



North West Ambulance Service **NHS**  
NHS Trust

Delivering the right care, at the right time, in the right place

# **QUALITY ACCOUNT 2014/2015**

**June 2015**

## Table of Contents

	Page
<b>1. Chief Executive's Statement</b>	<b>3</b>
<i>Statement of Director's Responsibilities in Respect of the Quality Account</i>	<b>4</b>
<b>2. Looking Back to 2014/15 – Review of Quality Performance</b>	<b>5</b>
2.1 <i>Progress with last year's Priorities for Improvement</i>	<b>5</b>
2.2 <i>Managing Quality Better in 2014/15</i>	<b>7</b>
2.3 <i>National Reporting Requirements</i>	<b>7</b>
2.4 <i>Indicators of Quality – Patient Safety</i>	<b>10</b>
2.5 <i>Clinical Effectiveness</i>	<b>15</b>
2.6 <i>Indicators of Quality – Patient Experience</i>	<b>17</b>
<b>3. Looking Forward to Improving Care</b>	<b>26</b>
3.1 <i>Delivering and sustaining Red Call response times</i>	<b>26</b>
3.2 <i>Further improving the management of Mental Health patients</i>	<b>26</b>
3.3 <i>Further improving the management of patients suffering falls</i>	<b>27</b>
3.4 <i>Reducing harm to patients, especially those not transported (Safe Care Closer to Home)</i>	<b>27</b>
3.5 <i>Reducing staff harm</i>	<b>27</b>
3.6 <i>Introducing a Clinical Performance Indicator for the management of maternity conditions</i>	<b>27</b>
<b>4. Formal Statements on Quality</b>	<b>28</b>
4.1 <i>Review of Services</i>	<b>28</b>
4.2 <i>Participation in Clinical Audits</i>	<b>28</b>
4.3 <i>Participation in Clinical Research</i>	<b>29</b>
4.4 <i>Use of the CQUIN Payment Framework</i>	<b>30</b>
4.5 <i>Statement on Relevance of Data Quality and your actions to improve it</i>	<b>30</b>
<b>5. Statements from Commissioners, Healthwatch and OSCs</b>	<b>32</b>
5.1 <i>Commissioners</i>	<b>32</b>
5.2 <i>Healthwatch</i>	<b>33</b>
5.3 <i>Overview and Scrutiny Committees</i>	<b>36</b>
<b>Appendices</b>	
1 <i>Glossary of Terms</i>	<b>40</b>
2 <i>Contact details</i>	<b>41</b>

# 1 Chief Executive's Statement

Welcome to the Quality Account for North West Ambulance Service NHS Trust, which describes how we have delivered and improved quality during 2014/15, and sets out our quality priorities for the year ahead.

The Board of Directors is proud of our commitment to all aspects of clinical quality - delivering the Right Care at the Right Time and in the Right Place. In 2014/15 we made improvements in each of these areas.

I would like to draw your attention to some particular headlines from the year:

Whilst we have kept a strong focus on performance, it is disappointing that we were unable to meet the three national response time targets for Red calls. The number of 999 calls was far higher than predicted and the proportion of those calls categorised as "Red", was higher (Section 2.6). It has been a very busy year. For the same reason, our aspiration to improve compliance with clinical care bundles was not met (Section 2.5). We are addressing these issues with our Commissioners to ensure that we meet the response time standards in 2015/16.

On a more positive note, we have improved our quality performance in our Patient Transport Service (PTS) and the improvement notice issued in February 2014 was withdrawn in August. Since then we have continued to deliver against the majority of the contracted quality standards.

Satisfaction from patients and staff is high. As an early implementer of the Friends and Family Test we have been able to develop a range of ways for patients to tell us what they think, and the results have been very positive. A comparison of staff satisfaction levels across English Ambulance services has shown that our staff have reported the highest levels of satisfaction.

This year, we have fulfilled our ambition to create a team of trained volunteer doctors able to respond to Trauma emergencies. The MERIT team will grow in the year ahead to provide comprehensive cover across the North West.

A positive development further to the 2013/14 CQUIN programme has been the expansion of the Frequent Callers team, identifying vulnerable people who call 999 services frequently, and working with partner agencies to provide appropriate support.

Last but not least, in 2014/15 the Trust was awarded a five year contract to provide 111 services from October 2015. This gives us the potential to expand the work that we do in providing safe care, closer to home, and is a reflection of our success in running the service as a stability partner since October 2013.

I would like to record my deep appreciation and thanks to all NWAS staff for their continuing commitment to their patients and the quality of care that they provide, and to the organisations that work with us every day to deliver the most appropriate care. I would also like to give my thanks to the many volunteers who do so much to support the Service.

I hope that you find this Quality Account informative. Please get in touch if you have any questions.



Bob Williams  
**Chief Executive**

## STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE QUALITY ACCOUNT

The directors are required under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2010 and National Health Service (Quality Account) Amendment Regulation 2011 to prepare Quality Accounts for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporate the above legal requirements).

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, 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.

By order of the Board



Wyn Dignan  
**Chairman**



Bob Williams  
**Chief Executive**

## 2 Looking back to 2014/2015 - Review of Quality Performance

This section of the Quality Account describes what we have done during 2014/15 to improve the quality of our services. It includes:

- Delivery of the five priorities for improvement identified in last year's Quality Account
- Improvements in the way that we measure and manage quality
- Our performance against the national Ambulance Quality Indicators
- Improvements made in patient safety, clinical effectiveness and patient experience.

### 2.1 Progress with last year's priorities for improvement

In the 2013/14 Quality Account we identified five areas for improvement. This section sets out our progress.

#### 2.1.1 Introduction of a Clinical Performance Indicator for Mental Health patients

This was achieved with the introduction and testing of a "care bundle" performance measure for patients who self-harm. The care bundle was developed by the Trust on behalf of the National Ambulance Services Group for Mental Health using the NICE self-harm guidance. It is one of a range of initiatives designed to improve the quality of care for this patient group.

The care bundle includes the clinical assessment of patients and the identification of relevant risk factors. As is common with all new care bundles initial performance was low at less than 40%, and a slight revision to the content has been identified as necessary, which will be completed during 2015/16. This measure in its final form will identify areas for improvement and provide a benchmark for assessing care against other English ambulance trusts.

#### 2.1.2 Introduction of a Clinical Performance Indicator for patient falls

This was achieved with the introduction and testing of a care bundle for patients suffering falls. The care bundle measures whether patients have a full clinical assessment, appropriate risk assessments and signposting to available community based services where needed.

Care Bundle performance for this indicator was less than 40% at March 2015, an improvement to initial performance which was below 20%.

#### 2.1.3 Improvements in care for patients with dementia

NWAS joined the Dementia Action Alliance in July 2014 and is committed to increasing staff awareness and knowledge in this area.

NWAS has developed and implemented learning packages that are tailor made to support patients using the emergency service and the patient transport service. The packages include areas such as understanding dementia, adaptive communication techniques and patient specific assessment. Our staff have access to online education resources containing dementia specific modules, completed as part of their continual professional development.

NWAS are committed to the Dementia Friend's initiative. Staff from all levels and departments in the organisation have been trained to become Dementia Friends.

#### **2.1.4 Improving the experience of PTS patients**

In February 2014 the Trust received notice from our lead Commissioner NHS Blackpool that our compliance against the Quality standards must improve.

Following the introduction of a Quality Improvement team, increased public engagement and implementation of new technology, we were able to demonstrate that we were meeting the majority of the standards. The improvement notice was rescinded in August 2014. Since then, the Trust has consistently met all but one of the standards (see Section 6.2.1).

As part of the PTS CQUIN scheme, a dedicated Healthwatch Engagement Manager was designated to improve Healthwatch and public awareness of the PTS service and the eligibility criteria. Thirteen PTS awareness and information sessions were held with 220 people attending. Surveys and focus groups showed a good understanding of the eligibility criteria.

In addition the Trust launched an education and awareness campaign called 'GoPTS' to improve awareness of the PTS service, the eligibility criteria and where to get information about the service. Evaluation of the campaign shows improved awareness and understanding. The campaign has provided more information for patients in terms of leaflets, website and a new information line for those patients not eligible for transport so they can be signposted elsewhere.

Complaints about the eligibility criteria have fallen by 85%.

An advance booking and on the day collection reminder service has been introduced for patients who travel with the PTS. Receiving reassurance about their transport ahead of their hospital appointment and confirmation that they are to be picked up on the day is an important improvement for patients, introduced as a result of feedback through surveys and other engagement activity.

Patients who elect to use the service and who provide a mobile telephone number when making their booking are able to receive an SMS text confirming details of their journey; both in advance and on the day of travel. More work to publicise this service will be undertaken in 2015/16 to increase the number of patients able to benefit from this service.

Satisfaction with the PTS service has increased during 2014/15.

#### **2.1.5 Introduction of MERIT**

This has been achieved, with the recruitment and training of a team of 28 on-call doctors to form a Medical Emergency Response Incident Team (MERIT). The team covers the North West with a minimum of one Doctor on call at any one time.

The key aim in providing a MERIT response to a major incident is to improve clinical outcomes and increase survival rates amongst casualties.

MERIT doctors must have full registration with the GMC, have a substantive employer or be a GP principal, and be competent in a number of emergency procedures including airway management.

The aim is for the team to expand to 75 doctors, working in five teams of 15, one team per county. This will allow for a capability of five Doctors on call at any one time.

## **2.2 Managing Quality Better in 2014/15**

The Board affirmed its commitment to the delivery of quality services by approving a revised Quality Strategy in May 2014, taking into account the recommendations of the final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry by Sir Robert Francis (2013).

The Quality Strategy sets out how we will improve quality under the domains of right care, right time and right place.

The revised Quality Strategy was underpinned by a comprehensive implementation plan for 2014/15 to ensure that quality improvement is embedded in the organisation. Progress was monitored throughout the year by the Quality Committee.

### **2.2.1 Care Quality Commission Chief Inspector of Hospitals Inspection**

The North West Ambulance Service is required to register with the Care Quality Commission (CQC) and its current registration status is fully compliant without conditions.

The CQC has not taken enforcement action against the North West Ambulance Service during 2014/15. The North West Ambulance Service has not participated in any special reviews or investigations by the CQC.

An internal audit review of these systems gave significant assurance.

External assurance on compliance was provided from the Care Quality Commission inspection in August 2014. NWAS was the first ambulance trust in the country to undergo the Chief Inspector of Hospitals inspection process for ambulance services. A team from the CQC visited the Trust to carry out an inspection of compliance with the five domains of quality and safety. These are:

- Safe
- Effective
- Caring
- Responsive
- Well-led

The CQC report confirms that NWAS provides safe and effective services which are well-led and with a clear focus on quality. However, the CQC also identified some areas for improvement such as the improved provision of mandatory training and appraisals for staff. As this was a pilot inspection the Trust did not receive a CQC rating. The full report is available to view from the CQC website: <http://www.cqc.org.uk/directory/RX701>

### **2.2.2 Station Level Quality Reports**

This year we have produced more detailed reporting on a three monthly cycle covering the three key areas of right care, right time, right place. Our clinical leaders (Advanced and Senior Paramedics) use this information with local teams of staff to improve performance.

## **2.3 National Reporting Requirements**

Under the national reporting requirements for Quality Accounts, ambulance trusts are required to report on performance against four national Quality Indicators.

### 2.3.1 Category A (Red 1 & 2) Response times

All 999 calls identified as immediately life-threatening are placed in one of two categories: Red 1 and Red 2. Red 1 includes approximately 10% of red patients who are most at risk through conditions such as cardiac or respiratory arrest. For Red 1 calls the clock starts immediately the call arrives at the Trust switchboard, whereas for Red 2 and Green calls the clock starts once the nature and location of the call has been confirmed. There are three national response time targets:

- Red 1 - 8 minutes: Respond to 75% of Red 1 calls within 8 minutes with a suitably trained and equipped response. This could be an ambulance, a rapid response vehicle or a community responder
- Red 2 - 8 minutes: Respond to 75% of Red 2 calls within 8 minutes with a suitably trained and equipped response. This could be an ambulance, a rapid response vehicle or a community responder
- Ambulance response – 19 minutes (A19): Respond to 95% of Category A (Red 1 & 2) calls within 19 minutes with a vehicle capable of carrying a patient

All other calls are placed in the four green categories; Green 1 to Green 4

Figure 1 shows our performance over the last two years and includes the NWS ranking position amongst ambulance trusts in England. A detailed report can be found in Section 2.6.

**Figure 1: Response time performance 2013-2015**

		2013/14				2014/15			
Indicator	Target	NWS	National Average	Range	Ranking	NWS	National Average	Range	Ranking
Red 1 - 8 minutes	75%	<b>75.9%</b>	75.6%	71.3-80.2	8/11	<b>69.2%</b>	71.9	67.2-77.5	9/10
Red 2 - 8 minutes	75%	<b>77.4%</b>	74.8%	69.4-78.4	2/11	<b>69.5%</b>	69.1	59.7-74.5	7/10
A19/ Red 1 & 2 19 minutes	95%	<b>95.8%</b>	96.1%	92.9-97.9	7/11	<b>93.2%</b>	93.9	91.2-96.8	7/10

### 2.3.2 Quality Outcomes for Myocardial Infarction (MI) and Stroke

Ambulance Clinical Quality Indicators (ACQIs) are reported nationally four months in arrears as they are dependent on gathering outcome information from hospital trusts. For this reason the most recent figures available are for November 2014. Figure 2 gives details of performance over the last two years.

### 2.3.3 Patient Safety Incidents

Details of Patient Safety incidents are included in section 2.4. In the last financial year there were three reported clinical incidents that resulted in patient injuries that were categorised as “severe harm or death”. These were investigated under the Strategic Executive Information System (StEIS) and reported in full to Commissioners.



**Figure 2: ACQI Care Bundle Performance - 2013/15**

Reporting Period 2: April 2013 – November 2013												
AQI Care Bundle Performance	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
NWAS: Outcomes from Acute ST-elevation Myocardial Infarction— Care Bundle	84.0% (173/206)	85.1% (166/195)	87.2% (170/195)	86.4% (185/214)	84.9% (180/212)	88.8% (166/187)	88.9% (177/199)	86.9% (173/199)	85.2% (202/237)	86.0% (160/186)	83.4% (156/187)	76.9% (150/195)
National Average (%) & Range (%)	78.9 (89.5 – 33.3)	77.8 (85.9 – 67.2)	82.2 (100 – 69.8)	80.6 (91.3 – 64.1)	80.0 (88.1 – 61.5)	82.4 (91.2 – 50.0)	81.7 (91.4 – 67.4)	80.8 (94.0 – 57.1)	68.2 – 100 (80.2)	69.3 – 89.1 (78.5)	72.3 – 100 (80.7)	70.0 – 93.1 (78.1)
Ranking	2/11	2/11	3/11	2/11	4/11	3/11	2/11	3/11	4/11	4/11	5/11	8/11
NWAS: Outcomes from Stroke — Care Bundle	98.5% (945/959)	99.4% (969/975)	99.6% (929/933)	99.4% (996/1002)	99.7% (1054/1057)	99.2% (978/986)	99.3% (1071/1079)	99.8% (1056/1058)	99.6% (1123/1128)	99.5% (1086/1091)	99.8% (946/948)	99.6% (1310/1315)
National Average (%) & Range (%)	96.1 (100 – 91.6)	95.7 (99.4 – 89.1)	96.5 (100 – 90.7)	96.6 (99.4 – 93.3)	96.5 (93.0 – 99.7)	96.1 (100 – 90.9)	96.4 (100 – 90.0)	96.6 (100 – 93.0)	94.7 – 99.6 (96.2)	93.2 – 100 (96.5)	94.0 – 99.8 (96.8)	91.8 – 100 (96.9)
Ranking	3/11	1/11	2/11	1/11	1/11	2/11	2/11	2/11	1/11	2/11	1/11	3/11

Reporting Period 2: April 2014– November 2014												
AQI Care Bundle	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
NWAS: Outcomes from Acute ST-elevation Myocardial Infarction— Care Bundle	90.0% (N=231)	82.4% (N=238)	93.0% (N=186)	84.2% (N=222)	91.2% (N=193)	85.7% (N=224)	85.0% (N=280)	90.3% (N=227)	91.8% (N=233)	Data not available at time of writing		
National Average & Range	67.3 – 95.1 (82.3)	70.9 – 100.0 (81.1)	66.0 – 93.4 (79.8)	66.4 – 91.0 (78.8)	71.4 – 91.2 (80.2)	62.2 – 100 (78.8)	70.2 – 93.0 (80.1)	68.7 – 90.3 (79.2)	53.7 – 100 (76.8)	*National data not published at time of writing		
Ranking	2/11	5/11	2/11	4/11	1/11	4/11	3/11	1/11	2/11			
NWAS: Outcomes from Stroke — Care Bundle	99.3% (N=813)	99.4% (N=664*)	99.4% (N=1081)	98.2% (N=389*)	99.0% (N=408*)	99.6% (N=525*)	99.6% (N=1340)	99.1% (N=1226)	99.1% (N=1466)	Data not available at time of writing		
National Average & Range	94.7 – 100 (97.2)	91.3 – 99.6 (97.1)	92.9 – 100 (97.1)	91.1 – 99.0 (96.9)	91.7 – 99.0 (97.0)	86.7 – 99.6 (96.8)	95.4 – 99.6 (97.2)	92.9 – 99.1 (96.9)	91.9 – 99.7 (96.8)			
Ranking	3/11	2/11	2/11	4/11	1/11	1/11	1/11	1/11	1/11			

*\*Due to resourcing issues this is a sample as oppose to a whole audit. Provision was been made revise data submitted at a later date in the AQI schedule.*

## **2.4 Indicators of Quality – Patient Safety**

The reports into the themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile, the Mid Staffordshire NHS Foundation Trust Public Inquiry and the findings of the Morecambe Bay Investigation remind all NHS organisations of the need to maintain a focus on patient safety.

Our suite of Clinical Safety measures (CSI) includes safeguarding vulnerable adults and children, infection prevention & control, Medicines Management and Clinical Risk. These are reported to each meeting of the Board of Directors and are used to improve safety at all levels of the organisation.

### **2.4.1 Safeguarding**

The Trust has a legal duty to protect patients, staff and the public from harm. The implementation of the new Care Act 2014 provides a legal framework for the assessment and protection of adults including those at risk, with an emphasis on the wellbeing of the patient. There has been an increase in adult safeguarding activity over the year (Figure 3), including concerns raised about the welfare of vulnerable adults requiring assessment. Children's safeguarding activity has steadily increased (Figure 4), particularly within the Paramedic Emergency Service and at a slower rate than for adults.

Our Safeguarding Policy and associated procedures have been updated to include the principles of adult safeguarding, with care pathways for victims of Child Sexual Exploitation (CSE), Female Genital Mutilation (FGM) and the radicalisation of vulnerable people (PREVENT).

#### **2.4.1.1 Engagement with Safeguarding Boards**

The Trust has a named contact for each of the 46 Safeguarding Boards across the North West. This strengthens working together and information sharing, reflected in the increased number of Serious Case Reviews, Safeguarding Adult Reviews and Domestic Homicide Reviews. Staff access multi-agency training and share learning and expertise with their peers.

#### **2.4.1.2 Frequent Caller Project**

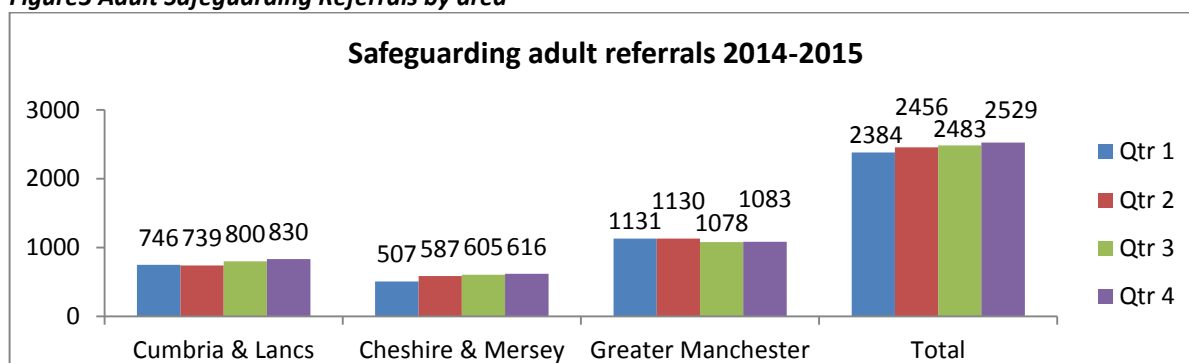
NWAS Safeguarding and Frequent Caller teams share information to ensure that vulnerable people have the right assessment and care and are protected from harm or abuse. This includes sharing concerns in relation to nursing and care homes.

#### **2.4.1.3 PREVENT awareness and training**

Over 75% of all NWAS staff have received WRAP 3 training which is the 'workshop to raise awareness of PREVENT' and part of the Government's anti-terrorism strategy. WRAP is included within mandatory training for all staff and compliance with this national requirement has increased during 2014/15.

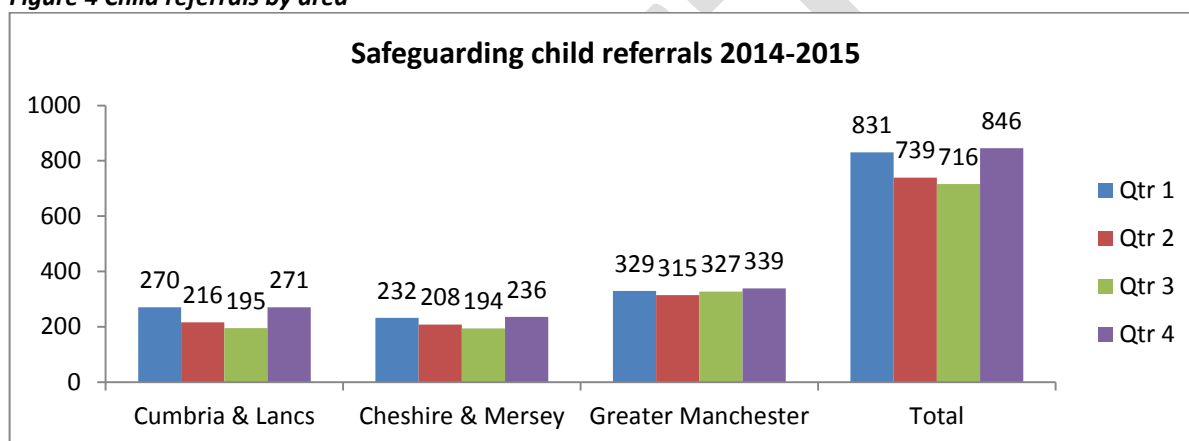
#### 2.4.1.4 Adult Safeguarding

**Figure3 Adult Safeguarding Referrals by area**



#### 2.4.1.5 Child Safeguarding

**Figure 4 Child referrals by area**



During 2015/16 we will work with partner agencies in three key areas:

- Developing safeguarding alerts via the Electronic Information Sharing System (ERISS), the bespoke web-based system used by the Trust for sharing safeguarding referral information with Children's and Adult Social Care. This system has the functionality to place warning flags to alert the attending crew about child or adult protection issues. The application will be piloted over the forthcoming year. The current position of staff raising alerts with the Trust Safeguarding Team remains in place.
- Developing processes in relation to Domestic Abuse. Following the success of the pilot last year a referral form will be developed with provision for enhanced information sharing which links to guidance from the National Institute of Health and Care Excellence (NICE).
- Developing links with Child Sexual Exploitation teams in the North West to enable efficient and timely information sharing in addition to the safeguarding procedures already in place. There is a process to capture data relating to female genital mutilation which has been communicated to all staff. This will be monitored during the year.
- Tackling issues relating to slavery and trafficking of children and adults. This work is in the initial scoping phase and identified actions will be added to the Safeguarding Work Plan for the year.

### 2.4.2 Clinical Incident Reporting

The reporting of clinical incidents is encouraged and supported throughout the Trust. Following the introduction of web based reporting it is now much easier for staff to report matters. As a result, the Trust has witnessed an increase in reporting over the last year. All incidents are notified to the appropriate local manager who is responsible for risk scoring and investigation.

Clinical safety incidents are reviewed by the Risk and Safety Department to ensure reporting to the National Patient Safety Agency (NPSA), Medicines and Healthcare Products Regulatory Agency (MHRA) as required and where appropriate Health and Safety Executive (HSE) reporting. The Department are responsible for the collation of the data working with colleagues to identify risks and the corresponding control measures for implementation.

All clinical and patient safety incidents are reported to the Clinical Governance Management Group on a regular basis, including those reported through the Strategic Executive Information System (StEIS). The Trust's Incident Learning Forum, chaired by the Deputy Director of Quality, considers identified trends and seeks assurance that appropriate action plans are in place to address weaknesses.

Where another healthcare professional or body raises a concern, this is overseen and managed by the Clinical Safety team. All incidents are risk rated, recorded and investigated appropriately. A focus on high risk events ensures that risks are identified and mitigated quickly. Local managers retain responsibility for low risk incidents, which are more commonly reported.

For the year ending March 2015, the Trust recorded 6,327 clinical and patient safety incidents and near-misses showing a major increase on the previous year. This was partially due to now reporting on 111 incidents and notification and 'raising a concern' incidents. The Trust continues to welcome an increasing level of incident reporting as there is no supporting evidence to suggest that serious incidents are becoming more frequent. The increase in overall reporting reflects the fact that the incident reporting system is well established and embedded in Trust processes.

A total of 1823 incidents were reported to the NPSA, a significant increase in reporting on last year. This is accounted for by the increase in accessibility for staff reporting incidents and the inclusion of the NHS 111 figures. 25 incidents were reported to Commissioners through the Strategic Executive information System (StEIS). Each StEIS report is subject to a detailed investigation and approved by the appropriate Executive Director. No overall trend has been identified through the StEIS reports. Significant incidents are reviewed by the Incident Learning Forum to ensure that lessons are learned and shared with staff,

Figure 5 below shows the total number of clinical incidents and near misses reported last year by category.

**Figure 5 Clinical Safety Incidents by Type 2014/2015**

Category Type	Number
111	22
111 Assessment/Advice	406
111 Data Protection	1103
111 Directory of Services	11
111 Documentation	186
111 Equipment Fault/Failure	27
111 Issue with other service	23
111 OOH's Referral	168
111 Physical Environment	24

Abuse/Inappropriate Use of Service	1001
Access/Admission/Transfer issue	309
Clinical Assessment	154
Clinical Treatment	242
Communication	352
Consent/Communication/Confidentiality	70
Controlled Drugs	405
Documentation	89
Driving skills issue	22
End of Life Care	22
Equipment Damaged	55
Equipment Fault/Failure	107
Equipment Missing / Lost	246
Exposure to Harmful Substance	5
Infection Control	205
Manual Handling	67
Medicine Management	275
Pathfinder	60
Physical Assault	3
RTC/ Vehicle	9
Safeguarding Adult	154
Safeguarding Child	19
Security Incident	45
Sharps Injury/ Incident	16
Slips, Trips or Falls	65
Staff Welfare	104
Theft Incident	7
Threatening Behaviour	82
Vehicle Issue	113
Verbal Abuse	54
<b>Total</b>	<b>6327</b>

### 2.4.3 Infection Prevention and Control

The Trust's Director of Quality fulfils the role of Director of Infection Prevention and Control (DIPC), supported by the Head of Clinical Safety, two full-time Clinical Safety Practitioners (CSPs), and one full time Clinical Safety Officer. The team is responsible for supporting staff to ensure they adopt best practice, and provide expert advice on safe environment, equipment and vehicles and the health and wellbeing of the staff, patients and visitors. The CSPs provide assurance for Infection Prevention Control for the stations and vehicles through independent audits as well as liaising with the Service Delivery teams to ensure goals and targets are met.

The Trust has Advanced Paramedics who lead on clinical safety and IPC within Service Delivery and support the CSPs in the development and implementation of new initiatives and improving standards.

During 2014/15 we have made a number of improvements to both IPC reporting and ensuring high standards of cleanliness and infection prevention and control. These include:

- 999 vehicle assurance audits are conducted by Advanced Paramedics, increasing the number of audits each month.
- Independent Quality Assurance checks by Clinical Safety Practitioners on a monthly basis.

- Specialist and local audit data presented to both PES and PTS Business Groups to consider ways to improve standards.
- IPC policies and procedures have been reviewed and updated including the Communicable Disease Policy and specialist procedures to deal with the potential Ebola outbreak.
- Reports are presented to the Quality Committee on a bi-monthly basis for scrutiny and to give assurances that IPC standards are being met.
- IPC awareness weeks are planned twice a year to raise awareness and provide staff support across NWAS.
- Central Infection control help line and email address has been set up to assist staff and management teams.

A Clinical Quality Improvement Action Plan is in place and the Board receives information on compliance with clinical safety measures (care bundles) relating to cleanliness of vehicles and stations. The compliance rate for 2014/2015 was PES 89.4%, PTS 96.7%, and Stations 76.9%.

**Figure 6 Infection Prevention and Control Incidents 2014/2015**

Incident type	No. of incidents 2013/14	No. of incidents 2014/15
Clean needle	8	9
Dirty needle and dirty needle near misses	48	51
Ampoule/glass incident	22	12
Contact with bodily fluids	38	36
Crew contact with known infectious disease	13	10
Razor injuries	11	6
Contaminated vehicles	10	3
Infestation	1	1
Not notified of patients' infectious status	5	12
Sterile equipment	0	1
Lack of Personal Protective Equipment (PPE)	2	3
Contaminated equipment	9	11
Medical equipment	7	5
Other factors	17	9
Splash/ingestion incident	13	29
Staff welfare	9	7
HCAI reported incidents	0	0
<b>Totals:</b>	<b>213</b>	<b>205</b>

Examples of improvements made in practice to reduce the number of incidents include:

- Needle stick injury/Blood splash discussions at IPC awareness week to assist staff.
- A review of all sharps related clinical equipment ensuring we are using the safest, most appropriate and cost effective products.
- Establishment of an immunisation status database of all clinical staff and ensure robust procedures are in place to address issues of infectious outbreaks e.g. Measles.
  - Training and development packages delivered to staff across NWAS.
  - Review and acquisition of safe equipment e.g. cannulas, ampoule openers, razors.
  - Issue of regular bulletins and articles in the Trust's clinical newsletter, Clear Vision on IPC related topics.
  - Ensuring that all vehicles have personal protective equipment available to use.
  - Having an established deep clean program for all vehicles as well as having robust acute cleaning as part of the vehicle daily checks.
  - Infection Control Awareness events to support staff.

## 2.5 Clinical Effectiveness

The Trust has been in the forefront of the measurement of the effectiveness of clinical interventions by ambulance staff, both locally and nationally.

### 2.5.1 Ambulance Clinical Quality indicator (ACQI): Clinical Quality Outcomes

National clinical outcome measures are derived from the audit of ambulance Patient Report Forms, and from information provided by receiving hospitals. The outcomes are four months in arrears to allow for full data collection. For some measures the numbers of relevant cases is relatively small and there is significant variation between months. To give an overall picture of the Trust's performance, a summary of the December 2014 performance is shown below:

**Figure 7 ACQI Performance**

ACQI Published Data	NWAS December 2014 Performance	NWAS December 2013 Performance	NWAS December 2012 Performance	Commentary on December 2014 performance
Outcomes from Cardiac Arrest—ROSC at Hospital (overall)	<b>29.8%</b> <b>(136/456)</b>	<b>26.6%</b> <b>(109/410)</b>	<b>27.0%</b> <b>(121/448)</b>	The average percentage number of patients achieving ROSC on arrival at hospital was reported at 26.5%. Performance ranged from 18.6% to 40.0% across all ambulance trusts.
Outcomes from Cardiac Arrest—ROSC at Hospital (Utstein—those in VF/VT)	<b>42.4%</b> <b>(14/33)</b>	<b>43.4%</b> <b>(23/53)</b>	<b>36.5%</b> <b>(19/52)</b>	The average percentage number of patients in this group achieving ROSC is 45.2%. Performance across England ranged from 30.0% to 54.5%.
Outcomes from Cardiac Arrest—Survival to Discharge (overall)	<b>9.0%</b> <b>(33/366)</b>	<b>6.6%</b> <b>(24/364)</b>	<b>5.7%</b> <b>(22/383)</b>	On average of 7.3% of patients with pre-hospital cardiac arrest were discharged from hospital alive. Performance throughout England ranged from 4.5% to 20.0%
Outcomes from Cardiac Arrest—Survival to Discharge (Utstein—those in VF/VT)	<b>14.3%</b> <b>(3/21)</b>	<b>24.4%</b> <b>(11/45)</b>	<b>12.5%</b> <b>(5/40)</b>	On average 23.5% of patients from this group were discharged from hospital alive. This indicator is characterised by small numbers. Performance percentage figures derived from these figures are likely to be subject to large variation, within and across months. This month performance ranged from 14.3% (N=21) to 50.0% (N=2) across mainland England

**Figure 7 (cont.) ACQI Performance**

ACQI Published Data	NWAS December 2014 Performance	NWAS December 2013 Performance	NWAS December 2012 Performance	Commentary on December 2014 performance
Outcomes from Acute ST-elevation Myocardial Infarction—thrombolysis CTN 60 minutes	<b>This indicator has been removed as from April 2013</b>		<b>42.9% (3/7)</b>	Acute STEMI PPCI data is taken from the national MINAP audit database and is reliant on hospitals reviewing and updating with eligible patients.
Outcomes from Acute ST-elevation Myocardial Infarction—PPCI CTB 150 minutes	<b>81.4% (105/129)</b>	<b>82.0% (91/111)</b>	<b>83.3% (130/156)</b>	
Outcomes from Acute ST-elevation Myocardial Infarction—Care Bundle	<b>91.8% (214/233)</b>	<b>85.2% (202/237)</b>	<b>84.6% (198/234)</b>	An average of 76.8% of patients with a pre-hospital diagnosis of suspected ST-elevation myocardial infarction received the appropriate care bundle. Performance across England ranged from 53.7% to 100%.
Outcomes from Stroke— FAST positive CTD 60 minutes	<b>59.6% (304/510)</b>	<b>71.2% (316/453)</b>	<b>71.5% (274/383)</b>	An average of 53.0% of FAST positive patients, who were assessed face to face, arrived at a hyper-acute stroke centre within 60 minutes of the call being connected to the ambulance service. Performance across England ranged from 43.0% to 66.7%.
Outcomes from Stroke— Care Bundle	<b>99.7% (1462/1466)</b>	<b>99.6% (1123/1128)</b>	<b>99.3% (1075/1083)</b>	An average of 96.8% of patients received an appropriate care bundle. Performance ranged from 91.9% to 99.7%.

Full details of the ACQI performance for all ambulance trusts is available at: <http://www.england.nhs.uk/statistics/ambulance-quality-indicators/>

### 2.5.2 Clinical Performance Indicators (CPIs)

Local clinical performance measures (care bundles) are used to ensure that staff comply with best practice in clinical care. In 2014/15 the measures were revised to reflect consistently good performance in the management of hypoglycaemia and the need to improve practice in two other areas. Paediatric febrile convulsion and trauma single limb fracture care bundles are the two new pilot care bundles for the year.

Six indicators demonstrated an in-year improvement in compliance: Cardiac chest pain management improved by 1.3%, Paediatric Care by 1.7%, Patient Pathway by 2.9%, Patient record completion (PRF) by 0.3%, Stroke Management by 1.5% and Trauma Care by 11.3%.



Each year a challenging improvement target is set for each indicator and as can be seen in Figure 8 below Asthma Care and Paediatric Care missed the agreed improvement targets by 8.4% and 8.3% respectively.

**Figure 8 CPI Performance 2014/15**

Clinical Performance Indicator	Actual Q4 Performance 2013/14 (%)	2014/15 Performance Target (%)	Actual 14/15 Q4 Performance Against Target (%)
Asthma Management	88.1%	93.1	84.7
Cardiac Chest Pain Management	79.7%	84.7	81.0
Paediatric Care: Febrile Convulsion	73.0%	83.0	74.7
Pain Management	93.6%	95.0	93.4
Patient Pathway	78.9%	83.9	81.8
PRF Completion	93.0%	95.0	93.3
Stroke Management	91.0%	95.0	92.5
Trauma Care: Single Limb fracture	63.8%	73.8	75.1

<div></div> Met or exceeded target cumulative performance	<div></div> Up to 5% away from target cumulative performance	<div></div> Over 5% away from target cumulative performance
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## 2.6 Indicators of Quality – Patient Experience

### 2.6.1 Access – Emergency Service

In 2014/15 the Trust was unsuccessful in meeting the three national 999 response time standards for ambulance trusts in England. The figures below demonstrate the pattern of activity and performance over the year.

The blue bars each month show the predicted levels of Red call activity and the red columns are the actual levels of activity. They demonstrate the pattern of increased activity that was seen across the country in 2014/15.

The Trust has performance management arrangements to ensure that the Trust maintains a grip on response times, however, this year has seen unprecedented levels of activity. Despite the non-achievement of the headline targets the Trust has maintained a safe position in relation to increased long wait times for emergency responses.

**Figure 9 NWAS Category Red 1 Performance 2014/15**

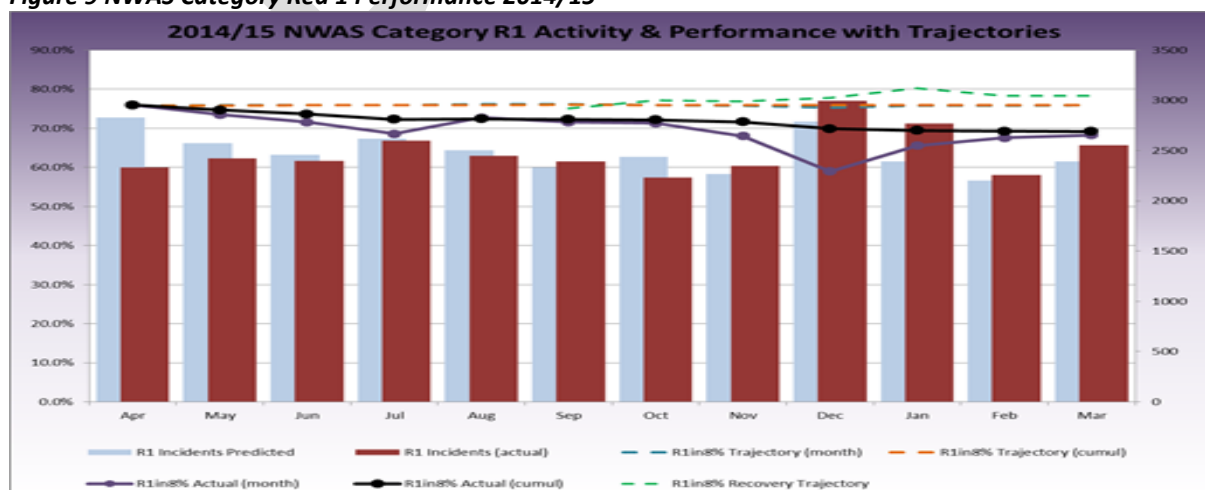


Figure 10 NWAS Category Red 2 Performance 2014/15

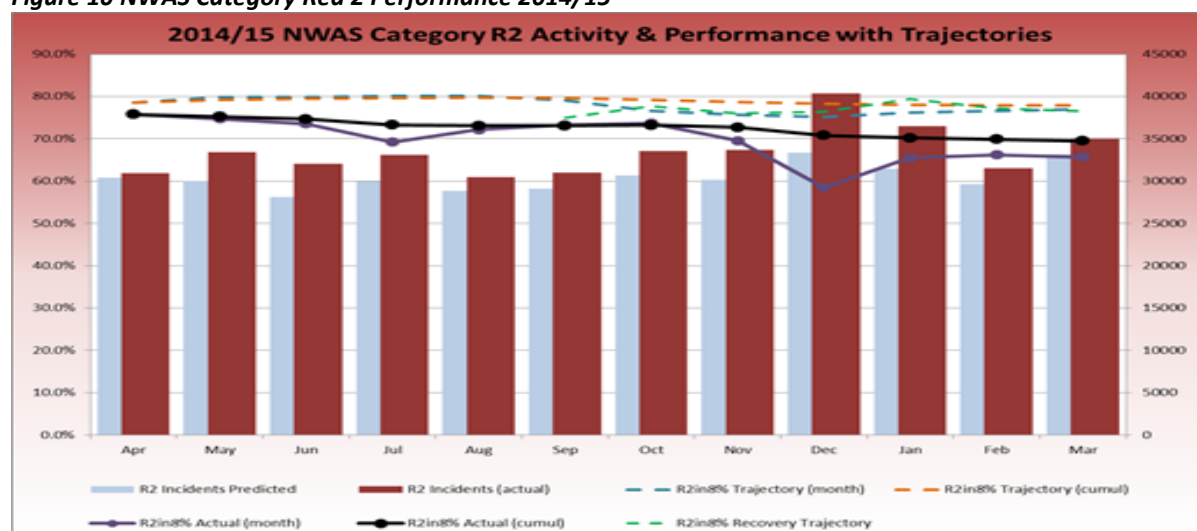
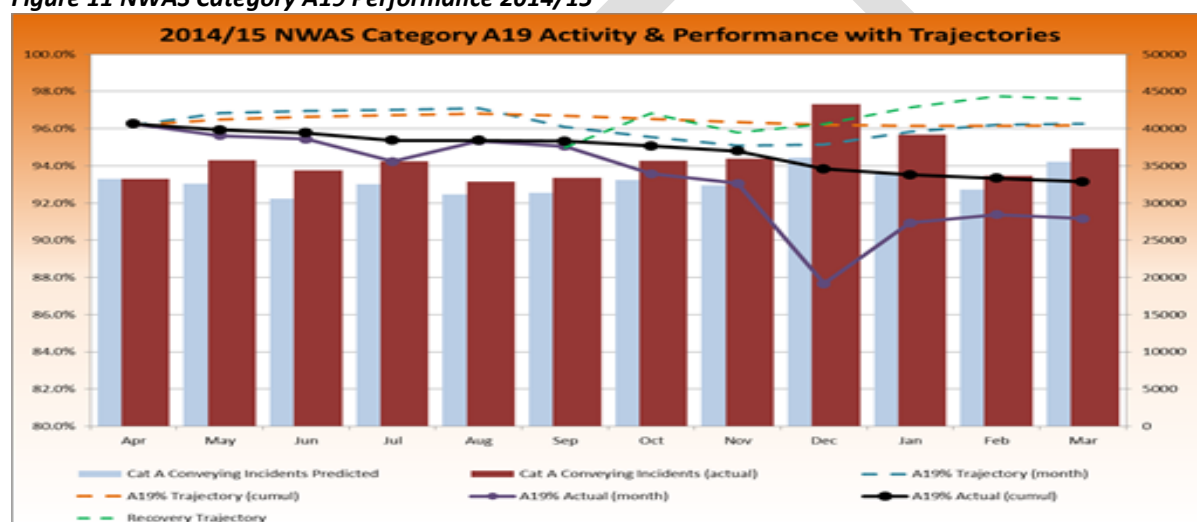


Figure 11 NWAS Category A19 Performance 2014/15



The number of 999 calls and incidents this year was considerably above the commissioned level, and we are working with our Commissioners to deliver a sustainable solution for 2015/16 and beyond. There is variation in response time performance across the FIVE counties of the North West (Figure 12).

Figure 12 NWAS Category Red 1, Red 2 and A19 Performance 2014/15

	Red 1	Red 2	A19%
Greater Manchester	68.6%	69.4%	94.3%
Lancashire	68.4%	69.0%	91.3%
Cheshire	66.5%	66.8%	93.7%
Merseyside	74.8%	73.8%	94.7%
Cumbria	65.1%	66.7%	85.6%
NWAS Overall	69.2%	69.5%	93.1%

Performance is more challenging in rural counties. Where there is a lower population density and longer journey times performance is adversely affected. We are working with CCGs and agencies such as the British Red Cross, St John Ambulance, the Police, and Fire and Rescue services to deliver the best solutions for communities. Expansion of our Community First Responder and Staff Responder schemes are a priority for rural areas.

## 2.6.2 Access – Patient Transport Service (PTS)

Throughout 2014/15, the PTS service has experienced a period of change during which quality has been significantly improved. The contract improvement notices, which were served on NWAS in February 2014 were withdrawn in September. Figure 13 and 14 show the improvements made in quality with the most marked being on the time of arrival, which has improved from 74% to 88% overall and is marginally below the target threshold. The standards for time on vehicle, collection after treatment and call answering performance are all being achieved each month.

These improvements have been achieved as a result of a number of actions taken, the most significant being the introduction of mobile data. This system allows data to flow seamlessly between control and the vehicle in addition to ensuring full visibility of the vehicles. This provides real time performance information and allows control staff to make informed decisions about the best use of resources. Changes to planning practices, improved third party data capture and recruitment and greater understanding of management information have all improved quality.

**Figure 13 PTS Contract quality indicator performance**

Indicator	Target	2013/14	2014/15
Arrival to Appointment: -45 minutes to +15 minutes	90%	74%	88%
Time on vehicle – No greater than 60 minutes	80%	90%	92%
Collection after treatment within 60 minutes	80%	82%	84%
Collection after treatment within 90 minutes	90%	92%	94%
PTS Calls Answered	90%	89%	98%
PTS Calls answered in 20 Seconds	75%	73%	84%
PTS Average Answer Delay	1 min	0:51	0:13

**Figure 14 PTS performance by contract**

Indicator	Target	Cheshire		Cumbria		Lancashire		Merseyside	
		2013/14	2014/15	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15
Arrival to Appointment: -45 minutes to +15 minutes	90%	57%	84%	88%	89%	83%	90%	59%	84%
Time on vehicle – No greater than 60 minutes	80%	88%	91%	88%	89%	92%	94%	89%	92%

**Figure 14 (cont.) PTS performance by contract**

Indicator	Target	Cheshire		Cumbria		Lancashire		Merseyside	
		2013/14	2014/15	2013/14	2014/15	2013/14	2014/15	2013/14	2014/15
Collection after treatment within 60 minutes	80%	82%	84%	91%	89%	81%	84%	77%	82%
Collection after treatment within 90 minutes	90%	92%	93%	96%	95%	92%	94%	89%	93%
PTS Calls Answered	90%	88%	98%	84%	98%	91%	98%	92%	98%
PTS Calls answered in 20 Seconds	75%	74%	84%	72%	83%	74%	84%	72%	84%
PTS Average Answer Delay	1 min	0:51	0:13	0:56	0:13	0:44	0:13	0:53	0:13

### 2.6.3 Patient and Public Engagement

It is only through listening, recording and acting on our patients' views that quality can be improved. The Trust is recognised as an innovator and leader in this field for ambulance trusts.

The Trust was successful in winning two Family and Friends Test (FFT) Pathfinder bids which were delivered successfully and influenced the content of the national Family and Friends Test guidance effective from 1 April 2015. The Trust was an early implementer for the new FFT guidance, using a range of methods for patients to give feedback as near to real time as possible. The Trust has stated its readiness for delivering the FFT requirements for ambulance services from 1 April 2015.

More than 16,000 patients have provided feedback this year (Figure 15). The FFT figures are lower as this came on line during 2014/15.

**Figure 15 Survey Methods Table**

2014/15 PE Programme Surveys (01 Apr 2014 - 31 Mar 2015)		Completed Returns	% of Total
<b>Patient Transport Service</b>	(Postal/Telephone)	2,446	14.6%
<b>Paramedic Emergency Service</b>	(Postal/Telephone)	3,257	19.5%
<b>Urgent Care Desk Service</b>	(Postal)	584	3.5%
<b>NHS 111 Service</b>	(Postal)	2,915	17.4%
<b>PTS FFT</b>	(Postcards)	289	1.7%
<b>PTS FFT</b>	(SMS Text)	4,546	27.2%
<b>PES FFT</b>	(Postcards)	87	0.5%
<b>PES FFT - See and Treat</b>	(SMS Text)	24	0.1%
<b>PES FFT</b>	(Kiosks - Partnership Working)	2,582	15.4%
<b>TOTAL</b>		<b>16,730</b>	

**Figure 16 Summary of FFT Feedback Results by Quarter**

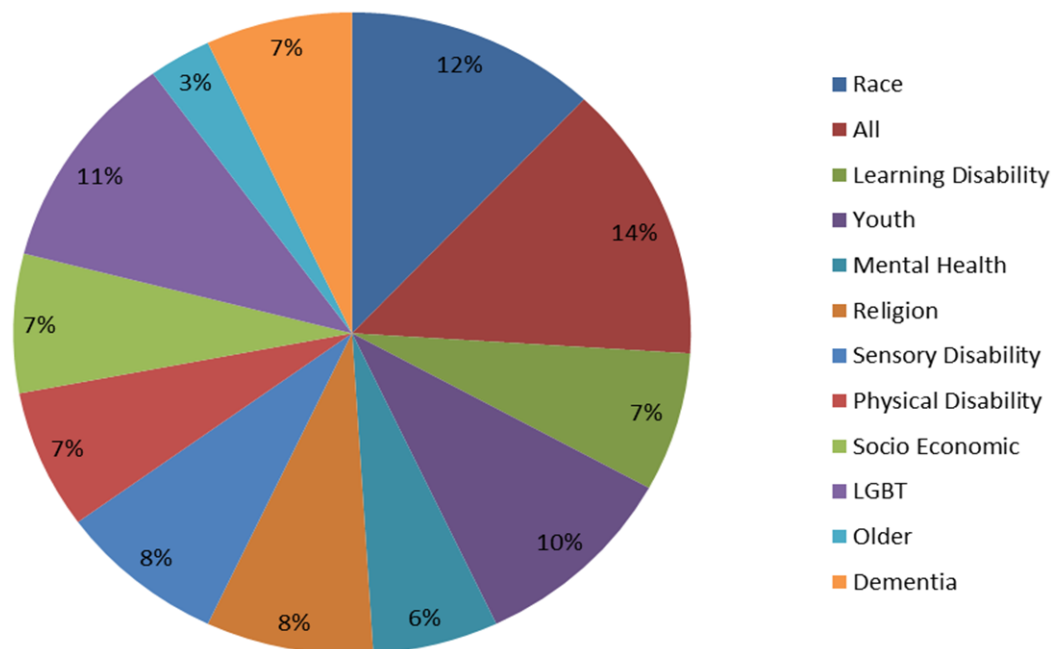
2014/15 Patient Experience Programme Surveys (Postal/Telephone)	Cared for appropriately with Dignity, Compassion and Respect (Strongly Agree/Agree)					Overall Service Received (Very Good/Fairly Good)					Recommend Ambulance Service to Friends and Family (Extremely Likely/Likely)				
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD	Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD	Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD
Patient Transport Service	97.82%	96.97%	96.88%	96.31%	96.81%	96.07%	96.97%	96.88%	96.58%	96.73%	89.52%	95.18%	94.29%	93.55%	93.88%
Paramedic Emergency Service	96.22%	96.96%	96.55%	97.39%	96.78%	96.55%	96.41%	96.69%	96.86%	96.63%	93.65%	94.20%	93.90%	94.89%	94.18%
Urgent Care Desk Service	No Data	No Data	83.75%	87.31%	85.81%	No Data	No Data	76.25%	76.43%	76.36%	No Data	No Data	80.83%	78.55%	79.51%
NHS 111 Service	n/a	n/a	n/a	n/a	n/a	91.05%	92.85%	93.37%	90.12%	91.73%	91.17%	92.84%	93.05%	91.07%	91.94%

Survey results are overall very positive with satisfaction being high across all service areas. They are slightly lower in the urgent care service and this will be monitored into next year's programme.

Figure 17 shows equality and diversity engagement activity (community events and focus groups).

**Figure 17 Protected Characteristics Engaged during 2014/15**

### Protected Characteristics Engaged During 2014/15



The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. These are cited as: age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity.

Service delivery managers receive a monthly dashboard of patient feedback results as well as recommendations for improvement. Quarterly reports are presented to the Quality Committee and Board of Directors as well as an annual "What Our Patients Say" report.

Patient Stories are a powerful tool to describe patients' experiences and the learning that has resulted and are presented to the Board of Directors, to staff as part of mandatory training, and are part of education and awareness campaigns.

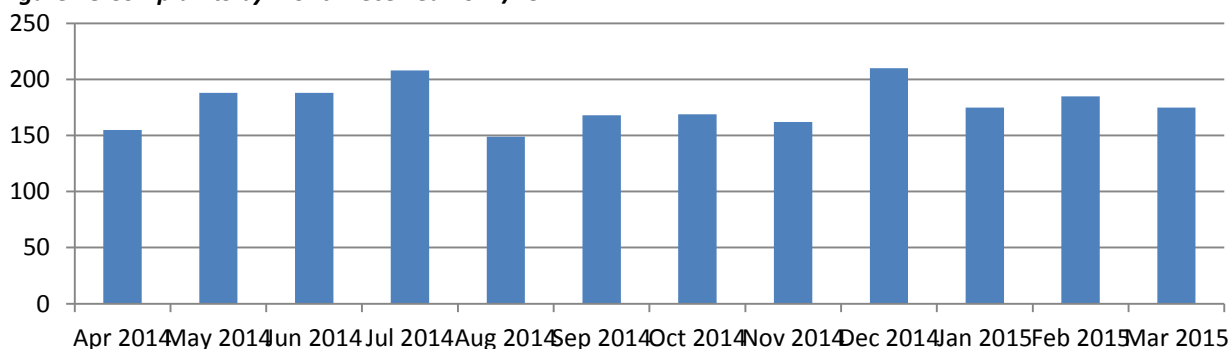
An analysis of the feedback received from patients provided us with themes for learning and quality improvement. Some examples are;

- The #Team 999 initiative to support understanding in communities of what to expect from a 999 call.
- Raising awareness with 999 ambulance staff of health passport schemes and the 'message in a bottle scheme'.
- Helping patients understand what to expect from the PTS service using introduction and personal information cards for regular PTS users, and the 'GoPTS' marketing campaign recently launched in communities.
- Improving health care professionals' understanding of booking the correct PTS transport by producing and distributing a pictorial mobility guide to all hospitals and booking ward clerks in the region.
- Reviewing Urgent Care Desk processes to keep patients informed when an agreed action has been delayed, e.g. call back within 60 minutes not achieved
- Developing a number of case studies for the Trust's clinical bulletin, Clear Vision to promote best practice in clinical care based on feedback topic areas
- Exploring with PTS contact centres the low levels of awareness with regard to the PTS booking reminder service, shown by survey results (28%).

#### 2.6.4 Complaints, PALS and Compliments

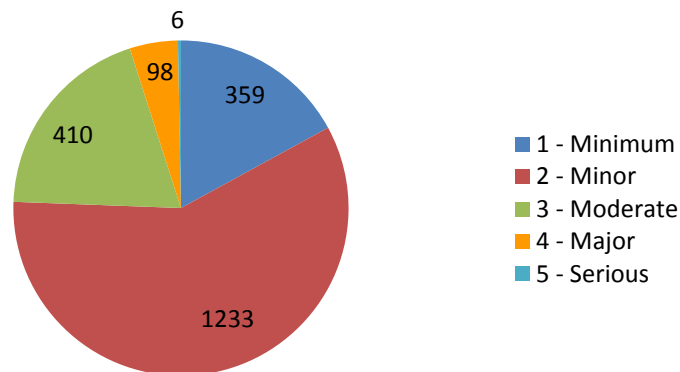
For the year ending March 2015, the Trust received 2,132 complaints, 319 general enquiries (including comments) and 1,362 compliments. This includes all aspects of Trust activity, including the 111 service. A monthly breakdown of the complaints received is shown in Figure 18.

**Figure 18 Complaints by month received 2014/15**

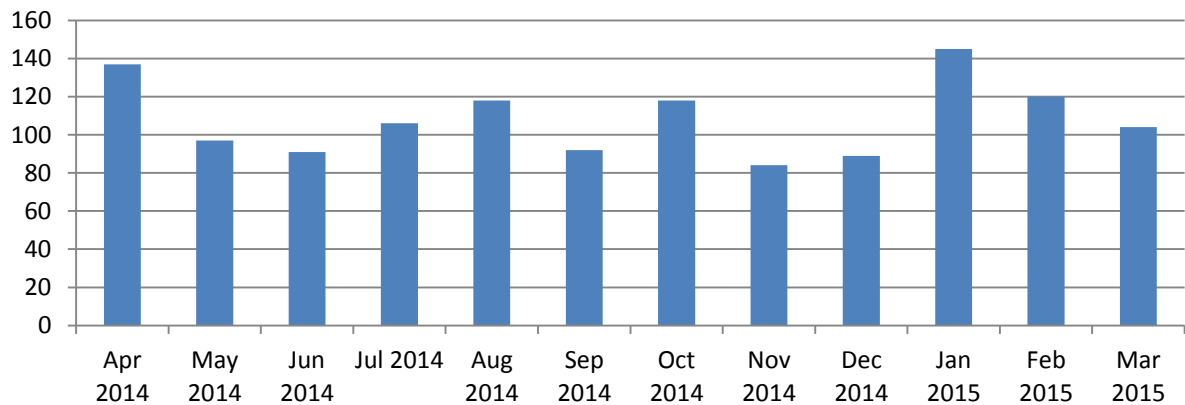


The numbers of complaints received during the winter months increased in comparison with 2013/14 reflecting the high levels of activity witnessed across the NHS and the Service itself.

**Figure 19 Complaint Risk Score**



**Figure 20 Compliments by month received 2014/15**



The Patient Transport Service generated 35.3% of the complaints against the Trust; a decrease from 2013/14. The most common reasons for complaining include late collection from home and on return journey, unsuitable vehicles and extended discharge processes. Figure 21 below details the types of complaints defined by service type and Figure 22 details the area.

**Figure 21 PTS Complaint categories by service type**

	Patient Transport Service Operations	Patient Transport Service Control	Patient Transport Service Contract Provider	Voluntary Car Service	Total
PTS Transport	147	305	124	36	612
Staff Conduct	26	8	13	14	61
Care and Treatment	25	1	6	2	34
Driving Standards	11	1	6	6	24
Communication and Information	1	11	2	0	14
Damage or loss to property	3	0	2	0	5
Safeguarding	0	1	1	0	2
End Of Life Care	0	1	0	0	1
<b>Total</b>	<b>213</b>	<b>328</b>	<b>154</b>	<b>58</b>	<b>753</b>

**Figure 22 PTS Complaint categories by area**

	Greater Manchester	Lancashire	Mersey	Cheshire	Cumbria	Total
PTS Transport	2	210	151	152	97	612
Staff Conduct	0	27	13	13	8	61
Care and Treatment	0	19	6	4	5	34
Driving Standards	1	12	2	4	5	24
Communication/Information	0	1	2	4	7	14
Damage or loss to property	0	1	0	2	2	5
Safeguarding	0	1	1	0	0	2
End Of Life Care	0	0	0	1	0	1
Total	3	271	175	180	124	753

The Paramedic Emergency Service (PES) generated 55% of all complaints, representing an increase on previous years and reflecting the increased levels of activity.

**Figure 23 PES Complaint categories by service type**

	Paramedic Emergency Services Operations	Emergency Operations Centre	Urgent Care Service	Community First Responder	Other	Total
Emergency Response	99	492	0	0	0	591
Staff Conduct	179	25	1	1	4	210
Care and Treatment	177	10	0	0	0	187
Driving Standards	77	6	0	0	3	86
Communication/Information	46	29	0	0	1	76
Damage or loss to property	19	0	0	0	0	19
Navigation	2	1	0	0	0	3
End Of Life Care	2	0	0	0	0	2
Total	601	563	1	1	8	1174

Figures 23 and 24 detail the total numbers of PES complaints by both geographical and service area. The main areas of concern continue to be emergency response, followed by staff conduct and care and treatment.

**Figure 24 PES Complaint categories by area**

	Greater Manchester	Lancashire	Mersey	Cheshire	Cumbria	Total
Emergency Response	186	147	126	92	40	591
Staff Conduct	73	49	39	40	9	210
Care and Treatment	79	49	17	27	15	187
Driving Standards	29	13	14	19	11	86
Communication and Information	20	16	12	18	10	76
Damage or loss to property	5	6	1	4	3	19
Navigation	0	1	2	0	0	3
End Of Life Care	1	0	1	0	0	2
Total	393	281	212	200	88	1174



Complaints regarding the NHS 111 service represent 9.4% of the overall complaint activity for the Trust. Figure 25 details the NHS 111 complaints.

**Figure 25 NHS 111 Complaints categories**

	111 Call Handler	111 Shift Supervisor	111 Clinical Advisor	111 Service	Total
Emergency Response	0	0	0	1	1
Staff Conduct	5	1	1	1	8
Communication/Information	65	3	29	31	128
Care and Treatment	28	0	24	11	63
Total	98	4	54	44	200

An essential component of the complaints process is ensuring that lessons are learned. Areas where improvements have been made are:

- A review of the “second call” procedure in EOC to understand whether the content or application is appropriate.
- Improvements to the process for call handling in PTS Control, reducing the time in which calls are answered.
- Improvements in taking sufficient information during the PTS booking process and keeping patients informed about their transport.
- Location of equipment in emergency vehicles, application of Paramedic Pathfinder, clinical assessment, record keeping and communication.
- Informing patient expectations in NHS 111, ensuring patients are referred to the correct service, adhering to the processes within NHS Pathways and use of “Toxbase” (poisons information) to ensure appropriate calculation of medication dosages.

Examples of compliments from patients are:

- Daughter of a patient contacted the Trust to say thank you to the paramedic who attended her mother on the day before she died. The plan in place enabled the patient to stay at home with the family, for which they were very thankful. The paramedic was described as caring, patient and very reassuring.
- Thanks were received from the family of a patient, following intervention by the Frequent Caller Team. The family were unaware of the situation and the patient is now receiving the right care.
- Thank you card received for the multiple PTS crews who have assisted the patient at numerous hospital appointments.
- Caller reported receiving excellent care from the NHS 111 service and particularly being treated as a person and not an injury; the staff member was described as very professional, extremely polite and very helpful.

### 3 Looking Forward to Improving Care

The Trust has agreed, in consultation with our stakeholders, six key quality improvement areas for 2015/16. These are identified as priorities within our Quality Strategy.

#### ***3.1 Delivering and sustaining red call response times.***

The Trust is committed to ensuring the achievement of Category A Red 1, Red 2 and A19 red calls as a priority for the Trust during 2015/16. The Trust recognises that Red call response performance standards play a pivotal role in ensuring our patients receive appropriate care in a timely manner and is therefore working very closely with its Commissioning bodies to ensure delivery and sustainability of these national requirements.

Performance is more challenging in rural counties. Where there is a lower population density and longer journey times performance is adversely affected. We are working with CCGs and agencies such as the British Red Cross, St John Ambulance, the Police, and Fire and Rescue services to deliver the best solutions for communities. Expansion of our Community First Responder and Staff Responder schemes are a priority for rural areas.

Measure: National Category A Red 1, Red 2 and A19 red calls performance measures. Local Green 1,2,3 & 4 performance measures.

Monitoring: Live performance reporting can be accessed via the Trust's intranet, is monitored on a daily basis and reported throughout the Trust up to Trust Board level.

#### ***3.2 Improving the management of mental health patients.***

The Trust signed five County-level multi-agency Crisis Care Concordat Agreements during 2014/15 as part of its commitment to improve the care of mental health patients. The implementation of multi-agency action plans to support these agreements is the focus of improvement work for 2015/16. This will include further development of crisis care triage and referral pathways to ensure patients can access mental health care services quickly and directly, reducing attendance at Emergency Departments and police stations. The provision of remote mental health clinical advice will be developed in partnership with other agencies.

NWAS will continue to work in close partnership with other agencies and care organisations across the North West, developing system-wide improvements in mental health care and parity of esteem.

NWAS will work with mental health care trusts to encourage adoption of ERISS for mental health patients to improve awareness and utilisation of care planning for patients with known mental health needs.

Measure: Increased availability of mental health referral pathways across the NW region.

Measure: Increased number of MH Care Plans registered on ERISS.

Monitoring: Review NWAS MH Action Plan for 2015/16 (a consolidated plan of the 5 county-level action plans and timescales) on a quarterly basis.

The new NWAS mandatory training programme will include delivery of Tier 2 level dementia training. Appropriate restraint technique training will be delivered to help protect patients detained under the Mental Health Act and cared for under the Mental Capacity Act.

Measure: Number of staff who have completed mandatory training programme during 2015/16

Monitoring: Monthly review of Mandatory Training Programme as part of the Trust's Integrated Performance Report.

New self-directed learning packs will be developed to help give all staff a better understanding of the laws relating to mental health, their roles in applying and complying with the law and the roles of partner agencies.

Measure: Production and issue of the self-directed learning packs to all frontline staff.

Monitoring: Quarterly review of completion return rates for the Self-directed learning packs.

Dementia Friend awareness sessions will continue during 2015/16.

Measure: Number of staff who attend the dementia friendly sessions during 2015/16.

Monitoring: Quarterly review of attendances rates for dementia friendly sessions.

### ***3.3 Improving the management of patients suffering falls***

The Trust will improve the use of falls referral pathways by building local referral activity and feedback reports for staff. In addition, the Trust will work with AQUA and Academic Health Science Networks to identify opportunities for improved, more proactive screening and risk assessment for those at risk of falling. Team-based improvement training will be delivered to help focus on local falls improvement activities. The Trust will involve falls patients to obtain their feedback on their experiences and to ensure assessment and referral systems are as patient friendly as possible. The Trust will improve the safety of patients who fall and are left at home, reducing the number who need to re-contact the ambulance service within 24 hours.

Measure: Participation in Greater Manchester Academic Health Science Network "Improving Medicines Safety" collaborative improvement programme – to improve screening for patients at higher risk of falling.

Measure: Participation of falls patients in the improvement work to seek their views and ideas for improving falls assessment and referral pathways.

Measure: A reduction in the proportion of 24 hour re-contact cases that are a result of a fall.

Monitoring: Monthly review of the Safe Care Closer to Home Safety Monitoring Report and reports of falls improvement progress through via Paramedic Emergency Service Quality Business Group.

### ***3.4 Reducing harm to patients, especially those not transported (Safe Care Closer to Home)***

The Trust has identified two themes from patients who re-contact the ambulance service within 24 hours of being left at home. Falls are the most common reason for re-contact (first and second incident). Patient refusal without further referral is the most frequent reason for leaving patients at home.

Therefore, the management of falls patients and those that refuse care will be the two main areas of improvement activity during 2015/16. This will include building on the Fylde and Wyre CCG emergency falls car pilot work to further support our collaborative work on falls, improving staff awareness through more frequent feedback of the learning from re-contact audit, reviewing the clinical review process for re-contact cases to improve identification of causal factors and improvement opportunities (individual and organisational) and development of a 'real-time' review process of patients to help triangulate against the audit results and capture more accurate outcome measures.

Measure: Updated clinical review process for re-contact cases with a quarterly feedback summary on outcomes and learning points for staff.

Monitoring: Progress monitoring via the Paramedic Emergency Service Quality Business Group and Clinical Leadership Board.

### ***3.5 Reducing harm to staff***

As part of the Trust's commitment to the national 'Sign up to Safety' campaign, NWS has developed a 3 year Safety Improvement Plan, which has been approved by the Executive Management team and endorsed by the Board of Directors.

An element of this Plan is to reduce the number of 'harms' currently experienced by staff, by at least 50%, over the next 3 – 5 years, as a direct result of manual handling activities.

Measure: Reduce the number of staff harms by 50% over the next 3 – 5 years.

Monitoring: Analysis of Incident reporting forms, RIDDOR information, sickness and claims data.

### ***3.6 Introduction of a Clinical Performance Indicator for the management of specified maternity conditions***

As part of the Trust's ongoing work to improve the care of patients, a CPI will be developed to measure how well we care for women during maternity. The indicator will be developed and piloted during 2015/16. The care bundle will be designed to focus upon clinical assessment and identification of relevant risk factors.

Measure: Development and piloting of a care bundle for the management of maternity conditions.

Monitoring: Review of pilot care bundle reports on a monthly basis via the Paramedic Emergency Service Quality Business Group and Clinical Leadership Board.

## 4 Formal Statements on Quality

The Trust is required to make the following formal statements within its Quality Account. It should be noted that some of the statements relate to hospitals and are not relevant for ambulance trusts.

### 4.1 Review of Services

*The Trust has reviewed all the data available on the quality of care in the services provided by us in 2014/15. The income generated by the NHS services reviewed in 2014/15 represents 100 per cent of the total income generated from the provision of NHS services by the Trust for the year.*

### 4.2 Participation in Clinical Audits

*During 2014/15, 6 national clinical audits and 0 national confidential enquiries covered NHS services that NWAS NHS Trust provides.*

*During that period NWAS NHS Trust participated in 100% of national clinical audits (as a provider of information only) and 0% 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 the NWAS NHS Trust participated in during 2014/15 are as follows;*

- National Ambulance Clinical Quality Performance Indicators, a national audit of the care of the patient who:
  - Suffered a pre-hospital cardiac arrest
  - Suffered a pre-hospital heart attack
  - Suffered a stroke
- MINAP (Myocardial Ischaemia National Audit Project) a national audit of the care of patients suffering a heart attack.
- TARN Trauma Audit and Research Network) a national audit of the care of patients suffering acute trauma.
- National Ambulance Non-Conveyance Audit, a national audit of non-conveyed patients and the re-contact rates during a 24 hour period.
- Out of Hospital Cardiac Arrest Outcomes Audit, a national audit as a result of an observational study sponsored by the University of Sheffield.
- Stroke Sentinel Stroke National Audit Programme, a national audit to improve the quality of stroke care by auditing stroke services against evidence based standards.

*The reports of 6 national clinical audits were reviewed by the provider in 2014/15 and there is no requirement for NWAS NHS Trust to take any further actions to improve the quality of healthcare provided.*

*The reports of 17 local clinical audits were reviewed by the provider in 2014/15 and the NWAS NHS Trust is currently reviewing the actions required to improve the quality of healthcare provided.*

### 4.3 Participation in Clinical Research

A number of patients receiving NHS services provided or sub-contracted by NWS NHS Trust in 2014/15 were recruited during that period to participate in the following research approved by a research ethics committee;

**Figure 26 Research Study Participation 2014/15**

NHS Portfolio Studies					
UKCRN ID N°	Topic	Study Type	Study Title	University/ Institution	Closure Date
13566	Injuries & Emergencies	Observational	PhOEBE Developing New Ways of Measuring the Impact of Ambulance Service Care	University of Sheffield	31/05/15
11917	Stroke	Observational	A study of major system reconfiguration in stroke services	University College London	31/08/15
12553	Generic Relevance & Cross Cutting Themes (co-adopted by Primary Care)	Observational	Identification of emergency and urgent care system characteristics affecting preventable emergency admission rates	University of Sheffield	31/05/14
15001	Injuries & Emergencies	Observational	Epidemiology and Outcome from Out of Hospital Cardiac Arrest (OHCA)	University of Warwick	20/10/15
18284	Injuries Emergencies (co-adopted by Health Services)	Observational	Understanding variation in rates of ambulance service 'non-conveyance of patients to an emergency department'	University of Sheffield	31/12/16
17605	All Health services and delivery research	Observational	Mapping Study: Phase 1 of a Longitudinal National Evaluation of Schwartz Centre Rounds: an intervention to enhance compassion in the relationships between staff and patients though providing support for staff and promoting their wellbeing	Kings College London	31/05/16

NWS has expressed an interest in participating in a number of other studies which may open during 2015/16.

## 4.4 Use of the CQUIN Payment Framework

*A proportion of NWS NHS Trust income in 2014/15 was conditional on achieving quality improvement and innovation goals agreed between NWS NHS Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework (CQUIN).*

The ten indicators are listed below. They were supported with funding from Commissioners and allowed the Trust to commit time and investment into a number of crucial areas. Nine of the ten indicators were completed successfully, with the only exception being the non-achievement of the final milestones for scheme 8 (PTS Notification).

1. Friends and Family Test - PES
2. Community Care Pathways - PES
3. Complementary Resources - PES
4. Frequent Callers - PES
5. Reduce Conveyance - PES
6. Friends and Family Test - PTS
7. Healthwatch - PTS
8. Patient Notification - PTS
9. Patient Experience – PTS
10. Mobility - PTS

Progress against an agreed set of implementation and payment milestones for each scheme was monitored via both the Finance and Contracting Group, and the NWS Commissioning Quality Review Group. Payments were approved by the Strategic Partnership Board.

With the exception of indicator 8, all indicators achieved all their implementation and payment milestones, including the production of a final evaluation report.

The objectives of indicator 8 included the establishment of 'online' access for patients to book, amend and cancel their PTS transport bookings. Due to technical challenges, this enhanced functionality was not delivered within the agreed milestone.

## 4.5 Statement on Relevance of Data Quality and actions to improve it

*NWS NHS Trust will be taking the following actions to improve data quality;*

### 4.5.1 NHS Number and General Medical Practice Code Validity

*NWS NHS Trust did not submit records during 2014/15 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. This requirement does not apply to ambulance trusts.*

### 4.5.2 Information Governance Toolkit attainment levels

*NWS NHS Trust Information Governance Assessment Report score overall score for 2014/15 was 78% and was graded as Level 2 compliant.*

### 4.5.3 Clinical coding error rate

*NWS NHS Trust was not subject to the Payment by Results clinical coding audit during 2014/15 by the Audit Commission.*



## 5 Statements from Commissioners, Healthwatch and OSCs

### 5.1 Commissioners

#### 5.1.1 NHS Blackpool

NHS Blackpool Clinical Commissioning Group, as Lead Commissioner, welcomes the opportunity to review the 2014-15 North West Ambulance Service NHS Trust (NWS) Quality Account. This statement is made by NHS Blackpool CCG on behalf of the 33 CCGs. To the best of our knowledge the data reported in the Quality Account is an accurate reflection of the work carried out by the Trust to improve quality and address the priorities for improvement which were identified for 2013-14.

The 5 Area commissioning groups continue to meet and provide an opportunity at a local level for Commissioners and NWS to review quality, performance and delivery standards of the ambulance service. NWS and the lead Ambulance Commissioner have worked with local CCG's explaining and investigating variations in performance at CCG level. The significant increase in PES activity, particularly red calls, had a detrimental impact on all speed response targets.

Performance concerns were raised in February 2014 in relation to the ongoing failure of NWS to achieve some KPI quality standards expected to be delivered under the contract for the provision of Patient Transport Services (PTS) in Cheshire, Lancashire and Mersey areas. These related to time on vehicle and arrival and collection times. An improvement plan was produced and monitored, which resulted in improvement and the query notice was removed in September 2014. We acknowledge the work undertaken by NWS to demonstrate an improvement in performance in these areas.

A MERIT scheme was implemented during the year and will be refined from experience gained in its operation.

The Care Quality Commission carried out a Chief Inspector of Hospitals inspection process during the year and was the first ambulance trust to be inspected under the CQC revised inspection approach. Commissioners attended the local quality summit where the CQC presented their findings and a plan of action was developed based on the inspection team findings. The inspection also commended NWS for innovation and identified several areas of outstanding practice by NWS.

Commissioners acknowledge that 2014-15 has been a challenging year. Concerns were raised with NWS and further assurance was sought in relation to staff training and Infection Prevention and Control audits. These areas are also closely monitored at the quality review group with NWS which is attended by Commissioning quality leads. Commissioners are also continuing to review the number of Controlled Drug incidents and the measures NWS are taking to improve. In 2015-16 Commissioners will continue to closely monitor quality, and in particular the workforce issues of recruitment, education and training.

Commissioners monitor timeliness of complaint responses, complaint levels and themes of complaints to ensure that where common themes are identified NWS are implementing actions and lessons learned to improve its services. The main theme of complaints for PTS is "PTS transport" which includes a number of issues including waiting times and planning of journeys. The Trust introduced a PTS booking reminder and next pick up text option. The main theme of complaints for PES is Emergency Response.

The Commissioners monitored the Commissioning Quality for Innovation (CQUIN) scheme throughout 2014-15 and all but one of the indicators were achieved.



The indicator related to PTS patient notification and as the function was only available in the test environment and not fully deployed by the end of 2014-15 the final indicator was not fully achieved. Commissioners are pleased that NWS achieved the early implementation of the Friends and Family Test which built on the work previously undertaken as part of the Friends and Family Test Pilot. A number of the CQUIN initiatives also enabled NWS to increase the number of patients managed without conveyance to an Emergency Department.

In relation to “Reducing harm to staff” priority identified for 2015-16 Commissioners would like to see that NWS focus on those incidents that have the potential for the most serious harm to staff.

## 5.2 Healthwatch

### 5.2.1 Blackburn with Darwen (BwD) Healthwatch

We would like to congratulate NWS for improving their Patient Transport Service and meeting all targets bar one, making improvements through-out from the previous year.

We appreciate the high number of emergency calls impacting response time for emergency calls, but we expect this issue to be resolved by NWS and commissioners to ensure patients receive a consistent high level service.

We have heard many positive comments regarding the 111 service, and was please to accept an invitation to visit one of the call centre sites located in Bolton. We were able to speak with staff and experience first-hand the patient pathway.

Healthwatch BwD invited NWS to attend one of our public Board Meetings to update the Board and local residents of key changes within NWS. NWS presented and answered many questions from the Board and Healthwatch members thoroughly. This ensured residents gained a better understanding of the services provided, and reassured following the recent media story.

### 5.2.2 Bolton Healthwatch

Healthwatch Bolton welcomes the opportunity to comment on the Quality Account for 2014/15. We are pleased to see that NWS have made progress against the priorities set for the year. We are especially pleased to see that attention has been paid to patient information and experience and welcome your inclusion of complaints information within the Quality Account.

We hope that in future years we will have the opportunity to engage in the quality accounts process earlier in order that we might have more opportunity to share the intelligence that we gather from patients and ensure that patient’s opinions are taken into account in the quality review process.

### 5.2.3 Cheshire West Healthwatch

#### **Response to Quality Accounts Document North West Ambulance 2014/15**

Healthwatch Cheshire West (HWCW) feels that this quality account broadly reflects our experience of North West Ambulance service and the feedback that we have gathered from patients in 2014/15. We would like to take this opportunity to respond to the following sections of the document.

#### **Dementia Awareness**

HWCW is pleased to note training initiatives in relation to knowledge of dementia. We would like to see some indication in the document on actual staff numbers who have completed this course;

perhaps detail on the percentage of staff that have undertaken this to date with a broad target established in relation to future plans.

#### **In regard to the Passenger Transfer Service (GoPTS)**

HWCW think that some strides forward have been made in relation to the GoPTS scheme, although feels there still needs to be greater efforts, in terms of publicity and raising awareness as very little appears to be known in the community. Having met with NWS and received a presentation, HWCW are currently working in partnership to help publicise this scheme.

#### **Response times**

We note that these appear to be on or around national averages.

#### **Adult and Children's Safeguarding**

We realise that NWS are very much on the front line at times and we commend the organization in terms of the referrals made and the development of Effective Information Sharing and Security (EISS) systems.

#### **Infection Prevention and Control**

Data provided in the report suggests an overall drop in incidents in relation to the previous year (205 compared to 213) – this is commendable. However, in relation to the two identified 'spikes' in data – '*Not notified of patients infected status*' and '*splash/ingestion incidents*'; show considerable increase (both >50%). HWCW feels that the bulleted points listed below this data, only partially detail actions put in place to improve safety in relation to these types and that more detail should be included regarding these two specifics.

#### **Engagement**

HWCW is pleased to see evidence in the document of engagement with Protected Characteristics Groups.

#### **Complaints Data**

We are pleased to see service user complaints data published but in their analysis it seems difficult for a lay person to tell if these have gone up or down as no comparisons appear to be made with previous years' data. Interpretation also suggests that out of 2,132 total complaints, 130 of these were actually ranked as 'major' or 'serious' – equates to 6% of total complaints and not really made clear in what is printed as quite a tiny pie chart. Serious incidents 1.5% are not really visible at all on the chart.

#### **Sections three and four**

The report deals with looking forward and HWCW would like to endorse these broad aims as outlined. HWCW is pleased to note the NWS organization's confidence in being willing to take part in clinical trials.

### **5.2.4 Salford West Healthwatch**

I would like to offer the following statement for the Quality account:

"Healthwatch Salford is a consumer champion for health and social care. Our role is to listen to the views and experiences of local people and to use this evidence to inform and influence decision makers in health and social care services. We act as a critical friend and work with partner organisations to improve services for local people. We have built on existing links with the North West Ambulance Service and we have been pleased to see that they have been very keen to work in partnership with us. We look forward to working more closely with NWS as our relationship develops."

### 5.2.5 Stockport Healthwatch

Healthwatch is the new independent consumer champion created to gather and represent the views of the public, patients, relatives and carers. Healthwatch plays a role at both national and local level and makes sure that the views of the public and people who use services are taken into account.

Healthwatch Stockport is a membership organisation run by volunteers with an interest in health & social care. They are supported by a team of staff to offer help to members carrying out activity on behalf of the organisation.

Healthwatch Stockport has, amongst others, the following responsibilities;

- Promote and support local people to be involved in monitoring, commissioning and provision of local care services
- Obtain local people's views about their needs for and experience of local care services
- Tell agencies involved in the commissioning, provision and scrutiny of care services about these views
- Produce reports and make recommendations about how local health and care services could or should be improved

Healthwatch Stockport thanks NWAS for providing the opportunity to comment on this Annual Quality Account. We recognise that Quality Account reports are a useful tool in ensuring that NHS healthcare providers are accountable to patients and the public about the quality of service they provide. We fully support these reports as a means for providers to review their services in an open and honest manner, acknowledging where services are working well and where there is room for improvement.

We share the aspiration of making the NHS more patient-focussed and placing the patient's experience at the heart of health and social care. An essential part of this is making sure the collective voice of the people of Stockport is heard and given due regard, particularly when decisions are being made about quality of care and changes to service delivery and provision.

Our wish is therefore that Healthwatch Stockport works with its partners in the health and social care sector to engage patients and service users effectively and to ensure that their views are listened to and acted upon. We look forward to developing our working relationship with NWAS to make sure that the voice and experience of patients and the public is heard throughout the provision of services.

Unfortunately, due to the recent restructuring of Healthwatch Stockport and related capacity issues, we are unable to provide a full response to the information within this Annual Quality Account. However, we would like to take this opportunity to thank NWAS for the support they offered during 2014/15 in providing quarterly data to enable Healthwatch Stockport to identify trends and issues across health & social care services.

Healthwatch Stockport thanks NWAS for the opportunity to comment on this document and request consistency in reporting next year to enable a direct comparison of the information.

## 5.3 Overview and Scrutiny Committees

### 5.3.1 Halton Health Policy and Performance Board

Further to receiving a copy of your draft Quality Accounts and the Joint Quality Accounts event held on 13<sup>th</sup> May that your colleague Neil Barnes and Julie Treharne attended to present a summary of your Quality Accounts, I am writing with the Health Policy and Performance Board comments. The Health Policy and Performance Board particularly noted the following key areas:

During the year 2014/15 the Trust identified a number of priorities to be achieved during this year. The Board noted the following:

- *999 response times* – as Halton is on the Merseyside/Cheshire border, does this place us at a disadvantage? It would be really useful to break down data in the North West localities by borough to compare and take learning from better performing areas. It is acknowledged by the Board that the location of the hospitals within the localities will have an effect on the achievement of the target.
- *Infection Prevention and Control* – the Board were pleased to note the reduction in incidents from 213 in 2013/14 to 205 last year. The improvements made in practice to continue this trend were also noted.
- *Complaints, PALS and compliments* – the Board notes that complaints have increased in comparison to the previous year, but is pleased to note that learning from complaints is a priority and looks forward to seeing more learning in the future.

The Board are pleased to note the following Improvement Priorities for 2015 – 2016:

- *Safeguarding* - Developing safeguarding alerts via the Electronic Information Sharing System (ERISS), the bespoke web-based system used by the Trust for sharing safeguarding referral information with Children's and Adult Social Care.
- *Delivering and Sustaining Red Call response times* – the Board is pleased to see this as a priority and acknowledges the multi-agency and community work that is taking place to improve this area.
- *Improving the Management of Mental Health patients* – again the Board is pleased to see this as a priority, in particular the implementation of multi-agency action plans and the new NWAS mandatory training programme that will include delivery of Tier 2 level dementia training.

The Board acknowledges that although greater financial resource is being put into the service, there is an issue with paramedic recruitment as NWAS are no longer able to "grow their own" and paramedic qualifications must now be via the Higher Education route which takes longer.

The Board would like to thank North West Ambulance Service NHS Trust for the opportunity to comment on these Quality Accounts.

### 5.3.2 Cheshire East Health Scrutiny Committee

Thank you for sending me the Quality Account. As I've mentioned to Julie Treharne previously, we would normally like to formally consider the QA at a committee meeting and then submit comments for inclusion in the final version however because of the elections we won't be able to do that in your time frames. Once a new scrutiny committee membership is formed I will be sharing the QA with members and we will potentially wish to look at it at a committee meeting in the summer.

I would be willing to submit an informal response illustrating our position; however, I am aware that there are a large number of scrutiny committees within the Trust's footprint. Therefore it may be easier not to submit anything and add to what may turn out to be a large number of submissions from other authorities.

### 5.3.3 Cumbria Health Scrutiny Committee

The Cumbria Health Scrutiny Committee welcomes the opportunity to comment on the Trust's Draft Quality Accounts for 2014/15.

In reviewing the draft document Members felt that document was not overly long and the contents page was well structured enabling the lay reader to navigate the document.

What follows are comments on specific sections of the draft report where changes are suggested, either in the form of corrections or requests for further information clarification:

Page 8 & 13	Most acronyms are adequately explained in the glossary but what are ACCIs (p8) & IPC (p13)?
Page 11	Approach to domestic abuse & FGM well covered & rightly reported.
Page 12	Where is the visible (in report) evidence that serious incidents are not becoming more frequent, as is claimed?
Page 15	More detailed explanation of the 'survival from cardiac arrest' data would be helpful.
Page 16	What is the trust doing to improve stroke case response times?
Page 19	First target on 'Arrival to Appointment' was not very clear and would benefit from some explanation.

This is a detailed and comprehensive document, and overall we appreciate the work that has taken place over the recent year and look forward to continuing to work with the Trust to help drive up quality.

### 5.3.4 Lancashire Health Scrutiny Committee

The role of the Lancashire Health Scrutiny Committee is to review and scrutinise any matter relating to the planning, provision and operation of the health service in the area and make reports and recommendations to NHS bodies as appropriate.

The Committee undertake this responsibility through engagement and discussions with the Trust, addressing any areas of concern as they arise. It is the intention of the Committee that this methodology of ensuring that the Trust improve patient safety and deliver the highest quality care to the residents of Lancashire will continue by having an oversight of how the Trust evidence the provision of quality and safe services. In addition the Health Scrutiny Committee will seek reassurance that every effort is being made to ensure; financial stability, reasonable waiting times and the safeguarding of the most vulnerable.

### 5.3.5 Sefton Overview and Scrutiny Committee

As Chair of Sefton Council's Overview and Scrutiny Committee (Health and Social Care) I am writing to submit a commentary on your Quality Account for 2014/15.

Members of the Committee met informally on 13 May 2015 to consider various Quality Accounts, together with a representative from the local CCGs.

Concern and disappointment were expressed at the meeting that your Quality Account had not been submitted in time for consideration by Members. Unfortunately, your Quality Account was not submitted to our Clerk until the following day, 14<sup>th</sup> May 2015.

Regulation 10 of the Quality Accounts Toolkit provided by the D.o.H. requires providers to send a copy of their Quality Account to OSCs by 30 April each year. As your Trust delivers services in Sefton, it was disappointing not to have your Quality Account before us when we met to discuss the matter.

However, on receipt, your Quality Account was circulated informally to Members of the Committee for consideration and comment and I can now advise you that no further comments were made for the commentary.

### **5.3.6 Wirral Families and Wellbeing Policy and Performance Committee**

The Families and Wellbeing Policy and Performance Committee undertakes the health scrutiny function at Wirral Council. The Committee has established a Panel of Members (the Health and Care Performance Panel) to undertake on-going scrutiny of performance issues relating to the health and care sector. Members of the Panel have considered the draft Quality Account and would like to thank North West Ambulance Service for the opportunity to comment on the Quality Account 2014/15. Panel Members look forward to working in partnership with the Trust during the forthcoming year. Members provide the following comments:

#### **Overview**

Members acknowledge the Trust's achievements as measured against the priorities for 2014/15. Members are reassured that the Trust achieved the major objectives that they set out last year under the headings of patient safety, clinical effectiveness and patient experience, although the Trust clearly faces significant challenges with regards to meeting the three national response time targets for Red calls.

#### **Section 2 Looking back to 2013/2014 – Review of Quality Performance**

##### Section 2.1.1 – Introduction of a Clinical Performance Indicator for Mental Health patients

During 2014/15, the Trust has introduced improvements to the care provided to those patients who self-harm. The implementation of this priority is welcomed by Members.

##### Section 2.1.2 – Introduction of a Clinical Performance Indicator for patient falls

Members welcome the initiative regarding patients suffering falls and are pleased that this priority area will continue in 2015/16, both improving preventative actions for patients at risk of falls as well as improving referral pathways for those who do fall.

##### Section 2.1.3 – Improvements in care for patients with dementia

Members welcome the improvements in care for patients with dementia. The Trust's commitment towards increasing staff awareness and knowledge in this area is welcomed.

Members emphasise their desire that patients with dementia should receive care which is delivered by health professionals who are appropriately trained in dementia care.

##### Section 2.1.5 – Introduction of MERIT

The initiative to create a team of trained volunteer doctors able to respond to Trauma emergencies is welcomed. It is intended that the MERIT team (Medical Emergency Response Incident Team) will grow in the year ahead to provide comprehensive cover across the North West, which again is welcomed.



### Section 2.3.1 – Category A (Red 1 and 2 Response times)

Members are concerned that the Trust was not able to meet the three national response time targets for Red calls (that is, R1, R2 and R19) with the performance rates for all three categories being lower in 2014/15 than in 2014/13. In addition, the Trust's performance was lower than the national average on two of the three indicators. However, it is recognised that the number of 999 calls was higher than predicted and that the Trust will, alongside the commissioners, be putting actions in place to ensure that the comparable response time standards are met in 2015/16. These and other challenges faced by NWAS were explained in detail to members during a visit to Committee in March 2015. It is noted, however, that the response time performance across all three categories was stronger in Merseyside than in any of the other four areas of the North West, some of whom have large rural populations.

### Section 2.4.1.2 – Frequent Caller Project

Members welcome the expansion of the Frequent Callers team, which identifies vulnerable people who call 999 services frequently and work with partner agencies to provide appropriate support.

### Section 2.6.3 – Patient and Public Engagement

Members recognise the emphasis placed on patient experience and, in particular, commend the Trust with regards to the results of the Friends and Family Test, especially for the Patient Transport Service, the Paramedic Emergency Service and the NHS 111 Service.

## **Section 3 Looking Forward to Improving Care**

Members accept the areas prioritised for quality improvement in 2015/16. In general, Members welcome the implementation of long-term priorities as this is more likely to lead to continuous improvement and lasting change. In particular, the continued emphasis on the service provided to mental health patients and patients suffering falls are supported. In addition, the priority given to delivering and sustaining Red Call response times, in conjunction with the commissioning bodies is also welcomed.

### **5.3.7 Pendle Health and Social Care Panel**

Thank you for inviting us to comment on the draft version of the NWAS Quality Account 2014/15.

As previously advised, we are yet to have the first meeting in this municipal year of our Health and Social Care Scrutiny Panel, therefore the document has been circulated to our Members by email.

The response from our Members is detailed in the table below. I would appreciate it if you could report these verbatim in section 5 of your document.

The drop in performance levels against the national response times is concerning and, whilst we note the increase in 999 calls, a 6% and 7% drop in Red 1 and 2 calls compared to 2013/14 performance targets is disappointing. We would also note that the ranking of 9/10 for Red 1 is also a cause for concern.
We're pleased to read that the Clinical Performance Indicator for Mental Health patients has been introduced, and welcome the focus on mental health within North West Ambulance Service, especially the introduction of specific training for dementia.
We are pleased to see improvements in patient transport along with patient and staff satisfaction remaining high. We are also happy to see the dementia friend initiative now being implemented across the service as this can only benefit the residents/ patients.
Whilst it is a concern to see that targets for response have slipped in the last year, an increase in the number of patients may go some way to explaining this.

## Appendix 1: Glossary of Terms

ACQI	Ambulance Clinical Quality Indicator
Advanced Paramedics	More highly qualified paramedic staff who also provide clinical leadership and support to their colleagues
Cardiac arrest	A medical condition wherein the heart stops beating effectively, requiring CPR and sometimes requiring defibrillation
Care Bundle	A set of actions expected of ambulance staff in specific clinical circumstances. The completeness of the response is measured as a Clinical Performance Indicator (CPI)
Chain of Survival	The process to ensure the optimum care and treatment of cardiac arrest and heart attack patients at every stage of the pathway
Community First Responder (CFR)	A member of the public who volunteers to provide an immediate response and first aid to patients requesting ambulance assistance
Complementary Resources	Non ambulance trust providers of potentially life-saving care, e.g. CFRs St John Ambulance, Red Cross, Mountain Rescue, Air Ambulance
CCG	Clinical Commissioning Group
CPR	Cardio Pulmonary Resuscitation
CQC	Care Quality Commission - The independent regulator of all health and social care services in England.
CTB	Call to Balloon – the time taken from receipt of the 999 call to the administration of PPCI
CTD	Call to Door - the time taken from receipt of the 999 call to the arrival at a definitive care department such as a Stoke Unit
CTN	Call to needle – the time taken from receipt of the 999 call to the administration of thrombolytic clot busting drugs
Defibrillator (also AED)	Medical equipment to provide an electric shock to a patient's heart which is not functioning properly
FAST	A simple test for the presence of a stroke – Face, Arms, Speech, Time
IPC	Infection Prevention and Control
Myocardial infarction (MI) or Heart attack	A medical condition wherein the coronary arteries of the heart are blocked leading to (acute pain and) an immediate risk to life
NHSLA	NHS Litigation Authority
NWAS	North West Ambulance Service NHS Trust
PALS	Patient Advice and Liaison Service
Paramedic	A state registered ambulance healthcare professional
Paramedic Emergency Service (PES)	999 Emergency ambulance service
Paramedic Pathfinder	NWAS initiative to enable paramedics and advanced paramedics to make considered clinical judgments about the next care pathway to be used for an individual patient's needs
Patient Transport Service (PTS)	Non-emergency transport service that provides for hospital transfers, discharges and outpatients appointments for those patients unable to make their own travel arrangements.
PPCI	Primary Percutaneous Coronary Intervention – treatment of a MI through immediate surgical intervention
STEMI	ST Elevation Myocardial Infarction – A life threatening heart attack
Stroke	Blockage or bleeding of the blood vessels in the brain that can lead to death or disability
Thrombolysis	Medical treatment to break up blood clots in the case of MI or stroke.
Utstein	Cardiac arrest and CPR outcome reporting process



## Appendix 2: Contact Details

If you have any questions or concerns following reading this report please do not hesitate to contact the Trust.

We can be contacted at:

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For general enquiries please use:

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E-mail: [nwasenquiries@nwas.nhs.uk](mailto:nwasenquiries@nwas.nhs.uk)

For enquiries specific to the Quality Account, please contact Neil Barnes Deputy Director of Quality on:

Telephone: 01204 498400  
E-mail: [neil.barnes@nwas.nhs.uk](mailto:neil.barnes@nwas.nhs.uk)

Should you wish to access any of the Trust publications mentioned in this Quality Account they can be accessed on the Trust website at [www.nwas.nhs.uk](http://www.nwas.nhs.uk).