

in your time

2013/14 Quality Priorities

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Our improvement priorities for the coming year



With a rise in over 100,000 calls in 2012/13 and with 47,000 of these being category A calls we have found it increasingly difficult to meet the expectations of our lower priority. Our resources are always directed towards the higher priority patients which means at times of high category A demand, such as late evening, these patients wait an unacceptable length of time.

We have agreed with our commissioners that we need to focus our improvement work on our less urgent patients in 2013/14. However, the programme of work required to make the necessary improvements is so complex that we have agreed that these improvements should span a number of years.

Fundamentally we need to improve the way that we use our resources. At peak times we simply do not have enough staff who are available and consequently patients have to wait until our clinical staff have finished with the previous patient. This means some patients can wait for a long time.

Our commissioners have invested in the service this year and this investment will allow us to increase the number of staff that we employ. However, this is not the whole story. Over time we have become increasingly inefficient and our current operating model is not allowing us to use our resources in the most effective way.

Therefore we have proposed a number of changes that will lead to a modernisation of the service.

Service Modernisation

At the time of writing the quality account our proposals are with our staff for consultation and it would be inappropriate to outline each individual project here as an agreed improvement priority as the detail may change.

However, each of the individual proposals will help us support a workforce that is more skilled and is less constrained by current practices and the operating model. If successful our vision for 2015 includes the following;

- Each patient who rings 999 will have a response within 1 hour. Either by telephone assessment or by a clinician attending to them directly.
- Our working rosters will enable us to match ambulance availability with 999 call demand.
- We will have established close working relationships with clinical commissioning groups to identify gaps in service and improve access to appropriate healthcare options.
- Patients will experience a seamless referral to appropriate providers, for example, NHS 111, crisis and falls teams.
- Every patient who requires a face to face assessment will be attended within an hour by a paramedic with enhanced assessment skills who has the right training and experienced clinical support.

- On scene senior clinical support will be provided to staff where needed.
- Staff will benefit from an embedded clinical career structure, education and regular meaningful feedback and appraisals.
- We will be less reliant on private and voluntary ambulance services as we will have recruited more staff.

The implementation of the modernisation programme is one of our four main priorities for 2013/14.

Priorities for 2013/14

We have identified four priority areas for 2013/14.

- The implementation of the modernisation agenda.
- To improve communication and engagement
- Sustain performance to ensure a safe service to patients
- Build a sustainable financial position for 2014/15 and beyond

We will work with the Trust Board to identify what specific projects and measures need to be identified to ensure success in each area.

Improving the care of less urgent patients

Our modernisation programme is focussed on making the changes necessary to improve services for our lower category patients. However we have agreed to focus our broader quality work on this group of patients and our Quality Committee has tasked the Learning from Experience Committee to try and make four specific improvements.

Attitude and Behaviour

We employ excellent staff and we are proud of the job that we do. Occasionally we receive complaints where the patient, or carer, has found the need to cite attitude or behaviour as a reason for having a poor experience of our service.

In 2012/13 we received 288 complaints regarding attitude and behaviour.

On examination of the complaints these are almost exclusively from our lower category calls and are most likely to occur when our staff challenge the reason for calling an ambulance. We will look at this issue further

during 2013/14 with the intention of lowering the number of complaints on this issue.

Improving the Experience of Patients subjected to a Delay

Our modernisation programme will allow us to eventually improve the delay. However, we want to explore if we can improve the experience of patients who have a delay. Last year we had 441 complaints regarding a delay.

Waiting for a clinician to arrive having made a 999 call is stressful. Whilst we may not have categorised certain calls as a high priority we recognise for those at the scene they require assistance quickly.

Some patients tell us that they would like to receive information about how long they may have to wait so that they can make a choice. This is extremely difficult for us to do but we will look at ways to see if we can improve the experience of patients who are subject to a delay.

Improving the Experience of Patients Referred to Alternative Care Pathways

There is a perception that a 999 call will automatically result in conveyance to accident & emergency. This is no longer the case and with our staff becoming more advanced in their clinical skills we are able to resolve a number of calls without the need to convey a patient to accident & emergency. For some patients we are able to offer an alternative such as an urgent care centre or local district services.

This is not always what is expected and can lead to dissatisfaction. We need to build upon our 2012/13 satisfaction survey of patients who have not been conveyed to hospital and ensure we implement the service experience improvements identified from that work.

Equipment

The nature of our mobile service means we can accidentally leave equipment at the roadside or in patient's home which means it may not be available for the next patient. This does not affect our bulky life saving equipment but smaller items such as blood testing kits or equipment used in patient assessment.

This issue was identified in our 2012 Care Quality Commission inspection and we agreed to look for methods that would reduce the incidence of lost equipment.

Ban cages
Cages