4 (Tipton) lies between Sandwell Borough and is the fourth busiest area in Black Country, performance is this area is currently good. B70 and B71 (West Bromwich) are the next busiest, followed by B66 (Smethwick). Performance is historically strong in all areas, Sandwell covers the border between Black Country and Birmingham and the performance is linked through the Birmingham Cross City CCG area.
Current performance achieving year to date at 80.08%

Willenhall – WV10 (Bushbury), WS3 (Bloxwich) and WS2 (Walsall) are historically the 3 busiest areas of the Black Country and performance has been challenging. However, this year has seen marked improvement with WS2 particularly impressive at nearly 90% achievement of target. The North area has 4 of the 5 busiest postcode areas in the Black Country, reprioritising sites in the status plan and improved allocation of resources has shown a positive impact on performance.
Current performance achieving year to date at 77.5% Walsall and 76.9% Wolverhampton

Total Red 2 performance for Black Country year to date 78.4%

There is a Performance improvement plan in place across the Division and the main Points are;

- Reduce sickness to 4% to release manpower to A&E.
- Paramedic on every ambulance, increasing ability to treat patients in the community
- Reduce Job cycle times from current levels of 93 minutes to 87 minutes
- Increase staffing and resource to match the demand profile
- Report weekly to an operational board chair by the CEO
- In addition to the above the Division is encouraged to use appropriate alternative care pathways through a 'clinical hub' in the 111 call centre, allowing clinician to clinician referral and improving Hospital avoidance for those patients that can be better cared for elsewhere.

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2.6.2 West Mercia Division

This overview is intended to provide relative information for various bodies, in understanding the composition, operational make up, challenges that face the Trust in the West Mercia Division. West Mercia Division covers the counties of:

▪ Herefordshire
▪ Worcestershire
▪ Shropshire

The population of West Mercia is in excess of 1.1 million and stretches across 2,868 square miles with a combination of both rural and urban communities. This area accounts for more than 50% of the geographical size of the Trust.

West Mercia has six Clinical Commissioning Groups (CCG's), with whom the Ambulance Service interact with on a frequent basis. The CCGs are Shropshire, Telford and Wrekin, Herefordshire, South Worcestershire, Redditch and Bromsgrove and the Wyre Forest.

There are 5 ambulance hubs which are supplemented by Community Posts. An ambulance hub is a location where staff report to centrally, ambulances are prepared, cleaned and repaired, and where training and education takes place.

From these ambulance hubs, the ambulances are strategically placed in line with a dynamic operational plan that changes each hour. This plan is based on emergency activity and ensures that the ambulance resources are best positioned to meet the daily patient activity.

The Trust occupy a varied assortment of properties to support this deployment ranging from prefabricated building to fixed buildings, and we do link in with our sister emergency services colleagues in assisting with accommodation where applicable to the operational plan. Many of these premises' are occupied by Community Paramedics in Rapid Response Vehicles.

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The People to Know

Michelle Brotherton – General Manager for West Mercia Division with responsibility for the Accident and Emergency clinical and operational performance and ensuring safe and effective care to patients. Michelle joined the ambulance service in 1993 as an ambulance cadet, and has subsequently progressed through the Trust holding many posts during this term of service, including Education and Training, Patient Transport Services and Community Response.

Adrian Ball – Area Manager at Worcester Hub is responsible for 5 x Operational Ambulance Support Officers and in excess of 150 x Operational Staff and a fleet including 26 x Ambulances and 12 x Rapid Response Vehicles managed through the Worcester Hub, which provides operational cover principally to South Worcestershire and Wyre Forest.

Dug Holloway – Area Manager at Bromsgrove Hub is responsible for 78 x Operational Staff and a fleet including 8 x Ambulances and 4 x Rapid Response Vehicles managed through the Bromsgrove Hub, which provides operational cover principally to Bromsgrove and Redditch areas.

Debbie Small – Area Manager at Hereford Hub is responsible for 5 x Operational Ambulance Support Officers and in excess of over 100 x Operational Staff and a fleet including 13 x Ambulances and 9 x Rapid Response Vehicles managed through the Hereford Hub, which provides operational cover throughout Herefordshire

Barry McKinnon – Area Manager at Shrewsbury Hub is responsible for 5 x Operational Ambulance Support Officers and in excess of 100 x Operational Staff and a fleet including 15 x Ambulances and 5 x Rapid Response Vehicles managed through the Bromsgrove Hub, which provides operational cover principally to Shropshire County.

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Performance

Post code activity is a variable each week and is dependent on the activity in that post code area. A snapshot is provided in this briefing which relates to the performance of each County for the month of April 2014. **It is important to note this provides a snapshot only for one month and is not reflective of the annual performance for each postcode area**. Many areas of West Mercia present challenges due to the geographical spread of communities and maximising alternative community strategies to provide prompt response to patients are utilised.

Worcestershire

The busiest postcode is B98 (Redditch) which is the best performing postcode also for Red 2 calls. This is a similar theme with postcodes WR14 (Malvern), WR11 (Evesham) and DY 11 (Wyre Forest).
The most challenged postcodes based on call volume are DY 10 (Wyre Forest), WR 9 (Droitwich), and WR10 (Pershore). Red 2 performance for April 2014 sits above the national target at 78.2%.

Herefordshire

The busiest postcode is HR1 (central Hereford) which is the best performing postcode also for Red 2 calls. This is a similar theme with postcodes HR2 (South Western of Hereford City) and HR4 (North West of Hereford City). The most challenged postcodes based on call volume are HR6 (Leominster area) and HR9 (Ross). Red 2 performance for April 2014 sits below the national target at 71.7%.

Shropshire

The busiest postcode is TF1 (Telford) and TF2 (North East of Telford Central) and SY 3 (Shrewsbury West) is the best performing postcode also for Red 2 calls.
The most challenged postcodes based on call volume are SY1(North Shrewsbury) and TF 3 (South of Telford Central). SY1 is not normally an area that presents a challenge. Red 2 performance for April 2014 sits below the national target at 68.9%.

A Performance improvement plan is in place across the Division – Summary of main points

Every effort is made by local operational management teams to constantly improve performance in order for patients to receive the most timely response and clinical care. This includes aiming to achieve:

▪ A reduction in sickness to 4% to maximise available resources
▪ Providing a Paramedic on every ambulance, increasing ability to treat patients in the community – Current rosters are designed to have a Paramedic on every vehicle. This will also reduce the number of resources being sent to incidents, keeping them available for other calls
▪ Reducing Job cycle times
▪ Recruit to achieve the budgetary establishment of requirement staff for the area of 563 whole time equivalent Operational staff (Paramedics and Technicians)
▪ Recruiting Community Responders to challenged areas
▪ Encouraging Defibrillation sites both within the Community and at sites of high population and public concentration
▪ Report weekly to an operational board chair by the Chief Executive Officer

2.6.3 Staffordshire Division

This overview is intended to provide relative information for various bodies, in understanding the composition, operational make up, challenges that face the west midlands ambulance service in Staffordshire.

The Staffordshire population is 1.1 million resident in the county, and a large transient population that travels through the county on a daily basis. The county stretches across 1,050 sq miles, and has a mixture of rural and Urban Communities.

The County has six Clinical Commissioning Groups, with whom the ambulance service interact on a frequent basis. The CCGs are North Staffordshire, Stoke on Trent, Stafford and Surrounds, Cannock Chase, East Staffordshire, South East Staffordshire and Seisdon Pennisula.

The ambulance service is strategically located in three areas where the main ambulance hubs are sited. An ambulance hub is a centre where staff report to centrally, ambulances are prepared, cleaned and repaired, and where training and education takes place.

From the ambulance hubs, the ambulances are strategically placed in line with a dynamic operational plan that changes each hour, this plan is based on emergency activity, and ensures that the ambulance resources are best positioned to meet the daily patient activity.

The Trust occupy a varied assortment of properties to support this deployment ranging from prefabricated building to fixed buildings and we do link in with our sister emergency services colleagues in assisting with accommodation where applicable to the operational plan. Staffordshire is also the site of one of the two Emergency Operations Centres, where emergency calls are received and triaged.

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The People to Know

Lee Washington – General Manager for Staffordshire Division based at Tollgate Stafford with responsibility for the accident and Emergency performance and delivery within the County. Lee joined the ambulance service in 1980 in Staffordshire as a trainee ambulance man, and has subsequently progressed through the Trust holding many posts during this term of service

John Vernon is The Area manager Based at Tollgate Stafford, a area manager for Tollgate John is responsible for 1x Assistant Area manager, 5 Operational Ambulance Support Officers and 132 Operational staff. There are 17 Ambulances and 10 Operational Rapid response vehicles based at Tollgate. Tollgate provides operational Ambulance cover to Stone, Stafford Borough, Cannock and the surrounding Areas Rugeley and Uttoxeter

Michelle Kelly is the Area Manager at Lichfield she is responsible for the Halo at Burton, and currently has 75 operational Staff at Lichfield. The fleet at Lichfield comprises of 15 Operational Ambulances and 6 Rapid response vehicles, Michelle is accountable for providing cover to Burton and Tamworth areas as well

Sean Coleman Area manager at Stoke On Trent Sean is responsible for 1x Assistant Area manager, 5 Operational Ambulance Support Officers and 208 Operational staff. Fleet there are 28 Ambulances and 15 Rapid response vehicles based at Stoke. Stoke provides operational cover to the whole of North Staffordshire

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Performance

Overview by HUB –

Post code activity is a variable each week and is dependent on the activity in that post code area. A snapshot is provided in this briefing which indicates that instability

Tollgate – busiest postcode area WS11 (Cannock) which is the best performing post code also. Most challenged post code ST15 (Stone north). The post activity is not a stable measure as volume and performance changes continually by week, Current challenges overnight closure of Stafford hospital, creates some deficit in performance, 111 activity at weekends challenging in volume . Insufficient alternative care pathways in the area resulting in more transports to A&E
Performance
Performance sits below national targets at 72%

Stoke - busiest postcode area ST5 (Newcastle), ST4 (Trentham) the best performing post code also. Most challenged post code ST7 Kidsgrove/Audley). Other challenges EMS operating level at University Hospital North Staffordshire remains high which creates issues with handovers. Increased 111 activity at weekends impacts on the accident and emergency performance Operational performance above national standards at 77% Looking relocate the hub

Lichfield - busiest postcode area B77 (Tamworth), DE14(Burton) the best performing post code also. Most challenged post code B79 (Tamworth). Other challenges the sesidon peninsula is covered by Black County Ambulance crews rather than Staffordshire so different dynamics. Majority of the hospitals sit outside of the Staffordshire Boundary Lichfield new hub in build due for completion Sept 2014 site Eastern Avenue

A Performance improvement plan is in place across the Division – Summary of main points

- Reduce sickness to 4% to release manpower to A&E
- Paramedic on every ambulance, increasing ability to treat patients in the community
- Reduce Job cycle times from current levels of 97 minutes to 80 minutes
- Increase resources into South Staffordshire by demonstrating activity increase
- Report weekly to an operational board chair by the CEO
- In addition to the above the Division are looking to implement a tried and tested operational triage tool for clinicians to use to best utilise alternatives to hospitals admissions.

2.6.4 Arden Division

Introduction

This overview is intended to provide information to support the understanding of the composition and operational challenges that face the West Midlands Ambulance Service in Arden.

Arden consists of a population of 845,000 residents in the county with a large transient population that travels through the county on a daily basis. The county has a mixture of both rural and urban communities.

The County has three Clinical Commissioning Groups (CCGs), with whom the ambulance service interact on a frequent basis. These are:

1. Coventry & Rugby CCG,
2. South Warwickshire CCG
3. Warwickshire North CCG

The Arden Division Emergency & Urgent ambulance provision is located at two hubs/buildings, one in Coventry and the second in Warwick. An ambulance hub is a centre where staff report to at the start of their shift, where ambulances are prepared, cleaned and repaired (fleet on site) by the make ready team and where training and education takes place. Ambulances are mobilised from these hubs to response posts situated at strategic points throughout the Arden County. The 'Make Ready' team ensure that all operational vehicles are fully equipped and cleaned, ready for the start of each shift to provide the correct environment for patient care.

Ambulances are moved on a dynamic basis and in line with our System Status Management operational plan that changes each hour. This plan is based on emergency activity, and ensures that the ambulance resources are best positioned to meet the daily patient activity.

The Trust occupies a varied assortment of properties to support this deployment ranging from prefabricated to fixed buildings. We also link in with our partner emergency services colleagues in assisting with accommodation where applicable to the operational plan e.g. Fire Service. All ambulances calls in Arden are received and processed by our Emergency Operations Centre based at Stafford, then assigned to the nearest ambulance to the incident.

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People to Know

Ham Patel – General Manager for the Arden Division based at the Coventry Hub and has responsibility for the delivery of Accident and Emergency performance for the Arden County. Ham joined the ambulance service in 1987 in the previous West Midlands organisation as a patient carer, progressing to a Paramedic and then through to several management positions within the Trust to the post of General Manager for the last 14 years.

Martyn Scott - Area Manager based at the Warwick Hub and is responsible for five Ambulance Support Officers and 108 operational staff. Martyn joined the ambulance service in 2003 as an Emergency Care Practitioner with a background of an Accident & Emergency Nurse and Community First Responder. The fleet at Warwick includes fourteen Ambulances, one 4x4 ambulance, seven Rapid Response Vehicles (cars) and three Major Incident vehicles, which provides emergency and urgent cover in South Warwickshire and surrounding areas.

Aston Watkins - Area Manager based at the Coventry Hub and is responsible for five Ambulance Support Officers with a staff establishment of 195 operational staff. Aston joined the London Ambulance Service in 1992 and moved to this Trust in 1999, progressing through the ranks to his current position. The Coventry fleet includes thirty six ambulances, one 4x4 ambulance and seventeen Rapid Response Vehicles (cars) based at Coventry, which provides emergency and urgent cover in Coventry, Rugby and North Warwickshire and surrounding areas.

Nigel Wells - Assistant Area Manager based at the Coventry Hub and assists the Area Manager in the delivery of operational requirements. Nigel joined the ambulance service in 1982 as an ambulance man at Hereford & Worcester, moved to Warwickshire in 1998 as a Station/Control Manager and progressed through to his current position, supporting Aston.

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Performance

Post code activity is variable each week and is dependent on the activity that presents in that post code area each hour of the day. This activity dictates the level of resources required.

Coventry Hub Area

This includes Coventry City and Rugby and falls into the Coventry and Rugby CCG service area. These are the busiest areas in terms of activity and require greater resources than other areas. Activity is challenged during weekends as 111 calls are assigned to 999 ambulances due to insufficient alternative pathways at weekends. Post code activity is variable within these areas and resourcing is achieved by identifying the busiest post codes to ensure calls are serviced appropriately to maintain patient safety.

The main hospital for ambulance transports is University Hospital of Coventry & Warwickshire, which is also the nominated Major Trauma, Percutaneous Coronary Intervention (PCI) and Stroke Unit for the whole of Arden and surrounding areas.

North Warwickshire sits in the North Warwickshire CCG area and presents a problem in its geography as well as insufficient alternative care pathways in the area, resulting in more transports to hospital. This is further impacted by the restrictions in the type of patient/conditions/injury that are accepted by George Eliot hospital based at Nuneaton, therefore this group of patients are required to be transported to University Hospital of Coventry & Warwickshire. This has the effect of depleting resources available in the area. Rapid responses cars are strategically based within the area 24 hours, seven days a week, to ensure cover is maintained at all times.

Current year to date Red 2 performance is 77.8% (National Target=75%).

Warwick Hub Area

This hub sits in the South Warwickshire CCG service area and services our largest rural area in Arden. Performance is challenged due to travel distances and lower numbers of ambulances as the activity is lower than that in the Coventry area. Post code activity is again variable within these areas and resourcing is achieved by identifying the busiest post codes for each day to ensure calls are serviced appropriately to ensure patient safety. However, popular towns for tourism, such as Stratford upon Avon has a transient annual population, which places pressure on resources as activity increases, especially in the summer months. Rapid responses cars are strategically based within the area 24 hours, seven days a week, to ensure cover is maintained at all times.

Current year to date Red 2 performance is 75.9% (National Target=75%).

Performance Improvement Plan

This is in place to cover each hub area and include the following points to introduce stability and the delivery of performance by month and quarter.

a) Reduce sickness to 4% to release manpower to operations
b) Achieve a Paramedic on every ambulance, thus increasing the ability to treat patients in the community more effectively through alternate pathways to ensure the patient is treated at the right place for their condition. This is currently running on an average of 98%.
c) Reduction of job cycle times from current levels of 87 minutes to 80 minutes
d) Increase/realign resources to match increase in predicted activity levels to ensure the delivery of a safe service
e) Report weekly to an operational board chaired by the Chief Executive Officer.

We are continually working with health partners and the Health & Overview Scrutiny Committees to further improve services together for the benefit of our population.

2.6.5 Birmingham Division

This overview is intended to provide relative information for various bodies, in understanding the composition, operational make up, challenges that face the west midlands ambulance service in Birmingham and Solihull
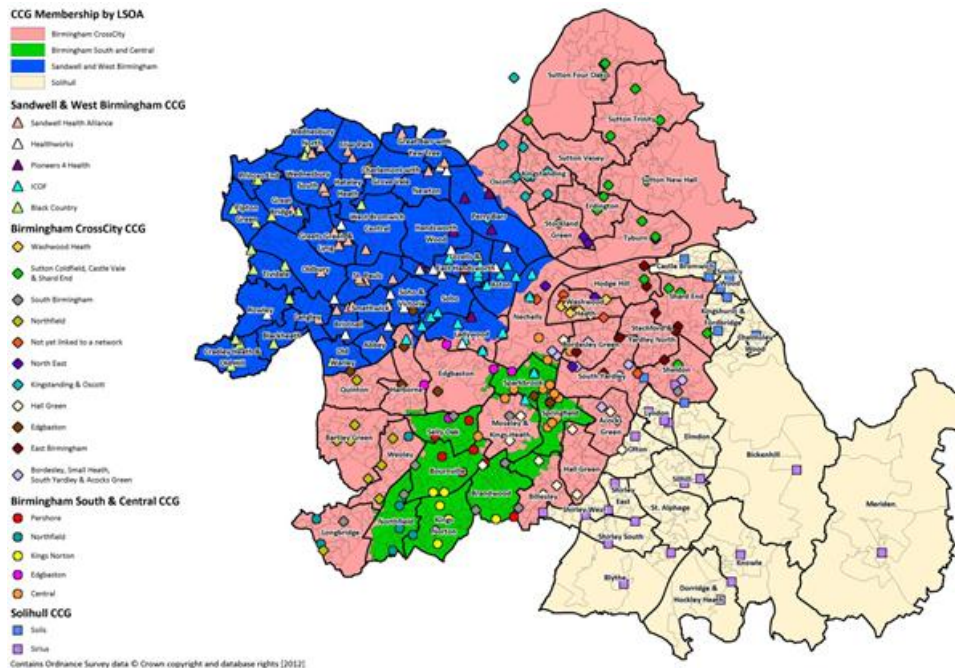
The Birmingham/Solihull population is circa 1.3 million residents in the area, and a large transient population that travels into the city centre and returns in evening on a daily basis. The conurbation stretches across 445 sqKM, and is in the main an urban profile.

The Conurbation has 4 Clinical Commissioning Groups, with whom the ambulance service interact on a frequent basis. The CCGs are Birmingham Cross city, Birmingham South and Central, West Birmingham and Sandwell, Solihull.

The ambulance service has strategically located its 2 main ambulance hubs to facilitate both response times ease of supplemental cover, there is also a satellite community Ambulance station at Aston fire station which has a close proximity to the city centre.

An ambulance hub is a centre where staff report to centrally, ambulances are prepared, cleaned and repaired, training and education also takes place. From these ambulance hubs, the ambulances are deployed and strategically placed in line with a dynamic operational plan, the plan changes hourly and depicts the changing activity, this plan is based on emergency activity and historical data, and ensures that the ambulance resources are best positioned to meet the daily patient activity.

The Trust occupies a varied assortment of properties to support this deployment, ranging from prefabricated building to fixed buildings we also link in with the other emergency services and health care provider colleagues in assisting with accommodation where applicable and that is conducive to adherence to the operational plan.

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The People to Know

Nathan Hudson – General Manager for Birmingham Division based at Hollymoor Hub with responsibility for the accident and Emergency performance and delivery within the County. Nathan joined the ambulance service in 2005 and has subsequently progressed through posts during his term of service.

Dean Jenkins - As Area Manager for Erdington Dean is responsible for 1 Assistant Area manager, 5 Operational Ambulance Support Officers and 258 Operational staff. There are 32 Ambulances and 12 Operational Rapid response vehicles based in either community Ambulance stations or at Erdington. Erdington provides Ambulance cover to the North Birmingham and Solihull area in the main.

Phil Calow - Assistant Area manager who holds responsibility for the Community Paramedic CA's sites and staff. Phil ensures that all monthly, quarterly, yearly audits requirements are completed for all sites.

Dax Morris - Area Manager at Hollymoor Hub. Dax is responsible for 1 Assistant Area manager, 5 Operational Ambulance Support Officers and 206 Operational staff. There are 30 Ambulances and 10 Operational Rapid response vehicles based in either community Ambulance stations or at the Hub. Hollymoor provides Ambulance cover to the South Birmingham area

Tim Hughes - Assistant Area manager who holds responsibility for the Community Paramedic sites and staff. Tim ensures that all monthly, quarterly, yearly audits requirements are completed for all sites.

Tony Iommi is the Assistant Area Manager based at Aston Community Ambulance station. Tony is responsible for circa 74 Operational staff. The Aston site puts out 9 operational Ambulances per day and 4 Rapid response vehicles based at other local community Ambulance stations or at Aston Fire station. Aston provides Ambulance cover to Birmingham city centre. Tony also manages the City Centre Treatment Unit (CCTU) that serves the main Birmingham City centre night life hotspots on a Friday and Saturday night providing on the spot medical attention to the night-time economy revellers.

Performance

Overview by HUB –

Erdington – Erdington Hub became operational in September 2013. The busiest postcode area B23 (Erdington) which is the unfortunately not the best performing post code. Most challenged post code B90 (Solihull area). The post activity is not a stable measure as volume and performance changes continually by week, Current challenges resource into the outlying areas of Birmingham north due to the shift of resources to the city centre . 111 activities during weekdays and at weekends is challenging in volume. Insufficient alternative care pathways in the area resulting in more transports to A&E and subsequent protracted delays in hospital Performance

Performance is currently 81.2 Birmingham cross city CCG achieving YTD national target and 74.1% for Solihull CCG .9% below national standard.

Hollymoor – Hollymoor hub became operational in July 2013. The busiest postcode area B31 (Northfield) B29 (Selly Oak) the best performing post code. Most challenged post code is B14 (Maypole). Other challenges increasing job cycle times across the whole of Birmingham conurbation.

111 activities during weekdays and at weekend's impacts on the accident and emergency performance, current Operational performance above national standards at 78.8%.

Aston satellite CAS station – Aston replaced the existing site of Henrietta Street and went live on the 21st May 2014. Aston is the only interoperability site working closely with West Midlands Fire

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2.7   Major Trauma Network

In March 2012 a Regional Trauma Care system was introduced to ensure that people who suffer major trauma injuries get access to the best possible Emergency Trauma Care. WMAS has been a major stakeholder in the planning and implementation of this system. This has included setting up a dedicated Trauma Desk in our Control Room, staffed by experienced Critical Care Paramedics.

All WMAS Clinicians have received additional training in Trauma Care and specialist trauma care equipment has been supplied to all front line Ambulances and Response Cars.

The Major Trauma Centres in our regional system have recently undergone a peer review process led by the National Clinical Director for Trauma Care, Professor Moran. Feedback has been excellent including the statement that we have "The best Trauma Network in England". There is also evidence to show that the probability of surviving major trauma is rising in our region since the introduction of the Trauma Networks.

Our system was particularly praised for providing a high level of pre-hospital care. Peer review reports recognised that there is excellent integration of clinical governance between West Midlands Ambulance Service (WMAS), the Air Ambulance Services and the Major Trauma Network. Medical Consultant advice and Senior Paramedic Control Room advice is available to crews 24/7 and the medical support (MERIT) system is one of the best developed in England.

2.8   Participation in Clinical Research 2013/14

The involvement of Ambulance Trusts in Research studies is an important step forward in providing evidence of best practise within pre-hospital care, and thus providing evidence to support improved patient care, treatment and outcomes. WMAS are committed to supporting Research and were the highest recruiting Ambulance Trust during the year 2012-13.

During 2013-14 WMAS has been involved with eight research studies.

Six of these are portfolio studies. The National Institute for Health Research (NIHR) portfolio comprises clinical research studies which are of high quality and clear value to the NHS.

This graph identifies the number of patients receiving relevant health services provided or sub-contracted by the provider during the reporting period that were recruited during that period to participate in research approved by a research ethics committee within the National Research Ethics Service(a).The number is 432 for 2013-14
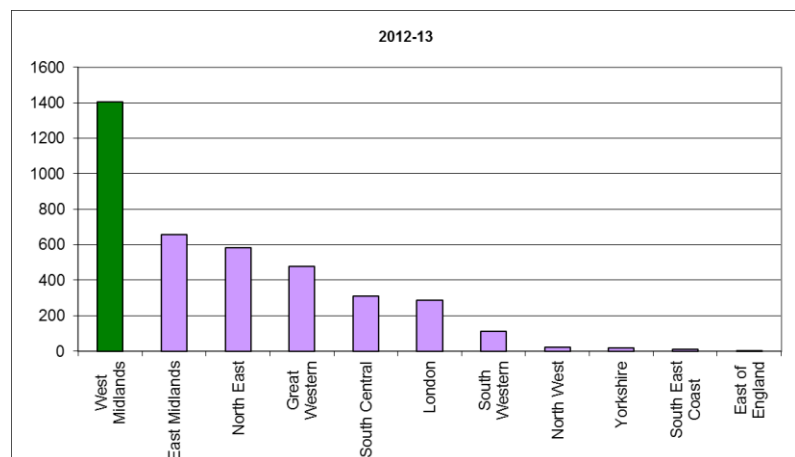
Summary of Research Studies:

Sponsor		Summary of Study	
Warwick University	**Pre-hospital Assessment of a mechanical compression device**	**To evaluate the effect of using a LUCAS 2 device rather than manual chest compressions during resuscitation by ambulance clinicians after out of hospital cardiac arrest.**	**The LUCAS 2 device undertakes chest compressions on patients whose heart has stopped i.e. have had a Cardiac Arrest. The study aims to show whether use of such a device improves outcome for patients and is cost effective.**
AstraZeneca	Atlantic Study	The study delivered in collaboration with UHCW, was an international, randomized, parallel-group, double-blind, placebo controlled phase IV study	Aim : to evaluate efficacy and safety of pre-hospital vs. in-hospital initiation of ticagrelor therapy in STEMI (heart attack) patients planned for Primary Percutaneous Coronary Intervention
Warwick University	Out of Hospital Cardiac Arrest Research	Information collected by the Department of Health has shown there to be wide geographical variation in the number of people that survive an OHCA.	This project will try to find out the reasons behind such big differences in outcome. And will provide feedback to ambulance services to allow benchmarking and quality improvement work.
Warwick University	Dispatch	Aims to develop refine and validate a decision support tool to assist Ambulance Service dispatchers in the early identification of cases of major trauma from emergency calls.	The development of this tool has the potential to lead to improvements in the deployment of specialist resources within the West Midlands Major Trauma Network and to target life-saving and life-enhancing treatments to patients who may benefit most
Warwick University	Warwick Spinal Immobiliser	A new spinal immobilisation device has been designed at Warwick University. This study aims to determine if the new device is more effective than the existing collar and blocks, or the Kendrick Extrication Device	If effective this device will remove the need to apply cervical collars, thereby reducing patient anxiety/claustrophobia. The new device has also been designed to reduce risk in relation to airway management and reduce movement between vertebrae.
University College of London	A Study of Major System reconfiguration in Stroke Services	This research aims to support and analyse reconfiguration of stroke services in four regions of England (London, Manchester, Midlands and East of England).	In doing so, it aims to identify lessons that will guide future reconfiguration work in this and other settings.
Pennine Care NHS Foundation	The Development of a Parental Suicide Bereavement Training Pack	The aim is to develop a training pack for Health Care Professionals to support them with a parent bereaved by suicide.	The study involves interviews with Health Service staff and also parents bereaved by suicide.
Warwick University	Developing the concept of Emergency Preparedness through the experience of the Paramedic	The aim of developing an understanding of emergency preparedness through the experiences of pre-hospital health-care professionals.	This study will be carried out via interviews with volunteers and will inform future education and training needs with regard to emergency preparedness

2.9   National Confidential Enquiries

National Confidential Enquires (NCE) are special enquiries that seek to improve health and health care through a national collection of evidence on specific aspects of care, the enquiry identifies any shortfalls in this, and disseminates recommendations based on these findings. During 2013/14 there was no National Confidential Enquires with a focus on Ambulance Trusts.

2.10   Goals agreed by Commissioners in 2013-14

A proportion of West Midlands Ambulance Service's income in 2013/14 was conditional upon achieving quality improvement and innovation goals agreed between the Trust and its Emergency and Urgent Commissioners through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2013/14 and for the following 12 month period are available online at:
http://www.monitor-nhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/_openTKFile.php?id=3275
Use of the Commissioning Quality Innovation Schemes (CQUIN) for 2013/14
The Trust worked closely with commissioners and agreed these key areas of innovation that would have a positive impact on the patients who use our service. The projects were maintained to ensure milestones were achieved and the outcome for patients resulted in an improved quality of the service.

2013/14 CQUIN Indicators

Goal Number	Goal Name	Description of goal	Goal weighting	Expected value of goal	Quality Domain(s)
5.1 (13/14)	Make Ready (2nd year of a 2 year project)	This is a two year CQUIN to support the development of a comprehensive make ready scheme in a phased approach that will result in a total of 5 make ready areas across the region implemented fully by March 2014.	20%	CQUIN Value = £830,764 5% penalty imposed for not meeting the Red 2 operational threshold (£41,538) **Total realised = £789,226**	Safety Effectiveness
6.1 (13/14)	Hear and Treat (2 year project)	Clinical education provide Clinical support and guidance to all staff Ensure EOCs become Centres of Clinical excellence Migration from a culture of Ambulance Dispatch to a culture of Clinical Care Co-ordination. Support of the new NHS 111 service until service is running as business as usual.	25%	CQUIN value = £1,038,455 3% penalty for not meeting 8% Hear and Treat target (£31,153) **Total realised = £1,007,302**	Innovation Effectiveness Experience
7.1 (13/14)	Acute Admission Avoidance Scheme	Demonstration of engagement with all health services Provided data as requested and proactively contributed to ensuring robust action plans are in place for the above determined frequent service users and develop a plan for wider escalation and implementation	35%	CQUIN value - £1,453,837 **CQUIN fully achieved**	Experience Innovation Safety
8.1 (13/14)	Safety Thermometer (1 year Contract)	Development of an Ambulance specific safety thermometer tool that influences change and drives harm-free care in partnership with other West Midlands providers	10%	CQUIN value -£415,382 **CQUIN fully achieved**	Safety innovation Effectiveness Experience
9.1 (13/14)	Integrated End of Life Register (2 year project)	Implementation of a flag system for the Ambulance Service that enables people who have anticipated end of life care needs to be cared for in their Preferred Place of Care (PPC) and respecting their Do Not Attempt Cardio Pulmonary Resuscitation Order (DNACPR).	10%	CQUIN value - £415,382 **CQUIN fully achieved**	Safety Experience Effectiveness

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2.11 Care Quality Commission (CQC)

The Trust has been registered with the CQC without conditions since 2010. This includes compliance with the Health and Social Care Act 2008 and Hygiene code (HC2008).

The Care Quality Commission has not taken enforcement action against West Midlands Ambulance Service during 2013/14. During January 2014, the CQC carried out a review of the service that included; inspections of premises and ambulances, interviews with patients, staff and managers, feedback from partner organisations and local authority scrutiny and safeguarding committees and review of all our compliance with other regulatory bodies.

The final report available from www.cqc.org.uk or the Trust website www.w31mas.nhs.uk confirms the Trust remains compliant with all the requirements of registration except for a minor failure in Outcome 4 - 'Care & Welfare of people who use our Service'. The CQC determined the Trust was required to provide a short term plan for improvements in operational performance targets as some patients, whilst receiving excellent treatment from staff, had experienced delays in response times.

The Trust Senior Team agreed a plan to improve response times by July 2014 and this forms part of the Trust's Operational Plan for 2014/16.

West Midlands Ambulance Service did not submit records during 2013/14 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The Trust is not required to submit this data as it relates to admissions, outpatient appointments and A&E attendances in NHS Hospitals.

2.12 Data Quality

West Midlands Ambulance Service takes the following actions to assure and improve data quality.

For the clinical indicators, the Clinical Audit Department completes the data collection and reports. The patient group is identified using standard queries based on both the paper Patient Report Forms and the Electronic Care System. These clinical records are then audited manually by the Clinical Audit Team using set guidance. The data is also clinically validated and then analysed following an office procedure that is available to the Clinical Audit Team and is held on the central Clinical & Quality network drive. The process is summarized as:

- For the clinical indicators, the Clinical Audit Team completes the data collection and reports.
- The Patient Report Forms/Electronic Care Summary records are audited manually by the Clinical Audit Team.
- A process for the completion of the indicators is held within the Clinical Audit Department on the central network drive.
- A Clinician then reviews the data collected by the Clinical Audit Team.
- The data is then analysed and reports generated following a standard office procedure. A second person within the Clinical Audit Team checks for any anomalies in the data.
- The results are checked against previous month's data checking for trends and consistency.
- The Clinical Indicators are reported through the Trust Clinical Performance Scorecar
- The reports are then shared via Quality Governance Comittee to the Trust Board, Commissioners and Service Delivery meetings.

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2.13 Participation in Clinical Audits

The Trust is a member of the National Ambulance Service Clinical Quality Group which develops National Clinical Performance Indicators and National Clinical Audits. The Trust has a comprehensive Local Clinical Audit Programme which includes both National and Local Audits.

The Trust submits data to the Department of Health Ambulance Quality Indicators and to the National Co-coordinator for Clinical Performance Indicators. In addition to these submissions, the Trust produces Local Performance indicators to enable local areas to implement improvements. The Trust is committed to developing links with Local Hospitals to access patient outcomes for patients in pre-hospital cardiac arrest.

During 2013/14, four National Clinical Audits covered NHS Services that WMAS provides. WMAS participated in 100% of the National Clinical Audits that it was eligible to participate in which were;
- National Non-Conveyance Audit (NANA)
- Ambulance Quality Indicators (Clinical)
- Clinical Performance Indicators
- Myocardial Infarction National Audit Programme (MINAP)

The Trust's Local Clinical Audit Programme covers the following subjects, which were identified from any trends highlighted.
- Management of Mental Health
- Deliberate Self-Harm
- Patients Discharged at Scene
- Feverish Illness in Children
- Management of Head Injury
- Management of Asthma
- Management of Peri-Arrests
- Management of Obstetric Emergencies
- Clinical Records Documentation
- Appropriateness of Medicines Management
- Management of Spinal Immobilisation
- Management of Morphine Administration

Following the results of the National Clinical Audits, the Trust has taken the following actions:
- Introduction of a new pain scorer throughout the Trust
- Workshops held to provide further information on the management of Acute Coronary Syndrome.
- Communication through the Trust local newsletters
- Communication through Clinical Notices

Following the results of the Local Clinical Audits, the actions that the Trust has taken includes:
- Changes to the educational programme for staff
- Communication through the Trust newsletters
- Communication to staff through the Clinical Performance & Governance Managers
- Posters developed for stations highlighting the main areas that require improvement
- Audits of equipment available on vehicles
- Implementation of clinical reviews on station
- Development of workshops to provide information to staff
- Review of the clinical record used by the Trust

The progress of the actions is monitored by the Clinical Audit & Research Programme Group.

2.14 NHS Number and General Medical Practice Code Validity

The Trust did not submit records during 2013/14 to the Secondary Uses service for inclusion in the Hospital Episode Statistics to be included in the latest published data.

2.15 Information Governance Toolkit Attainment Levels

West Midlands Ambulance Service Information Governance Assessment Report overall score for 2013/2014 was 80% and was graded satisfactory.

2.16 Clinical Coding Error Rate

West Midlands Ambulance Service was not subject to the Audit Commissions Payment by Results Clinical Coding Audit during 2013/2014.

2.17 Patient Safety and Serious Incidents

A patient safety incident is defined as 'any unintended or unexpected incident(s) that could or did lead to harm for one of more person(s) receiving NHS funded healthcare'.

During 2013/14, the Trust reported 885 patient safety incidents with 599 of them reported to the National Reporting and Learning Service (NRLS) as either having caused harm (92) or had the potential to cause harm (near miss).

Serious Incidents (SIs) are events that place, or could have placed, the Trust at significant risk. The risk may, for example, be clinical, organisational, financial or reputational. Whilst the primary focus is on patient safety, the criteria for an SI also applies to staff, visitors, contractors and members of the public if on NHS property/business.

In 2013/14, the Trust identified 21 SIs requiring high level investigation with themes related to:

- Clinical assessment and management of patients.
- Management of calls into the Trust (such as Health Care Referrals and 999's) – This includes the use of the NHS Pathways triage system.
- Allegations made against persons working on behalf of the Trust in regard to their professional conduct.
- Delay in the arrival of an ambulance/Rapid Response Vehicle.

Learning from these Incidents is very important to the Trust. All SI's require the completion of a Root Cause Analysis (RCA) which seeks to identify contributory factors, root causes, learning for both individuals and the organisation and most importantly the provision of recommendations to prevent recurrence.

All RCA reports and their themes are reviewed by the Trust`s Learning Review Group (LRG) which consists of a multi-disciplinary membership with an open invite to our Commissioners and the Trust`s Non-Executive Directors. The LRG ensures learning from all adverse incidents is taken forward into action across the Trust.

More detailed information relating to all patient safety incidents is available in the Trust's Patient Safety Annual Report for 2013/14 published on the Trust website.

2.18 Patient Experience

2.18.1 Complaints and Contacts

Complaints

The Trust has received to date in 2013/14 417 complaints compared to 471 in 2012//13, a decrease of 11.5% (54). The main reason for a complaint being raised relates to Response (Delay in the arrival of an Emergency or Non-Emergency vehicle).

Breakdown of Complaints by Service Type YTD:

	2011-2012	2012-2013	2013-2014	Variance 12/13 - 13/14
EOC	90	144	135	-9
EU	160	211	188	-23
PTS	61	109	88	-21
Out Of Hours	1	0	0	0
Other	1	7	6	-1
Total	**313**	**471**	**417**	**-54**

Upheld Complaints

The table below indicates that of the 383 closed complaints, 159 were classed as upheld. If a complaint is upheld, learning will be noted and actioned locally and will also be fed into the Learning Review Group for regional learning to be identified and taken forward.

	Total	Upheld	Not Upheld	Part Upheld
Call Management	40	18	17	5
Attitude and Conduct	65	17	29	19
Clinical	86	33	39	15
Driving and Sirens	9	4	2	3
Response	152	80	40	33
Other	31	7	22	2
Total	**383**	**159**	**149**	**77**

PALS Concerns have increased year on year with 1152 concerns raised in 2013/14 compared to 997 in 2012/13, an increase of 15.5% (155). The main reason for a concern being raised related to 'response' which includes response emergency ambulance delays and issues with non-emergency patient transport arrangements.

Ombudsman Requests

The majority of complaints were resolved through Local Resolution and therefore did not proceed to an independent review with the Parliamentary and Health Service Ombudsman. During 2013/14 12 independent reviews were carried out compared to 11 in 2012/13. 6 were closed with no further action, 2 were partly upheld, 1 reviewed with no recommendations and the other required a further apology and to be provided with a £250 remedy. 4 cases remain open and are still under investigation by the Ombudsman.

Patient Feedback/ Surveys

The Trust has received 76 completed surveys through the Trust website and has targeted surveyed:

- 200 Emergency Patients through a postal survey sent to randomly selected patients in May 2013. 73 completed the survey.
- 2705 Emergency Patients through a postal survey sent to randomly selected patients in March 2014. Patients have been asked to return their completed survey no later than 18 April 2014,
- 57 have completed the Patient Survey whilst members of the Patient Experience Team have been attending Renal Units in Coventry and Warwickshire and the Heartlands Hospital.
- 4562 Non-Emergency Patients have been asked to complete the Non-Emergency Patient Survey on 25 and 26 March 2014.

Patient Engagement

The Patient Experience Team continues to engage with Renal Patients, with focus meetings being undertaken at Castle Vale Dialysis Unit. The Team has also undertaken engagement across the region in 2013/14 with 18 events attended that have included attendance at Healthwatch Events, Elderly Focus Groups, Mother and Toddler Groups.

Compliments

The Trust has received 972 compliments in 2013/14 compared to 911 in 2012/13. It is pleasing to note that the Trust has seen an increase of 9% (61) in Compliments received.
The Trust has a dedicated compliment email address compliments@wmas.nhs.uk which is available to members of public via the Trust website and PALS leaflets.

More detailed information relating to Patient Experience is available in the Trust's Patient Experience Annual Report for 2013/14 published on the Trust website.

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2.18.2 Learning from Complaints and Contacts

The Trust promotes learning from complaints and concerns that have been raised by members of the public in order that such incidents do not recur in the future to improve patient care.

Learning can take a number of dimensions:
- Individual learning with the members of staff concerned via case reviews
- Trust wide learning through revised training, introduction or removal of equipment or systems, revised procedures and protocols
- Weekly Briefing or Clinical Times articles

Individual learning will be noted on justified cases to the staff by the means of a case review or additional training. Memorandums may also be issued to groups of staff on improvements to the service. There have been a number of cases where additional notes have been added to a patient's record to improve the patient experience.

Examples of Regional Learning during this period:

You said	We did
A number of concerns have been raised regarding the inappropriate parking of Trust vehicles and the use or non-use of sirens whilst attending emergency calls.	**Article featured in the weekly brief in relation to parking appropriately and the use of Sirens**
3 week old child struggling to breath, complainant was advised that they did not warrant an emergency response and to take the child to the Out of Hours GP	999 calls reviewed by a Clinician for consideration for review at the NHS Pathways National Group
An 18 month old child scalded. Complainant did not receive much assistance when calling 999, was informed it did not warrant an ambulance	We have implemented a change in the guidance for handling 999 calls relating to children who have experienced burns which now results in an ambulance response each time.
A patient fell in the street and could not move, the crew proceeded to sit the patient up. They later were identified as having a spinal injury and sitting could have made this worse.	Spinal Injury care included on the Mandatory Training for all emergency and urgent staff
When transporting a patient to hospital the stretcher was not secured correctly	Articles to remind staff of the importance of securing patients featured in the Weekly Briefing and Clinical Times
Concerns about the length of time patients who had fallen had to wait for an Ambulance (Green2 survey)	Reminded all staff in the Emergency Operations Centre to undertake a welfare telephone call with the patient and to advise of and apologise for any delays whilst checking on the condition of the patient. If the patient has worsened then the call will be upgraded to a more urgent response required.
A number of patients have raised concerns about a delay in the arrival of their non-emergency ambulance transport and the lack of knowledge regarding conditions such as dementia	Notes added to the patient's master booking details within the electronic booking system. E.g. Dementia, risk of falls etc New assistant managers recruited and escalation process reviewed and reiterated.
A patients address in a rural area of the West Midlands could not be located with the use of a satellite navigation system	Special notes linked to a patients address within the Emergency Operations Centre

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Patient Stories

The Trust learns from hearing the experience of patients and their families and the Board of Directors welcomes patients who would like to share their experience face to face with them.

The following represent examples of shared experiences; more information on Patient Stories is available in the Patient Experience Report published on our website.

Trust Board Meeting - January 2014

My 9 month old daughter Annabelle had a febrile convulsion on Monday 5th August 2013 at 15:34 hours, having never witnessed anything like it, my partner and I were petrified, and immediately rang 999. As we connected to the operator she stopped breathing, and turned completely grey. My partner relayed all this information to the operator who was fantastic at calming him down and explaining exactly what we needed to do. They talked us through CPR, and she started breathing again, however was foaming at the mouth and still very poorly. Unbelievably, the Paramedic then walked through the door and it had only been 3 minutes since the call was made, very shortly after a second Paramedic came and they both looked after Annabelle brilliantly, making many different observations and putting us all at ease (by this point there were emotional grandparents, uncles and neighbours in our front room!)

The Ambulance then arrived, and the two teams exchanged information. I went with my daughter while my partner followed us in the car. I thought that I'd have to hold Annabelle in the back of the Ambulance, however, there was a brilliant harness that meant she could still see me and I was able to comfort her, but she was completely safe and the Paramedics could also assess her en-route.

I would like to say a huge thank you to all involved, from the Ambulance Controller, to all the Paramedics, and the Student who was brilliant and will make a brilliant Paramedic.

Annabelle is now back to her normal self and I'm sure me and her Daddy will get over the whole episode soon!

Trust Board Meeting in March 2014 a PALS complaint resulted in an article in the Trusts Weekly Briefing

The topic concerned infection prevention and control after a member of the public observed the conduct of an ambulance Crew at an incident in a public place it was a reminder about hygiene and it stated that;

- All staff are reminded of the importance of good personal hygiene standards which includes hand hygiene
- All Operational Staff (E&U / PTS) must carry an individual hand sanitizer bottles at all times and must be used at all of the relevant opportunities to sanitise hands to ensure patients and staff are safe from all avoidable infections, with special emphasis when performing any invasive procedures.
- Hands must also be free of false nails, nail varnish and stoned rings as all can harbour micro-organisms.
- Staff must also remember to remove any wrist watches and roll up long sleeved clothing when washing their hands with soap and water.
- The sanitising wipes provided on vehicles must be used in the first instance if soap and water are not available and hands are visibly soiled or have been in contact with any suspected infectious diarrhoea and vomiting (D&V)
- If any staff have a problem using alcohol based products, alternatives are available from Distribution
- And for further concerns to contact the lead for the Trust in infection prevention and control.

Patient feedback via PALS regarding Non-Emergency Patient Transport Service

What you said
- Why was there a delay in collecting me to/from my appointment? – I was sitting waiting; no-one told me what was happening.

What we did
- Put a staff notice out to all in the Non-Emergency Operations Centre (NEOC)

Following a number of recent complaints, please read the below email for a reminder that if we are running late for an appointment we should be contacting the patient, even if the clinic will see them later. This task can be delegated to a call taker as long as they are aware of the issues.

If we are running late for a patient's appointment and we cannot contact the clinic please can we still contact the patient to let them know what is happening? Sometimes the patient can make alternative arrangements, but if not then at least they will be aware that there is a problem and we are still trying to contact the clinic.

This will at least reduce the potential distress levels of patients who may already be under stress due to their condition.

2.19 Workforce and Organisational Development

2.19.1 Our People

The Trust is making progress towards the achievement of 70% Paramedic skill mix. The Trust aims to achieve an average increase in Paramedic skill mix from 61% for 2013/2014 by increasing the number of Paramedics from an average of 1322 to 1615 i.e. 67% of Operational Staff by 2016/2017.

The Trust has worked hard to avoid vacancies in key areas that can lead to operational difficulties and adverse patient outcomes. In order to achieve this, the Trust has reduced the average time from advert to appointment from 20 to 15 weeks.

2013/14	Appraisals	Mandatory Training	
WMAS	69%	81%	
Staff Development		2014/15 Planned	
Graduate Paramedic Recruitment		50	
Technician to Paramedic Conversion		40	
Student Paramedic Year 2		136	
Student Paramedic Year 1		280	
ECA to Tech Year 2		21	
HCRT to Tech Year 2		30	

Working in partnership with Staff side the Trust continues to develop a Health and Wellbeing Strategy and action plan to ensure that health and well-being of staff is supported.

Managers and staff are being supported to update and develop their skills. The Trust are supporting up to 50 Managers to complete an Engaging Leaders Programme of Management Development. The Trust wants to see a 5% improvement in staff recording that they feel valued and engaged in Staff survey results as well as assurance that there is an Increase in the number of staff with reviewed personal development plans. The Trust also wants evidence that staff are supported to receive the appropriate level of training as per the training plan.

Measure of Progress	Baseline (2013/14)	Target 2014/15	Target 2015/16
Strive to achieve a 4% sickness level by end local target by March 2015	5.3%	4%	4%
Reduce long term absence rate of over 28 days from 3.6% to 2.5% by 31 March 2015	3.5%	2.5%	2.5%
Increase our Paramedic skill mix levels towards a 70% target by 2016/17 to enable more patients to be treated at scene	61.08%	56.68%	61.47%
Average time from advert to appointment is maintained at 15 weeks	15 weeks	15 weeks	15 weeks
Increase by 10% of BME Student paramedics graduating from Coventry, Staffordshire and Worcestershire Universities by 2016 (2011 -5 year target)	**2011/12 Baseline** Coventry 6% UoW: 0% Staffs: NA	Coventry 12% UoW 5% Staffs 5%	**2015/16** Coventry 16% UoW: 10% Staffs: 10%
Actively promote and encourage BME development to encourage a higher % of staff appointed at Band 7 and above. (Was 4.39% March 2013)	6.02%	7.5%	9%

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All managers have attended a Leadership Programme or are supported to complete an Engaging Leaders Programme (5 year development plan covering 2013/14 to 2018/19)	57 people	42 people	42 people
Increase the number of staff with reviewed PDPs in place	64%	85%	85%
Staff are supported to receive necessary mandatory clinical update training in accordance with our training needs analysis	83%	85%	85%
Annually deliver programmes according to the agreed Training Days Analysis (TDA) Plan	94%	85%	85%

Leadership Award for Barbara

Barbara Kozlowska Head of Organisational Development, was presented with the Health Education West Midlands Leadership Development Champion Award at a ceremony at Aston Villa Football Club on November 6th. The award was in recognition of her local and national support for leadership development, and for designing and delivering the highly successful 'Engaging Leaders' programme.

Barbara said: *"I feel very proud to be nominated for this award, on behalf of an organisation that takes leadership development very seriously indeed. Effective leadership is at the core of a values-based organisation driving a healthy culture of a fully engaged and empowered staff. We have seen only too clearly how poor leadership can impact on a NHS organisation, very graphically depicted in the Francis Report."*

"I believe that developing our current and future leaders is the single most impactful action that an organisation can put its resources into. It is a huge achievement for the West Midlands Ambulance Service to be recognised for its commitment to leadership development."

Barbara is seen above on the right being congratulated by Kim Nurse, Director of Workforce & Organisational Development

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2.19.2 Staff Survey

As in previous years, the National Staff Survey was conducted for WMAS by Quality Health. A total of 850 questionnaires were sent to randomly selected staff across the whole of the Trust. There were weekly reminders in the Weekly Briefing, together with reminder letters sent out by Quality Health to individuals to help the return rate. The Survey closed on the 2nd of December 2013.

The responses from staff are reported as 28 key findings and include the calculation of an overall staff engagement score. The staff engagement score incorporates staff's perceived ability to contribute to improvements at work, whether they would recommend the Trust as a place to work or receive treatment, and the extent to which they feel motivated and engaged in their work.

The Trust's overall staff engagement score in 2013 was 3.16 out of 5, compared to 3.28 in 2012. The national average staff engagement score in the ambulance service trusts in 2013 was 3.19.

The key findings in which the Trust has shown the largest improvement are:
- Fewer staff are working extra hours
- Fewer staff are experiencing harassment, bullying or abuse form other staff
- More staff are having equality and diversity training

The Trust achieved scores which placed it in the best 20% of ambulance service trusts in half of the 28 outcomes. However the areas where the Trust's performance is outside of this 20% are a clear indicator of where improvements need to be made. As part of the Trust's action plan, following the national staff survey for 2013, the Trust has developed an aligned bespoke survey to further delve into the findings.

The full Survey results were published on the 26th of February 2014 on the NHS Employers website - http://www.nhsstaffsurveys.com/Page/1006/Latest-Results/2013-Results/

Follow the link for a copy of the WMAS Summary Report for survey results
http://www.wmas.nhs.uk/Pages/QualityAccounts.aspx

2.20 Equality & Diversity

Equality and Diversity is built into everything that we do from our policies, practices and strategies, to public engagement and consultation events, where we regularly ask our local communities how we can improve our services and practices.

Diversity in employment produces a workforce sensitive to the different needs of the community that we serve and the Trust has developed a vision for ensuring equality, diversity and inclusion, in both employment and service delivery which reflects `respect, dignity and fairness to all`
The Trust has endorsed the Equality Delivery System (EDS), which is an NHS Equality and Diversity Framework, to assist in delivering better outcomes for patients and staff. We have been able to identify and consider further steps which will meet the needs of our staff and service users who share the relevant protected characteristic group.
We have also published our Equality Data Analysis report 2013/2014 and will continue to publish our data with comprehensive analysis annually, in order to meet our Public Sector Equality Duty (Equality Act 2010).

As demonstrated within the report, we will improve the way we make informed decisions about our policies and practices, which are based on evidence, and the impact of our activities on equality and the protected characteristic groups. For Further information please follow the link Equality Data Analysis report 2013/14 http://www.wmas.nhs.uk/

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2.21 Sustainable Development Management Plan

The Trust is committed to serving the local community by providing effective, modern and efficient healthcare services. In providing this service the Trust consumes resources and produces waste materials, which have an effect on the local, regional and global environment and may ultimately, impact on the health of the people to whom the Trust provides a service.

To reduce this impact the Trust is committed to continuous improvement in environmental performance and the prevention of any actions that may cause damage or do not support attempts to improve the sustainability of the environment.

Fuel usage is one of the key environmental impacts and the Trust is working towards reducing vehicle weights and emissions. Following the collation of recent information sourced this highlighted an increase in fuel usage, predominantly due to the increased travel requirements and demands on the service. This does impact on the Trusts carbon footprint and further improvements are expected with the changes in fleet designs being implemented over the next 5 years.

In addition the Trust has utilised the NHS BREEAM (HTM 07-07 GM) tool to improve the feasibility/benefits within new builds. All buildings with a total area greater than 1,000 m2 that require an Energy Performance Certificate have been assessed against the tool. The Trust has considered where energy efficiency initiatives can be best deployed, these include:

- Thermostats and timer devices
- High efficiency boilers
- Low energy light bulbs
- Movement Sensors
- Insulation
- Solar power generation

The Trust has increased its premises considerably over the last 2 years to address the needs of the local population therefore the energy usage has increased. Once identified the energy efficiency data from 2013/14 will be used as a baseline to set a decreasing target for future years to achieve improvements.

The Trust has continued to invest in its staff ensuring resilience through progressive recruitment and education programmes ensuring that the skill mix to provide the service will be sustainable.

In the case of procurement the Trust has sourced its requirements from NHS approved sources ensuring all companies contracted have an environmental management system. All resources procured are considered for recycling capacity and their potential impact on the trust waste management stream capacity and carbon footprint.

Recycling is an area that continues to develop; the Trust's segregation of waste generated from clinical care and information technology hardware is carried out effectively. The Trust is now focussing on the domestic waste generated through its administration of the organisation which includes in the main paper and card products. The segregation of this waste is sporadic across the various sites and during 2014/15 this will be improved.

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PART 3

3.1 Priorities for Improvements 2014-15

The Trust has agreed the following priorities for 2014/15 after engagement with patients, users and communities and the guiding principle has been "***no decision about me without me***". The Trust is committed to ensuring a process that reviews, maintains and improves high standards of care.

3.1.1   Patient Safety

Priority 1 Single Limb Fractures (Previously Lower Limb Fractures)	
Rationale	During 2013/14 the Trust along with other Ambulance Trusts developed and implemented measurements for evaluating the effectiveness of care for patients with lower limb fractures. The Trust aimed to ensure documentation (detailed below) was recorded for 85% of relevant patients. This was not achieved; the Trust achieved 35.4% against a national ambulance mean of 45%. Therefore this priority has been carried over to 2014/15 and will aim to achieve the nationally agreed target.
Measures reporting to QGC & EMB	The figures above relate to the figures for last year when the CPI was only concerned with lower limb fractures, going forward the CPI criteria has been widened to include all single limb fractures. Extremity fractures are commonly seen in pre hospital care. They demonstrate a wide variety of injury patterns which depend on the patient's age, mechanism of injury, and pre-morbid pathology. This CPI has the following 4 elements: **F1** Two pain scores recorded (pre and post treatment) **F2** Analgesia administered **F3** Immobilisation of limb recorded **F4** Assessment of circulation distal to fracture site recorded And one care bundle: **FC Care bundle for single limb fracture (F1 + F2 + F3 + F4)** **Evidence:** UK Ambulance Services Clinical Practice Guidelines (2013) Section 4, *Trauma – Limb trauma* **Inclusion Criteria:** Adult patients (age ≥ 18 years) with a suspected fracture of a single limb.
Target	Target 85%
By When?	31 March 2015
Outcome	The target of 85% is achieved
Baseline	35.4%
Lead	Head of Clinical Practice -Trauma

Priority 2: Maintaining Neonate Temperature	
Rationale	Hypothermia for babies that have just been born and become cold can have major implications. There is evidence that emphasises the importance of close physical contact with the mother for temperature regulation during initial postnatal days. Currently due to safety reasons WMAS cannot encourage skin to skin contact with mother during transfer in an ambulance as there is no product on the market that meets both European Safety standards and the requirement of the ambulance service. Current Trust thermometers are not always accurate when measuring new born temperatures and the Trust will strive to ensure the right equipment is available in order to monitor current practices.
Measures reporting to QGC & EMB	Qtr1 - Establish a working group to include midwifery and new mothers group representation - Establish exactly what new products are either in the market place or under development - Identify midwifery/neonate unit(s) to support initial trial and future audit - Identify and obtain suitable thermometers that take new born temperatures accurately - Develop an audit tool to measure compliance with recording of new born temperature Qtr2 & 3 - Work with suppliers to develop/trial equipment for safe transfer of the baby in mothers arms - Establish a baseline with current equipment in trial areas using the above audit tool (July 2014) - Evaluate baseline in partnership with midwifery/neonate unit - Promote the need for accurate recording and management of neonate temperature (Aug 2014) - Commence trials (Sept 2014) - Continue to audit for improvements. Qtr4 Evaluate and make recommendations for Trust equipment requirements and education and training.
Target	Suitable equipment is available to allow new born skin to skin contact and monitor temperature
By When?	31 March 2015
Outcome	New born babies will arrive at hospital suitably warmed with accurate recordings in place
Baseline	No suitable product available for skin to skin contact in an ambulance/Inadequate temp recording
Lead	Obstetric & Neonate lead

3.1.2 Clinical Effectiveness

Priority 3: General Pain Management (2nd Year of Project)	
Rationale	This target has not been achieved therefore this will be measured during 2014-2015. Further recommendations will be made to ensure improvement. Pain is defined as an "unpleasant sensory and emotional experience associated with actual or potential tissue damage" *. The patient deserves appropriate assessment and management of pain, minimising any adverse physical or psychological effects. Documenting the pain score allows WMAS to ascertain whether pain assessment has been achieved.
Monthly Board report	Qtr.1 : Develop general Pain management Guidelines to include scoring Qtr. 2&3: develop a pain workbook with e-learning and upload to the Virtual Learning site Qtr. 4: Documentation to increase by 10% from baseline for Qtr. 4
Target	An e-learning package will be developed and increase pain scoring documentation by 49% of the baseline
By When	31 March 2014
Outcome	Better patient experience and clinical effectiveness
Lead	Clinical Quality Manager
Baseline	39%

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Priority 4: Timely and Effective Transfer	
Rationale	The Trust has established that with the improved skill set of Ambulance Clinicians and the drive to keep more people at home the time on scene has increased greatly This increase in time is resulting in a lack of available resources to respond to other patients requiring a 999 response. The extended time on scene can be proportioned to a number of reasons, including, difficulty in accessing alternative care pathways, extended skills requiring extended time, or Trust policies and procedures implemented may have resulted in increased paperwork or ineffective use of resources on scene. This priority addresses the length of time a responder car has to wait for a double crew ambulance to transfer a patient to a definitive place of care. We aim to establish how this delay could be reduced thus allowing the release of the responder car back on the road to deal with the next emergency.
Measures reporting to QGC & EMB	Qtr1 - Identify baseline for the average length of time a responder car has to wait for a double crew ambulance - From the baseline the target will be decided - Ops lead to be established to lead project - Performance cell line of reporting to be established Qtr2& Qtr3 - Identify areas of significant delays above the average waiting time for back up - Develop action plan for areas with above average waiting times - Implement action plan and establish improvements Qtr4 -Implement action plan and establish improvements
Target	Waiting times for backup will be in line with the baseline or below for 50% of all back up requests
By When?	31 March 2015
Baseline	To be confirmed in quarter one
Lead	Head of Clinical Practice – Vulnerable Persons with an identified Ops lead

Priority 5: Timely and Effective care delivered on scene - commissioning	
Rationale	The extended time on scene can be proportioned to a number of reasons, including, difficulty in accessing alternative care pathways, extended skills requiring extended time, or Trust policies and procedures implemented may have resulted in increased paperwork or ineffective use of resources on scene. This priority addresses the commissioning of services ensuring that the directory of service (DOS) allows our crews to refer into alternative pathways in a timely manner
Measures reporting to QGC & EMB	Qtr1 - Average time on scene to be established - Each DOS lead to identify conditions associated with over average time on scene in their area - Complete in-depth reviews and evaluate clinical conditions that appear to have increased time on scene above the average - Top clinical conditions to be reported to Clinical Steering Group (internal) and Clinical Quality Commissioning Group (external) to be agreed for improvement Qtr2 - Identify standard lists of reasons for delays - Clinically audit review of sample Qtr3 - Identify partners and actions to support improvement Qtr4 - Implement action plan and establish improvements
Target	Delays on scene due to priority areas identifies are reduced to be confirmed in Qtr2
By When?	31 March 2015
Baseline	To be confirmed in Qtr2
Lead	Head of Clinical Practice – Vulnerable Persons with the directory of service leads

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Priority 6: Timely and Effective Care on scene - clinical and training	
Rationale	The Trust has established that with the improved skill set of Ambulance Clinicians and the drive to keep more people at home the time on scene has increased greatly.

This increase in time is resulting in a lack of available resources to respond to other patients requiring a 999 response. The extended time on scene can be proportioned to a number of reasons, including, difficulty in accessing alternative care pathways, extended skills requiring extended time, or Trust policies and procedures implemented may have resulted in increased paperwork or ineffective use of resources on scene.

This priority aims to address the clinical process, and training requirements, for the identified clinician ensuring the right models are being adopted and training delivered appropriately to address any gaps identified for improvement |
| Measures reporting to QGC & EMB | Qtr1 & 2
Using the information gathered for average time on scene and the identified clinical conditions associated with over average time on scene in their area the Clinical Steering Group (internal) and Clinical Quality Commissioning Group (external) will identify and agree the top clinical areas for improvement and leads in those area will be identified
Qtr3&4 – clinical leads will review policies and process for improvement and feedback to Clinical Steering Group (internal) and Clinical Quality Commissioning Group (external) Training will deliver an action plan for session delivery for 2015-16 |
Target	Delays on scene due to priority 4 cases are reduced
By When?	31 March 2015
Baseline	To be confirmed in Qtr2
Lead	Head of Clinical Practice – Vulnerable Persons to lead with clinical and training leads identified

3.1.3 Patient Experience

Priority 7: Successful implementation joint working/engagement with other NHS Trusts within the West Midlands area of the Friends and Family Test (FFT)	
Rationale	The NHS wants to ensure that patients have the best possible experience of care. The Friends and Family Test (FFT) is a way of gathering patient feedback about this experience and helping to drive improvement in NHS services. To successfully implement FFT the ambulance service with assistance for the Clinical Commissioning Group (CCG) will engage with Acute Trusts to ensure patients conveyed to Emergency Departments are given the opportunity to give feedback on their experience of care at the ambulance service stage of their patient journey. The feedback will give the Ambulance Service invaluable information on what patients think of the service, which can be used to help make improvements if required. With the implementation of 'You said, we did'.
Measures & reporting to board;	Qtr 1 – Awaiting guidance from NHS England expected in June 2014. Forge relationships with Acute Trusts through the CCG.
Qtr2, 3 & 4 - Evidence of engagement with NHS Trusts and successful implementation with 5 Acute Trusts, 1 in each Division of the Region.
Target	Awaiting guidance of the % of patients that should be targeted. However implemented in 5 Trusts across the Region.
By When?	March 2015
Outcome	Success implementation of the FFT in line with NHS England Guidance
Baseline	TBC in Quarter one, June 2014
Lead	Head of Patient Experience

Priority 8: Addressing Health Inequalities (3 year project)	
Rationale	"Health inequalities are preventable and unfair differences in health status between groups, populations or individuals. They exist because of unequal distributions of social, environmental and economic conditions within societies, which determine the risk of people getting ill, their ability to prevent sickness, or opportunities to have access to the right treatments. In terms of overall health, the West Midlands appears there are clear health inequalities between areas, with indicators showing lower levels of health tending to be clustered in the metropolitan and urban areas.
Measures & reporting to board;	Qtr 1 & 2 1. Identify the key Public Health Priorities within the region 2. Work with Public Health teams to; • Determine which priorities WMAS may be able to support improvements • Determine what Trust performance data is available or required • Identify 3 Health Inequality priorities that WMAS can have the most impact on Qtr 3 1. Identify partners and develop the 3 action plans for improving the patient experience and reducing health inequalities Qtr 4 1. Implement the 3 action plans for monitoring and review during 2015/17
Target	To be determined once priorities have been set
By When	31 March 2015
Outcome	WMAS will work proactively against three key priorities determined in partnership with the health and wellbeing boards.
Baseline	TBC in Qtr2
Lead	Qtr 1&2 EDI Lead then To be determined once priorities have been set

Priority 9: Patient engagement focusing on the under 18s	
Rationale	Patient and public engagement has been on the NHS agenda for many years however the impact has been disappointing. There have been a great many public consultations, surveys, and one-off initiatives, but the service is still not sufficiently patient-centred. In particular there has been a lack of focus on engaging patients in their own clinical care, despite strong evidence that this could make a real difference to health outcomes. This priority wishes to address a more strategic approach to shift beliefs, attitudes and behaviours and we want to target the under 18 patient group. This would allow not only enhance patient experience by allowing the organisation to understand this group better but also patient awareness of what the ambulance service is about targeting mother and baby groups, schools and colleges
Measures & reporting to board;	Qtr 1 Action plan presented to the board for the coming year of engagement opportunities Qtr2, 3 & 4 Evidence of engagement
Target	Attendance at 12 patient engagement events involving under 18s
By When?	March 2015
Outcome	Feedback from under 18s at 12 engagement events
Baseline	2
Lead	Head of Patient Experience

3.2 Proposed CQUIN Priorities for 2014/15

(Developed March/April 2014)

No	CQUIN Goal	CQUIN Detail	Weighting % of CQUIN	Expected value
1	Hear and Treat 2nd Year of project.	Monitor overall effectiveness of the Clinical education programme within centres (based on the Trusts Strategic Objectives), provide Clinical support and guidance to all staff and to ensure that the current Dispatch focussed EOCs become Centres of Clinical excellence to further support the Trusts Objective of Accurately assessing the patient needs and direct resources appropriately (right care, first time, all of the time). Migration from a culture of Ambulance Dispatch to a culture of Clinical Care Co-ordination. Support of the new NHS 111 service until service is running as business as usual. This Cquin is further supported by the gap analysis within the DOS and exception reporting on those areas not being fully utilized.	20	£882,135
2	Pre- Alert Hyper- Acute Stroke Pathways	A pathway is in place between WMAS and the receiving Hyper-Acute Stroke Unit (HASU), in line with the Midlands and East Stroke service specification The Ambulance Paramedic service links with the receiving hospital when they have a suspected stroke patient, providing a system of pre-alert to enable potential stroke patients (FAST positive) to be met on arrival.	22	£970,348
3	Integrated End of life register – 2nd Year of project.	People that are near there end of life should, where possible, have an advanced plan stipulating pre-planned pathway of care to ensure that a person gets the most appropriate care first time. Care at the end of a person's life is critical to get right. People are being encouraged to indicate where they wish to die at the end of their life. Sometimes, people ring 999 for an ambulance as the point of death approaches – it is important that the Ambulance Service respect the wishes of the person who is dying. The pre-agreed plan of care should be implemented rather than transporting the person inappropriately to an acute unit.	18	£793,921
4	Learning from Safeguarding concerns	There is a need to ensure safeguarding practices support the needs of vulnerable children and adults. Therefore this indicator is aimed at ensuring that providers continue to embed safeguarding into practice, implement lessons learnt following a safeguarding event, reflect on practice and ensure that the voice of the child/adult is heard.	10	£441,067
5	Friends and Family test	• Implementation of staff FFT • Early Implementation • Phased Expansion	20	£882,135
6	Reduce Re-contact rates	Ambulance re contact rate following discharge from care.	10	£441,067
			100	£4,410,674

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Annex 1: Statement from the Lead Commissioning Group

The Quality Account is a thorough account of WMAS activity during the period.

The trusts have identified areas for development and have established a plan for delivery.

CQUIN targets were achieved for 2013-14 and subject to minor alterations, will be agreed for 2014-15.

Performance, at a regional level, of KPIs is good. There are actions in place to address Red 2 which should both achieve and sustain performance."

Gail Fortes Mayer
Regional WMAS Commissioner

Annex 2: Statement from the Council of Governors

In many areas it is pleasing to see how WMAS not only responds and adapts to the problems it faces on a daily basis but also looks ahead to see what can be improved. A dynamic organisation that puts its patients first. However, it would appear somewhat surprising that it falls down in what on principle would be seen as areas of basic skill or documentation. The higher end skills of its staff would seem to be well maintained and mentored, but the foundation blocks appear to be slipping slightly, again, we as Governors, can only comment from an almost ley point of view. Overall it is an excellent report, but we would highlight the following points for good or bad.

2.1 Priorities for Improvements and Statements of assurance from the board for Projects from 2013-14.
Pain scoring would seem to be an issue here in General Pain Management and Lower Limb Fractures and we can see that the Trust is planning to take steps to improve, but is this an issue of failure to take pain scores or a failure to document. This again would appear as a basic skill?
There is mentioned a new pain scoring technique. Has this also been passed onto the Trusts Community First Responders who are first on scene and occasionally start the documentation process?
Response; Pain assessments will be rolled out to CFR's to ensure continuity throughout.

P9 2.2 We note the failure to reach 2 targets but are aware that the Trust is looking at this dynamically for improvements to be made.

P21 2.7 We note the excellent work the Trust is doing with stakeholders to improve patient experience and quality of treatment.

Priorities for Improvements 2014-15

Priority 1 Does not have an outcome % marked down. The target is 85%, with achievement so far of only 35%; again we would see this as a basic documentation or patient assessment skill?

Priority 2 P33 3.1 Again we note the excellent work of the Trust in its perception of a problem and immediately researching ways to improve.

Priority 3 We note this is an area where improvement is required and suggest Governors monitor this through the Patient Quality Panel.

Priority4,5 and 6. We note the Trust is looking at this problem dynamically and attempting to tackle it from different angles

Priority 7 Excellent work
Priority 8 We would like to see a presentation and explanation of this to the Governors, it sounds good (We think, but does it detract from the problem that we are basically poor at maintaining our own individual health, or is that too simplistic?)

Priority 9 Good

Overall an excellent report from an excellent Trust but with a few niggling concerns.

John Davies, Chair of Patient Quality Panel on behalf of the Council of Governors

Annex 3: Local Healthwatch, Overview and Overview and Scrutiny Committees

Healthwatch Dudley

I feel there is more commentary required to support some of the data presented in order to quantify the results, on the face of it some of the data could reflects negativity when in fact there is a genuine rationale for missing certain targets i.e. the bundle for asthma patients i.e. when they are patients too poorly to have the peak flow recorded, there were a few examples throughout the document where explanation/interpretation would have been useful.
WMAS Response: Additional supportive dialogue has been included.

I think the document would be even better if WMAS could capture patient (and public) experience and engagement rather than just statistics about the number of complaints, the process for learning lessons from complaints is not evident nor is the involvement of patients in service design PTS and NHS 111 for example
WMAS Response: The QA now has more dialogue of the 'you said- we did'

I had a discussion with Marie after the event regarding closer working relationship with Healthwatch as we have strong network and links into patients, patient groups and voluntary forums all of which are potential users of WMAS services. Sophia gave some great examples of work WMAS are doing to reach lesser heard voices yet this was not reflected in the paper.
WMAS Response: Meetings are currently being arranged with each Healthwatch to discuss joint working.

Healthwatch Solihull

WMAS Priorities: It is clear that the trust is working very hard towards its planned priorities and goals amidst a year of change and adjustments for ambulance crews and teams. The transfer of the 111 contracted services appears to be out performing its predecessor NHS Direct in terms of quality and turnaround times. Although this is in its early stages, still the clinical model being used appears to be adding stability to the service by having a clinician available on every pod within the call centres. Performance targets and continued publicity around the 111 services needs to continue to ensure the take up and peoples understanding of what it provides is well understood.

Patient Safety Lower limb fractures – this will be taken into 2014/15 with a rethink about compliance with national KPI. Improvements in this priority should be a lot clearer in terms of what that looks like. 35.4% WMAS achievement leaves a shortfall against the national mean of 43% suggesting more work can be done to improve this priority.
WMAS Response: There is an action plan in place to improve performance in this CPI that includes raising awareness with staff and including prompts on the EPRF system

Patient Experience and Engagement - The most valuable sort of information in any health organisation is the real time experiences of people who use those services. Engagement and consultation form part of that role. Whilst it remains a trust priority going forward it has not been doing as well as it could, with the issues concerning ' Make Ready' and the very understated changes affecting the location of where ambulances would be stationed or moved to has not always been communicated effectively as could have been.
WMAS Response: The implementation of FFT will help with this concern raised.

HWS hopes the trust has learned some lessons from this recent change and plans to ensure a more proper informed model is adopted in the future particularly with any decisions made around the (Hyper) Acute Stroke Units of which key WMAS are leading on.
WMAS Response: The Commissioning Support Unit based at Sandwell and West Birmingham Trust has developed a robust model for the changes to Stroke services. The Trust is working with Commissioners and HoEFT to ensure that any changes to clinical pathways are appropriately managed, commissioned and introduced

Patients complaining of waiting times with fractures longer than 30 minutes should be an exception rather than the norm and we would want to see the Trust doing everything it can to reduce the long waiting times. Three Local Healthwatch can be a valuable resource in this area and suggest the WMAS looks at a model of co-production in engaging with the public jointly with this resource.

Workforce and Organisational Development
Highly skilled well trained staff and clinicians are vital to any emergency service. High pressure environments result in a raft of stress related conditions that spiral if not managed by the organisation. Reducing longer term sickness absence should be a priority for the trust as the figures currently run at 3.5%.

Healthwatch Hereford

This draft is much easier to read and more focused on achieving improvement than some other trusts' Quality Account drafts. Our observations are intended to highlight "obvious" questions prompted for the reader, or to promote clarity.

Inconsistent use of results data v's ticks and crosses in Status column. Prefer that actual data should be used consistently where possible.
WMAS Response: Thank you for this feedback we have amended where possible

P6 General Pain Management – this talks only about pain assessment – what about actual pain management?

Definition against "Red19 Mins" is ambiguous or incorrect. This wording was changed recently in the Healthwatch reports for greater clarity for non-expert readers.
General observation:
Some reporting of high level performance data is grouped inconsistently. For example "West Mercia" results are an average for three large counties, whereas more "local" single county figures are given for other data. This is frustrating for anyone attempting to make comparisons between areas or drill down into the figures. Some sceptical readers might interpret this as allowing undesirable results to be obscured.
WMAS Response: Apologies if this is confusing we hope the final version of this document is clearer, more information is available in the Trust's Annual Report which will be published in July 2014.

Patient safety – Serious Incidents. There appears to have been a very large reduction. This begs the question of how this was achieved.
Of the listed contributory factors, how many were relevant to the 18 SIs mentioned? Were some more prevalent than others and hence worthy of special corrective action?
WMAS Response: The number of Serious Incidents reported during 2013/14 has not greatly reduced and a more detailed explanation will be published on our website within the Trust's Annual Patient Safety Report.

Complaints – assuming that figs for 2013/14 were for an incomplete year, these should be adjusted pro-rata for better comparison with other years.
WMAS Response: Figures updated and refer to full years.
If only 40% of complaints were "upheld", what were the main reasons for others being rejected?
The NEPTS survey was commissioned for dates (~25 April) now past. Results should be included in the report.
Response; All complaints are taken seriously based on the outcome of the investigation the remaining were either not upheld (no case to answer) or part upheld (elements justified)

The Compliments paragraph is confusing.
WMAS Response: This has been amended

Why is the target Paramedic mix lower in 2014/15 than 2013/14? Ditto TDA figures?
WMAS Response: This is due to the increased recruitment of student paramedics during 2014/15
Sustainable Development Management Plan – refers to an NHS initiative, but with nothing given about any action plans.
WMAS Response: This section has now been completed and should read more clearly

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Priorities 2 and 3 - Neonate
These are important for Herefordshire which, we understand, has nearly the highest birth at home rate in England at about 4% (approx. 60 babies per year), so it's vital that WMAS is trained and equipped properly.

Priority 8 – Addressing Health Inequalities

Unlike the rest of the report, this reads as rather a vague and long-winded extract from a text book. Suggest re-writing in a style more consistent with the rest of the document.

One of the bullet points asserts that "Tackling health inequalities means tackling climate change." – This is not obviously the case and is open to debate. There is nothing about what WMAS will do other than vague notions of partnership working.
WMAS Response: More details regarding how the Trust is tackling Health Inequalities will be made available via Board reports once the work with Commissioners, and HealthWatch has been completed.

Priority 9 – Under 18s we welcome this priority as under 18s can be a forgotten group in the healthcare system.

Healthwatch Worcestershire
Do the priorities of the provider reflect the priorities of the local population?
The local Clinical Commissioning Groups (CCGs) have the flexibility to reflect their population's priorities and those of Worcestershire Health and Well Being Board in the Trust's contract, and particularly the Commissioning for Quality and Innovation Payment framework (CQUIN). Migration from a culture of despatch to clinical care coordination including NHS111 (CQUIN 1); Stroke pathways (CQUIN 2); End of Life care (CQUIN 3); learning from safeguarding concerns (CQUIN 4) and implementing the Family and Friends test (CQUIN 5) reflect issues raised with Healthwatch during 2013/14.

The additional support required to achieve the national targets, 'Lower Limb Fractures documentation' (Priority 1), and 'Timely and Effective Transfer' (Priorities 4 and 5) are particularly important for rural Worcestershire as these safety concerns have also been raised during 2013/14.

The Neonate Priorities (2 and 3) could benefit by the Trust working with the Worcestershire Maternity Services Forum as new and reconfigured services are introduced in Worcestershire during 2014/15.
Working with local Health and Well Being Boards to address health inequalities (Priority 8) is supported, but particular inclusion of mental health and learning disability would be welcomed.

Priorities 7 and 9 re patient experience and specifically under 18s would also benefit from more involvement with local Healthwatch and the CCGs to achieve best practice and use of resources across the West Midlands.
WMAS Response: Meetings are now being arranged with each Healthwatch to discuss joint working

Are there any important issues missed in the Quality Account?
The Statement on Quality from the Chief Executive was still to be provided along with several status and target figures at the briefing on April 28th. Some errors were also highlighted for correction.

It was suggested that the timeline for responding to complaints could be included and learning and improvements from these, serious incidents, patient stories and public engagement work would demonstrate a culture of effective quality improvement.

WMAS Response:; The QA has now been extended with more dialogue of the ' you said – we did'

Providing more trends, national figures and benchmarking against other Trusts e.g. safeguarding training, would assure public confidence in the service, especially as the Trust is a member of the National Patients' Panel.
WMAS Response: The Trust's Safe Guarding Annual Report provides more comprehensive information and will be published on our website in July.

Has the provider demonstrated they have involved patients and the public in the production of the Quality account?

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The Trust's Patient Experience Team reports through to the Quality Governance Committee of the Board and may benefit from closer working with local established Healthwatch as it is still at an early stage in proactive working with patients and the public.

Response ; As above, the 'you said-we did' dialogue has been extended.

The Trust had had a low response to patient Feedback Surveys from emergency patients and it is appreciated that this may be difficult. With the introduction of the Friends and Family test in June 2014 it may be possible to receive more feedback from this part of the service as well as non-emergency patients and callers to the important NHS111 service.

WMAS Response: The Trust is awaiting guidance for the implementation of FFT. The Trust will be looking to engage with Hospitals to implement the FFT and hopefully increase responses.

Staff should also be encouraged to participate in surveys and contribute to service improvements.

WMAS Response: Staff have recently undertaken a survey through Clever Together asking how they think they could improve Patient Experience. The results will be shared with the Operations Team to review consideration for implementation.

Is the Quality Account clearly presented for patients and the public?
The document would benefit from a good introductory summary from the Chief Executive, highlighting achievements and areas to be improved.

In the statistical charts West Mercia should be defined but it would be far more helpful to include the individual counties as otherwise the public of Worcestershire cannot gain assurance and confidence that the Ambulance Trust is safe and effective for the local population, particularly as some of the charted performances have declined.

It would be also be helpful to show the Performance Summary for the year by the same County definitions along with explanatory comments so that the 2014/15 Priorities are shown to relate.

WMAS Response: This information is included in a monthly report sent to Health Overview and Scrutiny Committees. The Trust is happy to share this further with Healthwatch.

A good glossary is provided and most abbreviations have been spelled out on their first use, which is helpful, although this does not apply to VLE, ANTT, and OHCA.

The length and complexity of the document may discourage readership. It is unfortunate that the content is prescribed by the Department as the main areas of concern for the public could be in a much shorter publication with the details in the Annual Report, rather than the Trust having to produce two extensive documents.

Healthwatch Coventry
We have found producing this challenging due to the incomplete nature of the document we have received this year and time frame for response set by WMAS.

Other NHS trusts provide us with an early draft of the document for us to give initial feedback - this has the benefit that this feedback can be taken into account in the drafting. They then provide a complete version of the document for us to write our commentary. We would like WMAS to adopt this approach and ask for another version of this year's document which contains the missing data and text. If you are able to do this we will revise out commentary and get this agreed at our June Steering Group meeting (3rd June). If you are not able to send a more complete draft of the document then the attached commentary stands as our submission for inclusion, and we will publish this in June. Please let the Healthwatch Chief Officer, Ruth Light (r.light@vacoventry.org.uk) know how you will proceed.

The version of the draft quality account Healthwatch Coventry received to enable us to compose this commentary was not complete. It did not contain all of the data, outcomes of CQUIN goals, or the statement of quality by the Chief Executive. Therefore we cannot comment on a lot of the performance data. This is

regrettable and could have been avoided by a shift in the timeline used by WMAS. Other trusts provide us with an early draft of their Quality Accounts and then a further complete draft for us to write our commentary. Whilst the document has a pretty comprehensive glossary it is technical and therefore we did not find it easy to read. As quality accounts are public documents this is a shame.

WMAS Response: The Trust will engage earlier with HOSC and Healthwatch for 2014/15 reviews

Last year's priorities
The dignity challenge has been identified for further work but does not appear in the priorities for the coming year.

Positive work is detailed with regard to work to address issues regarding patient transport for renal patients at University Hospital Birmingham. It is a great shame that this work has not been extended to cover renal patients in Coventry or the learning used in our locality. Our evidence from patients is that renal patients continue to experience long waits and delays in their patient transport service. This was first flagged up by our predecessor organisation Coventry Link in 2011, yet we are not aware of progress. This is both a service quality and commissioning issue.

Other performance information
The Trust seems to be experiencing some challenges with meeting all of its targets for emergency ambulance response time targets, however we are not clear from the document what actions are being taken to address this.

Other information including complaints and PALS data indicates issues with other response times including patient transport therefore action is needed.

WMAS Response: The Trust does have a comprehensive action plan to improve performance during 2014/15 which will be monitored and reported on extensively during the year.

We would like more analysis of complaints and PALS data in the document. We are not sure that the category 'part upheld' is helpful.

WMAS Response: The Patient Experience Annual Report will be published in July 2014 with more comprehensive information

Whilst the size and reach of the trust presents some challenges in terms of patient engagement the evidence of patient engagement presented is thin. Attendance at events and meetings will not necessarily bring useful engagement or feedback.

WMAS Response: This is engagement for the Patient Experience Team. There are various forms of engagement across the Trust. The Trust is currently working to pull this information together.

We would like more evidence about what has been changed as a result of feedback or patient engagement work.

WMAS Response: 'you said-we did' has been extended and the Trusts Patient Experience Annual Report will be published to provide further information.

The patient feedback examples show actions aimed at addressing communication with patients rather than looking at the bigger issues. We hope that methods other than staff bulletins/articles are used to communicate with staff and ensure best practice.

We wonder why the target for paramedic skills has been reduced for 2014/15 and note that the response rate (39%) for the staff survey was not very high. The Trust should look into why this is.

WMAS Response: The skill mix is reduced due to the high recruitment of student paramedics during 2014/15. There is a partnership working group looking at the response rate and results of the Staff Survey with a view to improvements.

Priorities for the coming year
The Trust provides a number of services including patient transport and NHS 111, and covers some very different localities, with different populations and geography. We would therefore like to see more focus on the individual service elements and local geographical areas (including Coventry) in the quality account and for these to be reflected in the priorities.

WMAS Response: We have included Divisional Profiles which we will expand on during the year.

The format used for priorities for the coming year is clear and importantly provides a framework to set out how progress will be measured, which is very important.

However, we would expect that the patient experience related priorities were further developed than they are. Leadership from the Board is very important, however we cannot see from the information provided what the rationale is for the pieces of work around engaging with young people, or what it is hoped to achieve from this.

WMAS Response: These have now been updated

We would like WMAS to adopt the Healthwatch Coventry/Healthwatch Warwickshire Good Engagement Charter, which we launched in September 2013. We are asking Trusts to make a pledge setting out actions they will put in place to develop their good engagement practice and will seek discussion on this with the Trust.

WMAS Response: This will be picked up with one to one meetings with Healthwatch.

We would like a priority added to this quality account around improving the quality and patient experience of patient transport in Coventry and suggest that a Board member meets with renal patients and with managers at University Hospital Coventry and Warwickshire to understand the broader issues with patient transport provision.

WMAS Response: Thank you for this, we will ensure that it is picked up at a senior level

Healthwatch Birmingham

Healthwatch Birmingham recognise that Quality Accounts are a useful contribution to ensuring NHS providers are accountable to patients and the wider public about the quality of the services they provide. We welcome the opportunity to comment on the draft Quality Report for West Midlands Ambulance Service NHS Foundation Trust.

The Report demonstrates that the Trust has performed well against most of the targets set against priorities in the last year.

The performance data on response rate performance is presented in Wet Midlands-wide form rather than the broken down format used for other activity. This means we have been unable to assess response rate performances for Birmingham compared with other parts of the West Midlands. We note that variable response rate performance, particularly when comparing rural and urban parts of the region, was raised by members of the public and community groups with the Trust at its last Annual General Meeting. We recommend the Trust provides this data as part of its future Quality Reports.

The Report captures the challenge the Trust faced taking on the NHS 111 service part-way through the year. It demonstrates that a lot of hard work was done to bring the service up to standard. Whilst there is further work the Trust has identified, we are pleased to see the progress in this part of the service.

Healthwatch Birmingham was pleased to contribute intelligence to the January 2014 CQC service review. The reported minor failure linked to delays in response times chimes with some of the patient feedback we had received. This is also reflected in the Patient Experience section of the Quality Report where delays, including in non-emergency patient transport, are noted as the main reason for patient concerns being raised with PALS. We look forward to seeing the impact of the improvement plans referred to in the Quality Report.

We note that Serious Incident Root Cause Analyses are reviewed by the Trust's Learning Review Group, with an "open invite" to the Trust's Non-Executive Directors to attend. The Trust might further demonstrate Board assurance in these areas by indicating how often Non-Executive Directors took up the open invite, and reporting on how lessons learned are reviewed by the Board.

WMAS Response: Thank you, we hope the Patient Experience and Patient Safety Annual Reports published in July on our website will provide the additional information you have requested.

Healthwatch Birmingham looks forward to seeing how the Trust implements the plans and learning raised in this Quality Report.

Warwickshire HOSC

Response on behalf of the Quality Accounts Task and Finish Group set up by Warwickshire County Council's Adult Social Care and Health Overview and Scrutiny Committee with Warwickshire Healthwatch.

We welcome the opportunity to comment on the Trust's 2014-15 QA, Summary Review of 2013/14, although the Group would like to record their disappointment that they have not had the opportunity to work with WMAS over the year on their QA, as foreseen in the process introduced locally in September 2012. Warwickshire County Council has undertaken to approach quality accounts in a different way, and have established working groups with partner organisations to look in-depth at Warwickshire and Coventry's Trusts' Quality Account – both in monitoring performance over the year and in working with the Trusts to identify priorities for the year ahead. This approach was introduced to make the production of quality accounts a more meaningful process and to enable stakeholders to work together to develop a better understanding of quality within the Trusts delivering services to the people of Coventry and Warwickshire.

This commentary, although formally presented by Warwickshire County Council, reflects the views, input and contributions of those members of Warwickshire County Council and Warwickshire Healthwatch.

In looking forward, the County Council will be continuing to work jointly with District/Borough Councils, Warwickshire Healthwatch, Coventry City Council and Coventry Healthwatch to engage with the Trust to look at the quality of care provided and ensure patients and the public can hold local health providers to account for the quality of their services. This will assist with the concerns that currently exist about the lack of a relationship at a local level.

Reflecting on Quality Priorities set for 2013/14

The Group was not given an opportunity to feed into the production of the QA, but they did have a full day visiting various sites of the WMAS, which gave a very useful insight into different aspects of the work done by the Trust and to speak to a range of staff working in different areas. They agreed the following points:

In the commentary provided on the 2013/14, the Group made it clear that the QA should be a public-facing document which should set out clearly the quality improvement journey of the Trust, with a balance between how the past year's priorities have been met and where they have not, what has been put in place to address this and setting out the reasoning behind the new priorities that have been selected for the next year. It is still not clear who the audience is for this document, i.e. the public, partners or commissioners, and this is an area where the Group could have worked with the Trust to improve the document and to ensure the document explained the work of the Trust in a simple, proper, clear and concise way.

QA need to clearly show how service users, staff and others with an interest in the organisation help the Trust to evaluate the quality of its services and determine the priorities for improvement. This QA, again, has a strong focus on performance data that the Trust are measured against anyway, and there needs to be more evidence on how lessons learnt from staff and patients has been used to drive improvements, and how these have been embedded into the service.

Response ; Agreed, the 'what you said – we did' has been extended to support this.

The QA is full of acronyms that are unfamiliar to anybody who is not a clinician. The use of tabulations, acronyms and formulae point the Quality Account to clinicians and the Department of Health and are unfamiliar to anybody who is not a clinician. The 'quality story' of the Trust should be right at the front of the document, supported by the more technical information that is required to be provided.

The Trust Profile is useful to show the strategic and geographical extent of the area covered by the Trust, but there is no local aspect that would allow "the man down the street in Warwickshire (or Solihull or Staffordshire)" to read the document and understand what the quality journey of a patient in this area is like.

WMAS Response: Local Divisional information now sits in the Quality Account under Divisional Profiles.

The Group raised concerns about perceptions by the public in relation to response times, which were clear from the number of queries and complaints being received by Healthwatch and Councillors. This is not included in the QA document, and would have been a good priority for the Trust – putting in place better communication around targets for response times, to manage public expectation and to publicise the work

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being done in communities, particularly rural communities around community responders, working with GPs and defibrillators.

WMAS Response: Divisional profile Reports from the General Manager included in the QA, giving Local response to performance questions raised and the General Managers Performance Improvement Plans.

The Group welcomes the focus on engagement within the Patient Experience priorities, but again there needs to be clearer indication of what successful engagement will look like and how this will be achieved, and how it will influence service improvement and development.

WMAS Response: This will be included in future documents

There needs to be a greater focus on working with partners to deliver the priority for all stakeholders in helping people to living independently in their own homes and avoiding unnecessary hospital admissions.

WMAS Response: The Trust is committed to working with partner organisations and will ensure that this is fully reflected in all publications

It was clear from the discussions held with a number of staff across different areas of service within the WMAS that the organisation is innovative and on a continuous path of improvement, which staff are central to, but this is not evident from the QA. The Trust should include a summary of their work on continuous learning.

The work of the WMAS requires strong working relationships with other Trusts and stakeholders across the region, and while it is evident from discussions with staff, this is not evident within the QA. This is another area where closer working between the Group and the Trust could build on these strong foundations and bring about improvements that would feed into the priorities for local organisations across the region to integrate services, improve general practice and help people to live independently for longer.

WMAS Response: The Trust is pleased that Healthwatch recognise the CQUIN selected reflect issues raised with them and welcomes working with Healthwatch in 2014/15 to promote further understanding

Healthwatch Shropshire

Healthwatch Shropshire is pleased to be invited to consider and comment on the Trust's Quality Account 2013-14.

We were pleased to read that the number of official complaints has decreased; however, it is disappointing that the number of PALS concerns has increased. We were encouraged that three of the Trust's priorities for 2014-15 concern patient experience and engagement.

It is positive that the Trust was graded as satisfactory in the Information Governance Toolkit for 2013-14 and that the overall score of 80% is higher than some other local NHS Trusts and is a slight improvement on last year. However, there are other local NHS Trusts with higher scores.

It is encouraging that the Trust has a strong commitment and involvement in research studies including the recruitment of patients for research.

To ensure that staff training needs are identified and addressed we recognise that annual appraisals are a crucial part of this process. So it is disappointing to note that staff annual appraisal rates are low at 69%, representing a significant reduction from 93% in 2011/12 as stated in last year's Quality Account. The figure of 81% mandatory training completed is also a disappointing drop from 93% in 2011/12.

It is disappointing that at the time we were invited to consider and comment on the Account, details of achievement against commissioners' quality improvement and innovation goals were not available for comment.

We note that WMAS figures have been broken down into areas; however, it is not possible to isolate Shropshire's figures which are incorporated in the West Mercia area.

We look forward to continuing to develop the working relationship with the Trust and using our patient experience data to contribute to the ongoing improvement in patient care.

Telford and Wrekin Health & Adult Care Scrutiny Committee

The Telford and Wrekin Membership of the Joint Health Scrutiny Committee is a sub-committee of the Health and Adult Care Scrutiny Committee. The main focus of the work of the Joint Health Overview and Scrutiny Committee during 2013/14 has been the need to reconfigure health services to reduce the demand on the acute hospital and the role of the community hospitals in achieving this.

The Committee has welcomed the approach of the local health economy which has resulted in the Future Fit Programme and the West Midlands Ambulance service is represented on the programme Board.

The Committee has received the monitoring reports from provided by the Trust. No formal issues have been raised with the Trust based on this information however there have been discussions through the West Midlands Regional Scrutiny Network.

The Committee has received update reports from the CCG on the performance of the WMAS 111 service.

HOSC Worcester

Overall Comments
The draft quality account appears aimed at a professional audience. For a public-facing document there needs to be more consistent clarity, with less jargon and more explanation of clinical terms.

The report contains a lot of statistics and matrices but lacks written commentary to put this data into context, or show how well the service has been performing, or of equal importance, where the problems are and how those problems are being fixed.

Much of the information provided within the Quality Account regarding Worcestershire is grouped under West Mercia, which Worcestershire Councillors do not find helpful when trying to establish what the information means for those they represent. The Trust has advised that Worcestershire specific performance information can be produced on occasion and the Worcestershire HOSC will be taking up this offer in the future. HOSC would like the Trust's quality accounts to include performance information specific to Worcestershire and suggest that this could be tailored to each area through a separate appendix.

In many cases HOSC is unable to comment on performance because final data is awaited and the target achievement is therefore marked as 'to be confirmed'. Whilst understanding that this is unavoidable due to legal timescales for publishing Quality Accounts, HOSC will look to discuss actual performance with the Trust in the future. However, it is reassuring to note from the QA and the monthly performance bulletins that the region as a whole is performing well.

The use of colour in performance tables in some cases does not transfer well to black and white printing.
WMAS Response: format and colour have been modified.

Priorities for Improvements 2013-14
HOSC is unable to comment on performance against priorities where the status is absent, pending March 2014 figures.

Performance Summary for year to date 2013-14
It would be helpful to have further commentary on the performance figures, to show the Trust's view and interpretation, and how the information will be used.
There is concern that what appears to be a marginal failure in response times in Worcestershire is not referred to in the report. The Trust's Action Plan to improve response times is welcomed.
WMAS Response: Now sitting in the Quality Account are Divisional Profiles, supported with Performance Improvement Plans.

Clinical Performance indicators and Ambulance Quality Indicators
Commentary and explanation around performance tables would be helpful. West Mercia performance has slipped in several areas, with no explanation given in the report.
Relating to the performance table on cardiac arrest, it is unclear what the 'comparator group' means.

Outcomes from cardiac arrest are disappointing and HOSC members would like to encourage more defibrillators in rural areas.
WMAS Response: The percentage unfortunately does not represent the increased number of patients that have survived to discharge this year within Birmingham and Solihull. Further explanatory dialogue given in Cardiac Arrest report in the QA.

Trust Profile
The Trust profile would benefit from including population figures for each area within the 5.6 million population served.
It would be helpful to list the locations of the region's major trauma centres.
Response; The 3 adult MTCs in our region are UHNS- Stoke, UHB - Birmingham and UHCW Coventry with a paediatric MTC at BCH in Birmingham. In terms of improvement, 9 more patients have survived this year than last. The number are 55 survival to discharge from 2012-13 to 64 from 2013-14.

Goals agreed by Commissioners in 2013-14
HOSC is unable to comment, as none of the goals indicate whether the target has been achieved.

Care Quality Commission
HOSC will look to monitor progress against the short-term plan required by the CQC regarding delays experienced by some patients, which meant a minor failure in outcome 4 – 'care and welfare of people who use our service'.

It would be helpful to know why the Trust did not submit records during 2013/14 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics.
WMAS Response: An explanation has now been included.

Patient safety and Serious Incidents
It would be helpful to have comparison data and more commentary, to put into context the number of serious incidents reported.

Patient Experience
The Trust is commended on the number of compliments it receives, which should be boosted within the report, along with some analysis.
The 'what you said', 'what we did' patient feedback is helpful and more could be included.
Priorities for Improvement
WMAS Response: The 'you said-we did' has now been extended

(Clinical Effectiveness)
There are more than one priority for two areas (neonatal temperature and timely and effective care), which could perhaps be streamlined into one priority for each area?
WMAS Response: The two priorities now sit as one

It would be useful to include in the rationale for 'timely and effective transfer' that part of the aim behind this target is to avoid unnecessary conveyance of patients to Accident and Emergency Units. It is understood that Worcestershire performs particularly well in this area, which could be referred to in the report.
WMAS Response:, Fully agreed – dialogue extended

Patient Experience
The wording of the rationale for priority 8 'Addressing Health Inequalities' implies that WMAS is a member of the region's Health and Wellbeing Boards.
Glossary
Some of the report's abbreviations, for example VLE are not included in the glossary.
WMAS Response:, This has been amended

Board Meetings
The Board is encouraged to hold its meetings in an environment which assists public engagement.

Staffordshire Health Scrutiny commentary

We are directed to consider whether a Trust's Quality Account is representative and gives comprehensive coverage of their services and whether we believe that there are significant omissions of issues of concern.

There are some sections of information that the Trust must include and some sections where they can choose what to include, which is expected to be locally determined and produced through engagement with stakeholders.

We focused on what we might expect to see in the Quality Account, based on the guidance that trusts are given and what we have learned about the Trust's services through health scrutiny activity in the last year.

We also considered how clearly the Trust's draft Account explains for a public audience (with evidence and examples) what they are doing well, where improvement is needed and what will be the priorities for the coming year.

Our approach has been to review the Trust's draft Account and make comments for them to consider in finalising the publication. Our comments are as follows.

We support the inclusion of the Trust's Vision, Values and Strategic Objectives.

However the Statement on Quality is still to be completed in the draft and would wish to see detail on why the Account has been produced and who has been involved.

Also a list of services provided would support the Account.

We note that Account includes details of the Priorities for Improvement however we comment on the incomplete data in many areas. We also would like to see more detail included in relation to how and why chosen.

In relation to the Performance Summary the Account would benefit from more detail concerning action planning to improve and we do raise concerns over the levels of performance achieved.

The graphics included in the section para 2.3 are appreciated and clearly illustrate the conditions to the reader.

We support the inclusion and level of detail in the Trust's Profile.

The CQUIN information is noted, however the achievements are yet to be confirmed.

WMAS Response: Thank you for your comment; we hope that the amendments to the final version of this account provides greater clarity.

Annex 4: Statement of Sharing and Caring Together – Francis Inquiry

In February 2013, Robert Francis published his report following the Public Inquiry into the failings at Mid Staffordshire NHS Foundation Trust.

West Midlands Ambulance Service NHS Foundation Trust is working with partners across the Local Health and Social Care Economy to ensure that wherever possible, we take a joined up approach to our response.

We have committed to holding regular meetings with our partners, so that we can talk about the progress we are making and learn from each other through sharing best practice.

Partners will also take the opportunity to come together to share issues, risks and concerns and to collectively address these where appropriate to do so. We have specifically committed to work together to:

•   Provide assurance to our Boards
•   Identify areas of concern that we can address together
•   Communicate with our stakeholders
•   Share best practice

As within the report recommendations, partners recognise that they are accountable for implementation of the recommendations and will be open and transparent about plans and progress to achieve the following outcomes:

•   A safe, committed and compassionate caring service
•   Patient first
•   Responsibility, enforcement and compliance with fundamental standards including professional standards   and those managed through contracts)
•   Effective governance
•   Effective handling of complaints
•   Effective public involvement and engagement
•   Effective scrutiny
•   Effective delivery and monitoring of training
•   An open and transparent culture
•   A caring culture with specific focus on care of the elderly

SIGN UP TO SAFETY

The Trust will sign up to the Secretary of State's ambition to reduce avoidable harm by half over the next three years. Agreed plans will incorporate work already initiated as part of the Trust's patient safety work and will expand on that through engagement with HealthWatch, Commissioners and other Providers.

FREEDOM TO SPEAK

The Trust will continue to encourage staff and patients to tell us when things are not right and will ensure that any recommendations from the Robert Francis review titled 'freedom to speak up' are incorporated within the Trust at all levels.

Annex 5: Statement of directors` responsibilities in respect of the Quality Report

WMAS Board of Directors has taken steps to gain assurance that the content of this Quality Account Report meets the requirements set out in the NHS Trust Foundation Trust Annual Reporting Manual 2013/14. It is assured that the content of this Report is not inconsistent with the Internal and External sources of information including;

- Board minutes and papers for the period April 2013 to May 2014 at the May 2014 Board Meeting.
- Papers relating to Quality reported to the Board over the period April 2013 to March 2014.
- Feedback from the commissioners dated …2014.
- Feedback from governors dated ….2014.
- Feedback from local Healthwatch organisations dated…2014.
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, presented to ……… Trust Board and Annual General Meeting.
- The 2012 national staff survey.
- The Head of External Audit annual opinion over the trust`s control environment - …
- Care Quality Commission quality and risk profiles from April 2013 to March 2014.
  This Quality Report presents a balanced picture of the West Midlands Ambulance Service NHS Foundation Trusts' performance during 2013/14 and the Board of Directors agree;

- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor`s annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

.....29 May 2014.......Date...Chairman

....29 May 2014   ...Date...Chief Executive

Annex 6: A copy of the External Audit limited assurance report

Independent Auditors' Limited Assurance Report to the Council of Governors of West Midlands Ambulance Service NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of West Midlands Ambulance Service NHS Foundation Trust to perform an independent limited assurance engagement in respect of West Midlands Ambulance Service NHS Foundation Trust's Quality Report for the year ended 31 March 2014 (the "Quality Report") and certain performance indicators contained therein.

Scope and subject matter
The indicators for the year ended 31 March 2014 subject to limited assurance consist of those national priority indicators mandated by Monitor:

Category A call – emergency response within 8 minutes on page 9
Category A call- ambulance vehicle arrives within 19 minutes on page 9

We refer to these national priority indicators collectively as the "indicators".

Respective responsibilities of the Directors and Auditors
The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the *NHS Foundation Trust Annual &porting Manual* issued by Monitor.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that: the Quality Report is not prepared in all material respects in line with the criteria set out in the
   NHS Foundation Trust Annual Reporting Manual; the Quality Report is not consistent in all material respects with the sources specified in Monitor's *2013/ 14 Detailed Guidance for External Assurance on Quality Reports;* and the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Repotting Manual* and the six dimensions of data quality set out in the *Detailed Guidance for External Assurance on Quality Reports.*

We read the Quality Report and consider whether it addresses the content requirements of the *NHS Foundation Trust Annual Reporting Manual,* and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider Board minutes for the period Apri1 2013 to May 2014;

- Papers relating to quality reported to the Board over the period Apri1 2013 to May 2014;
- Feedback from the Commissioners dated May 2014;
- Feedback from local Healthwatch organisations dated May 2014;
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;
- The 2012 national patient survey;
- The 2012 national staff survey dated;
- Care Quality Commission quality and risk profiles dated April 2013 -March 2014;
- The Head of Internal Audit's annual opinion over the trust's control environment dated May 2014

and we consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the "documents"). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of West Midlands Ambulance Service NHS Foundation Trust as a body, to assist the Council of Governors in reporting West Midlands Ambulance Service NHS Foundation Trust's quality agenda, performance and activities. We permit the

disclosure of this report within the Trust's Annual Report for the year ended 31 March 2014, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and West Midlands Ambulance Service NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised)- 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators

- Making enquiries of management
- Testing key management controls
- Limited testing, on a selective basis, of the data used to calculate the indicators back to
- supporting documentation
- Comparing the content requirements of the *NHS Foundation Trust Annual Reporting Manual* to the categories reported in the Quality Report
- Reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the criteria set out in the *NHS Foundation Trust Annual Reporting Manual.*

The scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by West Midlands Ambulance Service NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014: the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual, the Quality Report is not consistent in all material respects with the sources specified above, and the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual.*

Grant Thornton UK LLP
Colmore Plaza Colmore Circus Birmingham
29th May 2014

Annex 7: Glossary of Terms

Abbreviation	Full Description
A&E	Accident and Emergency
ABP	Annual Business Plan
ACDC	Active Compression Decompression
ACLS	Advanced Cardiac Life Support
ACPO	Association of Chief Police Officers
AD	Active Directory
AED	Automated External Defibrillator
AFA	Ambulance Fleet Assistant
AfC	Agenda for Change
AMI	Acute Myocardial Infarction
AMPDS	Advanced Medical Priority Despatch System
ANTT	Asceptic Non Touch Technique
AQI	Ambulance Quality Indicators
ARMS	Ambulance Risk Management Standards
ARP	Ambulance Radio Project
ARV	Alternative Response Vehicle
ASN	Ambulance Service Network
ASD	Annual Skills Development
BASICs	British Association of Immediate Care Doctors
BC	Black Country
BME	Black and Minority Ethnic
C&W	Coventry and Warwickshire
CAD	Computer Aided Dispatch
CAT	Category
CBRN	Chemical, Biological, Radiological, Nuclear
CC	Call Connect
CCGs	Clinical Commission Groups
CDP	Career Development Plan
CEN	Committee of European Normalisation
CfH	Connecting for Health
CFMS	Counter Fraud and Security Management Service
CFR	Community First Responder
CHD LIT	Coronary Heart Disease Local Implementation Team
CNST	Clinical Negligence Scheme for Trusts
CPI	Clinical Performance Indicator
CPO	Community Paramedic Officer
CPR	Cardio Pulmonary Resuscitation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CRES	Cash Releasing Efficiency Savings
CSD	Clinical Support Desk
CSU	Commissioning Support Unit
CTS	Courier Transport Service
DCA	Double Crewed Ambulance
HDU	High Dependency Unit
DGH	District General Hospital
DH	Department of Health
DN	District Nurse
E&U	Emergency & Urgent
EBITDA	Earnings Before Interest, Tax, Depreciation and Amortisation

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ECA	Emergency Care Assistant
ECIST	The Emergency Care Intensive Support Team
ECPAG	Emergency Call Prioritisation Advisory Group
ECP	Emergency Care Practitioner
ECR	Extra Contractual Referral
ECS	Emergency Care System
ED	Executive Director
EDI	Equality, Diversity and Inclusion
EDS	Equality Delivery System
EFL	External Financing Limit
EIA	Equality Impact Assessment
EISEC	Enhanced Information System for Emergency Controls
EHR	Electronic Health Record
EMB	Executive Management Board
EOC	Emergency Operations Centre
EPO	Emergency Planning Officer
EPRR	Emergency Preparedness, Resilience and Response
ERMA	Emergency Response Management Arrangements
ESR	Electronic Staff Record
FAAW	First Aid at Work
FAST	Face, Arm, Speech Test
FY	Financial Year
FT	Foundation Trust
FTN	Foundation Trust Network
FTGA	Foundation Trust Governors Association
GP	General Practitioner
HALO	Hospital Ambulance Liaison Officer
HART	Hazardous Area Response Team
HCAI	Healthcare Acquired Infections
HCRT	Health Referral Team
HCSW	Health Care Support Worker
HPA	Health Protection Agency
HPC	Health Professions Council
HQ	Headquarters
HSE	Health and Safety Executive
ICD	Incident Command Desk
ICCS	Integrated Control and Command System
ICP	Immediate Care Point
ICT	Information and Communications Technology
IG	Information Governance
IGT	Information Governance Toolkit
IHCD	Institute of Health Care Development
IIP	Investors in People
ILCOR	International Liaison Committee on Resuscitation
IMAS	Interim Management and Support
IM&T	Information Management and Technology
IMR	Internal Management Review
IOSH	Institute of Safety and Health
IPC	Infection Prevention and Control
IRU	Incident Response Unit
IWL	Improving Working Lives
JESIP	Joint Emergency Services Interoperability Programme
JRCALC	Joint Royal Colleges Ambulance Liaison Committee

KA34	Department of Health Korner Return
KPIs	Key Performance Indicators
KSF	Knowledge & Skills Framework
LAN	Local Area Network
LAT	Local Area Teams
LDC	Leadership Development Centre
LINKs	Local Involvement Networks
LMS	Logistics Medical Service
LSMS	Local Security Management Specialist
LUCAS	Lund University Cardio Assist System
MAA	Midlands Air Ambulance
MAU	Medical Assessment Unit
MEOC	Mobile Emergency Operations Centre
MERIT	Medical Emergency Response Incident Team
MINAP	Myocardial Infarction Audit Project
MISU	Major Incident Support Unit
MIU	Major Incident Unit
MP	Millennium Point
MP	Member of Parliament
NARU	National Ambulance Resilience Unit
NASMeD	National Ambulance Service Medical Directors
NED	Non-Executive Director
NHSCB	National Health Service Commissioning Board
NHSE	National Health Service Executive
NHSLA	National Health Service Litigation Authority
NHSP	National Health Service Pathways
NICE	National Institute for Health and Clinical Excellence
NLC	National Leadership Council
NOS	National Operation Standards
NpfIT	National Programme for IT
NSF for CHD	National Service Framework for Coronary Heart Disease
OOH	Out of Hours
ONS	Office for National Statistics
ORCON	Operational Readiness Consultants
PALS	Patient Advice and Liaison Service
PbR	Payment by Results
PDR	Personal Development Review
PCC	Primary Care Clinic
PCI	Primary Percutaneous Coronary Intervention
PCT	Primary Care Trust
PFI	Private Finance Initiative
PHTLS	Pre-Hospital Trauma Life Support
PIs	Performance Indicators
PLS	Paramedic Life Support
POMIS/STOMIS	Purchase Order & Stores Management Information Systems
PoP	Point of Presence
PPEG	Public & Patient Engagement Group
PRF	Patient Report Form
PSIAM	Priority Solutions Integrated Access Management
PTS	Patient Transport Service
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity and Performance
REAP	Resourcing Escalatory Action Plan

RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
ROSC	Return of Spontaneous Circulation
RPST	Risk Pooling Scheme for Trusts
RRV	Rapid Response Vehicle
SfBH	Standards for Better Health
SCR	Serious Case Review
SHA	Strategic Health Authority
SI	Serious Incident
SLA	Service Level Agreement
SOC	Strategic Operations Centre
SOM	Standard Operating Model
SOP	Standard Operating Procedure
SPC	Statistical Process Control
SPA	Single Point of Access
SR0	Senior Responsible Officer
SSAG	Staff Survey Action Group
SSP	System Status Plan
STEIS	Strategic Executive Information System
STEMI	ST Elevation Myocardial Infarction
STREAM	Strategic Reperfusion Early After Myocardial Infarction)
SWOT	Strengths, Weaknesses, Opportunities & Threats
TAS	Telephone Answering Service
TMIU	Temporary Minor Injury Unit
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 2006
UCS	Unscheduled Care Service
UHB	University Hospital Birmingham
UHCW	University Hospital Coventry & Warwickshire
UHU	Unit Hour Utilisation
UHNS	University Hospital North Staffs
UKTFT	United Kingdom Transport for Transplants
UPS	Uninterruptible power supply
USAR	Urban Search and Rescue
UTC	University Technical College
VAS	Voluntary Aid Services
VCS	Voluntary Car Service
VLE	Virtual Learning Environment
WAN	Wide Area Network
WBA	Work Based Assessment
WDC	Workforce Development Confederation
WM	West Mercia
WMAS	West Midlands Ambulance Service
WNAA	Warwickshire and Northamptonshire Air Ambulance
WTE	Whole Time Equivalent
YTD	Year to Date

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Further information

Further information and action plans on all projects can be obtained by contacting the lead clinician named on the project

Further information on performance for local areas is available as an Information Request from our Freedom of Information Officer or from the leads for the individual projects.

Progress reports will be available within the Trust Board papers every three months with the end of year progress being given in the Quality Report to be published in June 2014.

If you require a copy in another language, or in a format such as large print, Braille or audio tape, please call West Midlands Ambulance Service on 01384 215 555 or write to:

West Midlands Ambulance Service NHS Foundation Trust
Regional Headquarters
Millennium Point
Waterfront Business Park
Brierley Hill
West Midlands
DY5 1LX

You can also find out more information by visiting our website: **www.wmas.nhs.uk**

If you have any comments, feedback or complaints about the service you have received from the Trust, please contact the **Patient Advice and Liaison Service (PALS)** in the first instance; **01384 246370**

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Coventry City Council

Cabinet Member (Health and Adult Services)	29th July 2014
Health and Social Care Scrutiny Board (5)	30th July 2014

Name of Cabinet Member:
Cabinet Member (Health and Adult Services) – Councillor Gingell

Director Approving Submission of the Report:
Executive Director - People

Ward(s) affected:
All

Title:
Adult Social Care Peer Review and Commissioning and Personalisation Plan

Is this a key decision?

No

Executive Summary:

A number of significant local and national financial and policy challenges are being experienced across Adult Social Care. Further reductions in the local government settlement, along with increased demand on resources through changes introduced through the Care Act, means Adult Social Care has to continue to improve the way services are provided in line with managing the increasingly challenging financial position.

The Local Government Association (LGA) launched its approach to Sector Led Improvement in 2011. This was launched following the removal of national targets and assessments with the aim of driving improvement through self-regulation and innovation. In addition to this the LGA's 'Rewiring Public Services' campaign endorsed the central role that peer challenge plays in ending bureaucratic inspection, improving all Councils impacts on issues like economic development, improving social care and pressing ahead with transforming public services.

There is a regional Adult Social Care Sector Led Improvement board chaired by Martin Reeves. The board is responsible for driving and monitoring progress of the Sector Led Improvement programme. As part of this regional approach each of the 14 local authorities has agreed to participate in a Peer Review. The Association for Directors of Adult Social Services (ADASS) has agreed to support this approach as the Peer Review forms part of the wider regional Sector Led Improvement programme.

Peer Review includes a self-assessment and an on-site review that takes place over the period of four days and consists of a team led by a Director of Adult Services, a lead Elected Member,

Assistant Directors and Experts by Experience. The scope of the review is agreed between the Local Authority and the lead Director.

Coventry City Council's Adult Social Care was subject to a Peer Review in March 2014. The scope of this review was the City Council's approach to Commissioning and how this could reduce demand for traditional services through the use of community assets, families and friends. Five key lines of enquiry were identified to give focus to the review.

Following the conclusion of the Peer Review the findings outlined strengths and areas for consideration. As a response to this an Adult Social Care Commissioning and Personalisation Plan (2014 – 16) has been developed to outline the key areas and provide a strategy to progress the responses to the findings of the Peer Review along with the other financial and service challenges facing Adult Social Care.

Recommendations:

Cabinet Member (Health and Adult Services) is recommended to:

(1)	Accept the outcome of the Adult Social Care Peer Review on behalf of the City Council.

(2)	Approve the Adult Social Care Commissioning and Personalisation Plan as the overarching strategy to deliver the priorities for the next two years.

Health and Social Care Scrutiny Board (5) are recommended to:

(1)	Note the outcome of the Peer Review and the proposed actions as encapsulated in the Commissioning and Personalisation Plan and identify any issues for inclusion in the Scrutiny Board work programme.

(2)	Advise as to how the Board wish to be kept informed of developments in Adult Social Care over the coming year.

List of Appendices included:

Outcome of Adult Social Care Peer Review letter

Adult Social Care Commissioning and Personalisation Plan 2014 – 2016

Other useful background papers:

None

Has it been or will it be considered by Scrutiny?

Yes - Health and Social Care Scrutiny Board (5) 30th July

Has it been or will it be considered by any other Council Committee, Advisory Panel or other body?

No

Will this report go to Council?

No

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Report Title: Adult Social Care Peer Review and Commissioning and Personalisation Plan

1. **Context (or background)**

1.1 As part of the Budget setting for 2014/15 the cut in Government Revenue Support Grant for 2014/15 locally is £19m – a reduction of 11% on the 2013/14 grant level. To provide some wider context, compared to the Council's level of gross controllable revenue expenditure this is a real-terms cut of 5%.

1.2 Reductions in Government resources (the Settlement Funding Assessment) continue to represent the dominant factor in setting the Council's Budget and the need to identify very large on-going cost reductions. Whilst these significant reductions had been expected in 2014/15, recent resource announcements represent a significant worsening of the position in 2015/16 compared to previous forecasts. In addition, senior members of the Government and local government commentators have predicted a continuing downward trend in Government grant allocations for the period from 2016/17 and beyond, a position that the Council is now building into its forecasts. The 'A Bolder Community Services' programme, which incorporates Adult Social Care, has saved in the region of £10m already against a target of £22.5m by 2015/16. These savings are in addition to further reductions recently identified.

1.3 Alongside these reductions in funding, two other significant changes will impact on Adult Social Care during the next two years. The implementation of the Care Act is likely to lead to a significant increase in demand on Adult Social Care. Increased resources have been identified by Government as part of its "new burden" resourcing programme at the same time as significant levels of resources are being removed meaning in real terms a net effect of less funding. As the detail of the Act has still not been finalised there remains significant financial uncertainty regarding the full financial impact of the Act, which is due for implementation during 2015/16 and 2016/17.

1.4 The Better Care Fund is designed to drive the integration of Health and Social Care Services. Pooling significant resources from the Local Authority and Clinical Commissioning Group will enable a more joined up approach to delivery of community based services, reducing demand on hospital services whilst improving effectiveness of the entire system.

1.5 The Local Government Association (LGA) launched its approach to Sector Led Improvement in 2011. The introduction of sector led improvement was as a response to the removal of national targets and assessments for Councils and advocates an approach by which Councils embrace the opportunities and challenges of self-regulation, improvement and innovation in Adult Social Care.

1.6 There is a regional Adult Social Care Sector Led Improvement board chaired by Martin Reeves. The board is responsible for driving and monitoring progress of the Sector Led Improvement programme. As part of this regional approach each of the 14 local authorities agreed to have a Peer Review.

1.7 Further to this, the LGA's 'Rewiring Public Services' campaign endorsed the central role that peer challenge plays in ending bureaucratic inspection, improving Councils impacts on issues like economic development, improving social care and transforming public services.

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1.8 To support the drive for sector led improvement the Association for Directors of Adult Social Services (ADASS) has endorsed the undertaking of Peer Reviews as they form part of the wider regional Sector Led Improvement approach.

1.9 The Peer Review includes a self-assessment and an on-site review completed over the period of 4 days by a team of peers led by a Director of Adult Services, and comprising a lead Elected Member, Assistant Directors and Experts by Experience. The scope of the review is to be agreed by the Local Authority and the lead Director.

1.10 Adult Social Care was subject to a Peer Review on the 10-13 March 2014. An overarching question plus five key lines of enquiry were identified to give focus to the review. These were as follows:

1.11 <u>Overarching Question</u>
To what extent can our approach to commissioning, from a macro to micro level, be strengthened to effectively reduce demand for traditional models of care and support through the increased use of community assets, families, friends and own resources?

1.12 <u>Key Lines of Enquiry</u>

   o How equipped are we for delivering an integrated approach to commissioning in the context of the Better Care Fund (now known as Better Care Programme)?

   o To what extent do our brokerage and panel processes make good use of community assets, families, friends and own resources in delivering outcomes?

   o To what extent do we have the right information systems to support effective commissioning?

   o How could our approach to market development be improved in order to deliver personalised support making better use of community assets, families, friends and own resources?

   o Does our approach to Direct Payments and Personal Budgets support people in making active choices about how outcomes are met?

1.13 Over the duration of the Peer Review a series of meetings were held with staff in Adult Social Care, partner agencies, Elected Members, users and carers and providers of services. Visits to two service areas, Eric Williams House and The Pod, were undertaken and performance data and evidence to support the key lines of enquiry were provided.

1.14 At the end of the Peer Review a feedback session was held between the Peer Review team, senior management and lead Elected Members. This feedback was then formalised in a letter to the Executive Director, People, identifying strengths and areas for consideration (see Appendix 1).

1.15 A summary of the findings are as follows:

1.16 <u>Strengths identified by the Peer Review Team</u>

   • Partnerships with health colleagues are good and these facilitate close working and integrated approaches to service delivery. These relationships have enabled the Council to progress well with Better Care Fund programme objectives, ensuring benefits locally.

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- The POD mental health recovery service demonstrates an excellent example of a recovery model and was considered by the Peer Review Team as one that offers a comprehensive personalised approach.
- Local political leadership from the Cabinet Member was recognised as being strong and well respected.
- A 'one organisation' approach was observed by the Peer Review Team. They identified this by people consistently identifying the direction of travel across all areas of the organisation. Staff interviewed were enthusiastic and positive about the transformations in services underway.
- Learning Disabilities, Older People's and Physical & Sensory Impairment Partnership Board members, including service users and family carers, informed the Peer Review Team that the Boards provided an opportunity to engage, shape and influence service provision. They felt fully involved in supporting the Council to redesign how they provide or commission Adult Services.

1.17 Areas for consideration identified by the Peer Review team

- Whilst engagement with stakeholders highlighted a positive experience the Peer Review Team felt that there could have been a greater role for co-production with people who use services and their family carers.
- Development of a single referral pathway for social care and health clients was proposed along with a single point of access to assist with timeliness of signposting, triage and assessments.
- Production of a joint Early Help Strategy in conjunction with the Clinical Commissioning Group and Public Health was proposed to ensure coherent approaches are delivered.
- The Peer Review Team recommended the Council and commissioners consider how providers and the voluntary sector can be involved in the development of community asset based approaches.
- Consideration should be given to how personalisation is fully integrated into the everyday business of Directorate staff and activities. It was proposed that workforce development support should be provided to improve innovation in support planning and service user outcomes.

1.18 There is no obligation that action is taken as a result of the Peer Review. However, following the Peer Review the People Directorate considered the findings alongside the other challenges facing the Directorate including financial and legislative changes .

1.19 In order to meet all of these challenges the People Directorate have developed an Adult Social Care Commissioning and Personalisation Plan (see Appendix 2) which sets out the work to be progressed over the next two years. This plan brings together all of the challenges faced by Adult Social Care, including the recommendations made following the Peer Review.

1.20 The plan has been shared with stakeholders through the People Directorate Transformation Board. Due to the wide ranging nature of the actions within the plan, specific items will need separate consultation and engagement before they are progressed. Where this is required the appropriate approvals will be sought.

1.21 The plan identifies actions in three key areas. A detailed action plan outlining objectives and measures is contained within the Adult Social Commissioning and Personalisation Plan. Outlined below are some examples of the actions under the three headings:

1.22 <u>Managing Demand</u> – Work which will stop or significantly delay the requirement for ongoing care and support, including:

- Improving the Early Help and Prevention offer by effectively commissioning evidentially cost effective services.
- Making better use of information and advice ensuring people are aware of how they can access this within their own communities.
- Redesign of short term service to maximise independence in partnership with the Clinical Commissioning Group.

1.23 <u>Managing the Support System</u> – Work which will ensure care and support is arranged effectively with appropriate degrees of user choice, control and effective use of resources, including:

- Implementing a new Resource Allocation System for Adult Social Care ensuring equality and improved utilisation of resources.
- Improving the approach taken to support planning and brokerage ensuring resources are used effectively and outcomes are achieved.
- Making better use of Direct Payment and Personal Budgets to meet personalised approach to support planning and individual outcomes.

1.24 <u>Managing Supply</u> –Work to help ensure that there is an appropriate supply of a range of social care and support services to meet the needs of people who will require them, including:

- Using the principles of co-production to develop and commission support ensuring service users and family carers are involved in service development.
- Adopting an integrated approach to commissioning with Health colleagues, creating better outcomes for service users.
- Jointly commissioning with health partners long term care and support, improving the ability of people to be supported in the city.

1.25 Progress against the plan will be monitored through the People Directorate Transformation Board along with appropriate reporting through the political process. Although the plan is single agency, in that it is owned by the City Council, there are key deliverables including the Better Care Programme that will only be delivered in conjunction with health partners.

2. Options considered and recommended proposal

2.1 <u>Recommended Option</u>
It is recommended that the letter confirming the outcome of the Peer Review is made public on the City Council's website and shared with stakeholders. The Adult Social Care Commissioning and Personalisation Plan will also be made public as a proportionate and appropriate response to the Peer Review and other challenges facing Adult Social Care. In doing so it will be necessary to recognise that with any plan the document will be iterative and that actions may need to change or be added to in order to respond to the changing environment in which Adult Social Care operates.

3. Results of consultation undertaken

3.1 No specific consultation has taken place. The Adult Social Care Peer Review involved users, carers, providers, staff, Elected Members and key partner agencies and the Adult Social Care Commissioning and Personalisation Plan is a response to this along with the other challenges facing the Directorate. The outcome of the Peer Review will be shared

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with those who took part. Engagement and formal consultation will be undertaken as appropriate in the delivery of this plan.

4. Timetable for implementing this decision

4.1 Some of the actions outlined in the plan are already being progressed and others are due to commence. The plan will delivered over the next two years.

5. Comments from Executive Director, Resources

5.1 Financial implications
There are no specific financial implications arising from the recommendations in this report. The priorities identified within the Adult Social Care Commissioning and Transformation Plan will need to be progressed and delivered with the financial resources available to the People Directorate and will be expected to contribute to the overall financial reductions facing the City Council.

5.2 Legal implications
The City Council has a duty to make arrangements for the provision of services to meet the assessed eligible needs of individuals. The Local Authority is entitled to do so in the most cost effective way.

6. Other implications

6.1 **How will this contribute to achievement of the Council's key objectives / corporate priorities (corporate plan/scorecard) / organisational blueprint / Local Area Agreement (or Coventry Sustainable Community Strategy)?**

The proposals contained within this report support the City Council's commitment to support those who are most vulnerable through ensuring that the resources available to Adult Social Care are used in the most appropriate manner.

6.2 **How is risk being managed?**

Risk management plans will be in place for elements of the plan as it is progressed. Risks will be managed in line with corporate risk management procedures.

6.3 **What is the impact on the organisation?**

There will be an impact on staff working across Adult Social Care in respect of ways of working, training, processes and procedures. There may also be a direct impact on numbers and types of jobs as the Directorate looks for further ways to operate within the resources available. As specific impacts are identified they will be shared with trade unions and staff and managed through the appropriate City Council procedures.

6.4 **Equalities / EIA**

In adopting the Adult Social Care Commissioning and Personalisation Plan due regard will be given to the Public Sector Equality Duty including the need to eliminate discrimination and promote equality of opportunity for those with protected characteristics. Equality and Consultation Analysis will be developed for areas identified as they are progressed and consultation will be undertaken as appropriate.

6.5 **Implications for (or impact on) the environment**

None

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6.6 Implications for partner organisations?

Although the Adult Social Care Commissioning and Personalisation Plan is a City Council document elements of it can only be delivered in conjunction with partner organisations. Partners have been involved in the Peer Review, the findings of which contributed to the plan, and the plan has been shared through the People Directorate Transformation Board which includes representatives from the Coventry and Rugby Clinical Commissioning Group, Coventry and Warwickshire Partnership Trust, University Hospital Coventry and Warwickshire and the Voluntary Sector.

Report author(s):

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Contributor/approver name	Title	Directorate or organisation	Date doc sent out	Date response received or approved
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Members: Cllr Gingell	Cabinet Member	Health and Adult Services	14.7.14	15.07.14

This report is published on the Council's website:
www.coventry.gov.uk/meetings

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SY2 6ND

Date: 31st March 2014
My Ref:
Your Ref

Dear Brian

I write to give you formal feedback following the Peer Challenge. This builds on the provisional feedback we shared with you at the end of the Challenge Visit on Thursday 13 March 2014.

I was pleased to lead the Peer Challenge and I was joined by Keymn Whervin and Liam Waldron, both Experts by Experience Solihull; Councillor Steve Evans Cabinet Member Wolverhampton; Karen Murphy Assistant Director Solihull; Suzy Joyner Head of Community Care Walsall; and Eddie Clarke WMADASS Peer Challenge Programme Lead.

I would like to thank you for putting Coventry forward to host this Peer Challenge. There were many positive things that we will take away from our visit, including the examples of good policy and practice that we all observed.

I would like to thank all the people who use services, family carers, staff, partners, the Chief Executive, and the Cabinet Member (and others) who participated in the Challenge. We were made very welcome and the process was very well organised by Kuldip Manota. We were very impressed with the way in which people embraced the peer challenge and this helped make it constructive and fruitful.

This letter provides our findings and recommendations on the 5 headings on which you asked the Team to report. The headline scope was:

"To what extent can our approach to commissioning, from a macro and micro level, be strengthened to effectively reduce demand for traditional models of care and support through the increased use of community assets, families, friends, and own resources?"

The following includes an Executive Summary, an initial Overview of the positives we identified, and then a section on each of the five sub-headings of the scope.

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Executive Summary

These are the main points identified during the Peer Challenge visit:

* The Council has significant financial challenges and has embarked upon a programme of transformation for adult social care
* The Council has identified that personalisation needs to be re-launched and learning/practice from the POD shared across all services
* Integration and early intervention, with pace and real substance, should be substantial elements of transformation
* Urgent savings and transformation plans, and urgent implementation, are necessary to meet the challenges for 15/16 and beyond
* The Market Position Statement, outcomes based commissioning, and performance management systems should be enhanced to meet the transformation and personalisation agenda
* Co-production should be a full and consistent part of commissioning

Overview

The Peer Challenge Team (hereafter referred to as the Team) identified a number of main strengths.

All staff that were interviewed are enthusiastic and positive about the changes in services to date and those that are planned. There was very much a "one organisation" approach from staff and no sense of any "them and us".

There is a clear desire to improve personalisation and to achieve better outcomes with people.

Partnerships with the Clinical Commissioning Group (CCG) and NHS Trusts are positive, as is the relationship with external providers of care and support.

The Partnership Boards, which involved people who use services and family carers, stated that they felt very engaged and are able to shape and influence services and their direction.

The POD in Mental Health Services is an excellent example both of a recovery-based model of service, and one that is also extremely personalised in its delivery and outcome focus.

What follows are the Team's observations and recommendations on the five sub-headings of the main scope, and the strengths and areas for consideration by the Council.

1 – How Equipped Are We For Delivering An Integrated Approach to Commissioning In The Context Of The Better Care Fund?

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<u>Strengths</u>

The good relationship with the CCG and NHS Trusts will offer additional opportunities for integration and already there has been good progress on agreeing the Better Care Fund submission with its three key areas.

The arrangement for a "Hothouse" event is innovative and is a good way of bringing all partners together to discuss and plan further how integration and service developments can bring about better outcomes for people.

Integration across health and social care is an objective supported by the Council and Health partners and this commitment will assist the evolution of the plans for the Better Care Fund.

The Cabinet Member is seen as strong and is well respected, having experience in Health too through being the Chair of the previous Primary Care Trust.

The Team were impressed with the approach of both internal and external care providers who stated their on-going willingness to engage with the Council on new commissioning initiatives. They were not daunted by further change. They embraced it.

The re-tendering of reablement services will support the improvement of outcomes for people and be more cost effective for the Council.

The Team noted also the improvement on reducing the delayed transfers of care from hospital.

<u>Areas for Consideration</u>

The Team concluded that there is scope for a more radical partnership and vision with the CCG, based on agreed transformation priorities, such as fully integrated services (as in Staffordshire) and Early Help, as with the model in Walsall.

The Team recommends that leaders across Health and Social Care, with stakeholders, should look intensively at options for the further integration of both commissioning and care services as part of a new vision for improving the quality of life of citizens in Coventry who require care and support.

Whilst engagement with stakeholders is experienced positively, the Team felt there was an opportunity for greater co-production with people who use services and family carers. This should be a fundamental aspect of all commissioning. A regional example is the People to People approach in Shropshire. Also, the Hothouse event is the type of event that offers some opportunity for real co-production at all stages of commissioning.

The Team recommends that co-production is embedded in the planning of all major commissioning.

The Team noted the joint agreement (Section 75) on Mental Health Services and the Joint Commissioner for Learning Disability Services, and determined that this could be built upon to enhance joint commissioning arrangements and opportunities. You had already identified this as a direction you wished to pursue.

The Team recommends that options for extending joint commissioning be explored and identified.

The Team received information about two different reablement pathways and for both service users and staff this appeared not to optimise resources for, or access to, care and support. Again, the Team noted that you had identified already a need to remedy this position.

The Team recommends that a single reablement pathway be developed with Health colleagues.

Similarly, a single point of access between the Council and Health would assist the appropriateness and timeliness of signposting, triage and assessments.

The Team recommends that a single point of access be examined with Health colleagues.

Delayed transfers of care (DToCs) are high when compared to similar Councils. Some progress has been made on this but there was not an agreed action plan.

The Team recommends that a whole system response and action plan be agreed by the Council and Health Partners to reduce DToCs.

On data and intelligence there is information available about service activity but this is not in a format that is available to frontline Managers and nor does it capture outcomes fully. For example, Team Dashboards.

The Team recommends that data and intelligence systems be reviewed so that all Commissioners and Managers receive relevant performance, activity, and budget information, including outcomes.

The Team were informed of the Corporate process for agreeing major change programmes across the Council. This resulted in decisions at the Procurement Board (is this the right title for what are strategic commissioning decisions?), Cabinet, or Full Council, dependent upon the sums involved. This was stated as effective by a Senior Manager and also that the Executive Director was involved through informal mechanisms rather than the established meetings in the process.

The Team concluded that strategic planning and accountability across the Council could be enhanced by the more formal involvement of the Chief Executive and Executive Directors.

The Team recommends that the Corporate arrangements for considering and approving major transformation programmes be reviewed, including options for more formal mechanisms to involve the Corporate Management Board.

The relevant Scrutiny Board covers both Health and Adult Social Care and has an annual work programme. The programme seemed weighted in the last year towards health matters, such as commissioning for health. Some increased scrutiny on adult social care such as commissioning, transformation and budget plans, and progress on personalisation would now seem timely.

The Team recommends that Scrutiny consider further which adult social care matters should be the subject of scrutiny in its programme for 2014/15.

2 – To What Extent Do Our Brokerage and Panel Processes Make Good Use of Community Assets, Families, Friends, and Own Resources In Delivering Outcomes?

Strengths

When interviewing frontline Staff and Managers the Team received a number of examples of creative support planning. For example, with people with dementia and people with mental health issues, especially from staff at the POD.

Within Brokerage there were some good examples provided of different activities being identified and utilised such as developing groups in libraries, facilitating discharge from hospital, and sourcing community based groups.

Brokers had available a database of groups in localities to facilitate potential new activities and opportunities for people.

Areas for Consideration

There is not an Early Intervention/Prevention Strategy, nor a coherent range of appropriate services. Public Health is doing some good work in this area but it is not yet joined up with other Health and Social Care commissioning. The King's Fund is a useful starting point for resources and research.

The Team recommends that a Joint Early Help Strategy be developed involving the CCG, Public Health, and the Council.

The Council wishes to put in place a different relationship with communities and its citizens that places a much greater emphasis on community resilience and informal networks of support. As yet it does not appear that there has been a dialogue with communities and citizens about the Council's aspirations in this area.

The Team recommends that the Council consider how it commences this dialogue with its citizens and how it will seek to establish a new relationship with communities.

In connection with the development of this new relationship with its citizens, the Council expects to identify and build community assets that can provide early and mutual support from within communities themselves, such as that in Leeds. This is a key building block for the new relationship but as yet a strategy, linked to the Council's approach to Localism and the role of elected Members, has not been put in place or implemented.

The Team recommends that an urgent appraisal and plan be instigated about how community asset-building will be taken forward with elected Members, neighbourhoods, and groups (faith, locality, and common interest), including micro-enterprise development

Staff and Managers stated to the Team that there are five different intake systems for care management, as well as the two reablement pathways. This is confusing both for staff and the public.

The Team recommends that a review be undertaken of the intake arrangements.

Peer support for Direct Payments did not seem well established and this could assist the re-launch of personalisation that the Council proposes. People who use direct payments can be powerful advocates and can make explain the ways in which perceived hurdles can be overcome.

The Team recommends that Peer Support arrangements be reviewed and that it constitutes a core part of the personalisation re-launch to help promote examples and opportunities for creative support planning and care.

Information and advice, aligned with effective signposting, did not appear to be systematised and the responsibilities from the Care Bill will place additional demands on the Council for these services. They should play an important part in any Early Help Strategy.

The Team recommends that the Council's information and advice arrangements be reviewed with a consideration of the implications from the Care Bill.

3 – To What Extent Do We Have The Right Information Systems To Support Effective Commissioning?

Strengths

There is some progress on the Public Health provision of health needs and population data, including the Joint Strategic Needs Assessment from 2012.

The Council's planned development of the "FACE" Tools will enable a more comprehensive overview and monitoring of how personalisation and outcomes are being progressed.

Brokers utilise their knowledge to work with commissioners to ensure that there is some feedback on needs and gaps in care and support.

<u>Areas for Consideration</u>

The savings identified for 2015/16 of £12m from a People Directorate budget of £102m is very ambitious. If the savings come solely from adult social care and do not include Children's Services, the savings over the one year will constitute 15% of the adult social care budget of £80m. At the same time there is a £2.8m overspend in the budget for 2013/14 (which is included in the figure of £12m). The Team were informed that planning on how the £12m will be achieved is to commence in April 2014.

The Team recommends that a major programme plan be established with partners to help identify where the savings will be made.
The building blocks for transformation are not in place – early help, robust information/advice services, integration with Health, and a community asset-building programme – and therefore there is a need for an urgent and fresh impetus on putting these in place.

The Team recommends that a transformation plan be established urgently that incorporates the Better Care Fund plan and a Corporate led strategy about community asset-building.

Frontline staff and brokers commented to the Team that they would like feedback from commissioners on what happens to the intelligence they share.

The Team recommends that feedback loops between frontline staff and commissioners be reviewed.

As stated earlier, there is a need for Team Dashboards to be available on performance and activity. Team Leaders and others could not tell us what the individual team performance is on direct payments. Similarly, the monitoring of assessment and review outcomes should be undertaken more fully and gathered more systematically. This would support commissioners and operational managers in knowing how well they are doing and where action may need to be taken.

The Team recommends that performance monitoring and reporting mechanisms be reviewed.

The Team held a discussion with relevant managers on the Transition arrangements for young people with disabilities and/or mental health issues who were entering adulthood. It was stated that currently there is no collation of the outcomes for the young people. Collation would be helpful in order that the Council can assess whether more personalised outcomes and independence are being achieved, and whether the Council is making expected savings from this approach.

The Team recommends that plans be considered on how outcome collation can be established for young people going through Transitions.

As part of developing new strategies there is a need to understand fully the current performance and activity, both on finances and service provision. The quarterly reports

that go to the Senior Management Team in the Directorate are quite broad and do not contain much supporting detail or analysis, especially on Finance. Further information is available but this is held at Assistant Director level. The Team felt it important that the Senior Management Team was more fully appraised in these reports and that sensitive areas, like the performance on direct payments, were reported on more regularly in these reports.

The Team recommends that the quarterly reporting arrangements to the Senior Management Team be reviewed.

4 – How Could Our Approach To Market Development Be Improved In Order To Deliver Personalised Support, Making Better Use Of Community Assets, Families, Friends, And Own Resources?

Strengths

External Providers were very positive about their relationship with the Council and there are established forums with Providers, including the Voluntary and Community Sector.

The Market Position Statement is a good summary of what is commissioned now and what the broad intentions are for the future.

Areas for Consideration

As stated earlier, people who use services and family carers should be actively and consistently involved in shaping and commissioning services. For example, Making it Real in Dudley and Shropshire's People to People.

The Market Position Statement (MPS) should be built upon to give greater guidance and information to Providers about the future opportunities in Coventry. Your further work programme until September with Providers is helpful in this context.

The Team recommends that the MPS be enhanced to provide greater detail about the commissioning intentions and expected type and levels of care and support.

The needs of Black and Minority Ethnic communities could be explored further, particularly with reference to how targeted work should be structured to improve personalised services and outcomes.

The Team recommends that the needs of Black and Minority Ethnic communities be assessed further by commissioners, with the aim of improving personalised care support and outcomes.

The Team felt also that Providers could play an important role in working with the Corporate centre of the Council and commissioners on engaging communities to be more self reliant. The obvious connection here is with the Voluntary and Community Sector (VCS), but not solely. Micro-enterprise opportunities are one example.

The Team recommends that the Council and commissioners consider how Providers and the VCS can be engaged to work with communities as part of an asset based approach.

5 – Does Our Approach To Direct Payments and Personal Budgets Support People In Making Active Choices About How Outcomes Are Met?

<u>Strengths</u>

There were some good examples of a creative use of direct payments, for example the "Witchcraft" group that pooled money to rent a place to do arts and crafts.

People who have a direct payment used phrases like it gave choice and control, and it gave them their life back. One person said, "I wouldn't have the life I have without a direct payment".

The Positive Risk Assessment Tool demonstrated an effective approach to risk management and good links to safeguarding.

The Team were impressed with the social brokerage course which is a good example of assisting staff to be able do creative support planning.

As stated earlier, Brokerage has a good database of locality groups and activities to which people can be connected.

<u>Areas for Consideration</u>

The culture of personalisation did not feel embedded fully across the Council and the Directorate, which your planned re-launch will assist. Staff need support to be more confident in promoting and setting up direct payments, and being innovative. There is a need to improve consistency of approach and uptake. People with a direct payment could have a valuable role in championing direct payments and promoting the benefits.

The Team recommends that the re-launch consider how personalisation can be more fully integrated into the everyday business of the Directorate's staff and activities, and how staff can be supported in improving take up and improved outcomes.

Service users that the Team met did not experience reviews positively and felt they only happened when a cut in the direct payment was to occur. Some said that they had experienced a cut without a re-assessment.

The Team recommends that this be explored further with people with a direct payment and, if confirmed, there be a re-appraisal of the review process.

The Team were informed that direct payment users might at times have to arrange carer cover at a higher cost than the usual service. This additional cost is borne by service users rather than the Council.

The Team recommends that this be examined and, if confirmed, that the Council reviews who should be responsible for extra costs.

People with a direct payment and staff said that the timescale for processing a direct payment could be lengthy (a month or more).

The Team recommends that the process be reviewed and streamlined where possible.

No priorities or action plan have been completed for Making it Real. This should be undertaken via co-production with user led organisations and Partnership Boards.

The Team recommends that the Making it Real priorities and action plan be completed using a co-production methodology.

Other Comments

These comments are not related directly to the scope. They refer to other matters raised with or by the Team during meetings. The subject that the Team wishes to cover here is adult safeguarding. Three main points were raised:

- There was not an understanding of the reasons behind the low alert and referral rates for adult safeguarding
- Decisions on thresholds are by all Team Leaders which means this may lead to inconsistency
- Commissioners did not have a clear understanding of their role on quality assurance following Winterbourne View and the Concordat

The Team would recommend that these three areas are looked into further and options be explored for improving the understanding behind the figures and improving the roles of staff and commissioners.

Conclusion

Finally, we have sought to make the findings of the peer challenge constructive and helpful to the Council and also to strike an appropriate balance between support and challenge. We hope that you are able to receive positively the comments in this context. We have learnt from the process ourselves and we have really appreciated the opportunity to take away many good policy and practice examples that we can share with our own Councils.

On behalf of the Team I would like to thank you for hosting this peer challenge and for working so positively with us. I hope you will agree this has resulted in a helpful and constructive outcome.

Yours sincerely

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cc   Martin Reeves - Chief Executive, Coventry City Council
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COVENTRY CITY COUNCIL

PEOPLE DIRECTORATE

ADULT SOCIAL CARE COMMISSIONING AND PERSONALISATION PLAN 2014

'to enable people in most need to live independent and fulfilled lives with stronger networks and personalised support'

Version 2 – April 2014

Author: Pete Fahy

Contents

1. Purpose

To provide a platform for change within Adult Social Care practice and commissioning in Coventry to support the delivery of the Adult Social Care vision which is:

'to enable people in most need to live independent and fulfilled lives with stronger networks and personalised support'

2. Background

Social Care in England is going through a period of immense change driven by key legislative and policy change that will see an overhaul of the legal framework through the introduction of the Care Bill in 2015 and integration with Health by 2017 for which the Better Care Fund 2015/16 provides a vehicle for system change.

Alongside these legislative and policy changes our population is also changing, as a nation our population is getting older. By 2032 the population aged 65-84 will grow by a third and the number of people aged over 85 will more than double. It is currently estimated that approximately 570,000 people in England have dementia and this will double over the next 30 years. In addition the number of people with long term conditions is expected to rise from 15 million to 18 million by 2025. Adding in other statistics such as 70% of adults being inactive, 1 in 4 being obese and 1 in 5 that smoke it becomes clear that should nothing change demand on services will increase dramatically.

However, our resources to meet any increase in demand are shrinking. The Government's 2010 Spending Review reduced Government grants to local government by an average of 28% over four years, a bigger and faster reduction than for most other Government departments. The Chancellor's 2013 Spending Review further announced an additional headline reduction of 10% to local government funding in 2015-16 and due to Government changes in the way it distributes grants, local authorities will need to plan for a real-term reduction of 15% in 2015-16 (Local Government Association).

The expectations of the service users and their families and carers who come into contact with social care are also changing. There has been a clear policy directive to the delivery of personalisation through Putting People First (2007) and subsequently Think Local, Act Personal (2011) in that arranging care and support around the individual, based on the totality of resources available to them including Community Assets, families, friend and their own resources will not only lead to improved outcomes but will also enable the City Council, and its partners, to target funded support where it is most needed and will have the greatest impact.

In order to meet these challenges it is important that we have a clear direction of travel with clear actions and intended impacts for Adult Social Care in Coventry. This strategy sets out the actions required and change expected as a result over the next two years.

3. Introduction

This strategy identifies how the City Council will deliver Adult Social Care so that the residents of Coventry can live independently in the Community with Support that is appropriate to their needs and maximises their own resources and capabilities.

Although this document belongs to the City Council its successful delivery will require close co-operation with partners. Everything we do, whether commissioning, provision, or management of internal systems and processes will increasingly be undertaken jointly with health colleagues. We will also need to engage with the voluntary sector, other partner organisations including the Police and Fire Service and the communities in which people live in order to increase community capacity so that they can play a greater role in supporting the people that live within them.

Where it is no longer possible for people to be supported in their own community we will still seek to maximise independence to the greatest possible degree. This will be a key focus whether people require something as basic as a home meal or as complex as a specialist residential placement. In order to meet these challenges the market for social care in Coventry will need to adapt and our Market Position Statement 2014 identifies some specific areas where actions to bring about change will be prioritised.

Alongside market development the support systems for the arrangement and management of Adult Social Care are also required to change and improve – this applies to how we undertake assessments, reviews and the allocation of resources including the use of Direct Payments and Personal Budgets.

This plan does not sit in isolation and should be considered in conjunction with other key documents including:

- The Council Plan 2014 - 2017
- Coventry Health and Well-Being Strategy 2012
- People Directorate Strategy 2014-2016
- Coventry Market Position Statement 2014
- Adult Social Care Local Account 2012 - 2013
- Coventry Carers Strategy 2011 – 2015
- Coventry Dementia Strategy 2014
- Coventry response to the National Autism Strategy 2013

4. National and Local Policy Context

The Care for our Future: Reforming Care and Support White Paper (Care and Support White Paper) was published by the Department of Health in July 2012. This White Paper presented the Government's long term vision for a reformed care and support system. Key elements being a greater focus on prevention, early intervention and maintaining independence. There was a clear affirmation that care and support should be personalised to meet individual need and identified outcomes. The White Paper also signalled the need for further integration between health and social care to support the reform of care and support services.

In May 2012 'Making it Real' was launched. This is a sector wide commitment to moving forward with personalisation and community-based support.   Making it Real sets out what people who use services and carers expect to see and experience if support services are truly personalised. They are set of "progress markers" - written by real people and families - that can help an organisation to check how they are going towards transforming adult social care. The aim of Making it Real is for people to have more choice and control so they can live full and independent lives.

National system leaders also published a Common Purpose Framework for integrated care in 2013. At its heart is an agreed vision - a 'narrative' - that everyone can sign up to and use in their programmes of work. National Voices coproduced this narrative, working with Think Local Act Personal and with service users, patients, carers and their organisations as well as the national stakeholders.

It takes the service user perspective, defining integration as 'person centred coordinated care', and setting out what it is that people would experience if this kind of care works well.

The Narrative was adopted by all national system leading organisations involved in integrated care, and by all the current integration 'pioneers'. It is being used widely in other local areas and is referenced in the Better Care Fund guidance.

In February 2013, the Government announced the reform of the funding for care and support with the aim of providing more certainty and peace of mind over the costs of old age or living with a disability. A key aspect of the funding reform will be that a cap on care costs will be introduced from April 2016.

The Care Bill, currently before Parliament, will be the legal framework on which this social care reform will be based. The legislative changes outlined in the Care Bill are wide ranging and represent the biggest changes in adult social care since 1948. From April 2015 the key provisions include:

- The promotion of individual wellbeing

- Clarity through regulations on what constitutes 'eligible' needs and how decisions are made about support, and allow for national eligibility to be set in the future

- Simplify rules regarding charging and financial assessment

- Population-level duties on local authorities to provide information and advice, prevention services, and shape the market for care and support services. These will be supported by duties to promote co-operation and integration to improve the way organisations work together;

- Giving carers a right to support to put them on the same footing as the people for whom they care;

- Everyone, including carers, should have a personal budget as part of their care and support plan, and give people the right to ask for this to be made as a direct payment;

- No-one's care and support is interrupted when they move home from one local authority area to another

- A new statutory framework for adult safeguarding, setting out the responsibilities of local authorities and their partners, and creating Safeguarding Adults Boards in every area.

The £3.8 billion Better Care Fund (formerly Integration Transformation Fund) was announced by the Government in the June 2013 spending round to accelerate integration in health and social care in order to create a system that is sustainable in the longer term. The Better Care Fund, provides an opportunity to develop new ways of working and sharing of resources across the health and social care sector at a time of reduced public sector finances and to support the on-going challenge of managing demand for services.

As well as changes in Health and Social Care the Welfare Reform Act 2012 introduced £18bn is savings through a package of reforms. By the end of 2017 many of the existing working age means-tested benefits and tax credits are expected to be abolished and recipients will receive only one single benefit payment: Universal Credit. These reforms will have a significant impact on individuals in receipt of benefits and new applicants and is estimated to have resulted in a loss of income to the City of £112m per year (Sheffield Hallam University).

The effects of welfare reform will put additional pressures on a range of health and social services, including the NHS, public health and counselling services, children's services, housing services, advice services and the police.

As a City, Coventry has been hit harder by national austerity measures than many other authorities. Government grants for the Council's day to day expenditure have significantly reduced since 2010 with further reductions to come. The Council has also had to meet the challenges of increased costs where these have been unavoidable in order to maintain stability and quality.

In December 2013 the City Council published its 10 year plan which state the City's commitment to *promoting the growth of a sustainable Coventry economy* and *improving the quality of life for Coventry people*. The plan contained the following intentions:

- supporting business to grow;
- creating the infrastructure for the city to grow and thrive;
- developing the city centre for the 21st century;

- raising the profile of Coventry;
- helping local people into jobs;
- reducing the impact of poverty;
- increasing the supply, choice and quality of housing;
- creating an attractive, cleaner and greener city;
- making communities safer;
- improving educational outcomes;
- improving the health and wellbeing of local people;
- protecting and supporting the most vulnerable people; and
- reducing health inequalities.

In order to deliver the Councils 10 year plan each Directorate within the City Council (People, Place and Resources) will be required to consider its activity and priorities and how these contribute to the delivery of this plan. As part of the largest Directorate (People), Adult Social Care will have a significant contribution to the delivery of the 10 year plan as a direct provider of support to vulnerable people, a creator of employment, and in supporting people in appropriate housing. Coventry currently operates its eligibility criteria for Adult Social Care at Critical and Substantial under FACS (Fair Access to Care Services). The Care Bill will introduce national eligibility criteria which are expected to accord with Coventry's current position.

5. Coventry Population Profile

Coventry is the thirteenth largest City in the UK. The current estimated population of the City is 332,400 of which 214,300 are aged 18-64 and 47,700 are aged 65 and over. By 2020 the overall population is estimated to increase to 373,200 of which 236,200 will be aged 18-64 and those aged 65 and over will increase to 51,900.

It is estimated that there are currently 3,424 people with dementia in the City (1.03%) which is below the national figure of 1.18%. The Office for National Statistics (ONS) predicts that by 2020 the number of people with dementia will rise to 3,999 (1.07%).

It is also estimated that approximately 54,000 people aged between 18 and 64 (25%) have a mental health disorder in some form, the majority of which can be managed with little impact on people's lives and without the need for social care support.

Approximately 6,277 people aged over 18 in Coventry have a learning disability of which 985 are aged over 65.

The Coventry Market Position Statement (2014) identified that 68 adults with learning disabilities funded by the City Council are placed in care homes outside the City along with 8 Adults with Mental ill Health. These numbers increase when Health funded services are included as well as Older People with challenging behaviour including dementia.

The City has a lower percentage of Owner Occupiers than England as a whole (60.6% compared with 63.4%) and a higher proportion of Private Rented (20.6% compared with 16.8%). The volume of

socially rented is broadly comparable with England with Coventry at 17% compared to 17.7% for England as a whole. Owner occupiers are most prevalent in the West of the City.

Coventry's main ethnic group is White (including British, Irish and other White). This group makes up 80% of the total population. Chart 1 shows the ethnicity breakdown for the population of the City.

**Chart One: Ethnicity Breakdown**
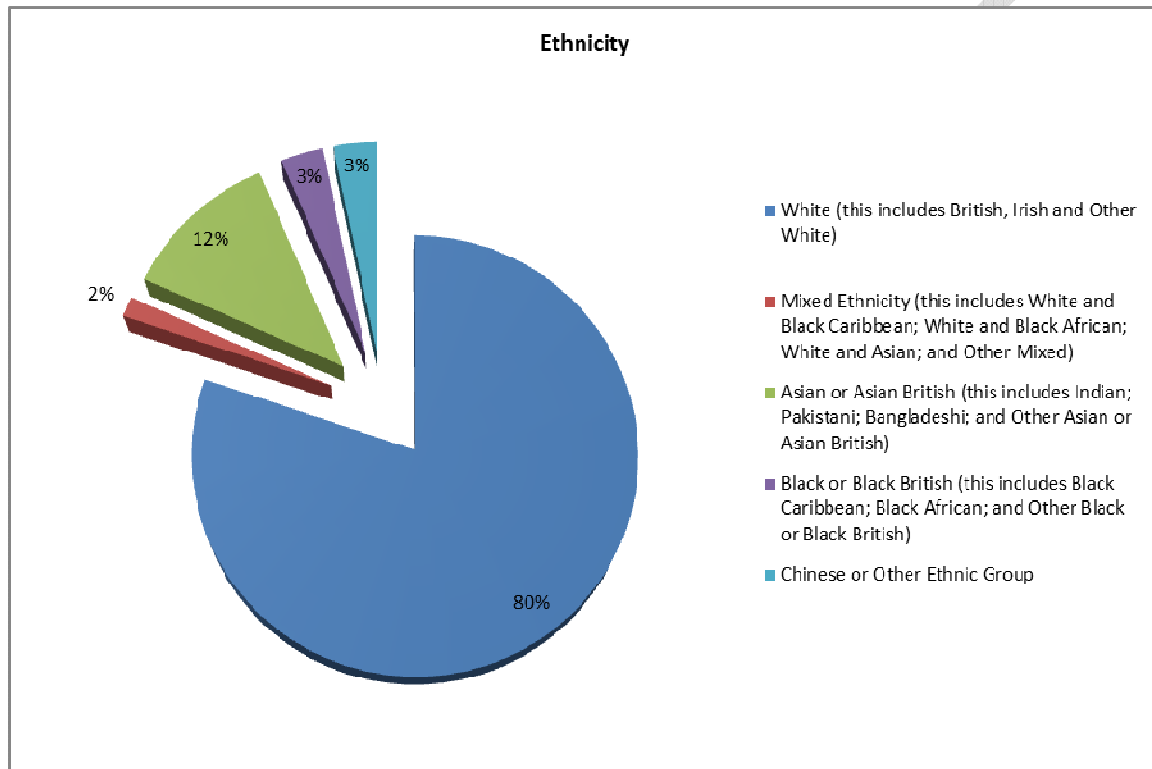
Population and Projected Needs

The Coventry Joint Strategic Needs Assessment http://www.facts-about-coventry.com/uploaded/documents/JSNA%202012.pdf is the overarching strategic document identifying population needs in Coventry.   Focusing on Adult Social Care the three graphs below show:

•   Expected changes in Coventry Older People population

•   Expected changes in key health conditions

•   Expected changes in residential and nursing care populations and people unable to self care.

These graphs indicate that although the Coventry older people population is expected to remain relatively static and not expected to increase in line with the England overall population there is still likely to be an increase on demand for social care due to the forecasted increases in key health conditions.

Overall Population
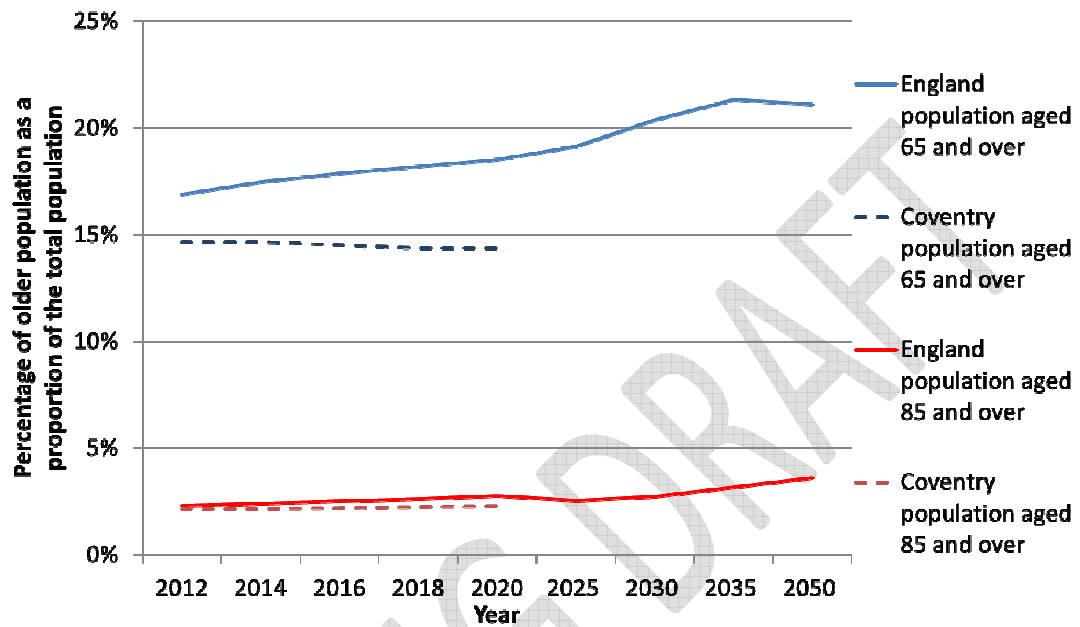
Ill Health Projections

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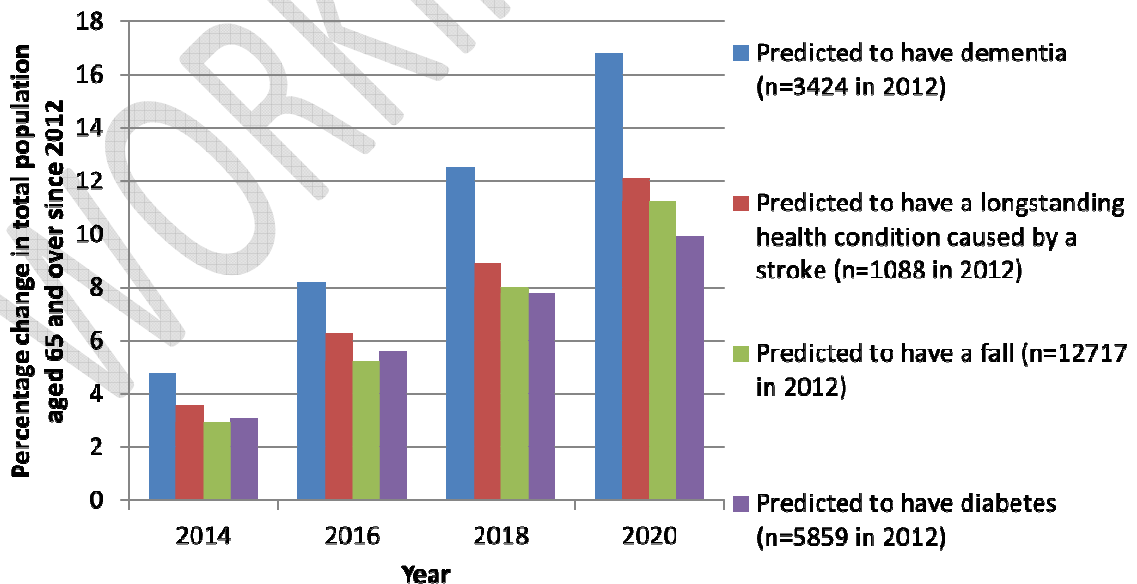
Social Care Need Projections
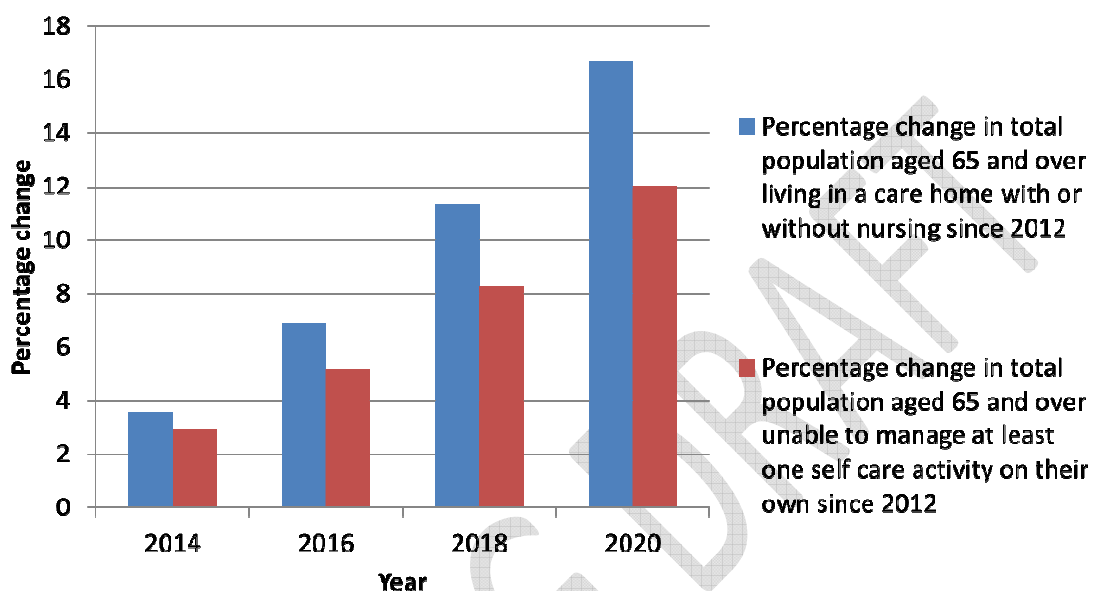
6. User and Carer Feedback

Coventry receives feedback on its Adult Social Care services through a number of mechanisms, some of these are informal comments made to staff by service users, carers or their friends and families, some are through formal review mechanisms, are others through structured user groups, partnership boards and specific consultation and engagement processes.

We have also undertaken an Adult Social Care survey to ask people that access care and support about the quality of their life and their experiences of the services they receive.   The City Council last undertook an Adult Social Care in 2013 from which 413 out of a possible 1,076 responses were received (as 413 respondents completed the questionnaire the survey is considered statistically valid. Therefore, we can say with 95% certainty that the opinions expressed in the survey reflect the views of people accessing care and support in Coventry).

Some the things the survey told us were:

- 65% of people are satisfied with the services they receive.
- 33% of people reported their quality of life was "so good it could not be better" and a further 28% said they had a good quality of life.
- 33% of people feel that they have control over their daily life, 43% feel they have an adequate amount of control, 20% feel their control is less than adequate and 3% feel they have no control over what happens.

- 69% of people have no concerns regarding their personal safety, 26% feel adequately safe, whilst 3% express some concerns and 2% voice strong concerns.
- 45% of people have as much social contact as they want with people they like and 33% feel their interactions are adequate. 16% report they have some social contact but do not feel it is enough and 6% feel socially isolated.

In October and November 2012 we also completed a survey of carers across the city. The questionnaire asked carers about their caring responsibilities and how services provided by Adult Social Care help to support this role.

Some of the things this survey told us were:

- 57% of carers feel they have enough time to spend on their own personal care. 28% said they do not always have enough time to look after themselves and 16% feel they are neglecting themselves.
- 82% of carers have no concerns about their own personal safety, 16% express some worries and 2% are extremely worried about their safety.
- 35% of carers feel they have as much social contact as they want; whilst 47% feel they do not have enough, and 18% do not have enough and feel socially isolated.
- 38% of carers feel they have good levels of encouragement and support, 43% feel they do not have enough, and a further 19% do not receive any.
- 70% of carers are happy with the support and care services they receive for themselves and the person they are caring for.
- 28% of carers feel they have control over their daily life, 58% feel they have some control but not enough and 14% feel they have no control over their daily life.
- 18% of carers are able to spend as much time as they want doing things they value and enjoy, 64% are only able to manage some and 18% do not spend any time doing activities they value and enjoy.

More general feedback from service users and their carers and families include the following themes:

- Frustration of the lack of cohesiveness between health and social care;
- Requirement to be able to access support at the time it is required as opposed to usual office hours;
- People do not want to go to hospital when they could be treated/supported in another appropriate setting
- People do not aspire to be long term users of social care or health services where this could be avoided
- The delivery of best practice, high quality and safe care in acute hospital and GP practices

These more general themes will be considered as we progress integration with health and, in many ways support the case for integration as they provide examples of where the existing boundaries between Health and Social Care are unclear to people who use services.

7. Use of Resources: Where the Money is Spent

The responsibility for Adult Social Care within the City Council rests within the People Directorate. The People Directorate also has responsibility for Children's Services, Housing and Homelessness, Safeguarding, Libraries and Adult Education, Community Safety, Environmental Health and Regulatory Services. It is the largest directorate within the City Council with a budget for 2014/15 of £160m from an overall City Council budget of £258m (excluding school funds).

During the financial year 2013/2014 the Council spent a total of £70.18m (gross) on Adult Social Care Service. The breakdown of this spending is shown in Chart 2 below and includes:

- £34.61m (49%) spent on residential and nursing care home provision
- £21.84m (31%) spent on home support and direct payments
- £5.67m (8%) spent on Housing with Care
- £3.59m (5%) on Short term services

Chart Two: Adult Social Care Services Gross Spend 2013-14
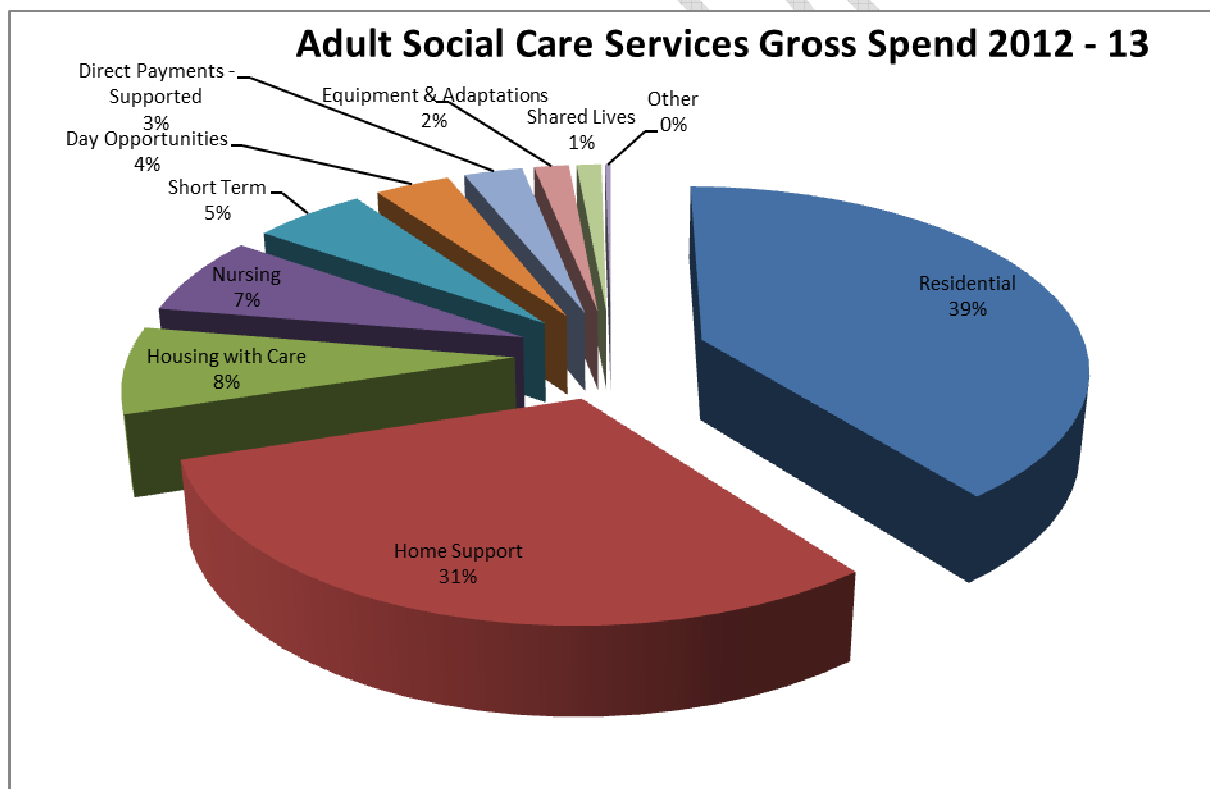
A more detailed breakdown by service user group in included in Appendix One.

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In relation to our Comparator Group the proportion of total Local Authority spend on Adult Social Care (excluding School Funds), 2012-13 is 20.4% against a comparator average of 21.4% .

As indicated in earlier sections, as financial pressure on the City Council increases as a result of budget reductions all areas of activity, including Adult Social Care, will need to find ways to support people more effectively using a reduced City Council resource. The 'A Bolder Community Services' programme initiated in 2011 by the previous Community Services Directorate identified £10m of savings to be delivered by 2014/15 through a series of efficiency measures, external funding reductions and reductions in service volumes where excess supply existed. These savings were identified without changing the eligibility criteria applied for Adult Social Care in Coventry.

8. Performance Against Key Indicators

A raft of measures are used to assess the performance of Adult Social Care. The most significant is the Adult Social Care Outcomes Framework (ASCOF) which measures a range of indictors from quality of life, satisfaction, safety, control, admissions to residential homes and discharges from Hospital.

Between 2011/2012 and 2012/13 there has been a minor deterioration in a number of key Adult Social Care Outcome Framework (ASCOF) indicators in Coventry. Within this overall deterioration some positives include a comparatively good level of overall satisfaction with services by people who use them and a high proportion of people who feel safe. However, our performance on Delayed Transfer of care from hospital and performance in relation to Carers, in terms of both quality of life and involvement indicate room for improvement.

The number of adults receiving self-directed support in the year to 31 March 2013 (ASCOF 1c Part 1) is below the comparator group and England average although the proportion of total gross current expenditure on Direct Payments is comparatively high (8.4% Coventry against a comparator average of 7.2%) .

To view the full range of performance reports against key indicators for Coventry please use the Health and Social Care Information Centre website at:

https://nascis.hscic.gov.uk/

In March 2014 Adult Social Care in Coventry was subject to a Peer Review. This was undertaken as a key part of the approach taken to Sector Led Improvement within Adult Social Care and in the absence of a more formal inspection regime is the mechanism through which Adult Social Care is subjected to independent scrutiny and challenge. The findings of the peer review and recommendations will be made publicly available and work to progress areas of recommendation are included in the section 10 of this document.

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9. The Case for Change – A Summary

Change is needed to accelerate the ability of Adult Social Care to respond to the population, policy and financial if faces. This is both change to system and process to through integrated approaches and changes to the delivery of personalised support to meet the requirement of Think Local, Act Personal.

National Policy:

Government policy requires that people who come into contact with Adult Social Care have more choice and control over the support they receive and how this is provided. It requires that Councils consider the totality of resources available to an individual and have a focus on prevention early intervention and maintaining independence. In addition, closer integration with health is required.

A Changing Population:

In the years to come there will be:
- *An increasing number of people aged 85 and above*
- *More people with long term health conditions and conditions related to old age i.e. dementia*
- *More people aged over 65 unable to manage at least one self care activity*
- *More people reliant on the support of family networks and carers*

Public Expectations:

Feedback from users has told us the following:
- *They are frustrated at the lack of cohesiveness between health and social care*
- *They want to be able to access support at the time it is required in the manner in which it is required*
- *They want to be supported in the most appropriate setting that maximises independence*
- *People do not aspire to be long term users of social care or health services where this could be avoided*
- *They want more control over their daily lives*
- *They want services that address their cultural needs*

Use of Resources:

The financial position means that:
- *In order to support our population we will need to ensure that people are making use of all the resources available to them*
- *Support should be tailored to personalised outcomes making best use of peoples own assets and the assets available to them*
- *Delivering effective support that prevents the need for ongoing services is both good practice and more sustainable.*
- *More creative use of support planning integrated fully within the Adult Social Care workforce*

10. Delivering Change

This section sets out what is going to happen in Adult Social Care to start to bring about the changes required to meet the challenges outlined in previous sections and summarised in Section 9.

Adult Social Care is part of the People Directorate within the City Council. The City Council as a whole has embarked on major project called 'Kickstart' that will see the Council move to a new building at Friargate and a new way of working, with more shared space, new technology, hot-desking and many other changes.

The action to be taken across Adult Social Care to meet the challenges described will be delivered through progressing three key areas of activity:

- **Managing Demand: Actions to stop or significantly delay the requirement for ongoing care and support services.**

- **Managing the Support System: Actions to ensure care and support is arranged in effectively with appropriate degrees of user choice, control and effective use of resources**

- **Managing Supply: Actions to ensure there is an appropriate supply of a range of social care and support services to meet the needs of people who will require them.**

The requirements under each section are presented in terms of 1) what we intend to do, 2) How we will do it, and 3) The change we expect to see as a result.

As the delivery of this strategy progresses additional opportunities to improve Adult Social Care in Coventry will be identified and incorporated into the strategy.

As a result of delivering the actions described in this strategy we aim to:

- Enable people who require support to have access to a greater range of opportunities to meet their needs

- Enable people to exercise greater flexibility in the arrangement of their own support

- Develop a clear approach to prevention to reduce the requirement for longer term social care and support

- Make better use of innovative approaches to the delivery of social care including the use of new technologies including Telecare

- Deliver a more equitable and transparent system for the allocation of resources

- A refreshed approach to reviewing people's needs that supports them to build stronger networks and become more self-reliant

- Support carers in a way that is responsive to the changing needs of the people they care for and support them to continue in their caring role

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- Make demonstrable progress towards integration with health to deliver the requirements of the Better Care Fund

- Work with the market for social care to shape and extend the local offer based on diverse requirements of individuals and communities within Coventry

- Deliver large scale efficiencies across Adult Social Care through adopting personalised approaches and using the full extent of resources available to individuals and their carers/relatives

10.1 Managing Demand: Actions to stop or significantly delay the requirement for on-going care and support services.

What We Intend to Do	How we Will do it	The Improvement we Expect to See	Who is Responsible and what are the timescales for Progress
Develop a clear plan for the commissioning of a range of targeted preventative services where they are evidentially cost effective	➢ Enhance the use of telecare across the social care offer ➢ Decommission the Aylesford facility ➢ Implement and monitor the effectiveness of the new STSTMI home service ➢ Undertake a review of remaining bedded services within the city ➢ We will review our carer's strategy to ensure we are providing support to carer's to enable them to continue caring.	➢ Preventative services targeted to reduce demand for social care and provided in a time limited way (so as not to create dependency on preventative services) ➢ A clear and proportionate offer of support to carers based on resources that are available	Head of Strategic Commissioning
Increase the contribution of Assistive Living Technology as an effective means of providing social care and support	➢ Implement a new model for the use of Telecare within Coventry using both hardwired, stand-alone equipment and apps ➢ Provide clarity to staff, service users and their families and carers about where Telecare can be used and its	➢ Increased use of Telecare including stand-alone equipment and new and emerging technologies ➢ Technology seen as a core and integral part of the delivery of	Head of Therapy and Enablement

	benefits	care and support	
	➢ Review the role of our Integrated Community Equipment Store (ICES) and the Opal Assessment and Demonstration Centre and whether there are ways to provide this support more effectively ➢ Enhance the carers offer and communicate to staff and carers		
Make better use of information and advice so that people are aware of and can access support in their own communities	➢ Revise our information and advice offer so that it is updated and accessible ➢ Identify community assets available for people to access ➢ Develop the role of libraries so that they are better used and provide better access to information and advice	➢ More accessible and relevant information and advice on Adult Social Care	Head of Older People and Physical Impairment
Make better use of the range of publicly available services in preventing demand for on-going social care and support	➢ Develop strategy and implementation for P&EH for children and adults. ➢ Identify impact of reductions delivered through ABCS Clarify the role of library services in delivering information and advice.	➢ Libraries and neighbourhood centres are part of the social care support provision in the City ➢ Reduction in costs through brokerage making better use of community assets	Assistant Director – Adult Social Care

Redesign our Short Term Services to Maximise Independence in partnership with the Clinical commissioning Group (CCG)	➢ Create community based resilience through implementation of an enhanced telecare offer ➢ Reduce the bedded services within the city ➢ Implement and monitor the effectiveness of the new STSTMI home service	➢ Increased effective of reablement through less people requiring a sequential service ➢ Reduced hospital bed days ➢ Improved delay of transfer figures ➢ Increased ability in people to remain at home following a short term intervention resulting in reduced demand on long term services. Measured by an increase in the length of time between a short term service and being assessed as requiring long term care.	Head of Enablement and Therapy
Deliver the Dementia Strategy	➢ An integrated health and social care plan with clear information and advice, tailored to individual circumstance ➢ A new model of assessment that promotes independence and utilises strengths in the community, with a focus on self-care and empowerment	➢ More people with dementia supported in the community ➢ Reduced demand on bed based servicers ➢ Increased community resilience	Head of Older People and Physical Impairment

	➢ A tailored and flexible experience for citizens that harnesses resources to support people in their own homes and prevents admission to acute or long term care and enables carers to continuing caring		

10.2 Managing the Support System: Actions to ensure care and support is arranged effectively with appropriate degrees of user choice, control and effective use of resources

What We Intend to Do	How we Will do it	The Improvement we Expect to See	Who is Responsible and what are the timescales for Progress
Implement a new Resource Allocation Tool for Adult Social Care to ensure equity of allocation and improved resource management	➢ Commission a Resource Allocation System to be used as a tool by staff ➢ Use the output of the tool to understand where more cost effective opportunities to meet individual outcomes may be available ➢ Review all those currently in receipt of Adult Social Care to understand how their support could be provided in a more cost effective way ➢ Use this process as a means to stimulate the market to provide more innovation ways to meet individual outcomes	➢ An equitable and evidence based use of resources ➢ Better financial management of resources increasing our ability to meet needs within our available budget ➢ More personalised and outcome based approaches to meeting care and support needs	Assistant Director – Adult Social Care
Develop an Asset Based approach to the assessment of need and the delivery of	➢ Social workers to assess what alternative support people already have to inform provision of care and	➢ Improved outcomes for individuals ➢ Reduced costs to	Assistant Director – Adult Social Care

outcomes	support delivered by the Council. We will ensure we understand what assets people already have access to and provide care appropriately ➤ When assessing people understand the full range of assets available to them to deliver the required outcomes whether these are friends, families, community assets or own resources. ➤ Ensure that people are enabled to make full use of these assets before arranging funded social care ➤ Develop a city wide view of available community resources, not commissioning by the Council, to enable people to access as part of a package of care.	the City Council	
Enhance our approach to support planning and brokerage	➤ Develop the role of support planners throughout the Adult Social Care workforce ➤ Use provider staff, as well as Assessment and Case Management to establish creative support planning ➤ Use learning from the	➤ More outcome based and personalised support ➤ Improved satisfaction by carers and service users	Head of Learning Disabilities and Mental Health

	POD social brokerage approach to extend options for people		
Ensure our ICT systems our up to date and support the work of Adult Social Care	➢ Complete upgrade to Care Director V4 ➢ Reduce number of stand-alone databases and systems ➢ Integrate Care Director more fully with other City Council systems ➢ Connect Care Director to NHS spine	➢ More efficient use of systems to reduce staff time and improve quality of recording and information ➢ Better information flows between City Council teams ➢ Better information flows with Health colleagues	Head of Systems
Implement the requirements of the Care Bill for April 2015	➢ We have established a Care Bill implementation board to lead and oversee the implementation in Coventry of this key piece of legislation	➢ Requirements of Care Bill fully implemented for April 2015 then 2016	Assistant Director – Commissioning and Transformation
Implement a revised customer journey for Adult Social Care	➢ We will develop and implement a new customer journey in line with organisational customer journey design principles	➢ A clearer route through Adult Social Care for people accessing support ➢ Reduced duplication and overlaps with Health	Assistant Director – Adult Social Care
Review our charging policy and approach to charging	➢ We will remove inequities in the current policy and ensure that charging is maximised wherever appropriate	➢ Increased income for Adult Social Care	Finance Manager – People Directorate

To ensure that robust safeguarding and quality assurance processes are in place within all commissioned services	➢ We will be more specific with regard to safeguarding requirements in our contractual arrangements ➢ We will make safeguarding training available to providers and compel them to attend ➢ We will monitor care providers through scheduled and unscheduled inspections and take action where appropriate ➢ We will work closely with the Care Quality Commission (CQC) to ensure that their enforcement powers are used where necessary and action is co-ordinated ➢ We will ensure that information and advice and advocacy services are available to assist service users where this is required ➢ We will ensure that a range of service user feedback is obtained and utilised to ensure service improvements ➢ Work towards the requirements of the Winterbourne View	➢ Greater adherence to safeguarding policies and procedures by contracted providers ➢ Improvements in levels and consistency of training in providers of Adult Social Care ➢ Co-ordinated action taken with CQC where appropriate ➢ Improved use of advocates when dealing with areas of concern ➢ Safeguarding concerns being consistently managed to successful resolution	Head of Strategic Commissioning

	concordat ⮞ Apply a consistent response to the identification of safeguarding concerns		
Make better use of Direct Payments and Personal Budgets to meet individual outcomes	⮞ Gather intelligence around the existing provision ⮞ Identify better data on the numbers of people wanting to use a PA ⮞ Shape the market to ensure supply of PA's and access to appropriate support services through direct payments and personal budgets ⮞ Link with health regarding personal health budgets	⮞ Increased take up of Direct Payments and Personal Budgets ⮞ Better levels of choice and control to be evidenced through Adult Social Care survey	Head of Learning Disabilities and Mental Health
Better use of performance information	⮞ Identify information requirements to inform effective service commissioning and delivery ⮞ Use data and information to inform decision making	⮞ Accessible and useable information readily available to inform commissioning and service delivery activities.	Head of Peformance

10.3 Managing Supply: Actions to ensure there is an appropriate supply of a range of social care and support services to meet the needs of people who will require them.

What We Intend to Do	How we Will do it	The Improvement we Expect to See	Who is Responsible and what are the timescales for Progress
Work with private and registered providers, to make the best use of the housing supply to address need, including developing and expanding supported housing models, including housing with care	➢ We will work with providers/developers to improve accommodation standards of existing provision ➢ We will actively encourage experienced specialist providers to develop sites in the City to ensure an appropriate tenure mix to reflect the high levels of owner occupation in Coventry, particularly amongst older people. ➢ We will use the planning system (including section 106 agreements) to negotiate with private providers options for securing housing provision that addresses the complexities of need arising from factors such as an ageing population. ➢ We will ensure that principles of good design	➢ A greater range of more specialist accommodation options for adults and older people. ➢ People able to make active housing choices as their life circumstances change without the need for involvement from Adult Social Care	Head of Strategic Commissioning

	relevant to the target client group are embedded into new developments		
Develop the care home provision in Coventry to improve quality, provide better environments and manage complex needs	➢ We will improve the quality of and benefits from the short term offer ensuring people return home after a short term support package. ➢ We will develop and implement revised quality standards and service specifications for care homes ➢ We will commission specific facilities for complex needs where this will provide better outcomes and reduce the need for expensive out of city placements ➢ We will encourage the use of good design principles to provide a better living environment and improve outcomes ➢ We will work with health partners and sub-regionally to commission for specific groups over a larger footprint where it is evidentially more effective to do so	➢ People that have been placed outside of Coventry return to provision within the City ➢ Improved standard of accommodation overall ➢ Reduced cost and more cost equity across different service areas	Head of Strategic Commissioning
Use the principles of co-production to develop and	➢ Initially look at alternatives to Learning	➢ More alternatives for people requiring support	Head of Strategic

commission support	Disability day centres ➢ Work with providers and community based organisations to provide alternatives to centre based day opportunities ➢ Where centre day opportunities are required to develop the capacity for these to be provided by Social Enterprises and or Community Groups	in the day ➢ Increased role of Social Enterprises and Community Groups in the provision of support ➢ Reduced reliance on funded transport	Commissioning
Consider further areas where the City Council may wish to cease being a direct provider of care and support	➢ Understand the relative costs and benefits of the remaining areas of internal provision and what alternatives are available in the market ➢ Identify the savings, costs and benefits of ceasing direct provision of: • PILS • Days Opportunities • Transport • Housing with Care • Residential Care • ICES	➢ Reduced costs overall for the provision of social care	Assistant Director – Adult Social Care
Take an integrated approach to commissioning with Health colleagues	➢ Commission jointly for high-cost joint funded support including Continuing Health Care ➢ Review the value for money of our highest cost joint funded	➢ Better use of resources ➢ Better commissioning of complex needs	Assistant Director – Commissioning and Transformation

	placement and improve where efficiency where possible		
Jointly commissioning long term care and support, reducing costs and improve ability of people to be supported in the city	➤ Improved citizen experience as people will know who they are dealing with, will have timely reviews, and will be able to ensure that any changes in providers are linked to care needs rather than changes to funder. People will also be offered a personal health budget ➤ Commissioning efficiencies through market management, assessment and management efficiencies through the removal of disputes over the funding stream ➤ Financial risk being controlled ➤ Improved quality, diversity, and sustainability of provision ➤ Co-ordinated and timely support to carers of people with long term care and support needs ➤ The development of a whole system life course approach ➤ The effective use of Disabled Facilities Grant	➤ Reduced costs ➤ Community resilience ➤ Reduced out of city placements ➤ Increased support in the home	Head of Strategic Commissioning

	(DFG) to support long term care and support arrangements where required		
Be clear with the market and our staff on our commissioning intentions	➢ Deliver focused commissioning intentions workshops ➢ Update Market Position Statement(MPS) and commissioning plan ➢ Produce a clear plan for each of the priority areas under the MPS ➢ Keep abreast of the regional developments in shaping the market	➢ Delivered commissioning intentions workshops ➢ Revised MPS ➢ Providers working towards shared goals	Head of Strategic Commissioning

WORKING DRAFT

11 Monitoring and Review

It is important for us that progress against this strategy is monitored and reviewed and we are clear on the progress that is made. We will not establish a separate governance structure for this but will report progress publicly and openly in our Social Care annual account which is published in late summer each year.

12 Key Contacts

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Appendix One

Council Gross Spend on Adult Social Care 2013-14

Service	Gross Cost	Internal			External
		OP	LD	MH	
Residential	27,957,418	1,445,985	873,185		25,638,248
Home Support	14,317,446		1,437,175		12,880,271
Housing with Care	5,667,562	4,417,190			1,250,372
Nursing	6,648,057				6,648,057
Direct Payments	5,374,074				5,374,074
Direct Payments - supported	2,143,577				2,143,577
Day Opportunities	2,635,547	600,445	1,364,331	152,158	518,613
Equipment & Adaptations	900,595				900,595
Shared Lives	677,293				677,293
Meals	112,462				112,462
Inco Laundry	43,253				43,253
Telecare	41,286				41,286
Other	73,611				73,611
Short Term	3,587,491	2,959,959			627,532
Grand Total	**70,179,672**	**9,423,579**	**3,674,691**	**152,158**	**56,929,244**

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30th July 2014

Health and Social Care Scrutiny Board (5)
Work Programme 2014/15

For more details on items, please see pages 2 onwards

30 July 2014

    Coventry and Warwickshire Partnership Trust (CWPT) Quality Account
    West Midlands Ambulance Services (WMAS) Quality Account
    Patient Transport Services
    Follow up to Peer Review of Adult Social Care

10 September 2014

    Coventry Safeguarding Adults Board Annual Report
    Mrs D – Progress following SCR
    Adult Social Care Local Account
    Patient discharge from UHCW
    UHCW Quality Account

15 October 2014

    Sexual Health Services – proposed re-commissioning
    Coventry and Warwickshire Partnership Trust – progress following CQC Inspection

19 November 2014

    Director of Public Health Annual Report
    Public Health – progress since joining the Council

7 January 2015
11 February 2015
18 March 2015
22 April 2015
Date to be determined

    Learning Disability Strategy
    Impact of different Models of Primary Care delivery
    Clinical management of large scale chronic diseases
    Complaints Management
    ABCS Implementation
    Social Isolation
    NHS Targets

Meeting Date	Work programme item	Lead officer	Brief Summary of the issue	Source
30 July 2014	Coventry and Warwickshire Partnership Trust (CWPT) Quality Account	Tracy Wrench (Director of Nursing)	NHS Provider Trusts are required to produce annual statements of quality and outcomes. The Board has a role in providing a short commentary on progress.	Annual Report
	West Midlands Ambulance Services (WMAS) Quality Account	Anthony Marsh, CEX	The Board has asked to receive a short presentation from WMAS on its Quality Account 2014/15, with commentary on measures being taken to address improvements to targets not achieved. They are also interested to have information about the "make ready" process, its impact on the service and patient care in terms of efficiency, effectiveness and financial considerations.	Annual Report and informal Scrutiny meeting 02/07/14
	Patient Transport Services	Steve Allen/ Clare Hollingworth CCG	Review of progress since the Board discussed at its 5 March 2014 meeting the delayed plans to re-commission Patient Transport Services in Coventry and Warwickshire following concerns raised by Healthwatch. West Midlands Ambulance Service to be invited to attend.	SB5 05/03/14
	Follow up to Peer Review of Adult Social Care	Mark Godfrey	Review of progress on the recommendations arising from the Peer Challenge of Adult Social Care that took place in March 2013, including a focus on personalisation, client centred care and managing the adult social care budget. NB The Peer Challenge report specifically recommended that some increased scrutiny on adult social care such as commissioning, transformation and budget plans, and progress on personalisation would now seem timely and that the Board consider further which adult social care matters should be the subject of scrutiny in its programme for 2014/15.	Recommendations from Peer Challenge
10 September 2014	Coventry Safeguarding Adults Board Annual Report	Brian Walsh / Sara Roach	This multi-agency Board is responsible for co-ordinating arrangements to safeguard vulnerable adults in the City. The Annual Report sets out progress over the 2013/14 municipal year and provides members with some data to monitor activity. Representatives of the Safeguarding Board to be invited.	Annual Report

Health and Social Care Scrutiny Board (5) Work Programme 2014/15

Meeting Date	Work programme item	Lead officer	Brief Summary of the issue	Source
	Mrs D – Progress following SCR	Brian Walsh / Simon Brake	To review progress against the action plan put in place following the Serious Case Review into the death of a vulnerable adult Mrs D, considered by the Board on 18 December 2013.	SB5 18/12/13
	Adult Social Care Local Account	Brian Walsh / Mark Godfrey	This is the annual report of the Council related to services provided to Adult Social Care clients. The report summarises performance, provides commentaries from key partners and representatives of users and sets strategic service objectives for the future.	Annual agenda item
	Patient discharge from UHCW	Rebecca Southall (UHCW) / CCG/ ASC	To include review of effectiveness of 2013/14 winter arrangements and preparations for 2014/15. To include CCG, provider organisations and social care.	Annual item
	UHCW Quality Account	Andy Hardy (Chief Executive)	NHS Provider Trusts are required to produce annual statements of quality and outcomes. The Board has a role in providing a short commentary on progress.	Annual Report
15 October 2014	Sexual Health Services – proposed re-commissioning	Dr Jane Moore / Nadia Inglis	The Council's Public Health service is re-commissioning sexual health services for the City in partnership with colleagues in Warwickshire. This will provide an opportunity for the Board to review progress once the new contract has been awarded, including how recommendations made at its 2 April 2014 meeting have been followed up.	SB5 02/04/14
	Coventry and Warwickshire Partnership Trust – progress following CQC Inspection	CWPT	To review progress against the action plan put in place following the Care Quality Commission's review of the Trust, particularly in relation to the enforcement notice and issues relating to Quinton Ward.	SB5 30/04/14

Health and Social Care Scrutiny Board (5) Work Programme 2014/15

Meeting Date	Work programme item	Lead officer	Brief Summary of the issue	Source
19 November 2014	Director of Public Health Annual Report	Dr Jane Moore / Ruth Tennant	The DPH has a statutory opportunity to issue Annual Reports which provide a commentary of local public health profiles and priorities. (Depending on focus of the report, this could be considered by Scrutiny Co-ordination Committee instead)	Annual agenda item
	Public Health – progress since joining the Council	Dr Jane Moore / Ruth Tennant	Public Health transferred from the NHS to the Council in April 2012. A report has been prepared highlighting progress and achievements since the transfer and the Board would like to review this.	Informal work planning meeting 18/06/14
7 January 2015				
11 February 2015				
18 March 2015				
22 April 2015				
Date to be determined	Learning Disability Strategy	Mark Godfrey	To contribute to the planned review of the strategy	c/f from 2013/14
	Impact of different Models of Primary Care delivery	Sue Price (Local Area Team) / Ruth Tennant/ CCG	Review of what good primary care looks like and whether different models of provision produce better outcomes. Invite 2 or 3 GP practices and patient panel representatives and Healthwatch in relation to patient engagement. (Needs to link with any Health and Well-being Board work)	c/f from 2013/14
	Clinical management of large scale chronic diseases	CCG	To review how pathways are being managed in primary care for a range of challenges including diabetes	
	Complaints Management		To review levels of complaints, the way they are managed and how they are used to learn lessons and deliver improvements.	c/f from 2013/14

Health and Social Care Scrutiny Board (5) Work Programme 2014/15

Meeting Date	Work programme item	Lead officer	Brief Summary of the issue	Source
	ABCS Implementation	Pete Fahy	The People Directorate is undertaking a significant programme of transformation affecting local people, the organisation, partners and resources. The Board would like to review progress with implementation and understand the impacts, particularly in relation to the way we have worked with partners.	Informal work planning meeting 18/06/14
	Social Isolation		The Board would like to understand the extent of social isolation in the city and particularly how this is addressed when people are being supported to live in their own homes. This may involve discussions with representatives of the third sector.	Informal work planning meeting 18/06/14
	NHS Targets		Performance against NHS targets has been raised as a national concern this year, particularly in relation to waiting times for cancer. The Board would like to understand the extent to which targets are being met locally.	Informal work planning meeting 18/06/14

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