Public Document Pack

Health and Wellbeing Scrutiny Committee

Agenda

Date:	**Thursday, 14th June, 2012**
Time:	**10.00 am**
Venue:	**Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ**

The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the foot of each report.

PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT

1. **Apologies for Absence**

2. **Minutes of Previous meeting** (Pages 1 - 10)

   To approve the minutes of the meeting held on 3 April 2012.

3. **Declarations of Interest**

   To provide an opportunity for Members and Officers to declare any personal and/or prejudicial interests in relation to any item on the agenda.

4. **Declaration of Party Whip**

   To provide an opportunity for Members to declare the existence of a party whip in relation to any item on the agenda.

5. **Public Speaking Time/Open Session**

For any apologies or requests for further information, or to give notice of a question to be asked by a member of the public

Contact: Denise French
Tel: 01270 686464
E-Mail: denise.french@cheshireeast.gov.uk

A total period of 15 minutes is allocated for members of the public to make a statement(s) on any matter that falls within the remit of the Committee.

Individual members of the public may speak for up to 5 minutes, but the Chairman will decide how the period of time allocated for public speaking will be apportioned, where there are a number of speakers.

Note: in order for officers to undertake any background research, it would be helpful if members of the public notified the Scrutiny officer listed at the foot of the agenda at least one working day before the meeting with brief details of the matter to be covered.

6. **Future Healthcare project Knutsford**

To consider a report of the Programme Director Knutsford Project. (to follow)

7. **Shadow Health and Wellbeing Board's Terms of Reference**

To consider a report of the Head of Integrated Strategic Commissioning and Safeguarding.(to follow)

8. **North West Ambulance Service** (Pages 11 - 48)

To consider the Quality Account and an update on current issues

9. **Work Programme** (Pages 49 - 58)

To review the current Work Programme (attached).

10. **Forward Plan** (Pages 59 - 60)

To consider extracts of the Forward Plan that fall within the remit of the Committee.

11. **Consultations from Cabinet**

To note any consultations referred to the Committee from Cabinet and to determine whether any further action is appropriate.

Agenda Item 2

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Wellbeing Scrutiny Committee** held on Tuesday, 3rd April, 2012 at Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor G Baxendale (Chairman)
Councillor J Saunders (Vice-Chairman)

Councillors G Boston, M Hardy, D Hough, A Martin, A Moran and J Wray

Apologies

Councillors M Grant, G Merry and G Wait

79 ALSO PRESENT

Councillor J Clowes, Portfolio Holder for Health and Wellbeing
Councillor S Gardiner, Cabinet Support Member
B Towse, Cheshire East Local Involvement Network

80 OFFICERS PRESENT

L Scally, Head of Integrated Strategic Commissioning and Safeguarding
G Kilminster, Head of Health Improvement
D J French, Scrutiny Officer

81 DECLARATIONS OF INTEREST

Councillor A Moran declared a personal interest in item 5 – Draft Quality Account – Mid Cheshire Hospitals NHS Foundation Trust – on the grounds that he was a Member of the Trust.

82 MINUTES OF PREVIOUS MEETING

RESOLVED: That the minutes of the meeting of the Committee held on 8 March 2012 be confirmed as a correct record subject to the following amendments:

- The inclusion of Mrs Barrie Towse, Cheshire East Local Involvement Network (LINk) in the list of those "Also Present";
- Under Minute 74 "Update on progress with developing the Cheshire East Shadow Health and Wellbeing Board" , the third sentence of the 5th paragraph be amended to read "J Greenwood, Cheshire East Council had given a presentation to the Health and Wellbeing Board…" rather than the LINk;
- The 4th sentence of the 3rd bullet point be amended to read "It was not yet know how Advocacy Services (PALS) would be provided…"

83 PUBLIC SPEAKING TIME/OPEN SESSION

Charlotte Peters Rock addressed the Committee. She informed Members that the recent inaugural meeting had taken place of Cheshire Area for Cheshire Action and Knutsford Area for Knutsford Action and that links had been made with a number of groups across Cheshire.

She also referred to changes to local services and their impact.

84 **DRAFT QUALITY ACCOUNT - MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST**

Jayne Hartley and Julie Smith presented the draft Quality Account from Mid Cheshire Hospitals NHS Foundation Trust.

The Quality Account covered the period April 2011 – March 2012. The Trust was now in the third year of its 10 out of Ten programme which set out 10 priorities under four headings:

Safety –

- Mortality – reduce mortality rates by 10 percentage points in patients groups where death is not expected;
- Patient Safety – monitor and reduce the number of unnecessary patient moves during a patient's stay in hospital
- Harm caused – monitor and reduce the number of patients who experience avoidable harm by 10% annually

Effectiveness –

- Readmissions – reduce the number of patients who are readmitted to hospital within 7 days of discharge;
- Finance – reduce the percentage of the Trust's budget that is spent on management costs

Experience –

- Patients and staff – ensure that the ratio of doctors and nurses to each inpatient bed is appropriate for delivering safe high quality patient care;
- Environment – monitor and eliminate mixed sex accommodation for all patients admitted to the Trust (unless based on clinical need)

Outcomes –

- Cardiovascular – reduce the 30 day mortality rate in patients following an Acute Myocardial Infarction (AMI)
- Cancer – reduce acute admissions and length of stay in hospital following early complications of diagnosis and/or treatment of cancer
- Infections – reduce the rates of Healthcare Associated Infections (HCAI).

Jayne explained that the Trust had achieved 5 of the 10 priorities – mortality, patient safety, finance, Cardiovascular and infections. In relation to the targets that had not been achieved:

Priority 3: Harm caused – the Trust had made considerable improvements in this area especially in reducing harm in the severe, major and moderate harm categories with levels being below all other small acute Trusts according to the most recent data available.

Priority 4: Readmissions – the Quality Account listed a number of actions the Trust had taken to reduce the number of patients who were readmitted to hospital within 7 days, with a plan to reduce readmissions to 2% by 2014. This had resulted in a reduction in readmission rates during 2011/12 and better performance than peer Trusts; however the target of 3% had not been achieved for this year.

Priority 6: patients and staff – the Quality Account listed various actions taken to ensure nurse staffing levels were based on evidence, for example in July 2010 the maternity unit had begun using the Birth Rate Acuity. This system provided "real time" information on the numbers of midwives needed to match the needs of the women in the labour ward. It measured the intensity of need arising from the number and clinical status of women and infants during labour, delivery and other women being cared for in the delivery suite against the number of midwives available to provide care. During this year, eleven out of the fifteen wards reviewed were within range of their required establishment which equated to 73% against the target of 75%. Investment in clinical staff had been made including consultants for Accident and Emergency. A request had also been made for middle grade Doctors from the Deanery.

Priority 7: environment – the Trust had the necessary facilities, resources and culture to ensure that patients admitted to its hospitals only shared the room where they slept with members of the same sex and same sex toilets and bathrooms were close to their bed area. Sharing with members of the opposite sex only happened when clinically necessary. A number of changes had been introduced to ensure compliance with this target including moving the Emergency Assessment Unit to a ward area with bays and side rooms to increase privacy and ensure same sex accommodation. Any breaches would result in an apology to the patient and every effort made to address the situation. All breaches that occurred happened in the Acute Stroke Bay and the Intensive Care/high dependency units.

Priority 9: Cancer – there had been some improvements in reducing the length of stay for patients admitted as an emergency who had a diagnosis of cancer, but the target had not been met. Investment had been secured from the Greater Manchester and Cheshire Cancer Network to implement the Acute Oncology Service in 2012/13 – this would mean the appointment of two Acute Oncology Clinical Nurse Specialists and admin support for the team. Funding had also been received for a rapid alert system.

The Account also reported that the Trust had taken part in the annual National Inpatient Survey, which resulted in a questionnaire being sent to 850 patients in October 2011. Results would be available shortly. The Trust also had its on annual Patient and Public Involvement Programme which included patient

involvement such as patient surveys; feedback would be assessed and action plans formulated.

The Account also listed involvement in clinical audits and any resultant action taken as well as participation in clinical research.

In discussing the Quality Account, Members made the following comments:

- The Trust was to be commended on achieving five of its 10 out of Ten targets in relation to
  - reducing mortality rates by 10 percentage points in patient groups where death is not expected;
  - monitoring and reducing the number of unnecessary patient moves during a patient's stay in hospital;
  - reducing the percentage of the Trust's budget that is spent on management costs;
  - reducing the 30 day mortality rate in patients following Acute Myocardial Infarction:
  - reducing the rates of Healthcare Associated Infections.
- The Committee supports the action taken to address Priority 3, Harm Caused, and notes that the Trust scores much lower than 30 similar sized Acute Trusts in the severe harm categories ie moderate, major or catastrophic based on the most recent figures available (April – September 2011);
- The Committee suggests that in relation to Priority 4, Readmissions, base line figures are included to make the reference to reducing readmissions to 2%, more meaningful. The Committee endorses work taken to reduce the number of patients readmitted to hospital within 7 days of discharge; including the introduction of an Integrated Discharge team; and notes that this has resulted in a reduction in readmission rates during 2011/12, although the target of 3% had not been achieved. The Committee notes that Elmhurst, Extra Care Housing facility, has a valuable role to play in this respect. The Committee would emphasise the need to ensure that a patient's intended date of discharge was agreed at an early stage to ensure that families and carers could prepare and make necessary arrangements;
- The Committee is concerned about the failure to meet Priority 6 relating to staffing levels which appears to have been an issue since 2009. The Committee notes that the target is not met in 4 out of 15 wards. The Committee commends the action which is to be taken to try to increase staffing levels and ensure that staffing is matched to patient needs. The Committee recognises that as the patient profile changes, through an increasingly ageing population etc, this will impact on the types of staff needed. The Committee notes the action taken to address staffing levels at weekends. The Committee is pleased to hear that the Trust does not have any recruitment issues in recruiting nurses including student nurses, or midwives;
- The Committee endorses action taken to eliminate mixed sex accommodation for all patients admitted to the Trust (unless based on clinical need) and notes that breaches only occur in the Acute Stroke Bay and the Intensive Care/high dependency units. It notes that the Strategic Health Authority has advised the Trust that all possible action to ensure same sex accommodation has been carried out;

- In relation to Priority 9, Cancer – the Committee endorses the action to introduce an Acute Oncology Service and hopes that this will enable the Trust to meet its target next year;
- The Committee commends the Trust in its significant reduction in Infection Rates which it notes had been achieved by various improvements including better hand cleansing, quicker and more effective use of isolation, prompt removal of lines and work with GPs regarding the prescribing of antibiotics as some antibiotics were more likely to cause infections;
- The Committee notes with concern the results of the Patient Survey carried out at Victoria Infirmary Outpatient Department which identified that 50% of patients were not informed of clinic delays – providing up to date information can contribute to the patient experience and this type of information is straightforward and simple to provide;
- The Trust is commended in achieving 14 out of the 16 CQuin goals but the Committee suggests that Goal 2, Patient Experience – personal needs, contains more detail to explain what action has been taken and why.

RESOLVED: that the comments made above be forwarded to the Mid Cheshire Hospital NHS foundation Trust for inclusion in their Quality Account.

85 **DRAFT QUALITY ACCOUNT - EAST CHESHIRE NHS TRUST**

Kath Senior and Julie Green attended from East Cheshire Hospital Trust, to present the Quality Account.

The Trust's mission was "to provide high quality integrated services, as specified locally by Commissioners and delivered by highly motivated staff" with their vision being to deliver the best care in the right place.

A new Quality Strategy was being devised for 2012 – 15 with quality being at the forefront. The overarching priorities for improvement in community and acute settings for the next 4 years were as below:

- Safe – to deliver a year on year reduction in patient harm – this would cover areas such as pressure ulcers, surgical site infections, MRSA and C diff infections, medication errors/prescribing;
- Personal – to improve patient experience – this would include areas such as end of life care, oncology services and patient/public engagement;
- Effective – to improve patient outcomes – this would cover acute stroke care, nutrition, mortality review and dementia screening.

The Strategy outlined how progress to achieve priorities identified would be monitored and what evidence of improvement would be sought. The Trust provided services in both an acute setting and in the community, which gave rise to opportunities for partnership working. The Trust had also met with GPs to enable joint working around providing appropriate support for patients with long term conditions.

The Quality Account also reviewed priorities from 2011/12 and assessed whether they were achieved, on track to achieve or behind schedule. For priorities that were behind schedule, action taken or proposed was outlined.

In discussing the Quality Account, Members of the Committee made the following comments:

- The Trust is commended in achieving or being on track to achieve its targets in relation to :
  - reducing the number of injurious falls per thousand bed days;
  - protecting patients within the Trust's care from hospital acquired infection;
  - maintaining or reducing the Hospital Standardised Mortality Ratio (HSMR);
  - reducing Hospital acquired venous thromboembolism (VTE);
  - improving the quality of care for stroke patients;
  - reducing the average length of stay for patients who are medically fit for discharge;
  - delivery of same sex accommodation through the provision of same sex designated bays and bathing facilities in all inpatient areas;
  - complaints are acknowledged and responded to in agreed timescales;
  - an increase in the number of clinical staff trained in basic dementia care awareness.

In particular, the Committee notes and commends:

- the work done to deliver same sex accommodation in the day surgery and endoscopy unit through the introduction of all female and all male lists;
- the work carried out around falls reduction including the introduction of "comfort rounding" ie regular checks on in-patient's needs;
- the reduction in cases of hospital acquired infection including there being no cases of MRSA occurring in April – November 2011, and only one case in each of December, January and February – the Committee suggests that this success is highlighted and publicised to address any misconceptions around infection rates;

The Committee suggests the following:

- in relation to the improvements in stroke care quality, the Committee suggests that more evidence is included in the Quality Account to demonstrate these improvements;
- in relation to the Safety Thermometer, which the Committee understands is a monthly assessment on each patient (either an in-patient or a patient in the community) – whereby the patient is assessed in relation to risk of harm or incident from falls, catheter use, pressure ulcer or deep vein clot (in patient only) – the Committee suggests that a fuller explanation is included in the Quality Account;
- in relation to page 42 onwards that covers the Trust's involvement in Audits in 2011/12, the Committee suggests that the final column listing "Conclusions/Actions to be taken" is amended to ensure information is listed consistently;
- in relation to page 49 that refers to the Oncology Audit, the Committee is concerned that the National Confidential Enquiry judged care to be "good" in only 35% of cases. The Committee hopes the recent appointment of an Acute Oncology Nurse and other actions outlined at the meeting will

address this low rate and suggests that further information on the action taken to address this low rate is included in the Account. In addition, it is noted that a re-audit is to be conducted within one year which is hoped will demonstrate a greater number of judgements of care as "good";
- the Committee notes that the target to reduce the number of cancelled operations has not been met and numbers of cancelled operations has risen over recent months – the Committee notes action taken to address this and hopes the target to reduce this in line with national benchmarks of 2% or under is achieved during the forthcoming year;
- the Committee supports the introduction of a Patient Experience Group which is hoped will improved communication with both patients and carers;
- the Committee commends the Trust for achieving the target of reducing the average length of stay for patients who are medically fit for discharge, but suggests that readmission rates should be included to give a fuller picture.

RESOLVED: that the above comments be forwarded to East Cheshire Hospital Trust for inclusion in their Quality Account.

86 **DRAFT INTERIM HEALTH AND WELLBEING STRATEGY**

The Committee considered the draft Interim Health and Wellbeing Strategy. The Health and Social Care Bill placed a duty on local Councils and Clinical Commissioning Groups (CCGs) to develop a Joint Health and Wellbeing Strategy to meet the needs identified in the Joint Strategic Needs Assessment (JSNA). The Strategy should be developed through a robust process of prioritisation in order to achieve the greatest impact and the most effective use of collective resources. The Department of Health had produced draft guidance setting out a number of values underpinning good strategies, including:

- Setting shared priorities based on evidence of greatest need;
- Concentrating on an achievable amount, recognising that prioritisation was difficult but it was important to maximise resources and focus on issues where the greatest outcomes could be achieved;
- Supporting increased choice and control by people who used services with independence, prevention and integration at the heart of such support.

The draft strategy as submitted had been produced by taking into account information from the JSNA, Sustainable Community Strategy and priorities identified by the Children's Trust, Safer Cheshire Partnership, the CCGs, the Cheshire East Housing Strategy and the Ageing Well Programme. A further draft strategy would then be approved by the Health and Wellbeing Board in early summer 2012 for wide consultation. Following consultation, a further draft would be presented to the Health and Wellbeing Board with the strategy being finalised for 1 April 2013.

The draft strategy adopted a "life course" approach under 3 Outcome headings –

- Starting and developing well;

- Working and living well;
- Ageing well.

In discussing the draft strategy, Members of the Committee made the following comments:

- A national and local policy context should be included at the beginning of the strategy to "set the scene";
- The strategy should include local demographical information with a narrative explanation;
- Outcome 1 should include a reference to families and carers;
- The Strategy should include reference to the roles of relevant Cabinet members and Scrutiny Committees to reflect the wide ranging roles and responsibilities for health and wellbeing;
- Outcome 2 should include reference to learning difficulties and mental health as priorities.

RESOLVED: that the draft Health and Wellbeing Strategy be supported and the comments made at the meeting, as outlined above, be taken into account when the Strategy is redrafted.

87 **UPDATE ON PROGRESS WITH DEVELOPING THE CHESHIRE EAST SHADOW HEALTH AND WELLBEING BOARD**

Councillor Clowes, Portfolio Holder for Health and Wellbeing, updated the Committee on progress with developing the shadow Health and Wellbeing Board.

She explained that the transition arrangements for public health into the local authority were progressing smoothly, as was the transition from the Primary Care Trust to the Clinical Commissioning Groups (CCGs).

The Board had received a briefing on the transition from the Local Involvement Network to Healthwatch, from Jill Greenwood, Commissioning Manager at the Council. The Board had also received a briefing on the Welfare Reform Act from Juliet Blackburn, Performance and Partnerships Manager.

A meeting had been held with the Chief Officer of the Cheshire East Council for Voluntary Services regarding how the Board could work with the voluntary sector; discussions were ongoing.

Members discussed the membership of the Board, which in Cheshire East was currently based on the statutory membership. It was queried whether this would be limiting and whether there should be wider membership to reflect the contribution made to wellbeing from a wide ranging number of organisations and postholders. There were various models from different areas. The Portfolio Holder explained that there were likely to be a number of Working Groups set up by the Board to look at specific issues such as Ageing Well. She was also attending a meeting in London shortly where learning would be shared and the membership of the Board was still under consideration.

RESOLVED: that the update be noted.

88 **WORK PROGRAMME**

The Committee considered the current Work Programme.

RESOLVED: That the current Work Programme be noted.

89 **FORWARD PLAN**

There were no items on the Forward Plan for consideration by the Committee.

90 **CONSULTATIONS FROM CABINET**

There were no consultations from Cabinet.

The meeting commenced at 2.30 pm and concluded at 4.57 pm

Councillor G Baxendale (Chairman)

This page is intentionally left blank

North West Ambulance Service NHS

NHS Trust

your lifeline to health care

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

NORTH WEST AMBULANCE SERVICE NHS TRUST

QUALITY ACCOUNT

2011/2012

1 Chief Executive's Statement

Welcome to the Quality Account for the North West Ambulance Service NHS Trust, which describes how we have delivered and improved quality during 2011/12, and sets out what we plan to do in the year ahead.

For the first time we are publishing our Quality Strategy together with the Quality Account, providing a view of our plans up to 2015. The Strategy describes how we will deliver our quality aim - to deliver the ***right care*** at the ***right time***, and in the ***right place.***

2011/12 has been a very successful year in terms of the quality of the services that we have delivered to the people of the North West. In particular:

- We have exceeded the national quality target for responding to the most serious life threatening emergencies within 8 minutes following a 999 call. I want to pay tribute to the huge efforts made by our staff and acknowledge the significant investment from commissioners that made this possible.
- We became the first ambulance trust in England to achieve Level 2 compliance against the NHS Litigation Authority's Risk Management Standards.
- We were awarded the Health Service Journal Clinical Redesign Award for our Paramedic Pathfinder project, a toolkit to ensure that patients are treated and cared for safely and in the most appropriate place following an emergency call.
- Our staff in Salford received a visit from HRH Prince Harry to recognise the way in which they responded to the riots in August 2011.
- We made significant improvements to our Patient Transport Service, with new contact centres, computerised control and dispatch systems and Airwave radio.
- We successfully relocated the Manchester Emergency Contact Centre to modern, "State of the Art" facilities.

Finally I am delighted to report that, following an inspection by the Care Quality Commission in March 2012, we have received a very positive report on our compliance with the CQC standards of quality and safety. Inspectors visited contact centres, stations and A&E Units in the Cumbria and Lancashire areas and spoke to range of staff and patients. The report can be accessed at http://www.cqc.org.uk/directory/rx701 or contact the Trust directly using the details on the back page of this report

This year, we will build on the success of 2011/12 to deliver further improvements in quality, safety and patient experience. This will be strengthened by authorisation as a Foundation Trust in 2013, with enhanced arrangements for public and staff involvement.

Darren Hurrell
Chief Executive

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE QUALITY ACCOUNT

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

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

- the Quality Account presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with Department of Health guidance.

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

By order of the Board

.....Date.....Chairman

.....Date.....Chief Executive

Table Of Contents

2 Looking back to 2010/2011 - Review of Quality Performance

This section of the Quality Account describes what we have done during 2011/12 to improve the quality of our services. It includes:

- How we delivered the five priorities for improvement identified in last year's Quality Account
- How we have improved the way that we measure and manage quality
- Our performance against the new national Ambulance Quality Indicators
- The progress made in improving patient safety, clinical effectiveness and patient experience.

2.1 Progress with last year's priorities for improvement

In the 2010/11 Quality Account e identified five areas for improvement. This section sets out how we have done:

2.1.1 End of Life Care

We stated that we were "determined to make the experience of our services as good and personalised as possible for those people nearing the end of their lives".

In 2011/12 we participated in regional and national projects to:

1. Develop a Rapid Discharge Procedure. With ten organisations across the North West, we have put in place an integrated discharge pathway, ensuring that patients can end their lives with dignity and in their own home. This year, we completed 87% of transfers within 2 hours of the request being made.

2. Produce a "how to" guide for ambulance services. The "Route to Success" guide can be used by ambulance services to improve the services offered to people at the end of their lives. We worked with the National End of Life Care Programme as the lead ambulance organisation for this project.

3. Introduce a system where patients at home have personalised care plans wherever possible, and our staff are alerted to this when they attend the patients home address. This means that we are better able to meet the needs and preferences of people nearing the end of their lives.

There is still more to be done to make sure that the care offered to this group of patients is as good as it can be. Our plans for the year ahead are described in Section 3.3.

2.1.2 "111" and Frequent Callers

We said that during 2011/12 we would take the first steps towards a "Single Point of Access" for urgent and emergency care. We also said that we would work with local commissioners to address the issue of people who make very frequent 999 calls.

This year, we have successfully set up a pilot for the NHS 111 urgent care number, working as part of the "365" collaborative. This is the first step towards introducing a single point of access for people who need urgent rather than emergency care.

Some vulnerable individuals have been found to make excessive use of the 999 services when this would not normally be justified by their condition. This is often because they are not aware of the alternatives that are available. We now collate frequent caller information, which is sent to Urgent Care leads at each PCT on a monthly basis to enable them to address issues relating to excessive calls from specific addresses e.g. Nursing/Residential Homes, public places e.g. shopping centres and individuals. Awareness has also been raised at Urgent Care Boards/Groups and PCT Clusters across the North West, recognising the changing commissioning landscape. We hope that this will help to manage demand for our service and enable people to access more appropriate care.

In 2012/13 a project is being carried out by one of our Advanced Paramedics to further develop our handling of this issue, initially in the Blackpool area.

2.1.3 Chain of Survival and Complementary Resources

During this year, we set out to deliver the first of a two year plan to increase community access to life saving equipment and skilled volunteers - our "Complementary Resources" Strategy.

We know that having a defibrillator available, and people able to provide immediate first aid, saves lives. The British Heart Foundation "Chain of Survival" programme supports this aim and they have provided a two year commitment to fund North West Ambulance Service staff to roll the programme out across the North West.

During 2011/12, and in partnership with the British Heart Foundation, we have introduced:

- 20 new Community First Responder Schemes (trained public volunteers)
- 50 new staff responders (staff volunteers)
- 125 additional Automated External Defibrillators (AEDs) installed in public places

We have trained:

- 6420 people in basic life support skills
- 2923 people to use a defibrillator
- 149 Community First Responders

In total, our community based resources supported an emergency ambulance response to more than 47000 of our most serious and life-threatening incidents this year. This includes attending 48 cardiac arrests, where more than half of the patients attended achieved a return of spontaneous circulation.

We also said that we would introduce a new scheme to provide some of our volunteers with even more life saving skills.

Training has begun for the first cohort of Community First Responders who will have these additional skills, increasing their ability to be of help to people in their community before the ambulance arrives.

Our volunteers give their time freely to save lives and support their communities. Their effort and commitment is greatly appreciated.

If you would like to set up a First Responder scheme in your community, or join an existing scheme, then please visit, www.nwas-responders.info or contact one of the numbers below:

Cumbria & Lancashire: Mark Evans, Lancashire CFR Office, 449-451 Garstang Road, Broughton, Preston, Lancashire, PR3 5LN. Tel: 01772 903989. email: mark.evans@nwas.nhs.uk;

Cheshire & Merseyside: Janet Graham, Merseyside, Elm House, Belmont Grove, Anfield, L6 4EG; email: janet.graham@nwas.nhs.uk

Greater Manchester: David McNally, Manchester CFR Office, Whitefield HQ, Bury Old Road, Whitefield, Manchester, M45 6AQ; Tel 0161 279 4800; email: david.mcnally@nwas.nhs.uk.

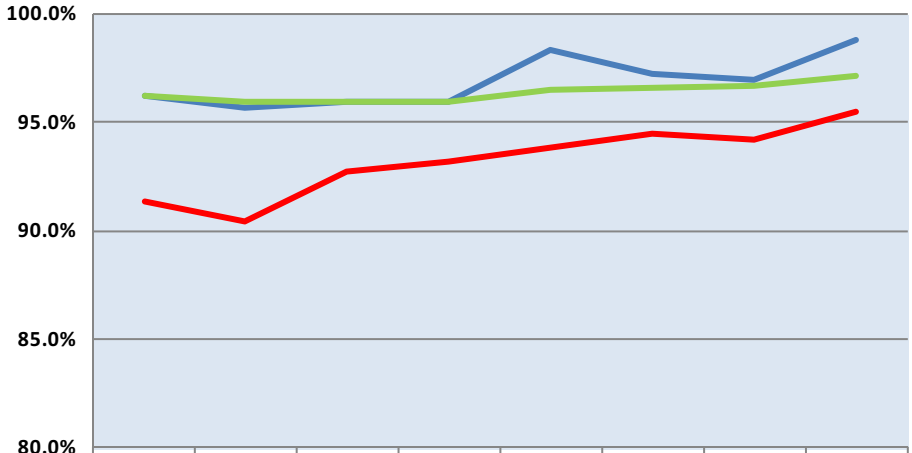
2.1.4 Acute Stroke Care

We said that in 2011/12 we would embed the improvements made to services for patients with a thrombolytic stroke. This means that our staff will undertake the right assessments and immediate actions, and that patients will be transported to the most appropriate hospital as quickly as possible.

Assessment, Treatment and Care

The quality of care provided to suspected stroke patients is a new national clinical quality outcome indicator for 2011/12. The indicator measures whether patients have received the right clinical assessment and treatment actions for stroke patients. These are defined as a care bundle.

Figure 1 shows the percentage of patients with a suspected stroke who received the right care bundle from our staff, and how we compare with other ambulance services in England. It can be seen that our staff consistently provide the right care for stroke patients well above the national average.

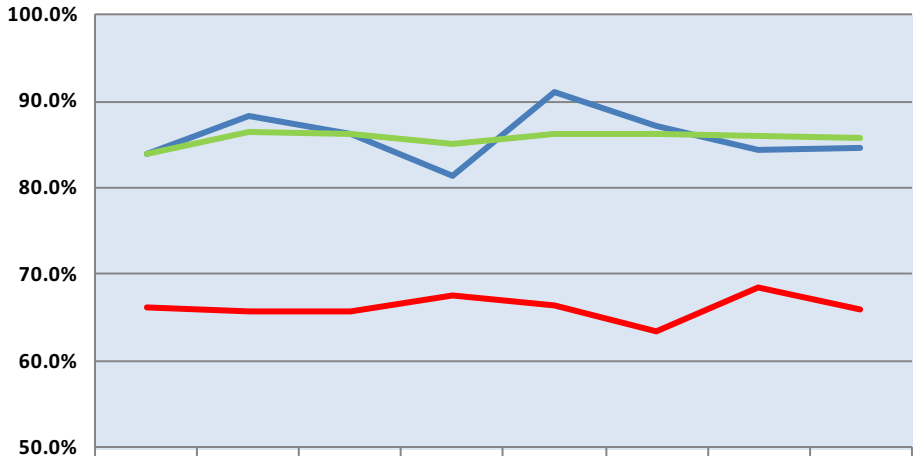


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
NWAS Performance	96.2%	95.7%	96.0%	95.9%	98.4%	97.2%	97.0%	98.8%
NWAS Cumulative	96.2%	95.9%	95.9%	95.9%	96.5%	96.6%	96.7%	97.1%
National Average	91.3%	90.4%	92.7%	93.2%	93.8%	94.5%	94.2%	95.5%

Figure 1: Clinical Quality Indicator performance: Stroke Patients who receive a full care bundle

Transport to Hospital

There is also a national clinical quality indicator that measures how quickly suspected stroke patients are transferred to a “hyper-acute” Stroke Centre. This should be within 60 minutes of the 999 call.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
NWAS Performance	83.9%	88.3%	86.1%	81.3%	91.1%	87.1%	84.4%	84.7%
NWAS Cumulative	83.9%	86.4%	86.3%	85.1%	86.1%	86.2%	85.9%	85.7%
National Average	66.2%	65.7%	65.7%	67.6%	66.3%	63.4%	68.4%	66.0%

Figure 2: Clinical Quality Indicator performance: Transportation of Stroke patients to Hyper-acute Stoke Centre within 60 minutes from time of call.

It can be seen in Figure 2 that our staff transfer patients with a suspected stroke to the right hospital at a rate well above that of the national average. NWAS are providing a consistently high quality of care to stroke patients and enabling timely access to specialist stroke services.

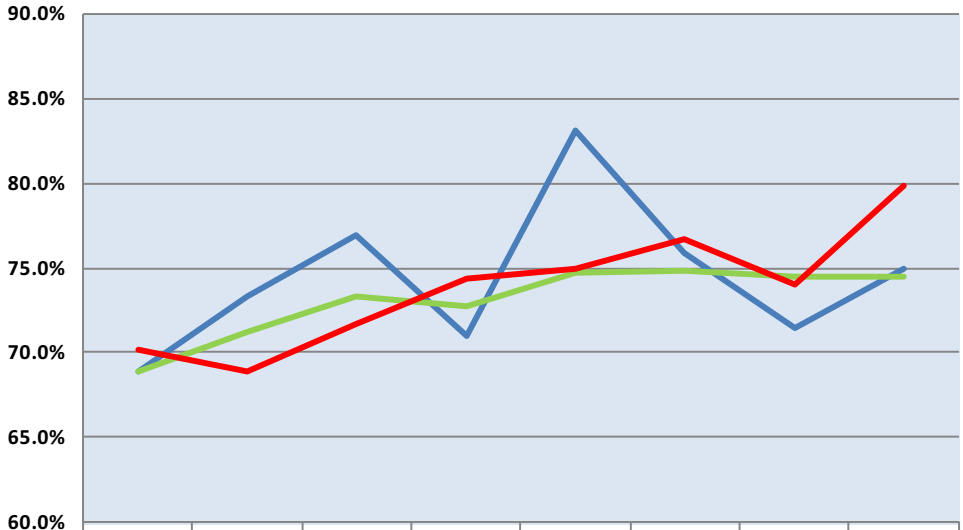
2.1.5 Heart Attack

We said that in 2011/12 we would embed the improvements being made to the treatment and care of people who have a heart attack. This means that our staff will undertake the right assessments and immediate actions, and that patients will receive the correct emergency treatment as quickly as possible.

Assessment and Clinical Care

The quality of care provided to people with a suspected heart attack is a new national clinical quality outcome indicator for 2011/12. The indicator measures whether patients consistently receive the right clinical assessment and care actions, defined as a care bundle.

Figure 3 shows that our staff have overall improved the assessment and care offered to patients suspected of having a heart attack, but that performance has varied throughout the year and is below the national average. We know that there is further work to be done in improving the pain assessment of heart attack patients and increasing the number of pre-alert calls to heart attack treatment centres. This will be the focus of the Trust's quality improvement processes during 2012/13 with improvement trajectories agreed.



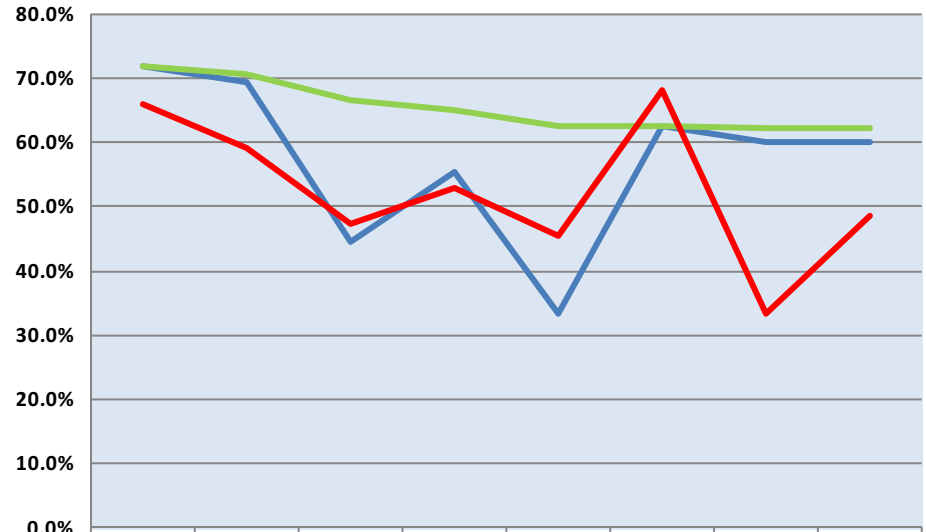
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
NWAS Performance	68.9%	73.3%	76.9%	71.0%	83.2%	75.9%	71.5%	75.0%
NWAS Cumulative	68.9%	71.3%	73.3%	72.7%	74.7%	74.9%	74.5%	74.5%
National Average	70.2%	68.9%	71.7%	74.4%	74.9%	76.7%	74.0%	79.9%

Figure 3: Clinical Quality Indicator Performance: Clinical Care delivered to the patient suffering from a heart attack.

Access to Emergency Treatment

People who have a heart attack may need emergency thrombolysis (clot busting drug given) or rapid transfer to a specialist centre where a PPCI (Primary Percutaneous Coronary Intervention – a procedure to remove the clot) can be undertaken quickly.

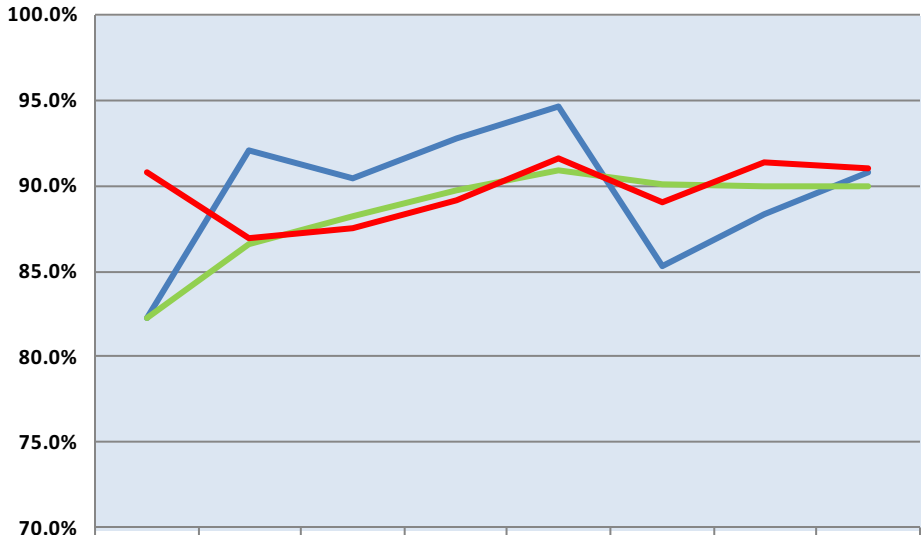
The number of patients receiving thrombolysis is now very small, as most patients now require transfer for a PPCI. This means that measures of performance can fluctuate wildly. Figure 4 shows this:



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
NWAS Performance	72.0%	69.6%	44.4%	55.6%	33.3%	62.5%	60.0%	60.0%
NWAS Cumulative	72.0%	70.8%	66.7%	65.2%	62.5%	62.5%	62.4%	62.2%
National Average	66.0%	59.3%	47.2%	52.8%	45.5%	68.2%	33.3%	48.6%

Figure 4: Clinical Quality Indicator Performance: Thrombolysis intervention within 60 minutes of time of call

Figure 5 below summarises our performance in relation to rapidly transferring heart attack patients to a specialist centre for a PPCI. Our staff transfer around 90% of patients to a cardiac care centre within 60 minutes of the 999 call, an improvement from the start of the year.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
NWAS Performance	82.3%	92.1%	90.5%	92.7%	94.6%	85.3%	88.3%	90.8%
NWAS Cumulative	82.3%	86.6%	88.3%	89.8%	90.9%	90.1%	89.9%	90.0%
National Average	90.8%	86.9%	87.5%	89.1%	91.6%	89.0%	91.4%	91.0%

Figure 5: Clinical Quality Indicator Performance: Clinical Intervention within 150 minutes of time of call.

In conclusion, NWAS continue to perform well by enabling timely access to heart attack treatment centres with further work required to improve the quality of care provided.

…

2.2 Managing Quality Better in 2011/12

In our last Quality Account we described how we would be improving the way that we measure and manage quality. During this year we have:

1. *Introduced new Safety measures and reports for the Board*
   Our "SIREN" reports go beyond traditional measures of safety to look at how long patients wait for us to arrive and how this relates to external and internal factors. Our existing suite of clinical safety measures has also been strengthened by cross-referencing audits by staff and audits by our Advanced Paramedics.

2. *Developed and implemented the Trust's Quality Strategy*
   The Board approved its Quality Strategy in March 2012, along with an implementation plan that sets out how we are going to make a difference to the quality of our services. In summary, the Strategy describes how we will deliver our quality statement, to provide "the right care, at the right time, in the right place".

   Our Quality Strategy can be found at
   http://www.nwas.nhs.uk/internet/AboutUs/OurPublications/KeyPublications/tabid/168/Default.aspx

3. *Further developed Clinical Leadership and Education*
   During this year we have completed our clinical and operational supervisory arrangements to include local supervision by Band 6 Senior Paramedics and Assistant Operational Managers.

This makes us the first ambulance service in England to fully adopt the College of Paramedics career framework that is shown below:

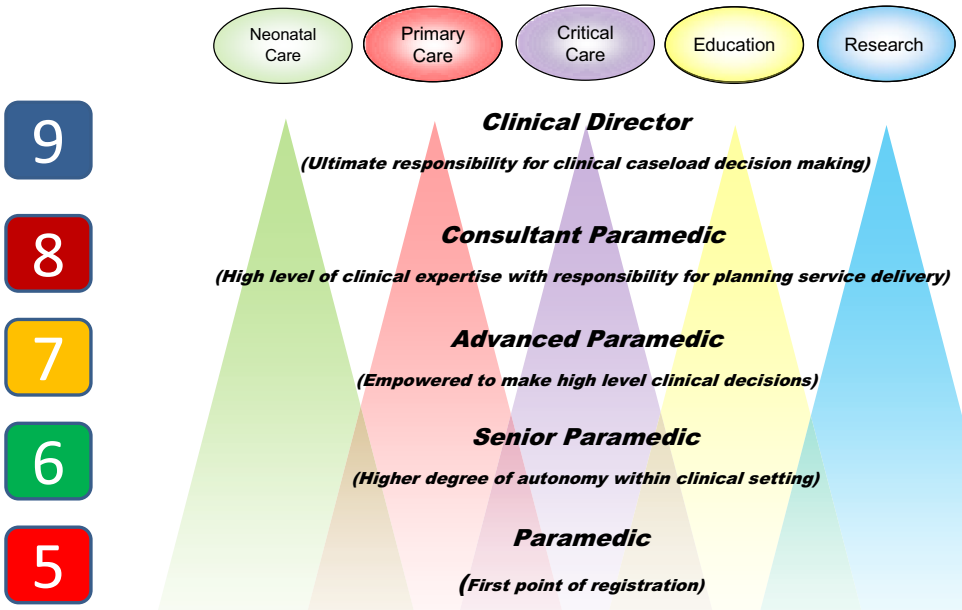


Fig 6: College of paramedics Career Framework

The framework is supported by professional education based on our three key aims:

- Undergraduate programmes leading to registration with the Health Professions Council
- Continuing Professional Development opportunities for paramedics to build on experience and knowledge.
- Advanced Practice programmes open to clinical leaders.

The year ended with the successful appointment of a second Consultant Paramedic who will be responsible for leading the clinical development of our urgent care services.

2.3 National Ambulance Quality Indicators

The new national Ambulance Quality Indicators were introduced in 2011/12 and are divided into two groups, system indicators and clinical outcomes. System indicators describe the speed and effectiveness with which we respond to calls and the type of response received by the patient. A summary of the month of March 2012 is shown below. Some of these measures are new and were being tested during the year, which means that the full year report may not give an accurate picture.

Clinical Outcomes relate to the effectiveness of care given in terms of both what happened to the patient and the outcome. These measures are reported some months in arrears as a detailed audit of ambulance and hospital records is required. At the moment, sample sizes are in some cases small which gives a variation between months. At the end of 2011/12, the most recent information available was from November 2012.

The detailed returns are published monthly by the Department of Health: http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Performancedataandstatistics/AmbulanceQualityIndicators/index.htm

2.3.1 System Indicators

There is a great deal of information included in these returns and comparisons can be made with other Trusts' performance. Rather than try to replicate all of this information a summary of the main points is included below. The benchmarked returns for February 2012, the most up to date service indicator information available is attached as appendix 1:

Indicator: A8 and A19 Response times
Performance: see section 4.4.1.
Indicator: Time to answer call
Performance: On the national measure, we answered 99% of 999 calls within 12 seconds compared with a national average of 1m 20s. NWAS is consistently one of the best performing trusts for call answering.
Indicator: Call abandonment rate
Performance: NWAS performance is close to the average for the percentage of calls abandoned by the caller
Indicator: Time to Treatment
Performance: This is a measure of the overall time taken for a health professional working for the ambulance trust to arrive at the scene of a Category A (immediately life-threatening) call. NWAS has some of the shortest times to reach 50 % of patients at 5m 3s, but performs slightly less well at the 99th percentile.
Indicator: Resolved by telephone
Performance: This is the proportion of 999 calls that have been resolved by providing telephone advice and no ambulance response. It is a measure against which NWAS performs more poorly than other Trusts. In February we resolved 3.4% compared with 5.7% nationally. This is a long-established pattern and partly reflects the comparative health states of the region. However, the Trust is actively seeking to increase the proportion of calls handled effectively, while maintaining clinical safety. The main mechanism for achieving this is the award winning Paramedic Pathfinder project that seeks to give callers the opportunity to speak with a clinician to establish their individual needs.
Indicator: Non A&E
Performance: This records the number of patients who have been cared for and treated at the scene of the 999 call or taken to somewhere other than an A&E department for treatment (for example, an NHS Walk-in Centre). Again the reported figure for NWAS of 21.3% in March is significantly below the national average. This reflects a longstanding position, and in part the relatively small number of alternatives to A&E available in the North West.

Indicator: Recontact within 24h – telephone
Performance: The number of patients who have re-contacted the ambulance trust within 24 hours of them having called 999 and been offered clinical advice over the phone. NWAS is a significant outlier on this measure. However, this is believed to reflect different reporting and operational practices between NWAS and other trusts, particularly in relation to the referral of calls to NHS Direct.
Indicator: Recontact within 24h – on scene
Performance: This records the number of patients who have re-contacted the ambulance trust within 24 hours of them having called 999 and then were discharged on scene following face to face ambulance assessment. NWAS performance is slightly above national average. Paramedic Pathfinder will help to ensure that patient safety is given the highest priority when a judgement is made that a patient does not need to be taken to hospital.

2.3.2 Quality Outcomes

This section provides an overview of NWAS performance in relation to other Ambulance Trusts for all the NACQI Clinical Outcome Indicators.

Certain elements of the data collection process are reliant on data sharing with Acute Hospital Trusts in the North West (NW). To date, the data sharing is still very much work in progress and as such is variable across the region. There are also often time delays in sharing data due to the administration systems in hospitals and staff having time to access and review data.

The Acute STEMI thrombolysis and reperfusion data is taken from the national MINAP audit database and is reliant on hospitals reviewing and updating with eligible patients. Again, this is highly variable across the region and can result in as much as 6 month delays in data entry.

It should be noted that both of the above points are not exclusive to the NW and are experienced nationally by other Ambulance Trusts.

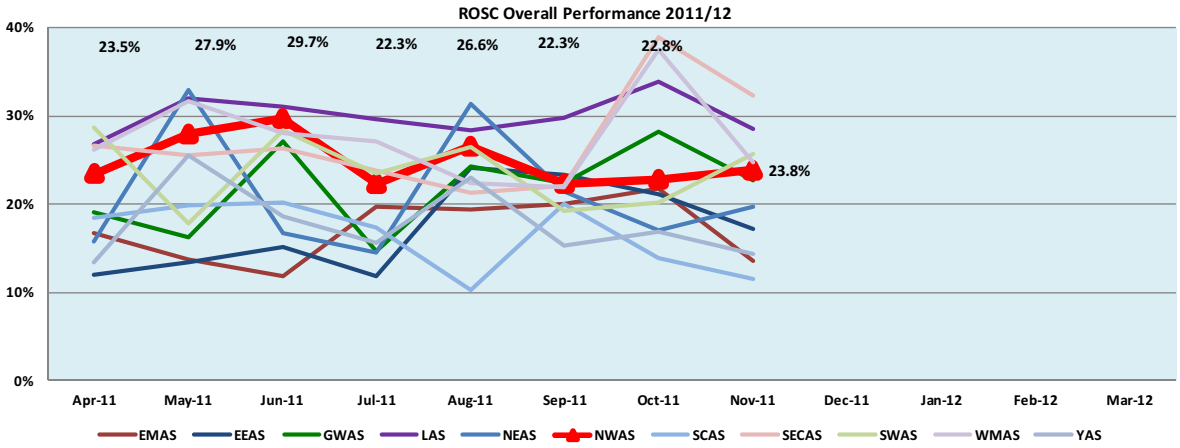
The following table provides a current and previous month summary of NWAS Performance for the NACQI Clinical Outcome Indicators. Data is currently available to November 2011.

ASCQI Indicator		November Performance (%)	October Performance (%)	November Rank position	Rank movement
Cardiac Arrest ROSC	Overall	23.8	22.8	5	↑
	Utstein	40.7	25.0	7	↑
Acute STEMI	Thrombolysis	60.0	60.0	2	↔
	PPCI	90.8	88.3	6	↑
	Care Bundle	75.0	71.5	9	↓
Stroke	Hyper-acute	84.7	84.4	2	↔
	Care Bundle	98.8	97.0	2	↓
Cardiac Arrest Survival to Discharge	Overall	10.0	6.3	2	↑
	Utstein	20.0	16.1	7	↔

Figure 7: Current Month NACQI Performance

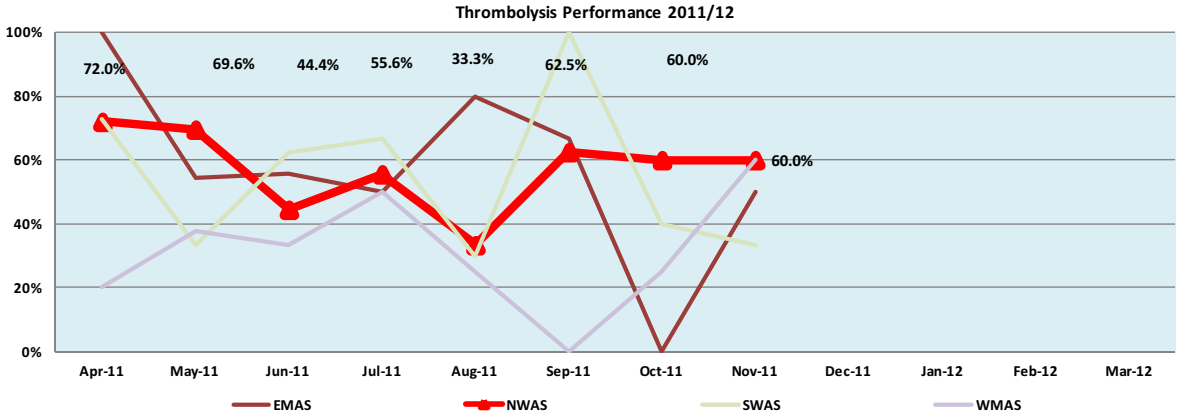
The set of graphs below shows NWAS performance over the year in comparison with that of the other Trusts. They demonstrate the high levels of variation between months as a result of low sample size.

Cardiac Arrest ROSC (Return of Spontaneous Circulation) - *Proportion of those who were resuscitated who had return of spontaneous circulation on arrival at hospital.*



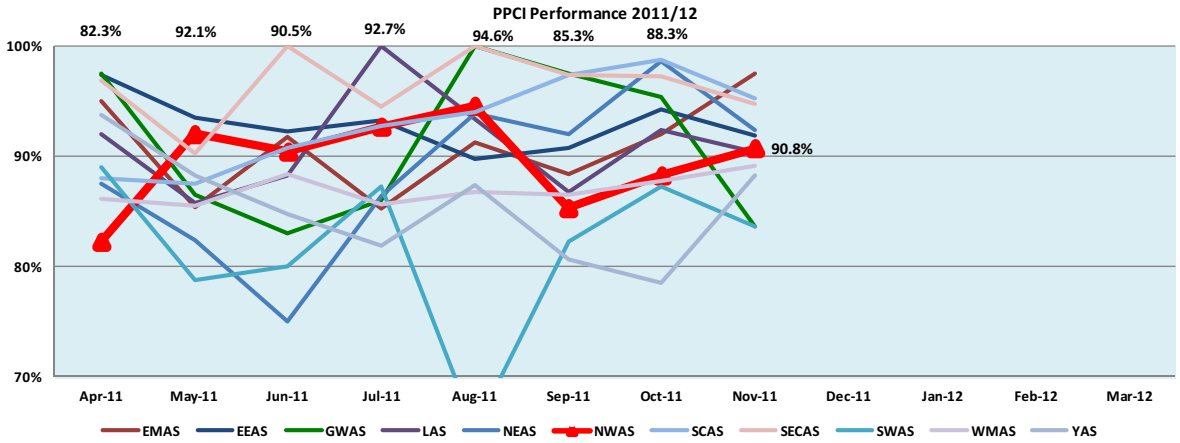
The reported performance for this indicator indicates that NWAS has slipped below the top quartile position for November.

Acute STEMI (Heart Attack) - Pro*portion of patients with definite ST-elevation myocardial infarction who received thrombolysis within 60 minutes of call connecting to ambulance service*



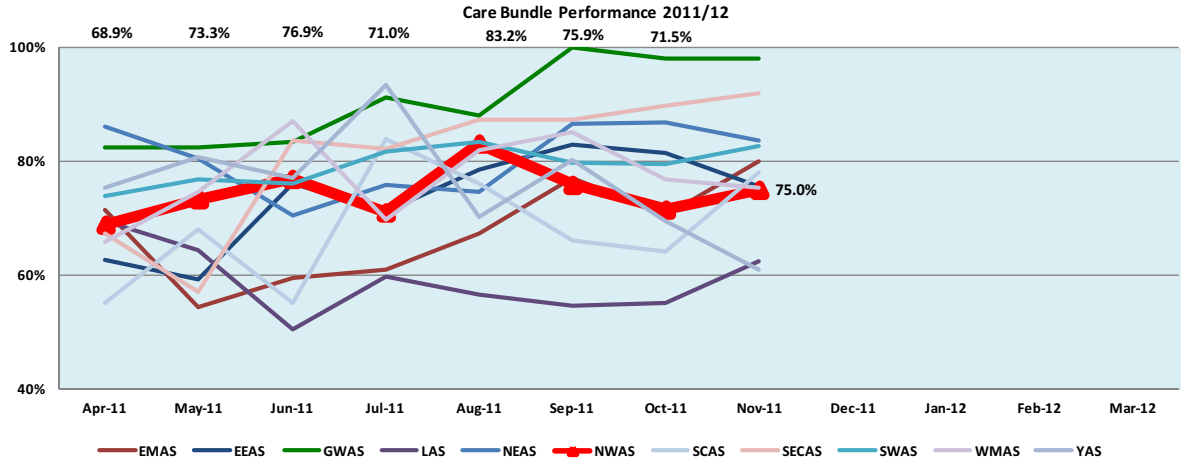
The number of thrombolysis cases is falling as PPCI becomes accepted as the preferred mode of treatment

Proportion of patients with definite ST-elevation myocardial infarction who received primary angioplasty within 150 minutes of call connecting to ambulance service



The data for these graphs is reliant upon the information submitted by the Acute Hospital Trusts.

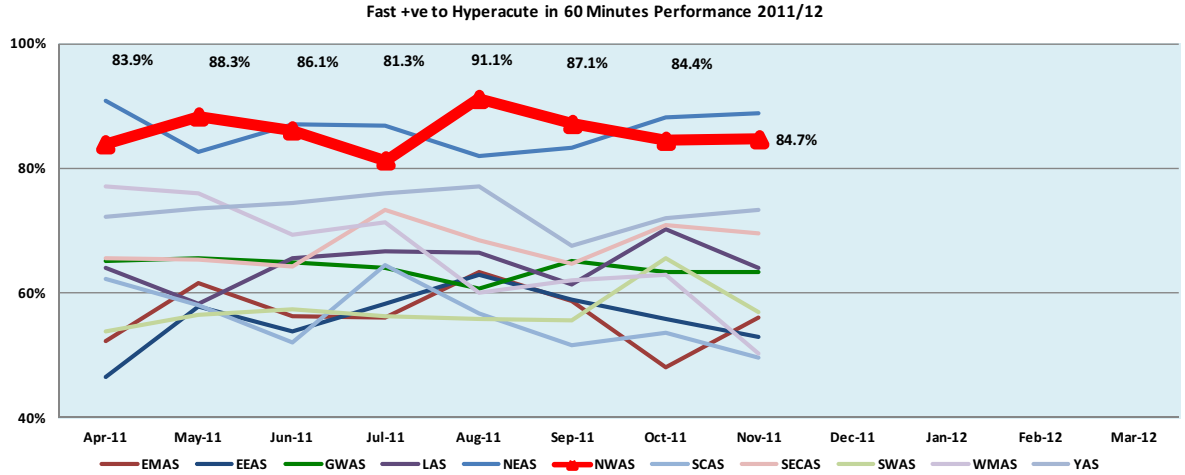
Proportion with ST-elevation myocardial infarction who received an appropriate care bundle



NWAS continues to perform consistently at or around the mid point performance of all ambulance Trusts.

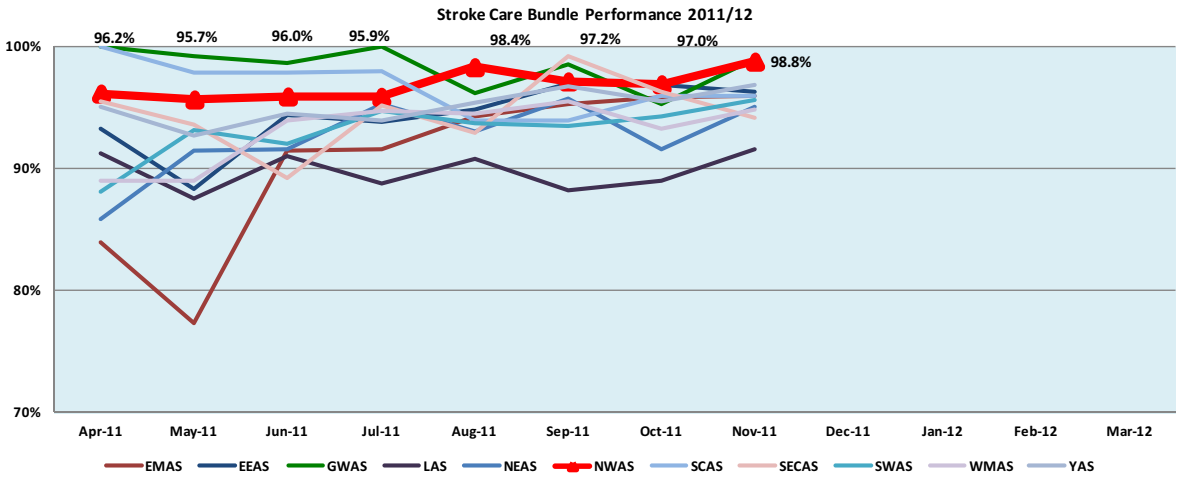
Stroke -

Proportion of FAST positive patients potentially eligible for stroke thrombolysis arriving at a hyperacute stroke unit within 60 minute.



The model of Stroke care available in the North West assists NWAS in performing at a high level in this indicator.

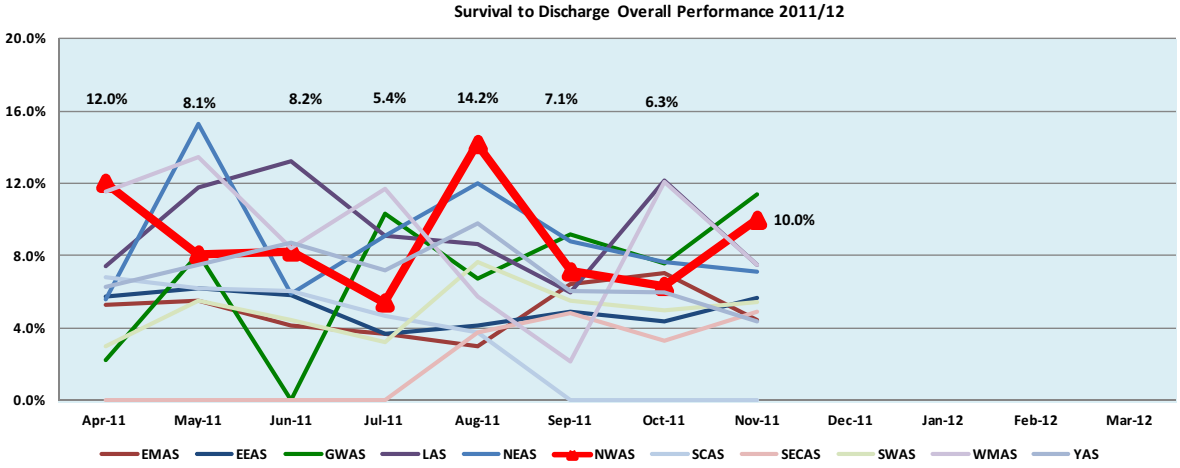
Proportion of suspected stroke patients assessed face to face who received an appropriate care bundle



The November reported performance for this indicator has maintained the top quartile position for NWAS.

Cardiac Arrest Survival to Discharge

Proportion of patients who were discharged from hospital alive following resuscitation by ambulance service following a cardiac arrest



2.4 Indicators of Quality – Patient Safety

2.4.1 Clinical Safety Indicator Reporting

We have measured a range of aspects of clinical safety since 2010. Our Clinical Safety Indicators include Safeguarding Services, Infection Prevention & Control, Medicines Management and Clinical Risk.

We have developed a "care bundle" approach to clinical assessment and care to increase the numbers of patients who receive all the required elements of care.

We provide CSI reports by Sector and Station, identifying improvement opportunities. Our newly complete clinical leadership arrangements are essential in making sure that these opportunities are acted upon locally.

2.4.2 Safeguarding Services

During 2011/2012 we have improved our approach to Safeguarding by:

- Appointing a permanent Safeguarding Practice Manager, a Safeguarding Practitioner and a part time administrator to provide dedicated training and support for staff. The team reviews and manages referrals and supports serious case reviews for both adults and children
- Implementing the Safeguarding Telephone referral procedure, improving the safety and security of information sharing with external agencies
- Updating Safeguarding mandatory training, including developments in the role of Advanced Paramedics in safeguarding practice.

Safeguarding activity is captured on a new database which is an interim tool and provides the ability to report across a number of fields. The Team are also capturing safeguarding data which is reported through the Trust Incident reporting system. Additional reporting will capture safeguarding work with patients with learning disabilities, victims of domestic abuse and others which will be developed during 2012/13.

Issues relating to repeat callers and address flagging will be taken forward during the year to improve information sharing with external agencies and improve protection of vulnerable people.

The monthly Vulnerable Adult Referrals are shown below. Overall there has been a 54% increase in the number of adult referrals compared to the previous year. The increase from 2010/11 to 2011/12 reflects changes that were made to the database reporting system in quarters 3 and 4 in 2010/11 and manual cross checking of referral data. Staff awareness training has also raised the number of referrals.

There has been a 4% increase in the number of child referrals compared to the previous year.

Quality Checks are performed by the Clinical Safety Team on 20% of the Adult and Child telephone referrals received each month at the Support Centre. The quality of the referral electronic form completion process is measured by looking at six pre-determined questions on each form to ensure correct completion.

These quality checks commenced in December 2011, with the average compliance figure for Adult referrals rising by 7% from 89% in December to 96% in March 2012 and for Children 94%.

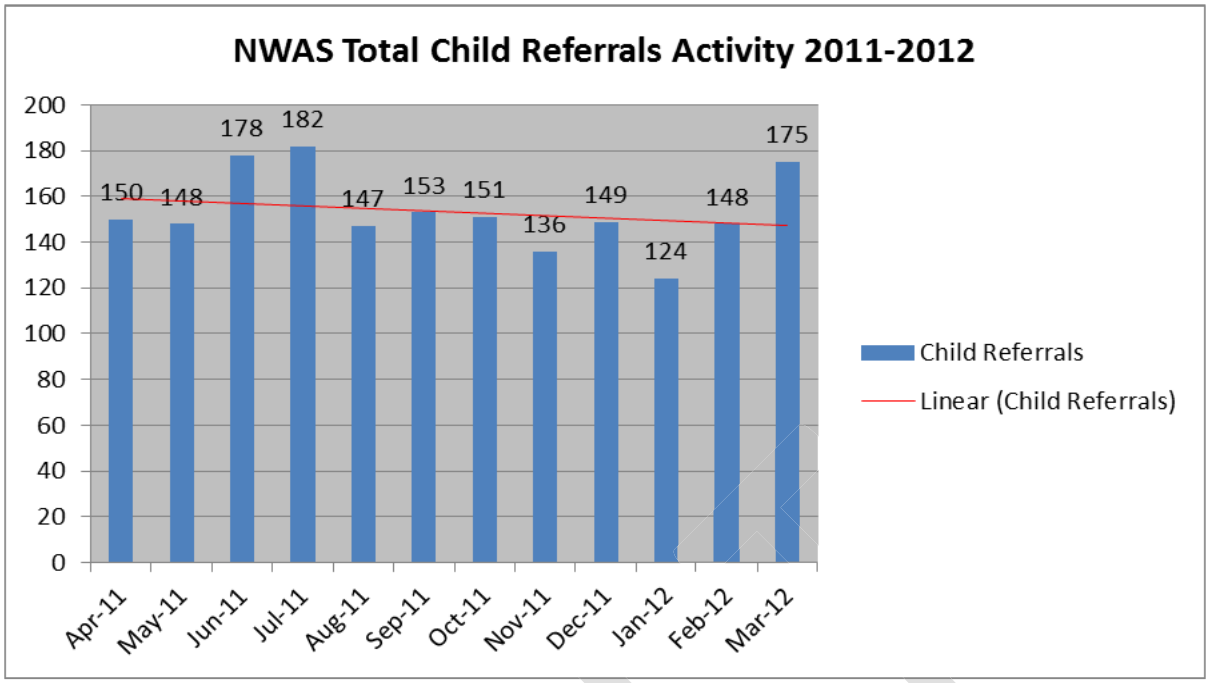


Figure 8: Safeguarding Children Referrals from NWAS

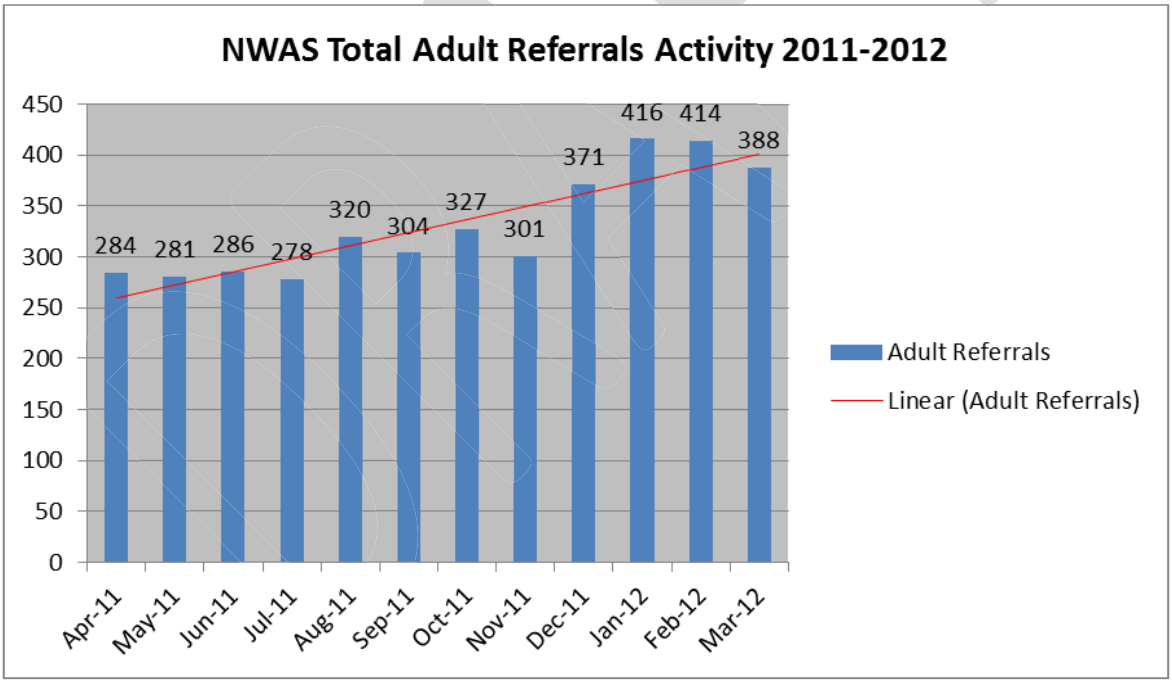


Figure 9: Safeguarding Adult Referrals from NWAS

2.4.3 Clinical Incident Reporting

During the year a total of 1446 clinical and patient safety incidents and near-misses were reported, (see Figure 10). This compared with 1448 last year, showing a stable level of overall reporting. Of these, a total of 334 incidents were reported to the National Patient Safety Agency (NPSA) (See Figure 11). This is down from 442 in 2010/11. 23 incidents were reported using the NHS North West's Strategic Executive Information System (StEIS). The Trust therefore welcomes the fact that

staff are reporting these numbers of potential harm occurrences, making it possible to learn from these opportunities.

The system for reporting Medicines and Healthcare products Regulatory Agency (MHRA) incidents has been reviewed to ensure that all incidents that include equipment failures are now, where appropriate, reported centrally through the Risk and Safety Team.

Figure 10 below shows the total number of clinical incidents and near-misses reported last year by category. Figure 11 shows those that are reported to the National Patient Safety Agency, which are all patient-related.

Type of Incident	No. of incidents
Access/admission/transfer issue	335
Equipment Fault	231
Consent/Communication/Confidentiality	180
Controlled Drugs	159
Medicine Management	101
Slips, Trips or Falls	89
Clinical Assessment	76
Infection Control	63
Clinical Treatment	61
Manual Handling	45
Documentation	29
RTC/ Vehicle	26
Physical Abuse	17
Sharps Injury/ Incident	9
Exposure to Harmful Substance	7
EOLC	7
Verbal Abuse	7
Vehicle Issue	4
Total:	**1446**

Figure 10: Clinical Safety Incidents by Type 2011/12

Incidents by Type	No. of incidents
Access/admission/transfer issue	86
Controlled Drugs	3
Clinical Assessment	17
Clinical Treatment	13
Consent/Communication/Confidentiality	36
Documentation	3
Equipment Fault	54
Infection Control	5
Manual Handling	34
Medicine Management	8
Physical Abuse	1
RTC/ Vehicle	13
Sharps Injury/ Incident	1

Slips, Trips or Falls	68
Vehicle Issue	1
Verbal Abuse	1
Total:	344

Figure 11: Patient Safety incidents by type 2011/12

2.4.4 Infection Prevention and Control

The Trust's Medical Director fulfils the role of Director of Infection Prevention and Control (DIPC). He is supported by the Head of Clinical Safety, and three full time Specialist Paramedics in Infection Prevention and Control (SPIPC). The team are responsible for supporting staff to ensure they adopt best practice, providing expert advice, and providing assurance that stations and vehicles are clean through independent audits.

The Trust has more than 70 staff acting as Infection Control Champions, supporting the Specialist Paramedics. These are members of staff who have a particular interest in improving infection, prevention and control standards and volunteering to take a lead role in their local area. The Trust has six Advanced Paramedics who also 'lead' on IPC within Service Delivery and support the SPIPCs.

During 2011/12 we have made a number of improvements to both reporting and ensuring high standards of cleanliness and infection prevention and control. These include:

- Strengthening the timeliness and reliability of audits and reports through better data collection and triangulation
- Weekly Service Delivery audits of the cleanliness of vehicles (including the deep clean process) and ambulance stations.
- Quarterly independent Specialist Paramedic audits of the cleanliness of vehicles and ambulance stations.
- Random manager spot check audits of the cleanliness of vehicles and stations.

Since December 2011 the Board has been receiving information on the care bundles relating to cleanliness of PES and PTS vehicles. These will be fully reported for 2012/13, but as an indication of current compliance levels the PEES service achieved 93.5% compliance from December 2011 to April 2012.

During 2011/2012 58 incidents were reported:

Incident type	No. of incidents
Contact with bodily fluids	**24**
Contaminated vehicle	**5**
Contaminated Equipment	**13**
Not Notified of patient's infection status	**5**
Staff welfare	**5**
Crew contact with known infectious disease	**4**
Sterile Equipment	**2**
Totals:	**58**

Figure 12: HCAI Incidents 2011/12

This is a reduction from the figure of 66 in the previous year. Examples of improvements made in practice to reduce the number of incidents include:

- A revised Needlestick / Blood splash 'A-D' step by step instructional poster displayed on stations to advise staff how to prevent and deal with bodily fluid incidents

- Action taken to ensure that staff are aware of known infection risks. Where possible our Control Centre staff obtain this kind of information and relay it to operational staff

- A campaign to highlight information on correct waste management and sharps disposal following several incidents where poor practice was identified.

2.5 Clinical Effectiveness

2.5.1 Clinical Performance Indicators (CPIs)

CPIs are a set of measures that identify how staff are performing against a set of prescribed actions that are applicable in five clinical situations. A sixth indicator looks at the standard of completion of Patient Report Forms. The five clinical areas identified are: Asthma, Cardiac Chest Pain Management, Hypoglycaemia (low blood sugar) Management and Stroke Management. We call these our Clinical Performance Indicators (CPIs).

The expected interventions for each clinical condition are grouped into sets of required clinical interventions known as "Care Bundles". Clinical effectiveness is measured in terms of all the interventions in the care bundle being carried out on each patient. A score of 50% means that half of all patients seen with a condition have received the complete bundle of interventions required. The remaining patients will have had a proportion but not all the interventions specified for that clinical condition. As the needs of individual patients vary, a score of 100% would not necessarily be expected at all times.

Progress on these CPIs is reported to each meeting of the Board of Directors and at all levels across the organisation. NWAS agreed a 5% improvement target with commissioners for 2011/12 CPI performance as part of its commitment to improving quality. Significant effort was placed on the development of monthly quality improvement planning at Sector level across the organisation. This, coupled with an incentive award scheme, created a real focus and interest in clinical quality at all levels across the Trust. A Clinical Quality Improvement Award was also introduced as part of the Trust's Annual Award Ceremony to recognise staff and manager's contribution to improving quality. Table 1 below, contains CPI performance for 2011/12 and highlights that all agreed targets were met.

Care Bundle Topic	2011/12 Stretch Target (%) Quality Target	Q4 2011/12 position (Cumulative)	Variance (from Quality Target) (%)
Asthma	68.8	80.1	**+11.3**
Cardiac Chest Pain	46.2	51.2	**+5.0**
Hypoglycaemia	88.4	93.3	**+4.9**
Pain Management	84.0	85.6	**+1.6**
PRF Completion	82.7	84.4	**+1.7**
Stroke	63.4	82.9	**+19.5**

Figure 13: Local CPI Performance 2011/12

2.6 Indicators of Quality – Patient Experience

2.6.1 Access

An essential measure of quality for any ambulance service is the speed with which they respond to 999 calls. This is given considerable emphasis buy the A8 and A19 response time targets

Paramedic Emergency Services

The Trust is very pleased to report that it was successful in meeting the national response time targets for life-threatening emergencies. These requires that Trusts respond to 75% of Category A calls that are identified as being life threatening within 8 minutes of receiving the call, and 95% within 19 minutes.

In 2011/12, through significant further investment from commissioners and the successful implementation of a detailed and effective investment plan, the Trust achieved a significant improvement on previous years for A8. The target was met in each of the four quarters of the year. The Trust also improved its performance against its local target of answering 95% of 999 calls within 5 seconds. These achievements were despite a 2.28% increase in overall activity in comparison with 2010/11.

Indicator	Target	Performance 07/08	Performance 08/09	Performance 09/10	Performance 10/11	Performance 11/12
Response time (A8)	75%	75.61%	74.32%	73.04%	73.64%	76.72%
Response time (A19)	95%	97.54%	96.47%	95.44%	95.66%	95.53%
Call pick-up	95%		94.72%	95.2%	96.60%	97.05%

Figure 14: Annual performance against national response time targets 2007-2012

The Trust currently operates in three sectors although from 2012/13 we will report by the five PCT clusters that correspond with the five counties in the North West. The Trust will continue to work towards the achievement of these targets in each cluster area.

Area	Target	Performance 11/12
Cheshire & Mersey	75%	77.87%
Greater Manchester	75%	74.21%
Cumbria & Lancashire	75%	79.01%
TOTAL		76.72%

Figure15: Area performance against national response time targets 2011-2012

Figure 16 shows that all 11 English ambulance trusts achieved the A8 target and that NWAS (Trust 6 in yellow) had the third highest overall performance.

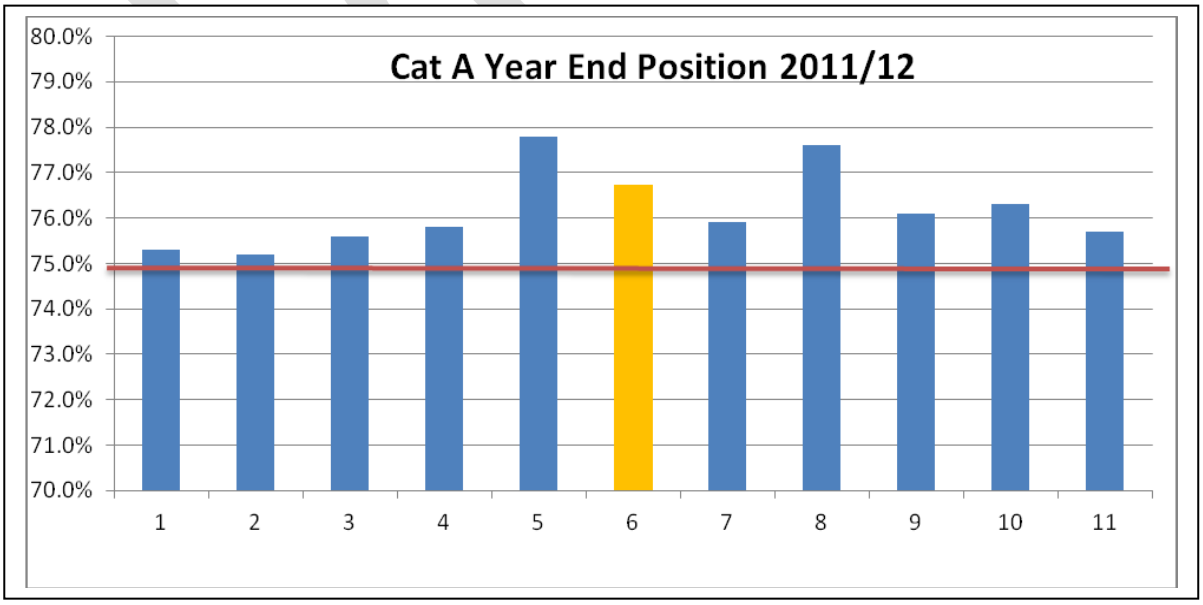


Figure 16: Ambulance Trusts' A8 performance 2011/12

Patient Transport Service

This year, we have been working to quality standards set by our commissioners as part of a single contract for PTS services. Performance is reported publicly to the Board of Directors every month. In 2011/12 the performance against the agreed standards was:

Standard	Target	Performance
Arrival to Appointment: -45 minutes to +15 minutes	60%	60.5%
Time on vehicle – No Greater than 60 minutes	75%	80.2%
Collection after treatment within 60 minutes	85%	74.1%
Collection after treatment within 90 minutes	95%	85.3%
PTS Calls Answered	75%	82.89%
PTS Calls answered in 30 Seconds	40%	41.29%
PTS Average Answer Delay	4 mins	3 mins 7 secs

Figure 17: PTS Quality Standards Performance 2011/12

While most contract standards have been met, the Trust is working actively to achieve an improvement in the outstanding issue of collection after treatment

2.6.2 Patient and Public Engagement

The Trust meets with a wide range of groups and individuals to ensure that our services meet the needs of the communities we serve. The Board of Directors has approved a communication and engagement strategy that sets out our plans and this is overseen by the Trust's Communities Committee. As well as statutory bodies such as Overview and Scrutiny Committees (OSCs) and Local Involvement Networks (LINks), the Trust works with organisations linked to specific locations and groups, regularly contributing to Health Melas, PRIDE and other community events across the region. Specific examples of how we have worked with our communities during 2011/12 include:

- An open day linked with the Trust's AGM was held in Knutsford, Cheshire. 300 members of the public attended to hear about our services and plans for the future.
- We consulted with our members, community groups and LINks to agree our equality and diversity priorities for the next four years, approved by our Board in March 2012.
- Recruitment of members from communities across the whole of the North West. The response to becoming a member has been very positive and we are looking forward to working with members and our Governors when we become a Foundation Trust. Workshops have been held across the North West to inform new members about being a Governor. There is a regular newsletter and a planned programme of speaker events. Full details are available in the Trust's membership strategy at www.nwas.nhs.uk/
- Community workshops using a board game that helps members of the public to get involved in service redesign. The game helps people to understand the patient journey and tells us about gaps in public perception, service quality and information.
- Launch of our Social Media programme in December 2011 with a 'tweetathon'. We used Twitter to describe a day in the life of a paramedic in each county, resulting in a 214%

increase in the Trust's Twitter followers. Social media allows us to engage with members of the public directly, promoting key messages and responding to public interest and comments.

- Some of the issues that have been identified have been made into short films of "Patient Stories". These are now presented to each Board meeting and will be used to publicise our work.

Patient Experience Programme 2011/12

This has been another important year for us in terms of improving our ability to learn from what patients say to us. Funds from the Clinical Quality Innovation Programme (CQUIN) have helped us to further develop the way that we find out about the experience of patients; this year the focus has been on our Patient Transport Service (PTS).

We asked patients about the things that we know matter to people when our staff attend to them, such as being treated with dignity and respect, and our staff showing empathy and listening. We also included important issues such as waiting, access to the service and environment.

From this work we know that more than 90% of our patients reported very high levels of satisfaction in being treated with dignity and respect and as an individual. The full results of the programme will be published by the end of June 2012.

The Care Quality Commission report from their inspection visit in March 2012 recognises the innovative methods that we are now using to find out what our patients think, including real time face to face surveys in A&E departments, focus groups, telephone interviews, internet based tools and observational audits. An early example of an improvement made as a result of our work this year is a trial of calling renal patients to inform them on the day of the expected time of arrival of their transport.

TABLE of results to be inserted in final document

We have undertaken fifteen focus groups with community groups using the board game described above. This has led to a range of improvements in public information such as:

- The production of a leaflet and audio CD regarding what to expect from the PTS service
- Review of diversity awareness and training
- Promotion of communication aids for those with specific needs, including a pictorial handbook and the use of SMS texting.
- The Trust has also carried out a survey of the views of patients who have been contacted by our Urgent Care Desk with a view to finding more appropriate care. These have revealed high satisfaction levels.

2.6.3 Complaints, PALS and Compliments

(Please note some of these figures will be amended slightly in the final version as cases have been resolved)

In 2011/12 the Trust received a total of 386 complaints, 2422 PALS contacts and 798 compliments. A monthly breakdown is shown below.

COMPLAINTS													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2008/2009	27	32	33	37	20	41	37	32	31	34	26	22	372
2009/2010	31	27	39	51	41	34	40	51	41	47	73	78	553
2010/2011	42	41	40	43	30	50	35	46	43	36	33	44	483
2011/2012	48	27	37	30	28	19	32	33	36	35	28	33	386

PALS													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2008/2009	121	124	102	139	106	129	147	104	110	136	137	160	1515
2009/2010	145	99	144	174	111	151	184	152	116	134	187	213	1810
2010/2011	159	140	195	155	161	130	112	173	150	173	185	274	2007
2011/2012	194	213	156	196	191	202	204	245	201	233	223	164	2422

COMPLIMENTS													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2009/2010	63	41	62	57	73	45	53	67	35	62	47	65	670
2010/2011	62	67	66	62	56	66	61	67	46	68	50	77	748
													798

Figure 19: Complaints, PALS and Compliments Data 2008/09, 2009/10, 2010/11 and 2011/12

The total number of complaints has fallen for the third year. Both compliments and PALS show an increase in numbers over the same period.

By the nature of the informal, simpler and quicker service PALS is often best placed to resolve concerns and comments as soon as possible. A breakdown of the time taken to resolve PALS is detailed below, and 28 PALS concerns were referred to complaints.

PALS working days to resolve	Cumbria Lancs	Cheshire Mersey	GM	Total
0 - 2 working days	319	399	480	1198
3 - 5 working days	76	82	93	251
6 - 10 working days	71	63	82	216
11 - 20 working days	83	82	137	302
20+ working days	88	112	229	429
Totals:	637	738	1021	2396

Figure 20: No of working days taken to resolve PALS contacts, broken down into geographical areas

Patient Transport Service (PTS) - Complaints

During 2011/12, 36.7% of complaints were about the Patient Transport Service. The main areas of concern as detailed below are delays in transport and failure to transport. Figure 21 below shows the total number of PTS complaint categories broken down on the left of the table by geographical/service area data, and on the right service type.

	Cumbria Lancs	Cheshire Mersey	GM	Total	PTS Con	PTS Ops	VCS
Delay in PTS Transport	7	2	30	**39**	35	4	0
Failure to Transport (PTS)	6	7	16	**29**	27	2	0
Inappropriate Care	4	8	11	**23**	2	21	0
Staff Attitude	1	3	9	**13**	7	6	0
Transport Other	1	3	1	**5**	5	0	0
Driving Skills	3	0	1	**4**	1	2	1
Policy/Procedure	0	2	2	**4**	3	1	0
Staff Conduct	1	1	1	**3**	0	3	0
Other	0	1	2	**3**	1	2	0
Communication	1	1	0	**2**	1	1	0
Delay in emergency response	0	0	1	**1**	0	1	0
Totals:	**24**	**28**	**75**	**127**	**82**	**44**	**1**

Figure 21: PTS Complaint categories and geographical/service area data

Patient Transport Service – PALS

As can be seen from Figure 22 below, the main areas of PALS concern for the Patient Transport Service are delays out of hospital and non arrival of transport, followed by communication and information and delays into hospital.

	Cumbria Lancs	Cheshire Mersey	GM	Total	PTS Con	PTS Ops	VCS
Delays out of Hospital (PTS)	68	58	183	**309**	288	20	1
Eligibility Criteria	88	52	39	**179**	176	3	0
Delays into Hospital (PTS)	35	33	105	**173**	164	8	1
None arrival of Ambulance	15	26	130	**171**	157	14	0
Communication and information	25	60	45	**130**	123	7	0
Expression of Concern	23	29	73	**125**	93	32	0
Non Provision of Ambulance	18	30	55	**103**	90	13	0
Attitude Staff	37	29	37	**103**	15	80	8
Problems with transporting Patients	20	12	36	**68**	47	21	0
Driving Standards	16	5	7	**28**	2	20	6
Lost Property	7	10	9	**26**	3	23	0
Care/ Treatment Given	8	8	7	**23**	2	20	1
Other	1	9	11	**21**	14	7	0
Early arrival of Ambulance	8	2	2	**12**	11	1	0
Vehicle issues	2	1	1	**4**	3	1	0
Confidentiality	1	0	0	**1**	0	0	1
Discrimination	0	0	1	**1**	0	1	0
Totals:	**372**	**364**	**741**	**1477**	1188	268	18

Figure 22: PTS PALS categories and geographical/service area data

Paramedic Emergency Service (PES) – Complaints

Figure 23 shows the total numbers of PES complaints by geographical area on the left of the table and by service area on the right. The main areas of concern have focussed on delay in emergency response, followed by inappropriate care and thirdly, staff attitude. Staff attitude was recorded as the main area of concern in the 2009/10 Quality Account and there has been a slight improvement this year.

Complaints Categories	Cumbria Lancs	Cheshire Mersey	GM	Total	First responder	Control	PES Ops
Delay in emergency response	24	43	36	**103**	0	23	1
Inappropriate Care	10	23	22	**55**	1	2	20
999 Call triage	10	9	5	**24**	0	3	6
Staff Attitude	5	7	11	**23**	0	1	10
Staff Conduct	3	4	4	**11**	0	0	1
Failure to Convey (PES)	4	3	4	**11**	0	94	9
Communication	2	0	7	**9**	0	0	1
Delay in emergency transfer	2	2	4	**8**	0	0	1
Policy/Procedure	0	2	2	**4**	0	7	4
Other	1	1	1	**3**	0	3	52
Delay in PTS Transport	0	2	0	**2**	0	1	1
Confidentiality	1	0	0	**1**	0	3	0
Driving Skills	0	0	1	**1**	0	1	3
Equipment problem or failure	0	1	0	**1**	0	0	1
Medical Records	0	0	1	**1**	0	8	0
Transport Other	0	0	1	**1**	0	0	1
Totals:	62	97	99	**258**	1	146	111

Figure 23: PES Complaints categories and geographical/service area data

Paramedic Emergency Service – PALS

The main areas of concern arising through PALS focussed on communication and information, followed by lost property and finally response times, closely followed by staff attitude (see Figure 24 below). It is noteworthy that staff attitude does not seem to have been such a major focus with complainants during the past twelve months.

PALS Categories	Cumbria Lancs	Cheshire Mersey	GM	Total	First responder	Control	PES Ops
Lost Property	9	86	44	**139**	0	0	139
Response Times (PEC)	37	52	49	**138**	0	127	11
Attitude Staff	41	47	34	**122**	0	5	117
Communication and information	28	47	19	**94**	0	49	45

Expression of Concern	23	27	22	**72**	1	26	45
Care/ Treatment Given	16	24	21	**61**	1	2	58
Driving Standards	21	16	20	**57**	0	1	56
999 triage	24	20	10	**54**	0	51	3
Access to Health records request	8	15	11	**34**	0	15	19
Other	9	15	9	**33**	0	14	19
Misuse of Sirens	5	2	6	**13**	0	1	12
None Provision of Ambulance	4	0	5	**9**	0	5	4
Confidentiality	2	2	1	**5**	0	2	3
Delays into Hospital (PTS)	0	2	3	**5**	0	2	3
None arrival of Ambulance	1	2	1	**4**	0	3	1
Vehicle issues	1	0	2	**3**	0	0	3
Delays out of Hospital (PTS)	0	1	1	**2**	0	1	1
Problems with transporting Patients	0	1	1	**2**	0	0	2
Discrimination	0	1	0	**1**	0	0	1
Totals	**230**	**360**	**259**	**849**	**2**	**305**	**542**

Figure 24 PES PALS categories and geographical/service area data

PALS working days to resolve	Cumbria Lancs	Cheshire Mersey	GM	Total
0 - 2 working days	77	155	86	318
3 - 5 working days	21	46	33	100
6 - 10 working days	33	32	26	91
11 - 20 working days	39	52	35	126
20+ working days	55	73	78	206
Totals:	225	358	258	841

Figure 25: No of working days taken to resolve PES PALS contacts, broken down into geographical areas

The table above details how long PALS took to resolve. A total of 54 PALS concerns were referred to become complaints.

Lessons learned

We ensure that lessons are learned from complaints and PALS contacts. This is described in detail in our annual "4 C's" report which can be accessed on www.nwas.nhs.uk or on request from the Trust.

Emergency Control Centres:

- Further to a number of complaints and concerns about the outcome of calls for patients who had fallen, the Trust has taken steps to expedite a response, particularly for patients who have fallen in a public place.

PTS Control:

- Call virtualisation between the PTS Control Centres has significantly reduced the number of complaints and concerns regarding patients waiting to book transportation.

PTS:

- Review completed of a patient's mobility following a fall during transportation. Staff actions were reviewed to ensure that staff are clear on what actions need to be taken when a patient falls and is injured whilst in their care.

PES:

- Reminders and bulletins have been issued to staff regarding a number of issues including the importance of appropriate completion of Patient Report Forms, provision of timely Basic Life Support, pain management and the need to ensure Incident Report Forms are appropriately completed.

Compliment from a patient:

- Letter of compliment received expressing sincere thanks to ambulance crew who attended to the patient in a RTC. Crew had a very professional and caring manner. The crew made the patient realise they were in safe hands. Patient very grateful for all the crews help, and would have no hesitation in nominating them both for an employee of the year scheme

3 Looking Forward to Improving Care

The Trust has agreed, in consultation with our stakeholders, four key quality improvement areas for 2012/13. These are identified as priorities within our Quality Strategy.

3.1 Safer Care Closer to Home (Falls)

We aim to provide safe care, as close to home as possible and avoiding unnecessary journeys to hospital. To date, we have worked with a number of commissioners and community service providers to make sure that people who fall and do not need transport to hospital have a timely assessment at home by an Integrated Care Assessment Team.

During this year we will be developing this work further across the North West to improve the treatment, care, experience and outcomes for those who fall.

3.2 Major Trauma systems

From April 2012 a new system for the treatment of patients suffering major trauma is being introduced across England. The change is in response to clear clinical evidence that this relatively small group of patients will have better outcomes in terms of survival and recovery if they are treated at a Major Trauma Centre. These Units will have the necessary services and expertise on site, and staff who are experienced and skilled at managing these cases.

The consequences for the ambulance service are significant, as clinical staff will have to make judgements on where each patient in the category should be taken. This will be based on distance to the Trauma Centre or other hospitals and the condition of the patient. The Trust has devised

systems to support this and trained staff accordingly. The impact of this new development will be monitored closely and reported in next year's Quality Account.

3.3 End of Life Care

Further to work already described in Section 2, we plan to roll out the rapid discharge pathway for people nearing the end of their lives. Development of a PTS discharge service for people who have palliative care is also being planned.

To help reduce unnecessary admissions and improve compliance with patient's stated preferences and agreed care plans, the development of referral management pilot sites for end of life patients is another key priority for 2012/13.

The ongoing education of staff in this area will continue to be a priority for the forthcoming year.

3.4 Patient experience relating to learning disability and dementia

The Trust has already undertaken focus groups about patient experience with learning disability representatives, and the intention is to expand this work in 2012/13. A key output from this year has been the production of a pictorial version of the patient journey for both patient transport and the 999 service to assist with public education, there was also a key interest in the use of social media for communicating with the public. The pictorial patient journey will be a key area of work in 2012/13.

In addition the Trust has developed two pictorial handbooks, developed with Salford Council and learning disability groups in the area, which provide a communication tool for PTS and PES staff. The tool assists staff in explaining their actions, treatment and care they are providing to patients where they may be language barriers. The Trust is currently developing a version for its community first responders which will be launched in 2012.

Additional reporting will capture safeguarding work with patients with learning disabilities; victims of domestic abuse; and others which will be developed during 2012/13

4 Formal Statements on Quality

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

4.1 Review of services

The Trust has reviewed all the data available on the quality of care in the services provided by us in 2011/12. The income generated by the NHS services reviewed in 2011/12 represents 100 per cent of the total income generated from the provision of NHS services by the Trust for the year.

4.2 Participation in clinical audits

During 2011/12, the Trust participated in two national clinical audits and one national confidential enquiry relevant to NHS services that the Trust provides. During that period the Trust participated in 100% of national clinical audits that it was eligible to participate in.

The national clinical audits and national confidential enquiries that NWAS NHS Trust was eligible to participate in during 2011/2012 were:

- MINAP (Myocardial Ischaemia National Audit Project) a national audit of the care of patients suffering a heart attack.
- TARN: (Trauma Audit and Research Network) a national audit of the care of patients suffering acute trauma.
- CEMACE: (Centre for Maternal and Child Enquiries) a National Confidential Enquiry audit of head injury in children

Ambulance services are not required to register cases for these audits, but provide appropriate information on request.

The reports of no national clinical audits were reviewed by the Trust in 2011/2012.
The reports of no local clinical audits were reviewed by the Trust in 2011/2012.

4.3 Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by NWAS NHS Trust in 2011/12 that were recruited during that period to participate in research approved by a research ethics committee was nil. Ambulance trusts are not normally involved in leading primary research but do contribute to appropriate research projects.

4.4 Use of the CQUIN payment framework

A proportion of NWAS NHS Trust income in 2011/12 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). The seven schemes are listed below. They were supported with funding from commissioners and allowed the Trust commit time and investment into a number of crucial areas. All seven schemes were completed successfully.

- Advancing Quality – Acute Myocardial Infarction
- Urgent Care Service
- PES Contact Centre
- Clinical Quality Indicators
- Complementary Resources (Chain of Survival)
- PTS Contact Centre
- PTS Patient Experience

4.5 Statements from the CQC

The Trust is required to register with the Care Quality Commission and its current registration status is that it is registered without conditions.

The Care Quality Commission has not taken enforcement action against NWAS NHS Trust during 2011/12. NWAS NHS Trust has not participated in any special reviews or investigations by the CQC during the reporting period. IN March 2012 the Trust received a highly successful compliance inspection that gave very strong assurance of ongoing compliance with registration standards.

4.6 Statement on relevance of Data Quality and your actions to improve it

4.6.1 NHS Number and General Medical Practice Code Validity

NWAS NHS Trust did not submit records during 2011/12 to the Secondary Uses service for inclusion in the Hospital Episode Statistics. This requirement does not apply to ambulance trusts.

4.6.2 Information Governance Toolkit attainment levels

NWAS NHS Trust Information Governance Assessment Report score overall score for 2011/12 was that the Trust achieved Level 2 compliance in all elements of the toolkit except one relating to information governance training for all staff which was at level 1.

4.6.3 Clinical coding error rate

NWAS NHS Trust was not subject to the Payment by Results clinical coding audit during 2011/12 by the Audit Commission

5 Statements from commissioning PCT, LINk and OSC

5.1 Overview and Scrutiny Committees

5.2 Local Improvement Networks

5.3 Primary Care Trusts

Appendix 1: Ambulance Quality Indicators, March 2012

Help

Introduction | Overview | Month View | Export | Compare | Charts | Narrative | Glossary

Ambulance CQI Data - February 2012

February 2012

Clinical Quality Indicator	Units	East Midlands	East of England	Great Western	Isle of Wight	London	North East	North West	South Central	South East Coast	South Western	West Midlands	Yorkshire	All
Time to Answer - 50%	mm:ss	0:02	0:01	0:01	0:01	0:00	0:01	0:01	0:03	0:03	0:02	0:01	0:01	n/a
Time to Answer - 95%	mm:ss	0:33	0:15	0:15	0:04	0:18	0:01	0:05	0:55	0:28	0:54	0:04	0:26	n/a
Time to Answer - 99%	mm:ss	1:21	1:08	1:15	0:08	1:12	0:35	0:12	2:06	1:18	1:42	0:46	1:36	n/a
Abandoned calls	%	0.96	0.64	1.25	2.13	0.15	0.74	1.15	2.81	2.07	3.89	0.76	1.77	1.20
Cat A8	%	72.6	72.7	73.6	77.3	74.2	74.8	75.6	71.1	75.0	73.9	72.8	73.8	73.9
Cat A19	%	90.3	93.7	95.4	98.3	99.0	97.9	93.9	94.0	97.1	95.5	97.3	97.7	95.9
Time to Treat - 50%	mm:ss	6:17	6:15	5:40	5:23	5:42	5:40	5:03	6:22	5:37	5:24	5:47	5:18	n/a
Time to Treat - 95%	mm:ss	22:28	15:31	15:00	16:34	12:48	15:12	15:30	19:23	17:15	18:54	15:10	13:11	n/a
Time to Treat - 99%	mm:ss	39:43	22:55	22:50	21:35	19:36	23:09	33:04	33:13	26:35	29:24	23:27	19:38	n/a
STEMI - Care	%	-	-	-	-	-	-	-	-	-	-	-	-	-
Stroke - Care	%	-	-	-	-	-	-	-	-	-	-	-	-	-
Frequent caller	%	0.07	0.00	0.13	0.69	2.89	0.00	0.00	6.45	0.00	0.00	0.00	1.21	0.98
Resolved by telephone	%	6.1	6.0	9.7	7.8	6.1	3.6	3.4	5.6	5.7	6.2	6.9	5.3	5.7
Non A&E	%	39.5	47.3	49.1	43.6	31.1	33.6	19.1	41.2	38.4	48.2	33.7	23.5	34.3
STEMI - 60	%	-	-	-	-	-	-	-	-	-	-	-	-	-
STEMI - 150	%	-	-	-	-	-	-	-	-	-	-	-	-	-
Stroke - 60	%	-	-	-	-	-	-	-	-	-	-	-	-	-
ROSC	%	-	-	-	-	-	-	-	-	-	-	-	-	-
ROSC - Utstein	%	-	-	-	-	-	-	-	-	-	-	-	-	-
Cardiac - STD	%	-	-	-	-	-	-	-	-	-	-	-	-	-
Cardiac - STD Utstein	%	-	-	-	-	-	-	-	-	-	-	-	-	-
Recontact 24hrs Telephone	%	4.9	14.9	10.2	2.3	7.3	14.7	36.6	16.9	14.0	12.4	15.4	29.2	15.1
Recontact 24hrs On Scene	%	6.5	5.1	2.7	3.3	4.8	5.8	6.7	6.7	6.7	6.3	5.0	9.0	5.8

Appendix 2: Glossary of Terms

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

We can be contacted at:

North West Ambulance Service NHS Trust
Trust Headquarters
Ladybridge Hall
Chorley New Rd
Bolton
Lancs
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 Tim Butcher, Assistant Director for Performance Improvement on:

Telephone: 01204 498400
E-mail: tim.butcher@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.

This page is intentionally left blank

CHESHIRE EAST COUNCIL

REPORT TO: HEALTH AND WELLBEING SCRUTINY COMMITTEE

Date of Meeting: 14 June 2012
Report of: Borough Solicitor
Subject/Title: Work Programme update

1.0 Report Summary

1.1 To review items in the 2011/12 Work Programme (attached at Appendix 1), to consider the effectiveness of existing items listed in the schedule attached, together with any other items suggested by Committee Members.

2.0 Recommendations

2.1 That the work programme be reviewed as necessary.

3.0 Reasons for Recommendations

3.1 To progress the work programme in accordance with the Council's procedures.

4.0 Wards Affected

4.1 All

5.0 Local Ward Members

5.1 Not applicable.

6.0 Policy Implications including - Climate change
- Health

6.1 Not known at this stage.

7.0 Financial Implications for Transition Costs

7.1 None identified at the moment.

8.0 Legal Implications (Authorised by the Borough Solicitor)

8.1 None.

9.0 Risk Management

9.1 There are no identifiable risks.

10.0 Background and Options

10.1 In reviewing the work programme, Members must pay close attention to the Corporate Plan and Sustainable Communities Strategy "Ambition for All".

10.2 In reviewing the work programme, Members must have regard to the general criteria which should be applied to all potential items, including Task and Finish reviews, when considering whether any Scrutiny activity is appropriate. Matters should be assessed against the following criteria:

- Does the issue fall within a corporate priority
- Is the issue of key interest to the public
- Does the matter relate to a poor or declining performing service for which there is no obvious explanation
- Is there a pattern of budgetary overspends
- Is it a matter raised by external audit management letters and or audit reports?
- Is there a high level of dissatisfaction with the service

10.3 If during the assessment process any of the following emerge, then the topic should be rejected:

- The topic is already being addressed elsewhere
- The matter is subjudice
- Scrutiny cannot add value or is unlikely to be able to conclude an investigation within the specified timescale

10.4 A request has been received from Councillor Arthur Moran regarding undertaking some scrutiny work on prostate detection via screening and treatment.

11.0 *Access to Information*

The background papers relating to this report can be inspected by contacting the report writer:

Name: Denise French
Designation: Scrutiny Officer
Tel No: 01270 686464
Email: denise.french@cheshireeast.gov.uk

HEALTH AND WELLBEING SCRUTINY COMMITTEE – WORK PROGRAMME

Issue	Description/ Comments	Suggested by	Portfolio Holder	Corporate Priority	Current position	Date for completion
North West Ambulance Service (NWAS) Performance Issues and Foundation Trust status	Committee to be kept updated on performance of NWAS in Cheshire East; NWAS and Adult Social Care to meet to discuss how the two organisations can work together to make improvements to response times including sampling of cases where alternative services to an ambulance may have been appropriate but lack of knowledge meant this was not possible.	Committee	Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East	Presentation made to committee on 10 November 2011. To report back in June 2012 on current response time figures, further information on Community First Responders schemes, details of Care Bundles used for Acute Myocardial Infarction and stroke cases.	On-going

Diabetes/Obesity – Scrutiny Review	Task/Finish Group now submitted final report to Cabinet on 20 September 2010.	Committee	Health and Wellbeing; Children and Families	To improve life opportunities and health for everybody in Cheshire East	Keep Action Plan under review – June 2012	2012
Annual Public Health Report	To receive a presentation on the Annual Public Health report and assess whether any issues should be a focus for Scrutiny	Committee	Health and Wellbeing	To improve life opportunities and health for everybody in Cheshire East	Presentation to Committee in June 2012 – all Cllrs to be invited if the Report is not going to be presented to all Cllrs at full Council	Annual item
Health and Wellbeing Board	Development of new arrangements		Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East	HWBB - Update on progress at each meeting.	On-going
Clinical Commissioning Groups	Development of new arrangements			To improve life opportunities	Report on CCG structures, progress with	

				and health for everybody in Cheshire East	authorisation, who will lead on CCG, commissioning intentions and vision etc to come to meeting in July	
Alcohol Services – commissioning and delivery in Cheshire East		The Cheshire and Wirral Councils Joint Scrutiny Committee	-	To improve life opportunities and health for everybody in Cheshire East	Await Annual Public Health report and National Alcohol Strategy.	TBA
Review of Joint Strategic Needs Assessment	The Joint Strategic Needs Assessment is a joint document produced by the PCT and the Council and is regularly updated. It will be a useful tool for informing Scrutiny of areas on which to focus work. The production of the	Committee		To improve life opportunities and health for everybody in Cheshire East	Briefing session on health reforms to be carried out in 2012	TBA

	JSNA will be a major role for the new Health and Wellbeing Board					
Joint Health and Wellbeing Strategy		Committee	Health and Wellbeing	To improve life opportunities and health for everybody in Cheshire East	Report to Committee in April 2012	TBA
Quality Accounts:	NHS Providers publish Quality Accounts on a yearly basis and are required to give Scrutiny the opportunity to comment.		-	To improve life opportunities and health for everybody in Cheshire East	April 2012 – Mid Cheshire and East Cheshire Hospital Trusts; June 2012 (Ambulance Service)	Regular annual item – April - June
Local Involvement Network (LINk) – Work Programme; Future arrangements and transition to Local Healthwatch	It is important to develop good working relationships with the LINk.	Committee	Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East	Update when required including update on development of Healthwatch to meeting in June 2012	On-going
The Cheshire and		Committee	Health and	To improve	Share work	On-going

Wirral Councils' Joint Scrutiny Committee			Wellbeing; Adult Services	life opportunities and health for everybody in Cheshire East	programmes to see if there are any areas of common interest. Update on mental health and learning disability to future meeting (June or July).	
Lifestyle Concept	Pilot taken place and initiative being developed. Scrutiny visit to Lifestyle Concept in November 2011.	Committee	Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East	Update to committee in June 2012	On-going
Commissioning Strategy/Whole System Commissioning	Outline of the strategy and reassessment of building based care requirements.		Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East; To give the people of	Due to undergo pilot with CCG. Report to Committee in summer 2012	TBA

				Cheshire East more choice and control around services and resources		
Health and wellbeing of carers and service users in Cheshire East	To consider the impact that recently implemented closures have had on carers and service users and the likely impact of the proposals currently under consultation	Committee	Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East; To give the people of Cheshire East more choice and control around services and resources	Adult Social Care Scrutiny Committee requested to provide an update on their scrutiny work in relation to carers. Review in July 2012	
Suicide prevention	To investigate measures that can be implemented that could reduce the risk of suicide	Committee	Health and Wellbeing	To improve life opportunities and health for	Continue to gather research	To be prioritised

	or self harm			everybody in Cheshire East;		
Future healthcare provision in the Knutsford area	To investigate new proposals for healthcare provision in the Knutsford area	Committee	Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East; To give the people of Cheshire East more choice and control around services and resources	Update as required	
Mental health and learning disability	To receive an update on current provision in Cheshire East	Committee	Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East; To give the		

				people of Cheshire East more choice and control around services and resources		

Committee meetings:

March 2012/djf

FORWARD PLAN 1 JUNE 2012 - 30 SEPTEMBER 2012

This Plan sets out the key decisions which the Executive expect to take over the next four months. The Plan is rolled forward every month. It will next be published in mid June and will then contain all key decisions expected to be taken between 1 July and 31 October 2012. Key decisions are defined in the Councils Constitution.

Reports relevant to key decisions, and any listed background documents may be viewed at any of the Councils Offices/Information Centres 6 days before the decision is to be made. Copies of, or extracts from these documents may be obtained on the payment of a reasonable fee from the following address:-

Democratic Services Team
Cheshire East Council ,
c/o Westfields, Middlewich Road, Sandbach Cheshire CW11 1HZ
Telephone: 01270 686463

However, it is not possible to make available for viewing or to supply copies of reports or documents, the publication of which is restricted due to confidentiality of the information contained.

A decision notice for each key decision is published within 6 days of it having been made. This is open for public inspection on the Council's Website, Council Information Centres and Council Offices.

The law and the Council's Constitution provides for urgent key decisions to be made. A decision notice will be published for these in exactly the same way.

Forward Plan 1 June 2012 to 30 September 2012

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	Relevant Scrutiny Committee	How to make representation to the decision made
CE12/13-2 Shadow and Health and Wellbeing Board Revised Terms of Reference	To consider revised recommended terms of reference for the Shadow Board and for when it becomes statutory in April 2013.	Cabinet	25 Jun 2012	Through the commissioning groups.	Health and Wellbeing	Lorraine Butcher, Strategic Director (Children, Families and Adults)
CE12/13-4 Health and Wellbeing Strategy	To consider and review the draft health and wellbeing strategy.	Cabinet	12 Nov 2012	Extensive community consultation.	Health and Wellbeing	Lorraine Butcher, Strategic Director (Children, Families and Adults)