

Quality Account Priorities 2019/20

Dear Trisha, please find our statement attached

Our comments on your primary set of priorities for 2019/2020 are as follows.

Quality Focus	Suggested Priority Theme	Suggested Target(s)	Patients' Forum Response
Patient safety	Medicines management (source: incidents, serious incidents and KPI performance).	Full compliance against the Gosport gap analysis as measured by percentage completion of the Trust wide medicines management action plan.	We suggest that evidence is provided by the LAS pharmacist (Controlled Drug Accountable Officer) and placed in the public arena, to demonstrate that drugs provided/used by front line clinicians 24/7, are checked for safety and clinical appropriateness and adherence to prescribing guidelines. Evidence of utilisation of the 'duty of candour' where errors are identified causing harm or potential harm should also be demonstrated.
	Learning from serious incidents and assurance of SI action effectiveness (source: serious incidents and CQC report).	Evidence that sectors and services (including NHS 111 EOC) are having quarterly learning events (led by QGAMS). Implementation of new SI Assurance and Learning Group, and evidence of effectiveness via reduction in key incident themes (tbc) and robust evidence of action implementation.	Although information is provided at the Quality Oversight Group and the Board regarding Serious Incidents, the detail is not adequate to provide assurance to the public on the nature of incidents, the outcomes of the investigations or evidence that recommendations have an enduring impact on the safety of patients. The situation is the same for the investigations of complaints. The systems may be working well, but too little information is available in the public arena to provide such assurance.
	Musculo-skeletal injuries to	Evidence from health and safety	The continuing high level of musculo-skeletal

	staff	<p>and sickness data shows these injuries to be the highest causal factor of absence for our staff. The staff survey shows an increase of 4% (52%) reporting they had experienced MSK injuries.</p>	<p>injuries to staff is a very unsatisfactory situation for them, their families and for patients. The use of Human Factor Ergonomics to help resolve this problems is important and human factor approaches are becoming common in the LAS. A whole system approach (occupational health and patient safety) is essential to helping to reduce this problem. Health Education England is taking a leading role in implementing the NFIQ (2013) Concordat as part of the 'Learning to be Safer' initiative. The LAS should better evidence their response to these research recommendations. We are aware that much has already been achieved in this area.</p>
<p>Patient Experience</p>	<p>Further develop the Mental Health Pioneer Services</p>	<p>Development of system wide mental health service, with a view to reducing ED conveyance for this cohort of patients (minimum of 10% reduction compared to April 2019.</p>	<p>This issue should not be about the number of conveyances, but the most appropriate clinical care and outcomes for patients. The current system is often chaotic because getting local responses for patients who are acutely ill with MH problems is very difficult and A&E departments are often disaster areas for people with acute MH presentations. Patients detained under s135 or s136 should have a high level Cat 1 LAS response with highly trained advanced MH paramedics and mental health nurses. Evidence is needed regarding the outcomes for patients left 'at scene'. We are very dissatisfied with the level of response for patients who have suicidal ideation.</p>
	<p>Improve End of Life service provision.</p>	<p>Training and education for relevant staff in End of Life care. Increased number of staff trained</p>	<p>A member of the Patients' Forum sits on the EoL Steering Group. We are very pleased that end of life care is one of the LAS's 5 Pioneer Strategic</p>

against April 2019 baseline.

priorities, and that the LAS is working closely with Macmillan who have funded a specific EoLC project to enable EoLC to be significantly enhanced. The funding includes expert trainers to train all LAS staff and to embed best practice.

The EoL Steering Group monitors training and development, and has run a national conference on EoLC in emergency settings to share best practice.

The Steering Group has a bespoke member of staff - part of the Macmillan-funded project - specifically to evaluate practice and progress and to ensure quality assurance of the project.

The EOL development work includes specific training for paramedics particularly and not exclusively in how and when to use prescribed anticipatory medication, training in pharmacology to allow enhanced pain relief and treatment, and in skills to deal with difficult conversations.

The LAS is also improving integration with and access to Coordinate My Care end of life plans (which paramedics can now access on their iPads) so that ambulance crews have ready access to them to support decision-making for patients to receive the right high quality of care in the right place.

By the end of the Pioneer/Macmillan Project all

		<p>Implement the new Patient and Public Involvement 5 Year Strategy.</p>	<p>LAS staff, whatever their roles, will have received EoLC training appropriate to their roles. This will all be carefully monitored.</p> <p>We look forward to seeing the new five year PPI strategy. We were disappointed that the earlier strategy failed to acknowledge the outstanding work carried out by the Forum in collaboration with the LAS. A baseline to essential in order to demonstrate progress over the life of the strategy. We attach our draft Co-Production Charter, which we hope will form a core component of the new LAS strategy.</p> <p>We expect the new PPI strategy to be subject public consultation.</p>
<p>Clinical Effectiveness</p>	<p>Handover to green (source: operational performance).</p>	<p>Meeting NHSI patient involvement framework KPIs.</p>	<p>We acknowledge the importance of this development. However, putting additional pressure on hospitals, local authorities, CCGs and STPs to resolve the problem of handover delays is we believe the most significant objective for the LAS. In January 913 patients waited an hour or more for handover and 6000 hours were lost for handovers in excess of 15 minutes.</p>
		<p>Reducing the time for crews to acknowledge that they are ready for their next call (reduction in time available to respond to the next call against April 2019 baseline).</p>	

The suggested goals and targets will be put out for consultation and final confirmation of targets and associated key performance indicators will be included in the final version of the Quality Account. Some targets may continue to be a focus for the LAS in 2019/20 to ensure full achievement and consistency of performance.