QUALITY ACCOUNT
2018/19
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</tr>
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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 2018/19, and sets out our quality priorities for the year ahead.

The Board of Directors is proud of our commitment to all aspects of quality. We have developed a refreshed organisational strategy and re-scoped our Vision and Values; aiming to be the best ambulance service in the UK by providing the Right Care at the Right Time and in the Right Place, Every Time.

This strategic direction is underpinned by our Right Care (Quality) Strategy that will help us achieve our vision of ensuring that clinical decisions are taken as far forward in the patient journey as possible, avoiding any needless waiting for our patients. Along with our organisational values, this helps us to lead by example and create the right culture for ensuring our patients always receive safe care and attention.

Our Right Care Strategy incorporates the essential elements of a ‘quality strategy’ and describes how we will deliver safe, effective and patient centred care for every patient. Our first and most important commitment to our patients is to keep them safe. Our second commitment to patients is to ensure that they receive effective, reliable care, every time. Our third commitment to patients is to listen to their feedback, work with them to re-design care and provide personalised care every time. Our fourth and final commitment is to ensure that our quality systems and infrastructure continue to strengthen.

Our core services are delivered through the following four distinct service lines:
- Paramedic Emergency Service (PES) – through solo responders, double crewed ambulance response and volunteer community responders we provide a pre-hospital care emergency response to 999 and urgent calls.
- Patient Transport Service (PTS) – PTS provides essential transport for non-emergency patients in Cumbria, Lancashire, Merseyside and Greater Manchester who are unable to make their own way to or from hospitals, outpatient clinics and other treatment centres.
- Resilience – services associated with the Trust’s statutory responsibilities under the Civil Contingencies Act 2004.
- NHS 111 – The Trust delivers 111 services for the North West region and is a major contributor to the delivery of Integrated Urgent Care.

Core service delivery is supported by a number of support service functions:
- Finance
- Human Resources and Organisational Development
- Quality Improvement and Innovation
- Information Management and Technology
- Training and Development
- Fleet and Facilities Management
- Communications & Corporate Governance
- Programme Management Office

I would like to record my sincere appreciation and thanks to all NWAS staff for their continuing commitment to their patients, 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.

Chief Executive

1.1 **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

Chairman          Chief Executive
2. Looking back to 2018/2019 – Local Improvement Plans

The Trust aims to be “the best ambulance service in the UK”, providing the Right Care, at the Right Time in the Right Place, Every Time. This is supported by a vision to make sure clinical decisions are made as far forward as possible in the patient journey with ‘no patient needless waiting’.

The Trust’s Quality Strategy sets the direction for the provision of ‘Right Care’ by incorporating ‘Safe’, ‘Effective’ and ‘Patient Centred’ care for every patient as the essential elements of quality. The Strategy will ensure that we protect our patients and staff from avoidable harm, that we reduce unwarranted variation in patient treatment and outcomes and that we ensure we provide the best experience for our patients and staff.

2.1 Progress with 2018/19 Priorities for Improvement

The Trust agreed, in consultation with its stakeholders and in partnership with the intentions of our Commissioners, a number of key quality improvement areas for 2018/19. These were also identified as priorities within our Operational Plan.

- Enhance the quality of triage, moving the clinical decision as far forward in the patient journey as possible

Recognising the need to ensure robust clinical triage as early as possible in the patient journey, the last year has seen the initiation of a project within our Emergency Operations Centres (EOC). This involved supporting and assisting Emergency Medical Dispatchers (EMD) to improve the EOC triage systems following significant investment in enhanced clinical capacity which has had a positive effect on performance and patient experience. Evidence of the significant positive impact made by the project supported the rollout to the position where each of the Trust’s three EOCs has an established 24/7 clinical presence. The benefits from this presence are felt not only in increased resource availability, but as the clinicians have become embedded, EMD staff have utilised their skills and knowledge to expedite care for the most sick patients, seek alternate care pathways and guide decisions which result in a more accurate use of the call handling system.

In addition, having a clinical presence aligned to teams has resulted in less tangible benefits, such as, improved confidence and educational support of the EMD cohort. The clinical presence within the EOC environment also ensures that any inherent clinical risks for waiting patients can be mitigated. Clinical review and identification of more serious patients earlier in the patient journey has resulted, in many cases, in expedited response and provided a higher level of information to dispatchers to enable more informed incident resourcing decisions during periods of high demand.

To support quality triage and decision making for our operational clinicians, the Trust has undertaken to train all its Paramedics in Manchester Triage System Face to Face (MTS FTF) for use during patient contact episodes. This rollout was informed by a pilot study which identified a 7% increase in patients being safely identified as suitable for alternatives to being transported to the Emergency Department (ED) in comparison to the current Pathfinder tool in addition to supporting the decision for those that do need conveyance to a healthcare facility. This year, to date, 91% of the Trust’s Paramedics have received training in MTS FTF and by April 2019 over 95% will have received the training. The project has had a demonstrable increase in the number of patients who have been managed under ‘see and treat’ criteria and an increase in the use of alternatives to ED admissions via the referral into local services.

Pathfinder was trained on a voluntary basis to 90% of EMT1s between March and May 2018, and is now embedded in their basic training. Pathfinder is a triage tool, informed by the Manchester Triage System, that assists to identify those patients that need transporting to an ED and those that alternatives may be appropriate if available in the locality.

The implementation of enhanced clinical triage tools for operational clinicians has contributed to a See & Treat rate of 25.07% for 2018/19 against a rate of 23.99% achieved during 2017/18.

- Through effective clinical leadership, improve consistency of patient assessment, treatment and decision making

The Trust has an established clinical leadership structure which continues to grow and develop; this year we appointed two additional Consultant Paramedics which enhanced our senior clinical leadership structure and now ensures dedicated county-level Consultant Paramedic oversight of all clinical activities providing robust clinical governance and assurance. Together with the Trust team of medical directors the Consultant Paramedics provide strategic clinical oversight and set the clinical policy and procedure in relation to patient assessment and treatment.

The Trust’s 44 Advanced Paramedics are available 24/7 throughout the region and provide on-site and remote support at difficult, challenging or serious incidents. Our Advanced Paramedics provide enhanced and effective senior decision making supporting clinicians in the delivery of high quality patient care in the challenging pre-hospital environment as well as offering enhanced clinical treatment options.

To further support our senior clinicians this year the Trust has established a formal ‘doctor on call’ rota for the first time. This system provides assured access 24/7 to one of the Trust’s Medical Directors and enables the clinical leadership structure to manage difficult and complex incidents with the assistance and assurance of senior medical input.

We have over 280 Senior Paramedics who provide effective clinical leadership and supervision of their teams of paramedics and Emergency Medical Technicians. Through this cohort the Trust has established clinical contacts shifts which ensure that every clinician has the regular opportunity to work alongside their clinical lead to ensure consistency across the organisation with regard to the delivery of clinical assessment and treatment.

- Ensure that patients with life limiting conditions reach their chosen destination as soon as practicable

The Trust’s Right Care Strategy recognises patients with life limiting conditions as a population who have unique requirements and who require a high level of focused consideration in order to ensure their needs are met.
Through our partnership working with specialist teams and networks we promote awareness and visibility of anticipatory clinical management plans for special patient groups with life limiting conditions across both our clinical workforce and the wider health community to ensure specific needs are met.

This year we have built upon the previous Rapid Transfer for End of Life procedures to ensure a considered and compassionate response; specific questions relating to end of life have now been introduced and incorporated into the Health Care Professional (HCP)/Intra-facility Transfer (IFT) call handling module which ensures the Trust actively considers the needs of end of life patients from the point of initial contact with our services. This ensures the impact of life limiting factors is assessed during healthcare professional call handling procedures and allows the Trust to effectively respond to the needs of these patients including the provision of appropriate category of emergency response.

The Trust also understands the key role that our Patient Transport Service (PTS) plays in ensuring patients with life limiting conditions reach their chosen destination as soon as practicable. This is reflected in proactively recognising the unique needs of this patient group at the access and booking stage and the ability of our PTS to respond through a common but highly flexible pool of resources as being vital to meeting the needs of this patient group. This approach facilitates treatment centres to effectively prioritise bookings with PTS for patients whose life limiting condition requires the PTS to provide timely discharge and/or transfer of the patient to their destination of choice.

- **Enhance education provision for senior clinical leaders to enable them to best support frontline clinicians, mothers and babies during out of hospital births**

Acknowledging the complexities and risk for harm in the management of out of hospital births the Trust has ensured a process to provide senior clinical support directly at scene to any complex or imminent delivery calls. The benefits include supported decision making, early recognition of complications and the increased opportunity to provide point of care education for ambulance clinicians as well as ensuring increased exposure to these types of incident more regularly by our senior clinicians to maintaining their currency and confidence in their management.

To support our senior clinicians over the course of the year 310 Senior, Advanced and Consultant Paramedics have attended a bespoke pre-hospital obstetric skills and drills course covering a range of emergency complications. This course was delivered by an external organisation of specialist providers; feedback from our clinical team has been overwhelmingly positive and formal, academic review of the impact of the course is underway.

Cycle 7 of the Trust’s Mandatory Training programme for 2019 includes comprehensive instruction on birth imminent procedures and the management of obstetric complications during childbirth. This programme is delivered to all grades of operational clinicians and is supported by an online learning module developed to consolidate learning.

During 2019 a new bespoke maternity support checklist for staff to use on scene will be introduced to support and prompt staff in procedures relating to life threatening obstetric presentations such as shoulder dystocia, post-partum haemorrhage/ante partum haemorrhage (PPH/APH), breech and maternal and new born life support, as well as informing on key elements of care during normal birth. The Trust has also introduced an updated, and Association of Ambulance Chief Executives (AACE) approved, maternity pack which provides improvements for care including for the first time the inclusion of baby hats to prevent unnecessary heat loss.

- **Meet the national and local quality delivery and improvement standards for the Emergency 999, 111 and Patient Transport Services.**

The progress made in these areas is reported in full within Section 3 of this Account.

### 2.2 Patient and Staff Experience

- **Patient feedback including Friends and Family Test 2018/19**

An extensive Patient Experience programme was successfully completed during 2018/19. We use a number of methods to elicit feedback including postal surveys, community engagement activities, focus groups and Friends and Family Test (FFT) comments cards on ambulances. We also offer the opportunity for our patients to provide FFT feedback comments using SMS text messaging and interactive voice recognition via landline phones. Summaries of survey response feedback data including FFT by quarter can be seen below;

![Survey Data Table](image)

A total of 5,958 patient Friends and Family Test responses were received by NWAS against 6,089 during 2017/18, supported by 4,398 comments (4,500 during 2017/18). The types of returns received were as follows; 65.2% (an increase of 15.2%) via SMS surveys, 29.8% (a decreased of 14.6%) by postal surveys, 3.4% (an increase of 0.4%) by FFT Post Cards and 1.6% (a decrease of 0.4%) via Landline Surveys.
• **Staff Friends and Family Test 2018/19**

As a result of positive action during the recruitment phase, new starter feedback, a new exit interview process and the further development of local Health and Well Being plans, The independent staff Friends and Family Tests completed and returned over the year have reduced slightly by 76 (1,186 to 1,110 replies). However, the levels of ‘likely’ and above satisfaction, against all categories, has increased overall, ranging from 51% - 89%.

<table>
<thead>
<tr>
<th>Question</th>
<th>Extremely Likely</th>
<th>Likely</th>
<th>Neither likely nor unlikely</th>
<th>Unlikely</th>
<th>Extremely unlikely</th>
<th>Don’t Know</th>
<th>No Response</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 – April – June (PTS)</td>
<td>78</td>
<td>37</td>
<td>8</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>129</td>
</tr>
<tr>
<td>Q2 – July – September (EOC &amp; 111)</td>
<td>51</td>
<td>49</td>
<td>13</td>
<td>6</td>
<td>8</td>
<td>1</td>
<td>1</td>
<td>129</td>
</tr>
<tr>
<td>Q3 – No FFT as we circulate the annual staff survey</td>
<td>88</td>
<td>61</td>
<td>20</td>
<td>7</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>180</td>
</tr>
<tr>
<td>Q4 – Jan – March (Corporate &amp; PES)</td>
<td>31</td>
<td>61</td>
<td>35</td>
<td>32</td>
<td>19</td>
<td>0</td>
<td>2</td>
<td>180</td>
</tr>
</tbody>
</table>

**Complaints 2018/19**

The Trust welcomes all feedback from patients, including those whose experience has not met their expectation so have raised their concerns through the complaints process. The Trust welcomes complaints as they provide us with an opportunity to investigate what has happened and where necessary, identify and implement lessons learnt. This can be at both the individual and system wide level.

The Board of Directors receive information on complaints through the monthly Integrated Performance Report. This is supported by assurance reports submitted to the Quality Committee with further details supplied to the Clinical Governance Management Group. Incident Learning Forums monitors actions arising from complaints via associated action plans and the NHS 111 service complaints are reported through the local Clinical Governance reporting procedures.

During 2018/19 the Trust received 2,723 complaints, in comparison to 2,393 for 2017/18, as follows;

<table>
<thead>
<tr>
<th>Service Line</th>
<th>2017/18</th>
<th>2018/19</th>
<th>Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Services</td>
<td>1,049</td>
<td>977</td>
<td>-3.9%</td>
</tr>
<tr>
<td>Patient Transport Services (PTS)</td>
<td>1,045</td>
<td>1,407</td>
<td>+34.7%</td>
</tr>
<tr>
<td>NHS 111 Services</td>
<td>299</td>
<td>339</td>
<td>+13.4%</td>
</tr>
</tbody>
</table>

Our PTS complaints have increased significantly during 2018/19, mainly as a result of poor communication and information provision skills, poor driving standards and late or prolonged journey times. The additional lessons learnt from the receipt of these complaints have included increased scrutiny of individual patient mobility needs, the provision of increased details on patient record (e.g. access details), improved risk assessments and feedback to other services booking journeys to ensure that our patient gets the correct transport on time.

Therefore, work has already started to address these areas and to streamline PTS complaints to ensure that the Trust is more responsive to the concerns raised. The Trust aims to review its PTS staff driver training and onward monitoring during 2019/20.

The table below summarises the key themes of complaints received during the period 1 April 2018 to 31 March 2019;

<table>
<thead>
<tr>
<th>Complaint Themes</th>
<th>PES</th>
<th>PTS</th>
<th>111</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTS Transport</td>
<td>-</td>
<td>1,141</td>
<td>-</td>
<td>1,141</td>
</tr>
<tr>
<td>Care and Treatment</td>
<td>273</td>
<td>106</td>
<td>188</td>
<td>567</td>
</tr>
<tr>
<td>Emergency Response</td>
<td>358</td>
<td>-</td>
<td>1</td>
<td>359</td>
</tr>
<tr>
<td>Staff Conduct</td>
<td>152</td>
<td>61</td>
<td>74</td>
<td>287</td>
</tr>
<tr>
<td>Communication and Information</td>
<td>96</td>
<td>46</td>
<td>75</td>
<td>217</td>
</tr>
<tr>
<td>Driving Standards</td>
<td>77</td>
<td>42</td>
<td>-</td>
<td>119</td>
</tr>
<tr>
<td>Damage or loss to property</td>
<td>17</td>
<td>9</td>
<td>-</td>
<td>26</td>
</tr>
<tr>
<td>End Of Life Care</td>
<td>1</td>
<td>2</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>Navigation</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Safeguarding</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTALS:</strong></td>
<td>977</td>
<td>1,408</td>
<td>339</td>
<td>2,723</td>
</tr>
</tbody>
</table>

The Trust has an agreed Redress Procedure to provide guidance on questions of remedy in line with the guidance provided by the Parliamentary and Health Service Ombudsman for reasonable, fair and proportionate remedies during its complaints handling processes.

During this reporting year, the Parliamentary and Health Service Ombudsman requested information on 7 cases. The Ombudsman completed four case assessments in year and decided to investigate 3 of those cases. Two were not upheld and 1 was partially upheld; the actions arising from this case had already been addressed by the Trust and there was nothing further to be added.
• Compliments 2018/19

A total of 1,658 compliments were also received compared to the receipt of 1,666 last year.

<table>
<thead>
<tr>
<th></th>
<th>2017/18</th>
<th>2018/19</th>
<th>Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliments</td>
<td>1,666</td>
<td>1,658</td>
<td>-0.5%</td>
</tr>
</tbody>
</table>

2.3 Care Quality Commission (CQC) Inspection

Between the 12 and 21 June 2018 the CQC conducted a number of unannounced Core Service Inspections within the Trust. The Core Services inspected were Emergency & Urgent Care, Emergency Operational Control and Resilience. Between 3 and 5 July 2018 the CQC conducted an announced Well Led Inspection within the Trust.

On 27 November 2018 the Trust received its CQC Inspection report which gave the following overall ratings;

<table>
<thead>
<tr>
<th>Ratings</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall rating for this Trust</td>
<td>Good</td>
</tr>
<tr>
<td>Are Services Safe?</td>
<td>Good</td>
</tr>
<tr>
<td>Are Services Effective?</td>
<td>Good</td>
</tr>
<tr>
<td>Are Services Caring?</td>
<td>Good</td>
</tr>
<tr>
<td>Are Services Responsive?</td>
<td>Good</td>
</tr>
<tr>
<td>Are Services Well-Led?</td>
<td>Good</td>
</tr>
</tbody>
</table>

The Trust’s CQC Inspection matrix is now as follows;

<table>
<thead>
<tr>
<th>E&amp;UC</th>
<th>Safe</th>
<th>Effective</th>
<th>Caring</th>
<th>Responsive</th>
<th>Well - Led</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTS</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td></td>
<td>requires improvement</td>
</tr>
<tr>
<td>EOC</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Resilience</td>
<td>Good</td>
<td>Good</td>
<td>Not Rated</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>NHS 111</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Overall</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
</tbody>
</table>

The CQC Inspection report contained 13 ‘Should Do’ recommendations for the Trust, which have been actioned planned, with lead Executive Directors made responsible for ensuring that these recommendations are adhered to.

3. Preventing People from Dying Prematurely – Operational Performance

3.1 Category 1 to 4 999 Calls Responded to (01/04/2018 – 31/03/2019)

During 2018/19 the Trust went through a transitional phase as part of the implementation of the Ambulance Response Programme (ARP). The changes to the response measures meant that the Trust had to change its vehicle fleet mix of rapid response vehicles (RRV) and emergency ambulances (EA) from 25% RRV and 75% EA to approximately 15% RRV and 85% EA. This required significant changes to staffing and vehicles across the regional footprint. Other changes that were required to meet the new measures included changes to how vehicles are dispatched and what types of incident they respond to.

Improvements were made to the Category 1 (C1) response times which are immediately life threatening and the highest category of call we respond to. There was deterioration in the other categories throughout the year and the Trust found it a challenge to initially maintain performance standards against other Ambulance Services in the country. However, in partnership with our lead Commissioners, a Service Delivery Improvement Plan was agreed and delivered which determined that in the latter part of Q4 significant and sustained improvements were achieved across all category standards.

3.2 Patient Transport Service Performance

In February 2019 the service line reported on a further ‘deep dive’ exercise that was undertaken in December 2018 using data between July and November 2018 to enable meaningful comparison with the same period in 2017.
The 2018 deep dive report provides a detailed analysis of activity and performance across all PTS contracts delivered by NWAS. The report placed greater emphasis on the Greater Manchester contract and made further recommendations in terms of managing activity and improvements to performance that are affordable and sustainable.

The report identified variations against the baseline activity plan in all of the contracts. For Cumbria, Greater Manchester and Merseyside overall activity is over performing against the contracted baselines. In terms of Lancashire, this contract is under performing against the activity baseline however, the contract has seen increases in higher acuity (e.g. stretcher) and more patients who are travelling further. Higher acuity activity and longer travelling distances are also evident in each of the other three contracts. The impact of this is increased costs of delivery and affects the achievement of the performance standards.

To improve performance NWAS PTS has implemented systems changes in the way activity is allocated and way the Bureau controls resources. In addition, improvements have been made in the way ambulance staff and resources are deployed e.g. undertaking vehicle checks before the end of a shift as opposed to the beginning of the day to get vehicles on the road more quickly. Continuous monitoring of resource availability set against demand so that roster changes can be made. Whilst these actions support improvements in efficiency, NWAS PTS will need the support of the system to achieve sustainable improvements to the current financial and performance position.

In addressing the challenges described, to implement improvements to performance and to enable the sustainable delivery of the contract(s), the 2018 report recommended consideration is given to the following:

1. Apply the Booking Cap for Unplanned activity. In Greater Manchester this would equate to approximately 70-80 journeys per day (based on November figures). This could help improve NWAS performance and would help reduce aborted journeys against the PTS contract,
2. Work with commissioners and partner trusts to set reduction trajectories for aborted journeys at a hospital level,
3. Investigate reasons for correlation between high use of online facility and higher aborted journeys and work with hospital partners to improve the quality of bookings,
4. Reduce call traffic by converting hospitals to online facility only (subject to above findings),
5. Payment of 100% of tariff for activity over the baseline,
6. Review of the existing KPIs on a contract/specification level to determine what is realistically achievable within the financial envelope.

The Patient Transport Service (PTS) quality performance from 1 April 2018 to 31 March 2019 was as follows;

<table>
<thead>
<tr>
<th>Metric</th>
<th>Target</th>
<th>Cumbria</th>
<th>Greater Manchester</th>
<th>Lancashire</th>
<th>Merseyside</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calls Answered</td>
<td>95%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Call Answered in 20 Seconds</td>
<td>75%</td>
<td>61%</td>
<td>64%</td>
<td>64%</td>
<td>62%</td>
</tr>
<tr>
<td>Call Handling - Average Waiting Time</td>
<td>1 minute</td>
<td>47 seconds</td>
<td>48 seconds</td>
<td>48 seconds</td>
<td>47 seconds</td>
</tr>
<tr>
<td>Travel Time</td>
<td>80%</td>
<td>94%</td>
<td>92%</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>On time arrival</td>
<td>90%</td>
<td>87%</td>
<td>70%</td>
<td>88%</td>
<td>84%</td>
</tr>
<tr>
<td>Collection After Treatment within 60 Mins</td>
<td>80%</td>
<td>87%</td>
<td>58%</td>
<td>70%</td>
<td>81%</td>
</tr>
<tr>
<td>Collection After Treatment within 90 Mins</td>
<td>90%</td>
<td>95%</td>
<td>75%</td>
<td>87%</td>
<td>94%</td>
</tr>
<tr>
<td>Travel Time Less than 60 mins walk</td>
<td>80%</td>
<td>91%</td>
<td>90%</td>
<td>92%</td>
<td>96%</td>
</tr>
<tr>
<td>On the day pick up within 90 minutes</td>
<td>80%</td>
<td>76%</td>
<td>63%</td>
<td>65%</td>
<td>75%</td>
</tr>
<tr>
<td>Collection After Treatment within 60 Mins</td>
<td>85%</td>
<td>95%</td>
<td>94%</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>Collection After Treatment within 90 Mins</td>
<td>90%</td>
<td>91%</td>
<td>88%</td>
<td>86%</td>
<td>95%</td>
</tr>
</tbody>
</table>

3.3 NHS 111 Performance

The NHS 111 service has made significant progress this year both in terms of headline KPI performance and service improvements. The 111 contract received a Performance Improvement notice in July 2018. A Performance Improvement Plan (PIP) was developed and delivered between October 2018 and the end of March 2019, the actions within the plan have enabled the NWAS 111 service to return steady performance improvement across all standards since November 2018 resulting in a much improved service being delivered to our patients.

This year the NHS 111 service has answered over 1.5 million calls and the average time to answer calls in 2018/19 was 1 minute and 54 seconds. The performance KPIs are analysed below;

<table>
<thead>
<tr>
<th>Description</th>
<th>Target</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calls Abandoned</td>
<td>&lt; 5%</td>
<td>6.93%</td>
<td>9.36%</td>
<td>7.88%</td>
<td>5.86%</td>
<td>7.46%</td>
</tr>
<tr>
<td>Calls Answered in 60 seconds</td>
<td>95%</td>
<td>74.60%</td>
<td>68.07%</td>
<td>73.83%</td>
<td>77.79%</td>
<td>73.78%</td>
</tr>
<tr>
<td>Calls Warm Transfer</td>
<td>75%</td>
<td>22.39%</td>
<td>24.18%</td>
<td>27.86%</td>
<td>36.00%</td>
<td>27.98%</td>
</tr>
<tr>
<td>Call backs within 10 minutes</td>
<td>75%</td>
<td>40.81%</td>
<td>40.31%</td>
<td>45.55%</td>
<td>52.51%</td>
<td>44.78%</td>
</tr>
</tbody>
</table>
4. Preventing People from Dying Prematurely (Helping People to Recover from Episodes of Ill Health or Following Injury)

4.1 National Ambulance Quality Indicator (NACQI) Performance

The Trust submits data to NHS England for the Ambulance Quality Indicators. These indicators are designed to reflect best practice in the delivery of care to our patients that have specific conditions; cardiac arrest, heart attack (AMI) or stroke. Monitoring our performance is essential as it is an indicator of how well we respond to the need of the patient and how we can ensure that standards of care are not only maintained but continuously improved on.

4.2 Ambulance Quality Indicator (AQI) - Care Bundle performance for Pre-existing ST Elevation Patients (As At 30/06/2019)

<table>
<thead>
<tr>
<th>Reporting Period: April 2018 – March 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>AQI Care Bundle Performance</td>
</tr>
<tr>
<td>NWAS: Outcomes from Acute ST-elevation Myocardial Infarction – Care Bundle</td>
</tr>
<tr>
<td>National Average [%] &amp; Range [%]</td>
</tr>
<tr>
<td>Ranking</td>
</tr>
</tbody>
</table>

4.3 Ambulance Quality Indicator (AQI) - Diagnostic Bundle performance for Suspected Stroke Patients (As At 30/06/2019)

<table>
<thead>
<tr>
<th>Reporting Period: April 2018 – March 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>NWAS: Outcomes from Stroke – Care Bundle</td>
</tr>
<tr>
<td>National Average &amp; Range</td>
</tr>
<tr>
<td>Ranking</td>
</tr>
</tbody>
</table>

(As At 30/06/2019)

<table>
<thead>
<tr>
<th>National Ambulance Clinical Quality Indicator</th>
<th>November Performance 2017/18 (%)</th>
<th>November Performance 2018/19 (%)</th>
<th>November National Average 2018/19 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac Arrest (All - ROSC at Hospital)</td>
<td>34.6% (109/315)</td>
<td>36.6% (124/339)</td>
<td>28.3%</td>
</tr>
<tr>
<td>Cardiac Arrest (Usftin at Hospital)</td>
<td>54.0% (27/50)</td>
<td>53.7% (29/54)</td>
<td>50.4%</td>
</tr>
<tr>
<td>Cardiac Arrest (All - Survival to discharge)</td>
<td>11.6% (36/311)</td>
<td>7.9% (26/331)</td>
<td>9.4%</td>
</tr>
<tr>
<td>Cardiac Arrest (Usftin Survival to discharge)</td>
<td>29.2% (14/48)</td>
<td>19.2% (10/52)</td>
<td>27.7%</td>
</tr>
<tr>
<td>AMI PPCI (within 150 minutes)</td>
<td>Mean average time of 2hrs 11 mins</td>
<td>Mean average time of 2hrs 15 mins</td>
<td>Mean average time of 2hrs 11 mins</td>
</tr>
<tr>
<td>AMI Care Bundle</td>
<td>74.1%</td>
<td>Not reported by NHS England for Nov 18/19</td>
<td>Not reported by NHS England for Nov 18/19</td>
</tr>
<tr>
<td>Stroke FAST (within 60 minutes)</td>
<td>Mean average time of 1hr 13 mins</td>
<td>Mean average time of 1hrs 14 mins</td>
<td>Mean average time of 1hrs 14 mins</td>
</tr>
<tr>
<td>Stroke Care Bundle</td>
<td>98.9%</td>
<td>98.5%</td>
<td>98.3%</td>
</tr>
</tbody>
</table>

During 2018/19 the Trust’s performance against both its ‘Cardiac Arrest; Survival to Discharge’ indicators has decreased from the previous year’s performance. It can be noted that due to the small cohort of patients included in this measure, a reduction of a small number of patients surviving a cardiac arrest can result in what appears to be a significant reduction in the overall performance % achieved.

5. Treating and Caring for People in a Safe Environment and Protecting them from Harm

A total of 10,567 incidents were reported by staff to NWAS during 2018/19 and a breakdown of the main themes associated with these reported incidents can be seen below;

<table>
<thead>
<tr>
<th>Greater Manchester</th>
<th>Lancashire</th>
<th>Mersey</th>
<th>Cheshire</th>
<th>Cumbria</th>
<th>Ladybridge</th>
<th>Trust Wide</th>
<th>111 Service Call Centres</th>
<th>All Trust Areas</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raise an issue/Concern</td>
<td>1196</td>
<td>726</td>
<td>417</td>
<td>362</td>
<td>263</td>
<td>4</td>
<td>28</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Raise a notification</td>
<td>318</td>
<td>177</td>
<td>110</td>
<td>113</td>
<td>76</td>
<td>1</td>
<td>56</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Staff Injury</td>
<td>377</td>
<td>242</td>
<td>209</td>
<td>158</td>
<td>90</td>
<td>2</td>
<td>15</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Patient Injury</td>
<td>113</td>
<td>67</td>
<td>52</td>
<td>23</td>
<td>17</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Public Injury</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Clinical Near Miss</td>
<td>177</td>
<td>82</td>
<td>45</td>
<td>48</td>
<td>52</td>
<td>1</td>
<td>27</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Clinical Incident</td>
<td>450</td>
<td>245</td>
<td>156</td>
<td>142</td>
<td>107</td>
<td>3</td>
<td>9</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Non-clinical Near Miss</td>
<td>229</td>
<td>124</td>
<td>73</td>
<td>43</td>
<td>43</td>
<td>3</td>
<td>10</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Non-clinical incident</td>
<td>387</td>
<td>160</td>
<td>139</td>
<td>78</td>
<td>62</td>
<td>3</td>
<td>10</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>IM&amp;T Security</td>
<td>30</td>
<td>39</td>
<td>22</td>
<td>7</td>
<td>18</td>
<td>10</td>
<td>7</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>NW 111 Staff Only</td>
<td>21</td>
<td>23</td>
<td>19</td>
<td>16</td>
<td>5</td>
<td>0</td>
<td>8</td>
<td>2177</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>3304</td>
<td>1890</td>
<td>1247</td>
<td>999</td>
<td>735</td>
<td>27</td>
<td>170</td>
<td>2194</td>
<td>1</td>
</tr>
</tbody>
</table>
5.1 Patient Safety Incidents and Those Resulting in Severe Harm or Death

Of the 272 patient safety incidents reported to the Trust during 2018/19, 213 of them were reported to the National Reporting and Learning Service (NRLS). 90.6% (213) of these were categorised as ‘No Harm’ incidents and 2 (0.08%) were categorised as “severe harm” or “death”.

<table>
<thead>
<tr>
<th>Patient Safety Incidents (PSI)</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Grand Total</th>
<th>Rate Per month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degree of Harm:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All (excludes none)</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>20</td>
<td>20</td>
<td>1.67</td>
</tr>
<tr>
<td>Near Misses:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Unharmed Patients</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>11</td>
<td>52</td>
<td>72</td>
<td>7</td>
<td>7</td>
<td>23</td>
<td>5</td>
<td>182</td>
<td>15.17</td>
</tr>
<tr>
<td>Total Patient Safety Incidents</td>
<td>1</td>
<td>0</td>
<td>15</td>
<td>4</td>
<td>1</td>
<td>19</td>
<td>57</td>
<td>73</td>
<td>7</td>
<td>7</td>
<td>24</td>
<td>5</td>
<td>213</td>
<td>17.75</td>
</tr>
<tr>
<td>Degree of Harm: Severe/Death</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>0.17</td>
</tr>
<tr>
<td>PSI % of Severe/Death</td>
<td>0</td>
<td>0</td>
<td>6.67%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1.75%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.08%</td>
</tr>
</tbody>
</table>

In addition, 68 serious incidents (SIs) were reported by NWAS to the Commissioners via the Strategic Executive Information System (STeIS) during 2018/19. All SIs are all subjected to investigation under the NHS Serious Incident Framework and reported in full to Commissioners. Through established working arrangements, the Trust and its Commissioners worked closely together throughout the year to ensure action plans to learn appropriate lessons and to prevent the recurrence of an SI are in place and accomplished.

The Trust has continued to see a rise in the number of incidents following the implementation of the Ambulance Response Programme (ARP) and has worked collaboratively with its Commissioners to improve the investigation and assurance processes in place to manage where incidents occur. Robust management arrangements have been strengthened with the implementation of a Review of Serious Events (ROSE) Group, which meets weekly and is chaired by the Trust’s Medical Director and/or Chief Nurse. The Strategic Partnership Board’s Patient representative also attends to provide a patient perspective as part of the process.

The ROSE group oversees the reporting and learning drawn from serious incidents and the outputs from ROSE are considered by members of Commissioner lead working groups known as the Quality & Safety Group (Q&S) and the Regional Clinical Quality Assurance Committee (RCQAC). The Q&S Group and the RCQAC review each individual incident and ensure that learning from incidents is embedded within the Trust before the incident is formally closed. There has also been positive engagement with wider North West CCGs and stakeholders and the Trust and Lead Commissioning Team have held two North West quality seminars as part of the engagement and assurance process.

5.2 Safeguarding

- **Activity**
  As a result of improved and increased staff training and awareness, the overall number of adult and child safeguarding concerns that NWAS staff are notifying the Trust of, continues to rise.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Concerns</td>
<td>2745</td>
<td>2965</td>
<td>3211</td>
<td>3255</td>
<td>3332</td>
<td>3245</td>
<td>3518</td>
<td>3623</td>
<td>3862</td>
<td>3868</td>
<td>3540</td>
<td>4029</td>
</tr>
<tr>
<td>Child Concerns</td>
<td>861</td>
<td>1050</td>
<td>1036</td>
<td>970</td>
<td>946</td>
<td>950</td>
<td>989</td>
<td>990</td>
<td>1050</td>
<td>987</td>
<td>978</td>
<td>1123</td>
</tr>
<tr>
<td>Total Concerns</td>
<td>3606</td>
<td>4015</td>
<td>4247</td>
<td>4225</td>
<td>4228</td>
<td>4195</td>
<td>4507</td>
<td>4613</td>
<td>4912</td>
<td>4866</td>
<td>4518</td>
<td>5152</td>
</tr>
</tbody>
</table>

- **Audit**
  Safeguarding processes are audited monthly against a number of standards, in a ‘care bundle’ format, to demonstrate effectiveness. The compliance levels against these standards have remained high throughout the year, despite the increasing safeguarding notification activity.

- **Training**
  Safeguarding training at level 2 continues to be delivered to all staff working for or on behalf of NWAS, via its mandatory and other training programmes. Programmes includes topic areas such as child sexual exploitation (CSE), modern day slavery, human trafficking and children who are self-harming, expressing suicidal ideas or attempting suicide.

  Safeguarding training at level 3 is delivered to all relevant staff that provide others with support and advice. NWAS has now trained over 120 operational and corporate staff (the operation staff trained included; 49 in Cumbria and Lancashire; 28 in Cheshire and Mersey and 39 in Greater Manchester) in this requirement to ensure that safeguarding our patients remains as a significant priority for the Trust.

- **Raising Awareness**
  The Safeguarding Team are actively involved in several Serious Case Reviews that have been commissioned by the Local Safeguarding Children’s Boards. Issues that are highlighted through this process, such as the vulnerabilities of children in care, are cascaded back to staff via updates in level 3 safeguarding training, Trust bulletins and direct discussions with staff that have been involved in the individual cases.

  The Trust is committed to the safeguarding of adults with learning disabilities and continues to engage with the LeDeR programme which makes all deaths involving adults with learning disabilities notifiable. This learning disabilities mortality review aims to make improvements to the lives of people with learning disabilities.

- **PREVENT Awareness and Training**
  98% of all NWAS staff have now received WRAP 3 training which is the ‘workshop to raise awareness of PREVENT and part of the Government’s anti-terrorism strategy. Prevent is any terror related activity that takes place in the pre-criminal space. WRAP is included within mandatory training for all staff under this national requirement. The Trust is in the top three of all NHS Trusts for meeting these national training requirements.
6. Learning from Deaths

6.1 Mortality Review

In conjunction with the National Ambulance Service Medical Directors (NASMed) group, NHS Improvement are in the final stages of implementing national guidance for Ambulance Trusts around nationally agreed, formal Learning from Deaths procedure. The Trust has contributed at several stages throughout the consultation process given the established experience within the Trust of conducting mortality reviews over a number of years. The anticipated guidance is likely to make a requirement for the Trust to formally introduce a Learning from Deaths (LfD) Policy during 2019/20 which will build upon and formalise the current processes within the Trust; the Trust is committed to implementing the recommendations in full.

A formal LfD Policy will triangulate learning from across the organisation to proactively seek incidents where there may have been a missed opportunity for the Trust to prevent future deaths. The identification of aspects of care, where learning can take place and from which recommendations for future practice can be made, ensures the care the Trust’s clinicians provide to our patients is of the highest possible quality. This will build upon the Trust’s current approach which is retrospective and focussed on quality improvement and reviews incidents where a re-contact had resulted in a Diagnosis of death, Termination of resuscitation or Transported Resuscitation. In addition the Trust seeks to identify learning at several points within the organisation; all serious incidents and unexpected deaths involving the Trust are reported internally and externally and reviewed as part of our investigation process, which includes a weekly meeting chaired by the Medical Director.

7. Looking Forward to Improving Care

7.1 2018/19 Priorities for Improvement

Safety
- Pilot a programme of diagnostic safety culture surveys
- Establish a programme of ‘safety’ training and education for all relevant staff
- Introduce digital systems for measuring, monitoring and reducing avoidable harm
- Develop our Clinical Audit programme to include audits of appropriate ‘safety’ practice
- Adhere to our Safety Pillars of Quality improvement trajectories
- Scope how the Trust will reduce identified unwanted variation following the principles of the outcomes from the ‘Carter Review’

Effectiveness
- Improved performance against all national ACQI measures
- Approve a suit of local clinical quality improvement measures
- Adhere to our Effectiveness Pillars of Quality improvement trajectories

Patient Centred
- Develop a forum that provides our patients with a ‘louder voice’
- Increase the visibility of patients and their stories at board, executive and service line leadership

Governance
- Implement a new governance structure to support the implementation of Right Care Strategy

8. 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.

- Review of Services
  The Trust has reviewed all the data available on the quality of care in the services provided by us in 2018/19. The income generated by the NHS services reviewed in 2018/19 represents 100% of the total income generated from the provision of NHS services by the Trust.

- Participation in Clinical Audits
  During 2018/19, only one national clinical audit and no 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 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries NWAS NHS Trust participated in during 2018/19 are as follows;

- **NHS England Ambulance Quality Indicators**
  - Outcome from cardiac arrest
  - Return of Spontaneous Circulation (ROSC)
  - Survival to Discharge
  - Outcome from ST-elevation myocardial infarction (STEMI)
  - Outcome from suspected Stroke
  - Outcome from suspected Sepsis
- **Other National Clinical Audits**
  - Myocardial Infarction National Audit Programme (MINAP)
  - Sentinel Stroke National Audit Programme (SSNAP)
  - Trauma Audit and Research Network (TARN)

The reports of 5 national clinical audits were reviewed by the provider in 2018/19 and NWAS has taken actions to improve the quality of healthcare provided for these patient groups.

The reports of local clinical audits were reviewed by the provider in 2018/19 and NWAS is currently reviewing the actions required to improve the quality of healthcare provided.

- **Participation in Clinical Research**

  North West Ambulance Service NHS Trust is dedicated to embedding a vibrant research culture within the organisation, supporting research activity that is aligned to the clinical and strategic priorities of the Trust. The Trust’s increased participation in clinical research demonstrates its on-going commitment to not only improve the quality of care offered to its patients, but to also successfully contribute to improving the health and wealth of the nation.

  The Trust continues to support staff, students, clinicians and academics in setting-up and delivering research. During 2018/19, the Trust approved the following five research studies that had been granted NHS Health Research Authority Approval:
  - Identifying Healthcare Data Needs in Unplanned Care for Epileptic Seizures, Alcohol-related Liver Disease and Chronic Obstructive Pulmonary Disease (Pathways Profiling)
  - The Pre-Hospital Evaluation of Sensitive Troponin (PRESTO) Study
  - Effective Healthcare Support to Care Homes
  - Exploring the Impact of Alcohol Licensing in England and Scotland (ExLEnS)
  - Improving the Recognition of Pre-hospital Stroke: A Qualitative Study

The Trust also approved the following six research studies undertaken as part of educational qualifications:
  - Can Mindfulness Based Interventions Have a Positive Impact on the Occupational Health Levels of UK Paramedics?
  - How Do Paramedics attitudes Impact upon Their Attitudes of Pain?
  - Behind the Blue Lights: Critical Incident Stress and Resilience in the Emergency Services
  - Management of Right Ventricular Myocardial Infarctions Survey
  - Examining Facilitators and Barriers to Developing and Maintaining Psychological Resilience in UK Paramedics
  - Do Ambulance Clinicians Feel Their Education in Mental Health is Sufficient to Manage People in Mental Health Crisis?

To support our ambition to host high quality research, the Trust recruited 60 participants to four National Institute for Health Research (NIHR) Portfolio studies that were open in 2018/19:
  - The Paramedic Acute Stroke Treatment Assessment (PASTA) Trial
  - The Pre-Hospital Evaluation of Sensitive Troponin (PRESTO) Study
  - Paramedic Stroke Mimic (PaStraMi) Focus Groups
  - Identifying Healthcare Data Needs in Unplanned Care for Epileptic Seizures, Alcohol-related Liver Disease and Chronic Obstructive Pulmonary Disease (Pathways Profiling)

The Trust Research & Development (R&D) Lead was the Principal Investigator for one NIHR Portfolio study.

The Trust is fostering potential research partnerships with academic institutions and NHS organisations. We continue to be an active member of the National Ambulance Research Steering Group (NARSG), engage with our local NIHR Clinical Research Networks and attend local and national research events to raise our profile as a research active organisation.

We are committed to building research capacity and offer increased opportunities for staff, patients and the public to participate in studies. The R&D Lead and Research Support Manager are supported by a grant-funded research paramedic and funding have been secured for an additional, Trust-based research team member, all of whom will help embed research within the organisation.

Our research paramedics have excelled in their roles, and have achieved the following:
  - Undertaken the role of Principal Investigator for an NIHR Portfolio study;
  - Shortlisted as a finalist for the NIHR Greater Manchester Clinical Research Awards 2018;
  - Successfully accepted onto the NIHR Advanced Leadership Programme; and
  - Shortlisted as a candidate for the NIHR Clinical Research Network North West Coast Research Scholars Programme.

All staff are encouraged to contribute to research and the Trust continues to grow as an organisation that values and promotes research activity.

- **Use of the CQUIN Payment Framework**

  A proportion of NWAS NHS Trust non recurrent income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between NWAS 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).
A number of CQUIN initiatives were incorporated into the Paramedic Emergency, NHS 111 and Patient Transport Services. These initiatives were supported with funding approved by the Trust’s Commissioners, which allowed the Trust to commit time and investment into the following crucial areas;

- **Trust Wide Schemes:**
  Staff Health and Well-being scheme in line with national guidance, of which there are 3 main areas:
  - Staff healthy & well-being which utilises the staff survey results as a measure
  - Increased flu vaccinations
  - Increased access to Healthy food.

- **Paramedic Emergency Service (PES) Schemes:**

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<th>Schemes</th>
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<tr>
<td>Support the agreed Performance Improvement Plan*</td>
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<td>The development of digital enablers to support the positive delivery of all schemes</td>
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<td>The National scheme to reduce the number of patients conveyed to a Hospital Emergency Department</td>
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<tr>
<td>To increase the number of ‘Hear and Treat’ patients</td>
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<td>To increase the number of ‘See and Treat’ patients</td>
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<td>National scheme - Staff Health &amp; Well-Being</td>
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*A Supporting the Delivery of the Performance Improvement Plan

| Performance Improvement Plan Items                                       |
|------------------------------------------------------------------------|---------------------------------------------------------------|
| H&T Staffing                                                            |                                                              |
| Clinicalisation in EOC                                                 |                                                              |
| Clinical Assessment Services                                            |                                                              |

A portion of the CQUIN value was linked to the delivery of the Performance Improvement Plan, specifically on delivering the agreed Ambulance Response Programme standards throughout 2018/19. This Performance Improvement Plan has also been used to support the recruitment of an additional 18 WTE in the Emergency Operational Control environment to specifically assist with increasing the number of patients that can be treated via safe ‘Hear and Treat’ methodology and therefore reduce the numbers of patient being conveyed to a Hospital Emergency Department. Also, the Plan has assisted in the expansion of our Clinical Assessment Services to allow for the increased delivery of referring appropriate lower acuity 999 calls to some of our out of hours providers. This scheme now continues to expand on a North West collaborative partnership basis and forms a key part of the Trust’s Right Care and Urgent Care Strategies which are widely supported by our Commissioners.

- **NHS 111 Schemes:**

  CQUIN for NHS 111 was divided into 3 categories:
  1. A 10% reduction in 111 patients being transported to a Hospital Emergency Department
  2. A 10% reduction in 111 patients being transferred to a NWAS 999 call
  3. Continued support for the Integrated Urgent Care work commenced in 2017/18 i.e. 111 on-line, Direct Booking, APAS

- **Patient Transport Service (PTS) Schemes:**

  It was agreed to continue the PTS CQUIN initiatives in relation to Concern Raising and the Access of Health information, so we built on reviewing the lessons learnt and implementing modifications, where appropriate, across the Organisation.

Although there were no specific numeric values to the initiatives, as these are not within our control, e.g. the number of concerns raised is dependent on the patients themselves and in fact the best outcome for the patient would be a lack of need to raise concerns; the schemes all delivered positive outcomes.

9. **Statement on Relevance of Data Quality and Actions to Improve It**

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

  - **NHS Number and General Medical Practice Code Validity**

    NWAS NHS Trust did not submit records during 2018/19 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. This requirement did not apply to ambulance trusts during 2018/19.

  - **Data Security and Protection Toolkit (DSPT) attainment levels**

    NWAS NHS Trust DSPT submission assessment provided an overall score for 2018/19 was 72% (72 of the 100 compliance standards were met) with a published status of ‘standards not met’.

  - **Clinical coding error rate**

    NWAS NHS Trust was not subject to the Payment by Results clinical coding audit during 2018/19 by the Audit Commission.
10. Commissioner, Clinical Commissioning Groups, Healthwatch and Health Scrutiny Committee Statements

10.1 Commissioners

Introduction

NHS Blackpool Clinical Commissioning Group (Blackpool CCG) undertakes the role of Lead Commissioner for Ambulance and NHS 111 Services on behalf of the 31 CCGs that make up the North West region. In doing this it ensures that robust Commissioning, Quality, Contract and Performance Management is in place to enable and support North West Ambulance Service (NWAS) to provide effective services to the circa 7.5 million residents of the North West.

These services comprise:

- Paramedic Emergency Service (PES): the ‘blue light’ ambulance service
- NHS 111 services
- Patient Transport Services (PTS): enabling eligible patients to access outpatient, discharge and other hospital appointments for Greater Manchester, Merseyside, Lancashire and Cumbria. Services for Cheshire are not provided by NWAS.

In its role as Lead Commissioner, Blackpool CCG welcomes the opportunity to review and support the 2018/19 NWAS Quality Account and this statement is made on behalf of the North West Ambulance Strategic Partnership Board (SPB) representing the 31 North West Commissioners.

To the best of our knowledge the information presented in the Quality Account accurately reflects the work undertaken by NWAS in 2018/19 to improve the quality of the services it provides.

Ambulance and NHS 111 Services Governance

NWAS provides services for the 31 CCGs across five “county” areas; North Cumbria; Lancashire and South Cumbria; Cheshire, Warrington and Wirral, Merseyside and Greater Manchester Health and Social Care Partnership. This is a complex geography where the “county” footprints are not necessarily coterminous with other health and local authority boundaries.

The Ambulance Commissioning Team (hosted by Blackpool CCG) is funded by the 31 North West CCGs and operates under a Memorandum of Understanding (MOU) signed by all CCGs. The MOU allows the team on behalf of the CCGs to commission ambulance and NHS111 services in the region serviced by NWAS. Co-ordination of contract agreement and management is through an extensive governance structure.

The Strategic Partnership Board (SPB) operates on behalf of the 31 CCGs and is attended by a designated lead at Executive or Chief Officer Level representing the constituent CCGs in their area and is also attended by Senior Clinical Leads from each area. The primary function of the SPB is to assure commissioners that NWAS are meeting all required national targets and KPIs, and deliver safe and effective services.

To support this there are a number of formal sub groups in place ensuring effective coordination and management of the contracts held with NWAS. These are:

- Strategic Transformation Board (STB) – an Executive-led strategic group to ensure delivery of the transformation requirements set out in the commissioning intentions and key transformation plans
- Transformation Advisory Group (TAG). The TAG provides engagement in and assurance of transformation delivery and is the governance route for signing off Memorandums of Understanding between the Trust, CCGs and other providers.
- Regional Clinical Quality Assurance Committee (RCQAC) – comprising the Regional and nominated County Clinical Leads with other clinicians the Lead Commissioning Team and NWAS. Responsible for reviewing and assuring ‘clinical complex’ incidents where harm has arisen from operational process, clinical decision-making or care delivery, clinical audit and oversight of clinical changes to services. Each county has its own local meeting to review incidents and clinical safety linked into the RCOAC governance process
- Quality & Safety Group (Q&S) – a multi-disciplinary group of nominated county qualified representatives, lead commissioners and NWAS, including clinical oversight. Reviewing and assuring ‘clinical delay’ incidents where harm has arisen from delayed response, workforce and patient experience
- Contracting Group – comprising regional senior management leads to review progress, performance and contractual arrangements with NWAS across all services provided by the Trust.
- North West Handover Stakeholder Engagement Group – a senior led multi-disciplinary group from across ambulance, acute, primary and commissioner sectors reviewing best practice to minimise patient handover delays.
- Area Ambulance Groups – attended by the local County Leads (clinical and managerial), NWAS and local CCG commissioners to provide assurance and allow for local discussion of the ambulance contracts.
- The governance arrangements are reviewed annually and are aligned to the National Commissioning Framework for Ambulance Commissioning.

2018/19 Summary

Paramedic Emergency Services (PES)

Commissioners recognise that NWAS has faced a number of challenges in 2018/19. For the Paramedic Emergency Services (PES) these related to the ongoing implementation of the new Ambulance Response Programme (ARP) standards which were introduced in August 2017. The new standards have required ambulance services to operate in a substantially different way and have required a major programme of work to deliver changes to the ambulance fleet and the skill mix of the workforce in implementing the new standards.

Commissioners have worked closely with the Trust to address performance issues through a Performance Improvement Plan agreed in May 2018. This plan recognised where the Trust needed support and commissioners provided additional funding, including CQUIN investment to support sustained improvement.
This programme of work has seen significant improvements made against delivery of the ARP standards, improving call response times and increasing the number of patients managed closer to home without unnecessary conveyance to an Emergency Department through ‘hear and treat’ and ‘see and treat’.

**NHS 111**

With the exception of the roster review, which has jointly been agreed for implementation in the 2019/20 contract, key objectives and actions were completed and the plan was formally accepted as complete by the SPB at the March 2019 Board meeting. Further detail on the work that the plan included is described in the section on Paramedic Emergency Services below.

Challenges were also seen by the Trust in delivering the NHS 111 service over the year. The public demand for NHS 111 services has changed profoundly since the contract was originally awarded to NWAS and the Trust now delivers a very different service in nature than the original service specification. NWAS has adapted quickly and innovatively to both the changing Integrated Urgent Care landscape and national and local requirements. The challenges faced by NWAS in delivering performance meant that commissioners agreed a performance improvement plan with NWAS that was implemented early in the year.

This focused on improving workforce capacity, reducing sickness absence and reducing overall average call handling time. During the year we have seen continued improvement in performance. Over the course of the year NWAS has responded to circa 1.8 million calls offering advice or triage to patients. A key KPI is the number of calls answered within 60 seconds, and this has improved from 77.8% in April 2018 to 86.4% in March 2019. Whilst this is not meeting the expected standard of 95% it is still a significant improvement and commissioners are continuing to work closely with the Trust on expanding their clinical assessment capacity and in increasing functionality to undertake direct booking in partnership with OO& other providers.

It is difficult to compare the NWAS provided NHS 111 service with other NHS 111 providers nationally in view of the scale of the operation provided by NWAS and the geography served by the Trust, but NWAS are now regularly in the top quartile for delivering better performance nationally.

**Patient Transport Services (PTS)**

PTS services over the course of the year have performed as expected, although all KPI standards have not been met across the contracts operated by NWAS. The Trust has implemented a number of initiatives to drive improvement in the services being delivered, and are working with CCGs to share best practice in the use of the contract, which will lead to reductions in the number of ‘aborted’ journeys (where a vehicle arrives to convey a patient, but the patient is not available to travel). Through CQUIN schemes, NWAS have used the PTS services to raise concerns about potentially vulnerable people who may not be known to the wider healthcare system.

The Trust will continue to work closely with commissioners in 2019/20 to deliver sustainable improvements over the coming year across PES NHS 111 and PTS services and we look forward to working with the Trust on their transformation agenda focusing on delivering the right care at the right place and in the right time. This will ensure that capacity, efficiency and patient safety and experience are delivered.

**2018/19 Key Priorities for Commissioners**

Key commissioning priorities that were identified for 2018/19 are set out below and the Quality Account provides an overview of progress against these priorities:

- Increasing the number of patients managed through Hear & Treat, See & Treat, and reducing unnecessary conveyance of patients to hospital where more appropriate ways of delivering care to patients is available. This was part of a two year transformation programme supporting the implementation of the Five Year Forward View and the Integrated Urgent Care specification.
- On-going work to manage lower acuity calls across both 999 and 111 services, through the development of partnership approaches with Out of Hours providers and others. This has been a key piece of work, particularly, for colleagues in Greater Manchester and will remain so in 2019/20.
- Supporting the work NWAS has been undertaking in developing clinical leadership for the workforce, and in delivering enhanced clinical triage in the call centres to support frontline staff in delivering the best care to patients.
- Developing closer integration between the 999 and NHS 111 services to support a more seamless approach to delivering Integrated Urgent Care

**Paramedic Emergency Service (PES)**

Throughout 2018/19, commissioners have worked with NWAS to deliver improvements in response against the ARP standards. This was supported by the implementation of a performance improvement plan during the year, and is further being supported into 2019/20 through funding for the Trust as part of the contract settlement for the current year.

The number of patients managed via ‘Hear & Treat’ has increased by 2.7% from 3.57% in 2017/18 to 6.27% in 2018/19, meaning that NWAS are managing these patients without the need to send a vehicle response. This is only used when it is appropriate to do so, using clinical staff and is closely monitored to ensure that no patient comes to harm as a result of not sending an ambulance.

The number of patients managed via ‘See and Treat’ has increased by 1.06% from 23.99% in 2017/18 to 25.06% in 2018/19. This means that the number of people who receive an ambulance response, but are then not taken to an Emergency Department, has increased. Again this is closely monitored to ensure that no patient comes to harm from being discharged at scene.

Performance and improvement actions across the North West are monitored at the SPB, Strategic Transformation Board and Contracting Groups. Improving handover and turnaround is also a key item at each of the five North West sub-regional county area group meetings and, given the complexity of handover and its multiple stakeholders, performance and local improvement work is also regularly discussed at Urgent and Emergency Care Network and A&E Delivery Board meetings.
The number of patients conveyed by ambulance has reduced over the year, both in the number of patients taken to and emergency department and the number of patients, generally, who have been conveyed (to a location other than an emergency department).

Fleet changes and staffing increases have been in place since September 2018 and the Trust has commenced with a review of staff rosters that will be incrementally implemented in 2019/20. Ensuring that the resource is available at the times of highest demand will contribute significantly to ensuring that patients get the quickest response possible. It should not be underestimated regarding the scale of this change, which affects the entirety of the frontline workforce.

Where possible, NWAS continue to manage lower acuity patients through Hear & Treat and See & Treat, thus retaining ambulance capacity to respond to those patients most in need of an emergency response. To ensure that the PES service remains resilient and sustainable, the Ambulance Commissioning Team continue to work with NWAS in reviewing performance at a North West, County and CCG level, with performance being discussed in detail at performance meetings and the monthly NWAS Contract review meeting.

Handover and turnaround issues are a wider Urgent & Emergency Care system challenge and the focus on managing and mitigating risk is routinely undertaken by the NWAS Board and the SPB. A number of joint initiatives have been instigated to support continued focus and improvement on the management of handover and turnaround times and their impact on service delivery.

Given its importance, a North West Strategic Handover Engagement Group was established in April 2018 with membership from the Ambulance Commissioning Team, NWAS, NHS Improvement, NHS England, Greater Manchester Health & Social Care Partnership and Acute Trusts. The group’s role is principally to provide challenge and support to systems and to ensure the sharing of best practice. This included the idea of focused work with key sites.

Six North West sites have taken part in the collaborative improvement programme; “Every Minute Matters” and the so-called ‘Super Six’ (Aintree, Blackpool, East Lancashire, Lancashire Teaching, Wigan and Wirral) are working together to exploit learning opportunities and the pace of change. The six teams have undertaken interventions that they would not have tried independently and highlighted 21 new concepts that were tested as part of the collaborative programme.

Hospital handover and turnaround performance remains challenged at a number of hospital sites with the average turnaround time for the North West being just over 33 minutes. This has improved significantly since 2017/18 where handover and turnaround was just less than 36 minutes 30 seconds. This time saving (3½ minutes), when considered against the significant number of people transported to hospital, releases an enormous amount of ambulance capacity back into the system to respond to other patients, and has helped NWAS to deliver much improved and resilient service delivery over the 2018/19 winter period.

The key focuses for commissioners and NWAS moving into 2019/20 are on-going transformational work which supports the direction set out in the Five Year Forward View, the Urgent and Emergency Care Review and the national framework to deliver Integrated Urgent Care, which will see much closer working with the NHS 111 service and the wider healthcare system.

This will also see further development of the framework to deliver considered clinical decisions as early in each patient’s journey as possible with fewer numbers of patients being taken to hospital where a safe appropriate response can be delivered in other ways. Supporting this, will be the roster review which will be implemented over the course of 2019/20 to ensure that resource capacity is available to better match the demand profile seen in PES.

The Trust has also commenced delivery of efficiencies within PES services that come from Lord Carter’s review to reduce unwarranted variation in ambulance trusts, and a significant element of this, supported by commissioners, will be the Trust investing heavily in their digital infrastructure over the coming year.

**NHS 111 Service**

The performance improvement plan that was implemented during 2018/19 was to support delivery of the NHS 111 service both in terms of headline KPIs and support development of plans to create a sustainable service which reflects improved patient experience, wider system working and future requirements within Integrated Urgent Care. NWAS has worked collaboratively with commissioners in implementing actions from the improvement plan, but recovery over the year has taken longer than expected.

In recognising the significantly different service model that is now being delivered, the plan consisted of new initiatives to improve both KPIs and wider system working. Core elements included within the plan were additional call capacity and training support to work collaboratively with providers across the wider system to utilise additional capacity; reducing average call handling times; implementing effective planning for recruitment, training and sickness and supporting staff in their professional development; reviewing clinical calls to look at home management, refused primary care dispositions and early transfer to out of hours; and reviewing activity and processes to ensure that patients receive appropriate information, advice and triage.

The initiative to transfer calls to Out of Hours providers has worked particularly well and is based on a large programme of work across the North West to identify outcome code sets for patients that can be suitably managed by primary care. This has been successfully embedded across the region where the Trust has worked well with the various individual Out of Hours provider organisations to deliver integrated care with these providers on a large scale, and is seen as an exemplar of good practice nationally.

Additionally, the plan looked to embed technical initiatives which have included interactive voice routing and the reconfiguration of the Adasta system which allows SMS (texting) functionality to improve the accuracy and speed with which patients can be provided with information, and other functionality that can be implemented at pace and scale. It should be noted that the Trust were the first to successfully pilot the ‘NHS 111 Online’ service and this was fully mobilised during July of 2018.
The Trust has a team in place that work closely with CCGs across the region in developing and updating the Directory of Services. This is used by the NHS 111 service to identify local suitable alternatives for treating patients closer to home and can prevent patient unnecessarily attending emergency departments where this is not required.

Commissioners are continuing to work with NWAS to develop and align the requirements of the Integrated Urgent Care specification (including direct booking, validation of high acuity outcomes and further NHS 111 online) and the Trust are delivering these at an accelerated pace of change to further address the performance challenges that have been seen.

In moving forwards, commissioners have set out intention for the further development of NHS 111 services across the North West which will further integrate the delivery of the service with both the 999 PES service and the wider health economy. Included within this are specific intentions to:

- Ensure that clinicians within NHS111, 999 and onward receiving services have access to relevant patients’ Electronic Patient Records (EPR) and Special Patient Notes (SPNs).
- Agree the future direction and delivery for NHS 111 services as part of a national integrated urgent care model which will deliver robust and sustainable services in future years.
- Continue to expand new models of delivery, including NHS111 online, direct booking and reducing the number of calls with a higher than required disposition outcome from NHS Pathways and support delivery of the Integrated Urgent Care KPIs.
- Continue with service transformation through CQUIN schemes aligned with the PES service to support delivery of wider transformation with and reduce unnecessary conveyance of patients to emergency departments.
- Engage with and support other providers to maximise the benefits of enhanced virtual integration, improving access to early clinical triage and transfer of appropriate calls to other providers

**Patient Transport Service (PTS)**

Over the course of the year NWAS continued to manage the PTS contracts for Greater Manchester, Cumbria, Merseyside and Lancashire. Performance across the four contracts held by NWAS has been generally good, with the exception of KPIs relating to call answering which has deteriorated towards the end of the year. This has been addressed through monthly contracting meetings held with NWAS and the position has been improving in the current 2019/20 contract year.

The PTS service and the significant contribution the service makes to the people of the North West is accessing healthcare. Over the course of the year, the PTS service has undertaken in excess of 1.1 million journeys for patients in Greater Manchester, Lancashire, Cumbria and Merseyside. PTS services for patients in Cheshire are not provided by NWAS.

In particular, the PTS service has provided a positive response in the support it has given to the urgent and emergency care system over the winter period in assisting with discharges allowing hospitals to maintain capacity at times of peak demand. Over the course of the year commissioners and NWAS embedded (via CQUIN schemes) an initiative that allowed the PTS service to help in identifying potentially vulnerable patients as PTS staff often have a clear view of the circumstances in which people (frail and elderly people for example) are living. Concerns have been successfully raised during 2018/19 that have allowed the needs of some patients to be highlighted to the wider healthcare system allowing these people to receive the care they need.

In moving forwards, commissioners have developed intentions for the PTS service, which will further develop the service and, specifically, how the service can continue to support the wider Integrated Urgent Care agenda. Intentions for 2019/20 include:

- Ensuring close joint working and alignment of PTS within the wider urgent and emergency care system, maximising the benefit for patients, through a programme of transformation and innovation and in partnership with hospitals and service users within the scope of the commercial contracts that are in place.
- Ensuring that PTS services consistently meet the required contractual KPIs on a sustainable basis.
- Ensuring the service is able to respond flexibly to support pressures at time of peak demand facilitating hospital discharges as may be required.
- Enhancing service delivery from PTS services through seeking the views of Services Users and Health Care Professionals to improve and enhance service delivery.
- Supporting development within the system to maximise adherence to the PTS contract, reducing duplication in double booking, cancellations and aborted journeys and ensuring effective use of other alternative providers where contracts are in place.

**Management of Incidents**

Commissioners acknowledged the rise in the number of incidents seen by the Trust following the implementation of the Ambulance Response Programme (ARP) and have worked collaboratively with the Trust to improve the investigation and assurance processes in place to manage where incidents occur. Robust management arrangements have been strengthened by NWAS with the implementation of their Review of Serious Events (ROSE) Group, which meets weekly and is chaired by the Trust’s Medical Director and/or Chief Nurse. The SPB Patient representative also attends to provide a patient perspective as part of the process.

The ROSE group oversees the reporting and learning drawn from serious incidents and the outputs from ROSE are considered by members of the Quality & Safety Group (Q&S) and the Regional Clinical Quality Assurance Committee (RCQAC). The Quality & Safety Group and the Regional Clinical Quality Assurance Committee review each individual incident and ensure that learning from incidents is embedded within the Trust before the incident is formally closed. The Strategic Partnership Board includes patient representation who also attends the ROSE group to provide a patient perspective of incidents that have occurred. There has been positive engagement with wider North West CCGs and stakeholders. The Trust and Lead Commissioning Team have held two North West quality seminars as part of the engagement and assurance process.
10.2 Clinical Commissioning Groups

NHS Halton and NHS Warrington Clinical Commissioning Groups (CCG)

NHS Halton and NHS Warrington CCGs confirm receipt of North West Ambulance Service NHS Trust annual quality accounts 2018/2019 and noted the Priorities and progress made:

1. Meet the national and local quality delivery and improvement standards for the Emergency 999, 111 and Patient Transport Services and Ensure that patients with life limiting conditions reach their chosen destination as soon as practicable

   Ambulance Response Performance:
   - Cat 1 (7mins) – 7.54 mins
   - Cat 1 (15mins) – 13.19 mins
   - Cat 2 (18mins) – 24.14 mins
   - Cat 2 (40mins) – 52.31 mins
   - Cat 3 (120mins) – 108.29 mins
   - Cat 4 (180mins) – 2.43 mins

   It was noted that overall calls had increased, and more specifically Activity calls by 5.3% and Hear and Treat calls had increased by 22.3%, it was felt this was a significant achievement by the Trust to have achieved given the demand on service.

2. Enhance the quality of triage, moving the clinical decision as far forward in the patient journey as possible
   - National Quality Indicators are comparable or above national average.
   - Workforce capacity and capability improvements with a clear workforce development and training programme in place.
   - Quality Strategy in 2nd year of implementation.

3. Listening to the views of our patients and stakeholders to improve reliability of care by creating and implementing ‘Always Events’
   - FFT scores consistently show food feedback from patients. There is room for improvement in the Urgent Care Desk scores, however, stakeholders recognised this area of work deals with a high volume of calls and prioritisation is essential.
   - Complaints had decreased in emergency services but have increased in patient transport services. Thematic review of trends is consistent in these areas also.

4. Through effective clinical leadership, improve consistency of patient assessment, treatment and decision making
   - Patient safety incidents 90.6% No Harm achieved.
   - Incident reporting has improved.

Halton & NHS Warrington CCGs noted the Trusts Improvement Priorities for 2019 – 2020:

**Safety**
- Pilot a programme of diagnostic safety culture surveys
- Establish a programme of ‘safety’ training and education for all relevant staff
- Introduce digital systems for measuring, monitoring and reducing avoidable harm
- Develop our Clinical Audit programme to include audits of appropriate ‘safety’ practice
- Adhere to our Safety Pillars of Quality improvement trajectories
- Scope how the Trust will reduce identified unwanted variation following the principles of the outcomes from the ‘Carter Review’

**Effectiveness**
- Improved performance against all national ACQI measures
- Approve a suit of local clinical quality improvement measures
- Adhere to our Effectiveness Pillars of Quality improvement trajectories

**Patient Centred**
- Develop a forum that provides our patients with a ‘louder voice’
- Increase the visibility of patients and their stories at board, executive and service line leadership

**Governance**
- Implement a governance structure to support the implementation of Right Care Strategy

NHS Halton & Warrington CCGs recognise the challenges for providers in the coming year and we look forward to working with the Trust during 2019-2020 to deliver continued improvement in service quality, safety and patient experience and also on strengthening integrated partnership working to deliver the greatest and fastest possible improvement in people’s health and wellbeing by creating a strong, safe and sustainable health and care system that is fit for the future.

In Summary

NHS Halton & Warrington CCGs would like to congratulate the trust on the hard work of its staff and their commitment to the care of the people of Halton and Warrington, thanking local staff and managers for their on-going commitment locally and for the opportunity to comment on the draft Quality Account for 2018/2019.

Michelle Creed, Chief Nurse
10.3 Healthwatch

Healthwatch Cumbria

Healthwatch Cumbria is pleased to be able to submit the following considered response to North West Ambulance Service NHS Trust’s Quality Accounts Report for 2018-19.

Part 1: Statement on Quality from the Chief Executive

We welcome the commitment to quality and the aspirational tone of the statement and the implementation of the Right Care Strategy incorporating the vision that clinical decisions are taken as early as possible in the patient journey. We also liked the commitment to listen to patient feedback and include them in the designing of improved care provision.

Part 2: Progress with 2018-19 Priorities for improvement and statements of assurance from the Board of Directors

When we reviewed the Quality Accounts for 2017-18 we welcomed the enhancement of the triage process and the embedding of a clinical presence in the Emergency Operations Centres so it is gratifying to see evidence that there has been a positive impact as a result of this, plus additional benefits such as mitigating clinical risks for waiting patients.

We would single two areas out for comment;

1. Given the nature of emergency response and the need for remote support in sometimes challenging situations, the narrative detailing the utilisation of Advance Paramedics, the doctor on call rota and Senior Paramedics to provide the necessary decision making, clinical support and staff leadership provides useful reassurance about the pre-hospital care of the patient.

2. In a similar vein, the risks of out of hospital births are recognised and again the narrative detailing the steps taken to ensure appropriate clinical care and support is available provides helpful reassurance.

Parts 3, 4, 5 & 6

In accordance with the current NHS reporting requirements, mandatory quality indicators requiring inclusion in the Quality Account we believe the Trust has fulfilled this requirement.

Information received by Healthwatch Cumbria (HWC) from service users and their families and carers regarding services provided by North West Ambulance Service NHS Trust (NWAS) is consistent with the data, statements and comments contained in the Quality Account.

Part 7: 2018-19 Priorities for Improvement

We support the Priorities as described and it is gratifying to note the intention to further involve patients.

Healthwatch Cumbria is also aware that the Trust is actively collaborating with other organisations and listening to public opinion, actions we fully support.

Overall, Healthwatch Cumbria considers this to be a well presented, informative and balanced document and we look forward to seeing future collaborative and partnership working contributing to the delivery of tangible improvements.

Sue Stevenson, Chief Operating Officer

Healthwatch Lancashire

Healthwatch Lancashire is pleased to be able to submit the following considered response to North West Ambulance Service NHS Trust’s Quality Accounts Report for 2018-19.

Part 1: Including Statement on Quality from the Chief Executive

We welcome the commitment to quality and the aspirational tone of the statement and the implementation of the Right Care Strategy incorporating the vision that clinical decisions are taken as early as possible in the patient journey. We also liked the commitment to listen to patient feedback and include them in the designing of improved care provision.

Part 2: Progress with 2018-19 Priorities for improvement and statements of assurance from the Board of Directors

We were impressed by the improvements made to the clinical triage process and we would single two areas out for comment;

Given the nature of emergency response and the need for remote support in sometimes challenging situations, the narrative detailing the efficient utilisation of Advance Paramedics, the doctor on call rota and Senior Paramedics to provide the necessary decision making, clinical support and staff leadership provides useful reassurance about the pre-hospital care of the patient.

In a similar vein, the risks of out of hospital births are recognised and again the narrative detailing the steps taken to ensure appropriate clinical care and support is available provides helpful reassurance.

Parts 3, 4, 5 & 6

In accordance with the current NHS reporting requirements, mandatory quality indicators requiring inclusion in the Quality Account we believe the Trust has fulfilled this requirement.

Information received by Healthwatch Lancashire (HWL) from service users and their families and carers regarding services provided by North West Ambulance Service NHS Trust (NWAS) is consistent with the data, statements and comments contained in the Quality Account.

Part 7 2018-19 Priorities for Improvement

We support the Priorities as described and it is gratifying to note the intention to further involve patients.

Healthwatch Lancashire would be pleased to explore any aspect of these with you.

Summary

Overall, we would say that this is a well-balanced document in that it acknowledges areas of improvement needed and details comprehensive actions being taken to further improve patient treatment and care. We welcome these and would like to find ways of supporting the Trust to achieve its aims.

Sue Stevenson, Chief Operating Officer
10.4 Health Scrutiny Committees

Lancashire County Council Health Scrutiny Committee and Healthwatch Lancashire

Although we are unable to comment on this year’s Quality Account we are keen to engage and maintain an ongoing dialogue throughout 2019-20.

Debra Jones, Democratic Services Officer

Sefton Council

Sefton Council reported they will not be commenting on the NWAS Quality Account this year.

Debbie Campbell, Senior Democratic Services Officer

Halton Borough Council

The Health Policy and Performance Board particularly noted the following key areas:

During the year 2018/19 the Board were pleased to note that North West Ambulance Service (NWAS) made progress against the following areas:

- Achieved a CQC overall rating of “Good” for all areas.
- Clinical incidents have reduced since 2017/18.
- Serious incidents reported to commissioners have reduced since 2017/18.

The Board are pleased to note the following Improvement Priorities for 2019-2020 and look forward to hearing about progress on these next year:

- Effectiveness - Improved performance against all national ACQI measures, approve a suite of local clinical quality improvement measures, adhere to Effectiveness Pillars of Quality improvement trajectories;
- Patient Centred - Develop a forum that provides patients with a ‘louder voice’, increase the visibility of patients and their stories at board, executive and service line leadership;
- Governance - Implement a governance structure to support the implementation of Right Care Strategy; and
- Safety - Pilot a programme of diagnostic safety culture surveys, establish a programme of ‘safety’ training and education for all relevant staff, introduce digital systems for measuring, monitoring and reducing avoidable harm, develop Clinical Audit programme to include audits of appropriate ‘safety’ practice, adhere to Safety Pillars of Quality improvement trajectories, and scope how the Trust will reduce identified unwanted variation following the principles of the outcomes from the ‘Carter Review’.

It is difficult to comment further on the Trust’s progress during 2018/19 or priorities for 2019/10 without any detailed breakdown of information in relation to Halton only, and in the absence of the actual Quality Account document.

Councillor Joan Lowe, Chair, Health Policy and Performance Board

Healthwatch Cheshire West and Healthwatch Cheshire East

Healthwatch Cheshire feels this quality account broadly reflects the work undertaken by the NWAS service over the period and particularly would like to praise the organisation for its work in the following areas:

- Achieved a ‘Good’ overall rating in the CQC Report of November 2018
- Aspires to be ‘the best ambulance service in the UK’
- The role of the Safeguarding Team and ongoing Safeguarding training.

Specific comments on the report:

- Healthwatch Cheshire has noted that the Trust is not meeting any of the targets for response times for Category 1 to Category 4 response times.
- We felt the report was logically laid out however it was not easy to read. This may, in part, be due to the use of technical terms however, it was felt that plainer language would have made the report more user-friendly.

Emma McKenzie, Administration and Finance Manager

Oldham Health Scrutiny

Thank you for your email of 12 June 2019 concerning the above. This is always an opportunity to pay tribute to the ambulance service for their help and support given to the wider community. Ensuring patients are delivered to hospital in a timely manner is an essential component of the health service. Paramedics are widely recognised as an important aspect of the service able to provide urgent care and compassion on an ongoing basis.

More needs to be done to reduce waiting times at hospital when the ambulance service is forced to wait to hand over patients to accident and emergency so that the service can continue to reduce the time required to respond to emergencies and other requests and consequently reduce the pressure on the ambulance service.

Colin McLaren, Councillor
## Appendix 1: Glossary of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>ACQI</td>
<td>Ambulance Clinical Quality Indicator</td>
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<tr>
<td>Advanced Paramedics</td>
<td>More highly qualified paramedic staff who also provide clinical leadership and support to their colleagues</td>
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<tr>
<td>Cardiac arrest</td>
<td>A medical condition wherein the heart stops beating effectively, requiring CPR and sometimes requiring defibrillation</td>
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<tr>
<td>Care Bundle</td>
<td>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)</td>
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<tr>
<td>Chain of Survival</td>
<td>The process to ensure the optimum care and treatment of cardiac arrest and heart attack patients at every stage of the pathway</td>
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<tr>
<td>Community First Responder (CFR)</td>
<td>A member of the public who volunteers to provide an immediate response and first aid to patients requesting ambulance assistance</td>
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<tr>
<td>Complementary Resources</td>
<td>Non ambulance trust providers of potentially life-saving care, e.g. CFRs St John Ambulance, Red Cross, Mountain Rescue, Air Ambulance</td>
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<tr>
<td>CCG</td>
<td>Clinical Commissioning Group</td>
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<tr>
<td>CPR</td>
<td>Care Quality Commission - The independent regulator of all health and social care services in England.</td>
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<td>CTB</td>
<td>Call to Balloon – the time taken from receipt of the 999 call to the administration of PPCI</td>
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<tr>
<td>CTD</td>
<td>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</td>
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<tr>
<td>CTN</td>
<td>Call to needle – the time taken from receipt of the 999 call to the administration of thrombolytic clot busting drugs</td>
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<tr>
<td>Defibrillator (also AED)</td>
<td>Medical equipment to provide an electric shock to a patient’s heart which is not functioning properly</td>
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<tr>
<td>Emergency and Urgent Care (E&amp;UC)</td>
<td>999 and Urgent Care services</td>
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<tr>
<td>Emergency Operational Control (EOC)</td>
<td>Ambulance Control Centre that receives and responds to 999 calls and other call for ambulance service assistance</td>
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<tr>
<td>FAST</td>
<td>A simple test for the presence of a stroke – Face, Arms, Speech, Time</td>
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<tr>
<td>IPC</td>
<td>Infection Prevention and Control</td>
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<tr>
<td>Myocardial infarction (MI) or Heart attack</td>
<td>A medical condition wherein the coronary arteries of the heart are blocked leading to (acute pain and) an immediate risk to life</td>
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<tr>
<td>NHSLA</td>
<td>NHS Litigation Authority</td>
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<tr>
<td>NWAS</td>
<td>North West Ambulance Service NHS Trust</td>
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<tr>
<td>PALS</td>
<td>Patient Advice and Liaison Service</td>
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<tr>
<td>Paramedic</td>
<td>A state registered ambulance healthcare professional</td>
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<tr>
<td>Paramedic Emergency Service (PES)</td>
<td>999 Emergency ambulance service</td>
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<tr>
<td>Paramedic Pathfinder</td>
<td>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</td>
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<tr>
<td>Patient Transport Service (PTS)</td>
<td>Non-emergency transport service that provides for hospital transfers, discharges and outpatients appointments for those patients unable to make their own travel arrangements.</td>
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<tr>
<td>PPCI</td>
<td>Primary Percutaneous Coronary Intervention – treatment of a MI through immediate surgical intervention</td>
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<tr>
<td>ROSC</td>
<td>Return of Spontaneous Circulation</td>
</tr>
<tr>
<td>STEMI</td>
<td>ST Elevation Myocardial Infarction – A life threatening heart attack</td>
</tr>
<tr>
<td>Stroke</td>
<td>Blockage or bleeding of the blood vessels in the brain that can lead to death or disability</td>
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<tr>
<td>Thrombolysis</td>
<td>Medical treatment to break up blood clots in the case of MI or stroke.</td>
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<tr>
<td>Utstein</td>
<td>Cardiac arrest and CPR outcome reporting process</td>
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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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Chorley New Rd
Bolton
Lancashire
BL1 5DD

For general enquiries please use:

Telephone: 01204 498400
E-mail: 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

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.