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

2012/2013

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 2012/13, and sets out some of our quality priorities for the year ahead.

2012/13 has been a very successful year for this Trust as we have moved through the final stages of our application for Foundation Trust status. With the recent national attention on the issue of quality, exemplified by the impact of the Francis Review and the Winterbourne Gunner report, it is no surprise that quality has become a yet more important aspect of the FT application regime.

The Trust has been subject to series of scrutiny stages against the Monitor Quality Governance Framework, including self-assessment, independent external validation and then formal review by the then Strategic Health Authority and Monitor itself. Although the final outcome is still awaited at the time of writing, I am confident that this Trust has for some considerable time shown its commitment to identifying and improving the quality of service that we offer to the population of the North West.

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

- Successful implementation of 95% of our planned actions arising from the Quality Strategy That we agreed in February 2012
- Success in meeting all national operational response time targets for the year
- Continued expansion of and improvement in performance against our Clinical Performance Indicators
- More evidence of the enormous beneficial impact of our clinical leadership structure with its tiers of Advanced and Senior Paramedics dedicated to quality improvement
- Another extremely positive inspection report from the Care Quality Commission following its visit in February 2013
- A well-received and constructive programme of Station Quality Visits in which senior corporate managers visited our 109 stations
- An extensive and effective programme of engagement with patients to ascertain their levels of satisfaction with our services, in both the Emergency and Patient Transport Services, all showing very high levels of satisfaction
- Establishment of our new Council of Governors

In conclusion I would like to extend my thanks to all NWAS staff for their continuing commitment to their patients and the quality of care that they provide. I hope that you find this Quality Account informative. Please get in touch if you have any questions.

Bob Williams
Acting 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 2012/2013 - Review of Quality Performance

This section of the Quality Account describes what we have done during 2012/13 to improve the quality of our services. It includes:

- How we delivered the four 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 2011/12 Quality Account we identified four areas for improvement. This section sets out how we have done:

2.1.1 Safer Care Closer to Home (Falls)

The Trust is committed to the development of innovative ways of ensuring that patients get the care that meets their specific needs. This may not I some cases mean a trip to the A&E department. We have been working on a scheme to ensure that where it can be shown that it is safe for patients they are kept at home with the necessary care and support. The key mechanism for this is the Paramedic Pathfinder initiative which has received national recognition. This gives our healthcare professional the scope of practice and training to be able to make valid clinical decisions about the care of their patients, while ensuring patient safety and recognising patient choice.

In 2011/12 we have established the Pathfinder Implementation Team, Pathfinder Board and Safe Care Closer to Home Board during the past year. These teams and the governance provided by the steering and scrutinising groups, have established relationships with providers, commissioners, and other key stakeholders across every CCG area. We have finalised development and implementation of the Electronic Referral and Information Sharing System (ERISS) which will enable sharing of information and timely referral into community based falls, diabetes, and other ambulatory care sensitive conditions. Over 100 referral or community care plan schemes have been launched since June 2012.

The mandatory implementation of Pathfinder and associated route into Self-care Pathways in April 2012, together with improvements within the telephone triage function has increased the level of non-conveyance to ED from 18.6% to a peak of 24% in the last quarter of the year. This represents additional 45,000-50,000 patients who have received safe care closer to home.

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 Major Trauma systems

Under this national initiative, new arrangements have been put in place for the management of patients with major trauma, under which they are taken to a one of a limited number of Major Trauma Centres rather than the closest A&E department. There is clear clinical evidence that this will benefit patients in terms of survival and in optimising recovery. The Major Trauma System has been

successfully implemented across the North West and early indications around survival and recovery are very encouraging. We are continuing to work closely with the major trauma networks to ensure patients are taken to the right place at the right time to receive the right care definitive care.

To help frontline staff determine the appropriate place to take patients a Major trauma pathfinder tools for adult and children has been developed by the medical directorate have been rolled-out across the Trust. The Trauma Cell has been established at Broughton EOC to provide proactive co-ordination and senior clinical support. The Trauma Cell is staffed by Advanced Paramedics and operates on a 24/7 basis.

We have also introduced new equipment, dressings and drugs to effectively manage major trauma until the patient is safely transported to a Major Trauma Centre or Trauma Unit.

Together with the governance team we will be routinely auditing and measuring major trauma incidents to see how well we are performing and ensuring lessons are shared and learned.

2.1.3   End of Life Care

Utilisation of the rapid discharge pathway for dying patients has increased significantly during 2012/13, with 38 hospital trusts and 10 hospices now using the booking process. Of the 543 transfer requests that could be identified on the Trust call handling system, over 90% were responded to within 2 hours, with 87% transferred home within 2 hours from the time of booking. This has been achieved through close working with the hospitals to develop pathways in partnership and improving internal call handling procedures.

The Trust has progressed with development of Electronic Referral and Information Sharing System (ERISS) to provide a more efficient and secure method for partner organisations and health professionals to notify NWAS of the presence of advance care planning for end of life patients in primary care. February 2013 saw the soft launch of ERISS, which included the registration and training of a small number of early adopter sites to use the system. There is now a range of organisations registered with NWAS to share end of life care planning information, with notifications received on a daily basis, which will help ambulance clinicians manage patients more effectively in primary care.

These organisational developments have been underpinned by the development of an end of life care training package which was incorporated into the Trust Mandatory Training programme for 2012/13. Through close working with end of life care networks, NWAS has also been able to offer its staff access to bereavement and communications training for end of life care, which has been well received.

2.1.4   Patient experience relating to learning disability and dementia

The importance of the involvement and feedback from patients and representatives from vulnerable groups is a key principle of the Trust's engagement plans. The section below summarises the range of activities the Trust has undertaken to work with a number of diverse and vulnerable groups across communities in the North West.

During 2012/2013 developments to improve services in relation to learning disabilities and dementia have resulted in the Trust establishing a small dementia Task and Finish group which has reviewed the work underway across the trust with dementia. This work includes specialist e-learning packages for staff, dementia training review, involvement in national dementia alliance, regional meetings etc.

The Trust is now developing a dementia strategy to continue with this work over 2013. With regards to Learning disabilities we have also developed a LD action plan which addresses issues of the ability to flag vulnerable persons addresses where necessary, improvements in data collection and audits of vulnerable groups which will continue to be undertaken in 2013.

Activities
The Trust adopts a range of community engagement activities to provide patients from vulnerable groups a voice.
- Attendance at public health events e.g. Dementia Awareness Public Event, Disability Awareness Day
- Organising with groups targeted and focused engagement specifically to provide us with feedback on services. A board game especially commissioned for obtaining and providing information in a fun and interactive way is used in this process.
- Accepting invitations to attend user patient forums with an emergency vehicle and related operational staff. Provide patients a chance to see inside vehicles and speak with the staff member. Provide blood pressure checks during this process for further interaction.
- Invite patient groups to see how our control centres (emergency and PTS) functions to understand how we operate.

Objectives
These initiatives support our strategic community engagement objectives of:
- Receive information on access to services and employment opportunities
- Provide reassurance on feedback being valued
- Develop partnership working
- Provide information on volunteering opportunities
- Foundation Trust opportunities
- Increase awareness on Ambulance initiatives
- Record views on the Trust's reputation and commitment to equality and diversity
- Convey our public health messages

Progress
Vulnerable groups engaged with during 2012/13 using the patient experience board game include:
1. Richmond Fellowship -Mental Health
2. South Manchester People First - Learning Disability
3. Manchester Young Peoples Parliament- 16 & 17 years age - Autism, Learning Disability, Downs Syndrome
4. Sefton CVS Ability Group - Learning Disability
5. Lancashire Physical Disability Partnership – Physical Disabilities with Mental Health

Further groups engaged with are:

1. Voices for Well Being– Dementia Event, Disability Workshop
2. Sefton CVS Abilities Group –Ambulance visit
3. Bolton Equality Target Action Group – Equality Delivery System
4. Disability Awareness Day (Warrington) – Information of Trust services

Feedback collated from engagement with the above groups will inform service improvements through the development of a work-plan for 2013/14. In addition to specific concerns and themes raised by groups, consideration will be given to:

- Patient information requirements
- Meeting gaps in training and understanding for staff in these areas.

- During review, to work with commissioners in providing consideration to learning disability as one of the questions on the PTS Eligibility Criteria
- Development of pictorial versions of the Patient Transport mobility flowchart and emergency ambulance journeys and related information (similar to the pictorial handbooks). The Lancashire Physical Disability Partnership, South Manchester People First (Adult Learning Disability) and the Sefton Adult Learning Group have agreed to supporting the Trust with this work.
- Vulnerable Adult Form discussions with Mental Health Trusts to further support Trust flagging processes in this area
- Mental Health learning packages have been developed for staff
- Development of future Patient Stories in 2013/14 for Trust learning to include learning disability case studies
- Further Learning Disability and Mental Health user groups identified to engage with and elicit patient experience in 2013/14.
- Easy read information to be made available to learning disability patients on how to make a complaint
- Development of an easy read version second Patient Experience Board Game to further support engagement with vulnerable groups

Outcomes

Some of the outcomes as a result of providing patients with a voice already include:
- Development of two pictorial handbooks, one PTS, one PES, to assist operational staff when communicating with learning disability and speech impaired patients – A new handbook is being developed for Community First Responders to use.
- FT membership demonstrates a diverse profile including many from the Learning Disability and Mental Health patient groups mentioned above
- Mental Health is one of the four medical questions on the PTS Eligibility Criteria
- PTS Patient information leaflets produced– A CD (audio) version is also available
- Discharge Checklist produced and presently being shared with leads from the groups outlined above
- Production of draft mental health patient experience questions to meet with requirements on NICE standards. Patient Experience team have piloted the questions with The Richmond Fellowship Mental Health and Well Being Group in January 2013 for use in 2013/14.

2.2   Managing Quality Better in 2012/13

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 implemented the first year of our Quality Strategy. The implementation plan identified a set of actions in each area of the Trust under the headings of Right Care, Right Time and Right Place. 95% of these actions were completed by year end. The Quality Strategy has now been further revised to take account of the changing landscape in which we work, in particular in the context of the Francis report.

The Board of Directors has a well-established Quality Committee that provides assurance that standards are being maintained and improved. Three important developments this year have been:

Care Quality Commission inspection

Inspectors from the CQC carried out a series of visits in Greater Manchester in February and March 2013. The inspection concentrated on the emergency services provided by the Trust, focused in the Greater Manchester area. They visited the new Parkway Emergency Operations Centre in

Manchester, eight ambulance stations and three A&E departments as well as talking to a wide range of staff, managers and patients to seek their views. The Trust was awarded full compliance against the five care standards assessed by the review.

These were:
- Care and welfare of people who use services
- Management of medicines
- Supporting workers
- Assessing and monitoring the quality of service provision
- Complaints

The full report is available to view from the CQC website: http://www.cqc.org.uk/directory/RX701

The outcome is testament to the hard work and dedication of staff across the whole Trust. The report highlights the positive feedback provided by staff and patients and the inspectors noted safe and good care when reviewing protocols and observing practice.

Station Quality Visits

The Trust has 109 stations spread over the whole of the Region. There is therefore inevitably a continuing challenge in staying in touch with the Trust's staff. An important development this year has been to establish a programme of Station Quality Visits in which senior corporate managers have visited every site to identify any areas of either concern or good practice. The approach taken was one of active engagement with staff to ask their views on quality of service, and how it can be proved. The process was extremely productive and effective and was welcomed by all concerned. Particularly welcome was the feedback that the presentation and cleanliness have improved, and the introduction of Trust-wide initiatives such as vehicle deep-cleaning, clinical waste management and records management.

Station level Quality Reporting

2012/13 has been the first full year of the use of monthly station level reporting. Under this system a poster is produced and displayed for each station to show how they are performing in comparison to their peers against a range of quality measures. This approach is supported by the clinical leadership structure as Advanced and Senior Paramedics use the information to identify areas of strength and weakness to drive continuous improvement.

2.3 National Reporting Requirements

Under the national reporting requirements for 2012/13 Quality Accounts, ambulance trusts are required to report explicitly on performance against some of the national Ambulance Quality Indicators (AQIs) which were introduced in 2011/12:

2.3.1 Category A (Red 1 & 2) Response times

There have been a number of changes in the way in which these the national response time indicators have been measured over the last year. Previously, all immediately life-threatening calls were placed Category A, and there were two targets,

- A8: Respond to 75% of Category A calls within 8 minutes with a suitably trained and equipped response. This could be an ambulance, a Rapid Response Vehicle or a community responder

- A19: Respond to 95% of Category A calls within 19 minutes with a vehicle capable of carrying a patient

In 2012/13 these two indicators were the national targets for ambulance trusts and NWAS was successful in meeting both. All other calls are placed in the four green categories, Green 1 – Green 4

From June 2012, Category A has been divided into Red 1 and Red 2. Red 1 includes approximately 10% of Category A patients who are most at risk though conditions such as cardiac or respiratory arrest. For Red 1 calls the clock starts immediately the call arrives at the Trust switchboard, whereas Red 2 and Green calls the clock start is once the nature and location of the call has been confirmed. From 2013/14 the Red 1 & 2 category will separated into two standards and Trusts will be required to hit both, along with the existing A19 standard.

The table below shows the performance over the last two years and includes the NWAS ranking position among the twelve ambulance trusts in England:

Figure 1: Response time performance 2011-2013

Indicator	Target	2011/12				2012/13			
		NWAS	National Average	Range	Ranking	NWAS	National Average	Range	Ranking
A8	75%	76.7%	76.1%	75.20-77.9	3/12	76.8%	75.5%	72.3-77.9	4=/12
Red 1 - 8 minutes	75%	-	-	-	-	73.5%	74.0%	70.0-78.9	9/12
Red 2 - 8 minutes	75%	-	-	-	-	76.6%	75.6%	72.8-76.9	2=/12
A19/ Red 1 & 2 19	95%	95.5%	96.8%	92.3-99.1	9/12	95.1%	96.0%	91.9-98.2	9/12

The Trust is very pleased to report that both national targets for response times in 2012/13 were achieved.

NWAS NHS Trust considers that this data is as described through effective use of our available resources. The success in meeting the main targets in 2012/13 was in spite of very high increases in activity. 999 activity was 4.5% above planned levels, with a high preponderance of Red 1 & 2 calls which were 8.7% up on previous years. The Board of Directors has approved a plan for the delivery of the new standards in 2013/14

2.3.2 Quality Outcomes

The other requirements for ambulance trusts to report are from the Ambulance Clinical Quality Indicators. These indicators have been developed to give information on clinical effectiveness by assessing the outcomes achieved for patients with Heart Attack (Myocardial Infarction or MI) and Cardiac Arrest. More detail on NWAS performance against each of the outcomes is given in section 2.5.1. For the purpose of meeting Quality Account requirements, we have to report on care bundle performance for MI and stroke. It should be noted that these care bundles do not coincide with the care bundles which NWAS uses internally and which are reported in section 2.5.2

ACQIs are reported national four months in arrear as they are dependent on gathering outcome information from hospital trusts. For this reason there are no figures available after December 2012. Figure 2 gives details of performance over the last two years.

Figure 2: ACQI Care Bundle Performance - 2011/13

Reporting Period 1: April 2011 – March 2012												
AQI Care Bundle Performance	**Apr 11**	**May 11**	**Jun 11**	**Jul 11**	**Aug 11**	**Sep 11**	**Oct 11**	**Nov 11**	**Dec 11**	**Jan 12**	**Feb 12**	**Mar 12**
NWAS: Outcomes from Acute ST-elevation Myocardial Infarction—Care Bundle	79.2% (160/202)	74.3% (156/210)	75.2% (161/214)	69.6% (151/217)	86.1% (152/183)	75.6% (133/176)	71.5% (118/165)	75.0% (111/148)	75.7% (131/173)	82.5% (137/166)	82.4% (108/131)	82.1% (124/151)
National Average (%) & Range (%)	70.2 (55.0 - 86.2)	68.9 (82.4 – 16.7)	71.7 (87.2 - 0.0)	74.4 (93.4 – 0.0)	74.9 (87.3 – 0.0)	76.7 (100 – 54.6)	74.0 (98.0 – 50.0)	75.2 (98.0 – 60.9)	72.5 (100 – 60.2)	76.4 (95.2 – 63.5)	78.1 (100-46.0)	75.8 (94.7 – 59.1)
Ranking	7/12	6/12	5/12	8/12	4/12	10/12	7/12	9/12	7/12	3/12	5/12	5/12
NWAS: Outcomes from Stroke — Care Bundle	96.0% (285/297)	95.6% (344/360)	96.5% (329/341)	95.8% (361/377)	98.4% (362/368)	97.2% (278/286)	97.3% (660/678)	98.8% (676/684)	98.5% (669/679)	98.5% (528/536)	98.3% (520/529)	99.0% (817/825)
National Average (%) & Range (%)	91.3 (100 - 84.0)	90.4 (99.3 – 77.3)	92.7 (98.7 – 78.0)	93.2 (100 – 88.8)	93.8 (98.4 - 85.0)	94.5 (99.3 – 84.1)	94.2 (97.3 – 88.4)	95.5 (99.1 – 80.0)	95.7 (100 – 90.7)	95.5 (100 – 81.8)	95.8 (100 – 87.2)	95.8 (100 – 91.4)
Ranking	3/12	3/12	3/12	3/12	1/12	3/12	1/12	2/12	2/12	2/12	2/12	2/12

Reporting Period 2: April 2012 – December 2012											
AQI Care Bundle	**Apr 12**	**May 12**	**Jun 12**	**Jul 12**	**Aug 12**	**Sep 12**	**Oct 12**	**Nov 12**	**Dec 12**	**Jan 12 / Feb 12 / Mar 12**
NWAS: Outcomes from Acute ST-elevation Myocardial Infarction—Care Bundle	76.3% (151/198)	85.2% (150/176)	76.5% (189/247)	83.1% (157/190)	87.5% (168/192)	88.1% (171/194)	85.2% (196/230)	83.7% (154/184)	84.3% (193/229)	Data not available at time of writing
National Average & Range	79.5 (100 – 71.6))	78.8 (100 – 68.6)	74.6 (100 – 60.8)	78.7 (92.1 – 25.0)	76.1 (100 -65.7)	77.2 (100 – 57.9)	78.4 (100 -65.2)	77.8 (100 – 65.6)	77.5 (100 – 50.0)	
Ranking	9/12	5/12	5/12	4/12	3/12	3/12	5/12	6/12	4/12	
NWAS: Outcomes from Stroke — Care Bundle	98.9% (642/649)	98.8% (642/650)	98.9% (648/655)	98.8% (1025/1037)	99.5% (1086/1092)	98.3% (1049/1062)	99.0% (1064/1075)	99.2% (988/996)	99.3% (1061/1069)	Data not available at time of writing
National Average & Range	95.1 (100 – 82.6)	95.3 (100 – 84.3)	95.1 (100 -88.9)	96.5 (100 – 92.6)	95.3 (100 – 85.9)	96.2 (100 – 92.9)	95.0 (100 – 88.1)	96.0 (100 – 91.9)	95.5 (100 – 91.0)	
Ranking	2/12	2/12	2/12	2/12	3/12	3/12	3/12	3/12	3/12	

NWAS NHS Trust considers that this data is as described for the following reasons:

- Data is processed through a series of pre-defined criteria to ensure it has been collected, analysed and collated in accordance to the latest Ambulance Quality Indicator: Clinical Outcome technical guidance.

NWAS has taken and will continue to take the following actions to improve clinical practice and so the quality of its services, by using clinical action plans. This process will be reviewed and closely monitored by the Emergency Service Clinical Quality Business Group with emphasis firmly placed on local responsibility, accountability and ownership of implementing the recommendations identified from the audits.

2.4 Indicators of Quality – Patient Safety

2.4.1 Clinical Safety Indicator Reporting

Clinical Safety Indicators (CSIs) are a set of measures we assess against aspects of clinical safety. Our CSIs include Safeguarding Services, Infection Prevention & Control, Medicines Management and Clinical Risk.

Safeguarding indicators measure the quality and timeliness of vulnerable people referrals, Infection Prevention and Control indicators measure compliance against cleanliness, sharps, management of equipment etc. Clinical Risk indicators are measured against delays in emergency response and attendance, and Medicines Management indicators audit the quality of the medicines procedures.

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 and this is audited on a variety of bundles on a monthly basis.

Progress on the Clinical Safety Indicators is reported to each meeting of the Board of Directors and at all levels across the organisation. Significant work has been undertaken this year to improve the reporting processes for CSIs. This has included revision of the IPC questions and IT reporting process, providing CSI reports by Sector and Station, identifying improvement opportunities. Our clinical leadership arrangements are essential in making sure that these opportunities are acted upon locally.

2.4.2 Safeguarding Services

This section provides an overview of the progress made by the Trust in relation to safeguarding and protecting children, young people and adults who may be at risk. The Trust provides regulated activity and has a legal duty to protect patient's staff and the public from harm while carrying out its roles and functions.

National Developments and Drivers

There have been a number of publications including the Mid Staffordshire Public Enquiry (Francis reports), The Winterbourne View Serious Case Review, the Savile report, The Children's strategy and Outcomes Forum recommendations, Serious Case Reviews and Domestic Homicide reviews across the North West.

All of these publications highlight a range of issues relevant to the care and treatment of vulnerable patients. NWAS is taking forward developments which are Director-led and aspire to show that lessons are being learned when things go wrong and/ or to improve practice and reporting. A number of work-streams and action plans are being progressed and monitored to ensure inter-departmental 'safer working practices' across the Trust.

There is an action plan which specifically addresses recommendations from the review of the Savile reports and a number of these actions have already been completed. Winterbourne View and all other learning from SCR's and DHR's are monitored via a learning lessons action plan which is monitored and communicated to staff. In addition the Trust has a Vulnerable Persons plan which includes issues for people with mental health problems and learning disability. This action plan includes lessons from Winterbourne View.

Local Developments

- The Trust interfaces with 23 Local Safeguarding Children Boards (LSCB's) and 23 Safeguarding Adult Boards across the North West. The Safeguarding Team has attended and presented to a number of Boards over the year and a plan for local engagement with all the Boards will be developed over the next year.

- The Safeguarding Vulnerable Persons Policy and Procedure and the Sudden Unexpected Death of Children Procedure (SUDC) were updated to reflect lessons learned from Serious Case Reviews and a number of other requirements. The implementation of Safeguarding Procedures is monitored and compliance is reported as a series of Clinical Safety (Quality) Indicators.

- Each month safeguarding processes are audited and organised into Care Bundles. Compliance is monitored monthly and any notable concerns addressed. Over 2012-2013 Clinical Safety Indicators for safeguarding have expanded to include patients with learning disability, mental health problems and domestic abuse for both adults and children. This development is in its infancy and will continue to be monitored. In addition the Trust has completed the Commissioners audit and is undertaking a Section 11 audit which will be shared with the LSCB's across the North West.

- Mandatory training has been updated for corporate staff and for hands on clinical staff and call takers. The uptake of mandatory safeguarding training for both adults and children is high and monitored via a monthly dashboard of compliance. A concerted effort has been made to train staff in the call centres as they handle a lot of information relating to safeguarding adults and children.

- The Trust has been inspected twice during 2012-2013 by the Care Quality Commission (CQC) and standard 7 was inspected. The CQC were positive about safeguarding arrangements and processes within the Trust.

Safeguarding Reports

The following safeguarding reports provide a snapshot of activity

Figure 3

Total Safeguarding Referrals 2012/13
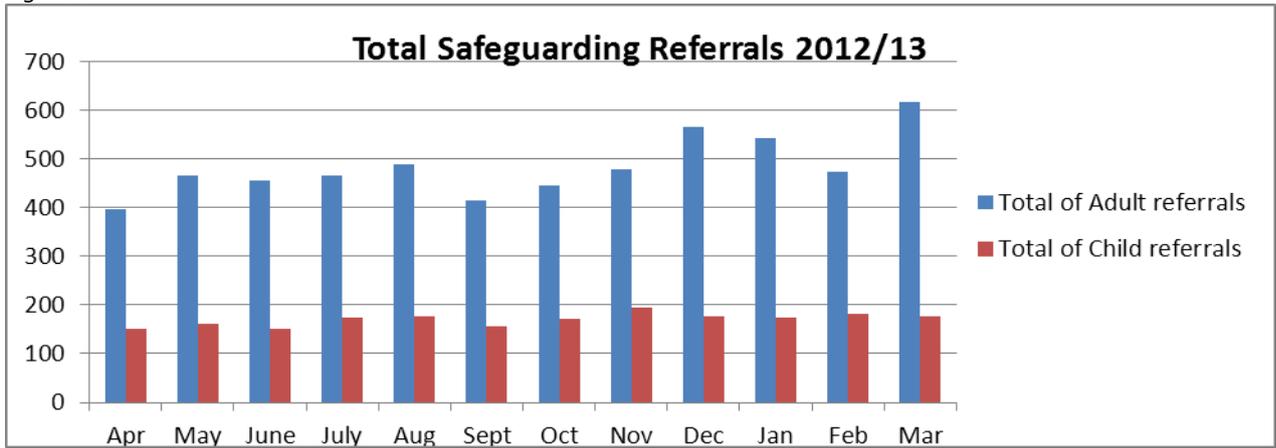
Figure 3 shows the total number of safeguarding referrals made for adults and children across the North West in this year. There is a gradual upward trend for adult referrals.

Figure 4

Number of Adult & Child referrals received at NWAS & Area Level - 2012/13
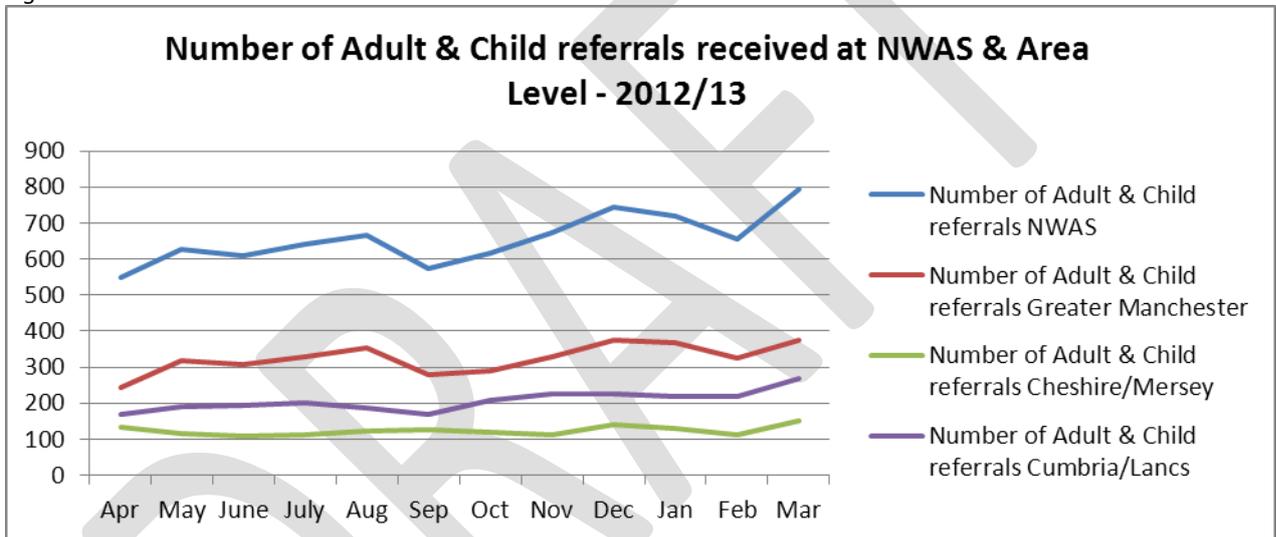
Figure 4 shows the combined number of child and adult referals against the total number of referral made in each month (shown in blue).

Figure 5

Adult Referral Care Bundle Compliance

	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Compliance	88.0%	94.4%	88.9%	89.2%	88.6%	95.2%	87.7%	89.6%	91.1%	86.4%	91.5%	91.9%
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
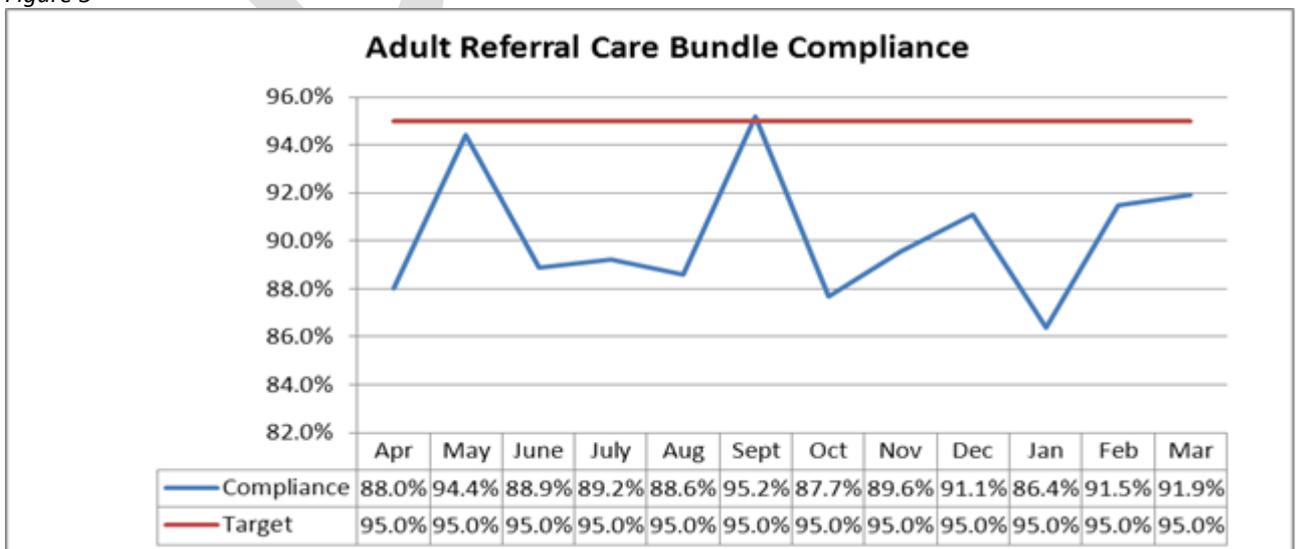
Figure 5 shows care bundle compliance over the year which has fluctuated between agreed compliance at 95% and as low as 86%. The care bundle monitors demographic data including, names ethnicity, address, concerns, consent, outcome and time frames.

Figure 6

Child Referral Care Bundle Compliance

	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Compliance	70.0%	71.9%	90.0%	80.0%	62.8%	68.7%	77.1%	92.3%	75.0%	89.0%	94.7%	80.0%
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
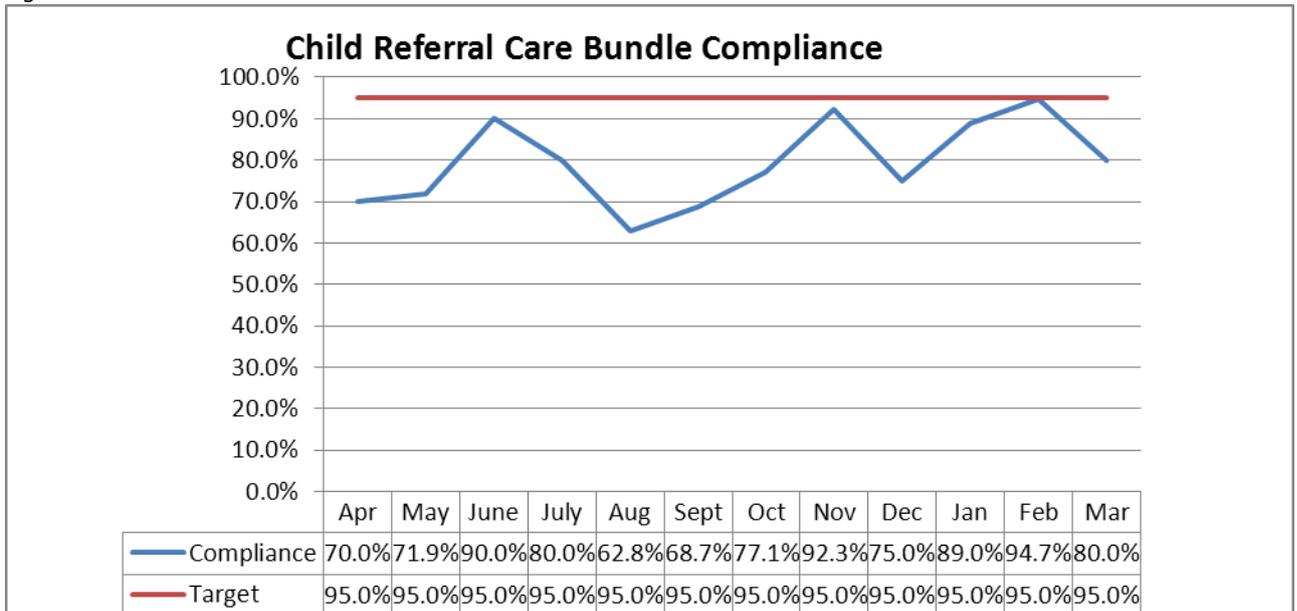
Figure 6 shows compliance against a similar group of domains and these include monitoring of name, address, ethnicity, who has parental responsibility, concerns and outcomes as well as timeframes.

Figure 7

Adult Reasons for Referral 2012/2013
data taken from May 2012 to March 2013

- Physical signs/Domestic Abuse — 16%
- Behavioural signs — 15%
- Environment — 32%
- Disclosure by victim — 16%
- Inconsistent story — 5%
- Drug/Substance misuse/Alcohol — 17%

Figure 8

Most Reported Reasons Why the Adult is at Risk 2012/2013
data taken from May 2012 to March 2013

- 6%
- 11%
- 17%
- 29%
- 24%

Legend:
- ■ Older People
- ■ Long term condition
- ■ Mental Health Problems
- ■ Physical Disability
- ■ Logged as a repeat caller

Figures 7 & 8 show reasons for referral, why the adult is at risk. This is the first year data has been collected in this way. Although not shown on the above charts, concern for the patient's welfare is reported in 59% of cases with self-neglect accounting for 21% of all referrals.

Figure 9

Child Reasons for Referral 2012/13
data from May 2012 to Mar 2013

- 7%
- 9%
- 19%
- 22%
- 22%
- 5%
- 5%
- 12%

Legend:
- ■ Physical Signs
- ■ Parental Incapacity
- ■ Inconsistent Story
- ■ Disclosures by victim
- ■ Domestic Abuse/Adult Aggressive
- ■ Drugs/substance abuse
- ■ Environment
- ■ Behaviour

Figure 10

Most Reported Reasons Why the Child is at Risk and Presenting Concerns 2012/2013
data taken from May 2012 to March 2013

- Concern for Welfare — 53%
- Neglect by 3rd Party — 8%
- Emotional/Psychological Abuse — 6%
- Physical Abuse — 5%
- Mental Health — 7%
- Family History — 6%

Figure 10 show that 22% of child referrals were made due to parental drug/ substance misuse and 22% due to parental incapacity. For 53% of referrals the child was deemed to be at risk due to parental mental ill health (chart 8). Other categories include neglect physical abuse and concern for welfare.

The Trust is pleased to report on the significant progress that has been made across Safeguarding this year. We believe that we provide a high level of service to vulnerable people in the North West.

2.4.3   Clinical Incident Reporting

The Trust encourages and promotes incident reporting to ensure that we are compliant with our duties and obligations but also to ensure that understand our risks and implement appropriate service developments to address areas of weakness. To make this process more accessible for all staff, incident reporting has been made available through a web based system process within the last 12 months.

All clinical and patient safety incidents are assessed for trend and cause analysis, overseen by the Clinical Governance Management Group. The Trust has an Incident Learning Forum, chaired by an Executive Director, which considers any identified trends and seeks assurance that appropriate action plans are in place to address weaknesses.

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

Where another healthcare or professional body raising a clinical incident about the care provided by NWAS staff, these are overseen and managed by the Making Experiences Count team. This means that all incidents, and in particular those that are high risk, are recorded and investigated appropriately. The specific focus on high risk events ensures that risks are identified and mitigated in a timely manner

For the year ending March 2013, the Trust recorded 2051 clinical and patient safety incidents and near-misses showing an increase on the previous year. Early indications for the on line reporting system show that there is a further increase in overall reporting. The Trust continues to welcome an increasing level of incident reporting as there is no supporting evidence to suggest that serious incidents are becoming more frequent. The increase in overall reporting reflects the fact that the incident reporting system is well established and imbedded in Trust processes.

Of these, a total of 118 incidents were reported to the NPSA, representing a decrease in overall reporting. This has been as a result of mapping work completed with the NPSA to ensure accurate reporting. 23 incidents were reported using the NHS North West's Strategic Executive Information System (StEIS). Each StEIS report is subject to a detailed investigation, approved by the appropriate Executive Director. No overall trend has been identified through the StEIS reports.

Figure 11 below shows the total number of clinical incidents and near-misses reported last year by category. Figure 12 shows those that are reported to the National Patient Safety Agency, which are all patient-related.

Figure 11: Clinical Safety Incidents by Type 2011/12

	Total
Controlled Drugs	444
Medicine Management	443
Access/admission/transfer issue	337
Equipment Fault/Failure	202
Clinical Assessment	114
Clinical Treatment	106
Infection Control	90
Consent/Communication/Confidentiality	81
Documentation	55
Slips, Trips or Falls	54
Manual Handling	35
Sharps Injury/ Incident	30
Physical Assault	17
Vehicle Issue	15
RTC/ Vehicle	11
Verbal Abuse	11
Exposure to Harmful Substance	5
Abuse of Service	1
Totals:	2051

Figure 12: Patient Safety incidents by type 2011/12

	Total
Slips, Trips or Falls	32
Access/admission/transfer issue	29
Manual Handling	21
Clinical Assessment	8
RTC/ Vehicle	7
Consent/Communication/Confidentiality	4
Clinical Treatment	3
Equipment Fault/Failure	3

Medicine Management	3
Sharps Injury/ Incident	3
Controlled Drugs	1
Documentation	1
Physical Assault	1
Threating behaviour	1
Vehicle Issue	1
Totals:	*118*

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, three full time Specialist Paramedics in Infection Prevention and Control (SPIPC) and one Clinical Safety Practitioner who also liaises with the Safeguarding team. 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 as well as liaising with the Service Delivery team to ensure goals and targets are met.

The Trust has approximately 56 staff acting as Infection Control Champions, supporting the Specialist Paramedics as well as Sector Managers. 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 clinical safety and IPC within Service Delivery and support the SPIPCs in the development and implementation of new initiatives improving standards of existing ones.

During 2012/13 we have made a number of improvements to both reporting and ensuring high standards of cleanliness and infection prevention and control. These include:

- The development of the "Mind The Gap" report which highlights the comparative differences between the Specialists audit result data and Service Delivery audit data. The data reported is then used to consider ways to reduce the disparity and improve standards.
- The 6x6 Advanced Paramedics have now been established and have regular meeting to report any issues and develop Infection prevention control across NWAS e.g. hand hygiene audits, sharps safety initiative and compliance etc.
- There has been a review of the training package that is being delivered to all new starters and staff on mandatory training.
- IPC policies and procedures have been reviewed and updated.
- Deep clean audits have been developed to monitor the quality and consistency of vehicle deep cleans. IPC clinical audit and the deep clean audits have also been scrutinised by Mersey Internal Audit.
- Reports are now being presented to the Quality Committee on a bi-monthly basis for scrutiny and to give assurances that standards are being met
- SPIPCs have been liaising with Operational Managers, Sector Managers and Service Delivery Managers to conduct walk around audits to high light problem areas and what to look for whilst conducting audits.
- The new Mini audit books incorporating Medicine Management have been printed and distributed across all areas to be used by APs and Sector Managers or above.
- Clinical Safety Indicators continue to be reviewed and developed for IPC.

Clinical Safety Indicators

A Clinical Quality Improvement Action Plan has been developed to monitor policy compliance at an operational level. These cover the management of all the Infection Prevention Control CSI care bundles have been developed to produce a single indicator percentage score, based on a number of metrics within each indicator (a similar process to the current CPI Care Bundles). A care bundle compliance score has also been developed for the bundles. This reports the percentage of vehicles/stations that achieved 100% compliance for all metrics. All the non-compliances are then picked up by the Advanced Paramedics (APs) who will then develop an action plan to cascade down to the Operations Managers, Senior Paramedics and Assistant Operations Managers. Once completed the APs will report back their findings.

The Board receives information on the care bundles relating to cleanliness of PES, PTS vehicles and stations. The compliance rate for the last quarter of 2012/2013 was PES 96.6%, PTS 94.6%, and Stations 91.6%. This is an average Trust compliance score of 94.3%.

During 2012/2013 there were 174 reported incidences that were under the heading of IPC and Sharps blood splash incidences of these 18 were wrongly reported under these headings (e.g. safe guarding, operational incidences etc.) and so ben removed from the totals. This was an increase from the 58 incidents were reported during the year 2011-2012. The reasons for this may be that staff feel more comfortable about reporting such incidences and also the ease of reporting. There were some issues last year that caused a backlog of IRFs that needed to be imputed on to the system but this has now been resolved with the introduction of the web based system.

Figure 13: Healthcare Acquired Infection Incidents 2012/13

Incident type	No. of incidents
Clean needle	6
Dirty needle	32
Ampoule/glass incident	10
Contact with bodily fluids	40
Crew contact with known infectious disease	12
Contaminated equipment	8
infestation	2
Not notified of patients infectious status	9
Sterile equipment	8
Contaminated equipment	3
Medical equipment	1
Other factors	8
Splash/ingestion incident	8
Staff welfare	9
Totals:	**156**

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 Emergency Operational Control Centre staff obtain this 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.
- Training and development packages delivered to staff across NWAS.
- Review and acquisition of safe equipment e.g. cannulas, sharps bins, etc.

- Issue of bulletins and articles in Clear Vision on IPC related topics.

2.5 Clinical Effectiveness

The Trust has been in the forefront of the development of ways of measuring the effectiveness of clinical interventions by ambulance staff. Internally our main focus is on the set of Clinical Performance Indicators (CPIs) that we have developed. We report in care bundles and details are given below. We also report against a national set of Ambulance Clinical Quality Outcomes, as discussed in section 2.3.2.

2.5.1 ACQI: Clinical Quality Outcomes

Each month the Trust submits performance figures against the national ACQI outcomes. The performance figures area derived from audit of ambulance Patient Report Forms, and form information provided by receiving hospitals. The outcomes are therefore four months in arrears to allow for effective data collection. For some indicators the numbers of relevant cases is relatively small so there is significant variation between months. To give an overall picture of the Trust's performance, a summary of the December 2012 performance is shown below:

Figure 14: ACQI Performance

ACQI – December 2012 Published Data	NWAS December 2012 Performance	NWAS December 2011 Performance	Commentary on December 2012 performance
Outcomes from Cardiac Arrest—ROSC at Hospital (overall)	26.8% (120/447)	26.2% (76/290)	The average percentage number of patients achieving ROSC on arrival at hospital was reported at 24.2%. Performance ranged from 14.8% to 33.0% across all Ambulance Trusts.
Outcomes from Cardiac Arrest—ROSC at Hospital (Utstein—those in VF/VT)	35.3% (18/51)	27.8% (10/36)	The average percentage number of patients in this group achieving ROC is 41.0%. Performance across England ranged from 30.2% to 54.8%.
Outcomes from Acute ST-elevation Myocardial Infarction—thrombolysis CTN 60 minutes	37.5% (3/8)	66.7% (10/15)	Acute STEMI thrombolysis and PPCI data is taken from the national MINAP audit database and is reliant on hospitals reviewing and updating with eligible patients.
Outcomes from Acute ST-elevation Myocardial Infarction—PPCI CTB 150 minutes	85.2% (127/149)	73.5% (95/112)	
Outcomes from Acute ST-elevation Myocardial Infarction—Care Bundle	84.3% (193/229)	75.4% (129/171)	An average of 77.5% of patients with a pre-hospital diagnosis of suspected ST-elevation myocardial infarction received the appropriate care bundle. Performance across England ranged from 100% to 63.7%.
Outcomes from Stroke— FAST positive CTD 60 minutes	71.2% (267/375)	75.2% (197/262)	An average of 57.7% of FAST positive patients, who were assessed face to face, arrived at a hyper-acute stroke centre within 60 minutes of the call being connected to the ambulance service. Performance across England ranged from 42.3% to 71.2%.

Outcomes from Stroke— Care Bundle	99.3% (1062/1069)	98.5% (667/677)	An average of 95.5% of patients received an appropriate care bundle. Performance ranged from 91.0% to 100.0%.
Outcomes from Cardiac Arrest—Survival to Discharge (overall)	6.2% (200/323)	5.0% (8/159)	An average of 6.4% of patients was discharged from hospital alive. Performance throughout England ranged from 2.2% to 13.0%
Outcomes from Cardiac Arrest—Survival to Discharge (Utstein—those in VF/VT)	12.9% (4/31)	5.0% (1/20)	On average 17.9% of patients from this group were discharged from hospital alive. This indicator is characterised by small numbers. Performance percentage figures derived from these figures are likely to be subject to large variation, within and across months. This month performance ranged from 5.0% (N=20) to 31.4% (N=35) across mainland England

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

2.5.2 Clinical Performance Indicators (CPIs)

Clinical Performance Indicators or CPIs are a set of measures that identify how staff are performing against a set of prescribed actions that are applicable in seven clinical and two non-clinical situations. There are five established clinical areas identified are: Asthma, Cardiac Chest Pain Management, Hypoglycaemia (low blood sugar) Management, Pain (non-cardiac) Management and Stroke Management. During 2012/13 an additional two clinical indicators were introduced and these are Paediatric Care: Management of Febrile convulsions and Trauma Care: Suspected below knee single limb fracture including ankle. These two new clinical indicators reflect additions to the National Ambulance Audit programme. Two further indicators look at the standard of completion of Patient Report Forms and the compliance to using a Patient Pathway tool.

The expected interventions for each clinical performance indicator are grouped into sets of required 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 2012/13 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. An incentive scheme and the possibility to be awarded the Clinical Quality Improvement Award in recognition of staff and management contribution to Quality Improvement at the Trust Annual Award Ceremony created a real focus and interest in clinical quality at all levels across the Trust. Figure 15 below, contains CPI performance for 2012/13. Although not as successful in previous years where all agreed targets were met, there was a year on year improvement in each case. The Paramedic Emergency Service management are committed to improving clinical care dispensed to

patients and therefore have committed to re-invigorating the focus on quality improvement at team and sector level throughout the organisation.

Figure 15: CPI Performance 2012/13

Care Bundle Topic	2012/13 Stretch Target (%) Quality Target	Q4 2012/13 position (Cumulative)	Variance (from Quality Target) (%)
Asthma	85.1	83.9	-1.2
Cardiac Chest Pain	56.2	66.9	+10.7
Hypoglycaemia	95.0	98.6	+3.6
Pain Management	90.6	89.8	-0.8
PRF Completion	89.4	86.3	-3.1
Stroke	87.9	84.2	-3.7

2.6 Indicators of Quality – Patient Experience

2.6.1 Access

Paramedic Emergency Service

In 2012/13 the Trust was successful in meeting the two national response time standards for ambulance trusts in England. The figures below demonstrate the pattern of Category A activity and performance over the year.

The blue bars each month show the predicted levels of Category A activity and the red columns are the actual levels of activity. They demonstrate the pattern of increased activity that was seen across the country in 2012/13. Overall the activity was 4.5% above plan. This put significant strain on the Trust's services and its ability to respond. The position was exacerbated by the fact that this increase was seen disproportionately in Red calls. Total Category A activity for 2012/13 increased by 9.4% on the previous year. This is in stark contrast to the forecast of zero growth set within the contract by Commissioners. This is a national pattern, but NWAS has been severely affected by this rise in demand.

The Trust has extensive performance management arrangements to ensure that a tight managerial grip is held on this issue. One additional area of concern is that hospital turnaround times have failed to improve and with the increasing activity, ambulances have been tied up at hospital A&E departments particularly during times of high activity and surges in activity.

Further Remedial action is being taken. This includes:

- Continued development of the work of the Urgent Care Desk and Urgent Care Service to triage out less urgent calls.
- An increased use of the partnership working with the Voluntary Ambulance Sector to transport less urgent cases, thereby freeing up NWAS ambulances to respond to the more serious calls.
- Further investment in Hospital Arrival Screens (supported by funding from Commissioners) to provide better information about the flow of activity, to give hospitals more advance warning of inbound cases and to help monitor the performance of A&E departments from a turnaround point of view. This will be fully operational for 2013/14 and will support the national requirements for the turnaround targets.

Figure 16: NWAS Category A8 Performance 2012/13
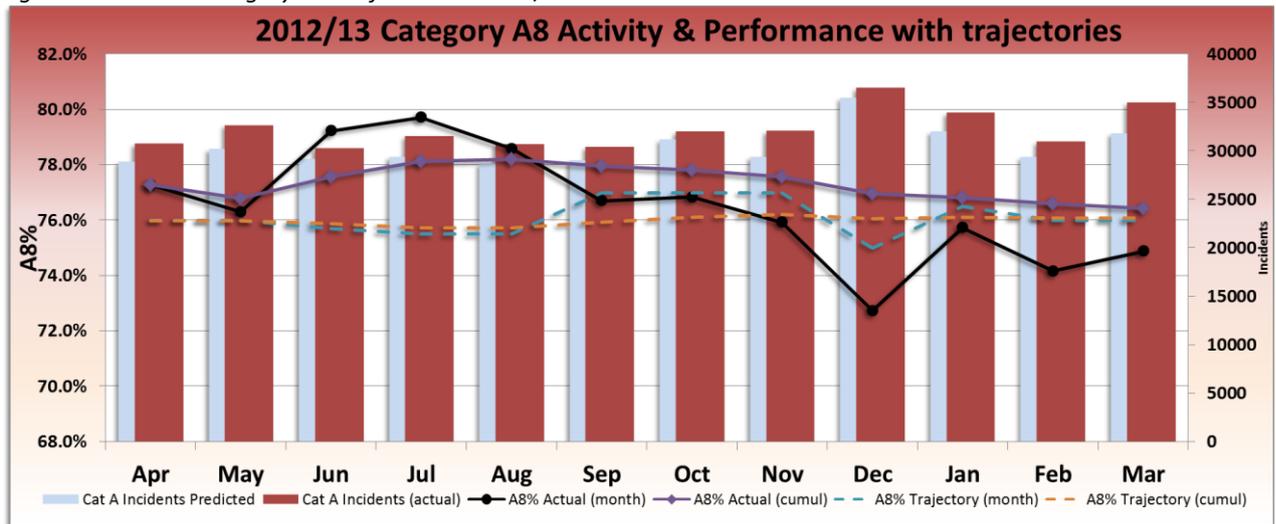
Figure 17: NWAS Category A19 Performance 2012/13
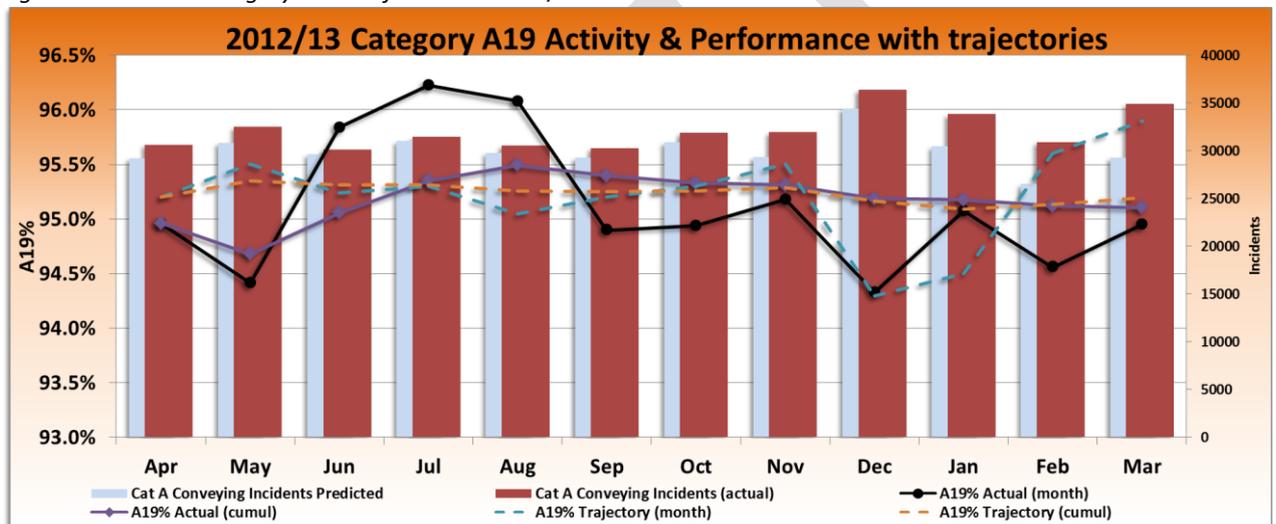
Although the Trust is commissioned to provide a service that meets the national targets at whole Trust level, the Trust is working with commissioners to try to ensure as equitable as possible levels as possible. Inevitably, however, there is variation in the response time performance across the very diverse region. In 2012/13 the outcome was:

Figure 18: Commissioning Area headline performance

	2012/13	
	A8%	**A19%**
Greater Manchester	75.07%	94.93%
Lancashire	78.53%	96.10%
Cheshire	73.51%	95.12%
Merseyside	79.81%	95.61%
Cumbria	74.98%	90.90%
NWAS Overall	**76.43%**	**95.11%**

The Trust will continue to seek to meet performance targets across the region. A key aspect of this work will be the further development of its use of complementary resources such as Community First Responder and Staff Responder schemes.

Patient Transport Service

The major issue facing the PTS service has been the competitive tendering of the service by commissioners. The contract was let in five county level contracts. The Trust was pleased to be successful in four out of the five contracts, but is disappointed to report that it was unsuccessful in Greater Manchester. The Trust did achieve significant cost reductions and quality improvements through investment in infrastructure and improved management, and the performance against the 2012/13 contract quality standards was as follows:

Figure 19: PTS Contract quality indictor performance

Indicator	Lead Director	Target	Year End
Arrival to Appointment: -45 minutes to +15 minutes *	DC	60%	66.8%
Time on vehicle – No greater than 60 minutes*	DC	75%	75.9%
Collection after treatment within 60 minutes*	DC	85%	85.8%
Collection after treatment within 90 minutes*	DC	95%	94.2%
PTS Calls Answered *	DC	75%	88.6%
PTS Calls answered in 30 Seconds *	DC	40%	48.3%
PTS Average Answer Delay *	DC	4 mins	02:21

The Trust is committed to further major investment in infrastructure for PTS, including a new Telephony System (Shoretel), Mobile Data Technology and Automated Vehicle Location System (AVLS), to enhance performance and quality

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. A new stakeholder framework has been developed to take into account the changing landscape of the NHS and social care services and create a platform for the Trust to build on how it informs and influences all stakeholders with regard to its service strategy and how it listens and responds to their requirements.

A Communities Strategy has been produced to demonstrate our commitment to communities and deliver a seamless service for patients in partnership with other health care professionals, act on the views of patients, value diversity and ensure equality of access to services, promote healthy and safe lives, protect the environment and be a good corporate citizen. This overarching strategy is supported by a number of key community focussed policies including our Communication and Engagement Strategy, our Estates Strategy, the Complementary Resources Strategy and our Paramedic Pathfinder and Community Care Pathways programme. These strategies have been approved by our Board of Directors and are overseen by Trust Committees.

As well as statutory bodies such as Overview and Scrutiny Committees, Health and Wellbeing Boards and Local Involvement Networks (now Healthwatch), 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 2021/13 include:

- An open day linked with the launch of the Trust's new patient experience toolkit was held at Trust Headquarters in Bolton. 300 members of the public attended to hear about our services and plans for the future as well as trying out some of our approaches to patient experience first-hand.
- We consulted with our members, community groups and LINks on a variety of Trust policies including our Communities Strategy, Communications and Engagement strategy and our equality and diversity priorities.
- A major stakeholder engagement programme was undertaken in preparation for the new patient transport contract delivered in Cheshire, Merseyside, Cumbria and Lancashire. The contract itself was influenced by feedback from patients and public throughout the region.
- We have met our 8,000 membership target from communities across the whole of the North West. A shadow Council of Governors has been elected, induction training has been completed and the Council have held their first meeting. All members receive a regular newsletter are invited to attend Trust events. Three dedicated Members Events have taken place and a new Governor Zone has recently been introduced on the Trust's website.
- Our social media programme enables direct engagement with the public and stakeholders. Three successful 'Tweetathons' and other initiatives have grown our followers to xxx.
- Community Responders and community defibrillation programmes have been developed with communities across the North West region and the Trust has recognised the first 20 CardiacSmart communities in partnership with the British Heart Foundation.
- We are working with high volume service users to understand the drivers for calling 999 and have launched a marketing campaign to help the public understand what to expect from their ambulance service. Public education has been further enhanced through our work Channel 4 in the production of the popular programme '999 – What's Your Emergency?'
- Our award winning patient experience board game is used with community groups to identify gaps in public perception, service quality and information as well as involve them in service redesign.

2.6.3 Complaints, PALS and Compliments

In 2012/13 the Trust received a total of 474 complaints, 2277 PALS contacts and 819 compliments. A monthly breakdown is shown below.

Figure 20: Complaints, PALS and Compliments Data 2008/09 – 2012/13

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
2012/2013	46	39	33	41	41	50	43	41	24	40	45	31	474

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
2012/2013	207	234	197	190	176	174	240	241	163	171	134	150	2277

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
2011/2012	55	47	77	67	74	78	81	60	62	78	71	53	803
2012/2013	45	74	52	36	39	35	99	107	45	156	62	69	819

The number of complaints made to the Trust increased over the last year which reflects the increase in activity, particularly for the Paramedic Emergency Service. PALS queries have decreased slightly in the last year though compliments have increased.

Patient Transport Service (PTS) - Complaints

During 2012/13, Patient Transport Service generated 21.6% of the complaints against the Trust. This is a significant decrease on the previous year. Both failure to transport and delays in transport remain the most common causes for complaint. Figure 21 below details the types of complaints defined by geographical/service area and right service type.

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

	Cumbria Lancs	Cheshire Mersey	GM	Total	PTS Control	PTS CP	PTS Ops	VCS
Failure to Transport (PTS)	3	5	11	19	18	0	1	0
PTS Transport	4	5	8	17	6	0	10	1
Delay in PTS Transport	2	4	10	16	15	0	1	0
Inappropriate Care	0	5	5	10	0	0	10	0
Staff Attitude	3	1	4	8	3	0	5	0
Staff Conduct	3	0	4	7	0	0	7	0
Transport Other	1	3	3	7	5	1	1	0
Other	0	3	2	5	1	0	4	0
Care and Treatment	0	2	1	3	0	0	3	0
Communication	2	0	0	2	2	0	0	0
Driving Skills	2	0	0	2	0	0	2	0
Driving Standards	1	0	1	2	0	0	2	0
Communication and Information	0	1	0	1	1	0	0	0
EOL	1	0	0	1	0	0	1	0
Policy/Procedure	0	0	1	1	1	0	0	0
Staff Conduct	0	0	1	1	0	0	1	0
Totals:	22	29	51	102	52	1	48	1

Patient Transport Service – PALS

As can be seen from Figure ** below, the main areas of PALS concern for the Patient Transport Service are delays in and out of hospital, the non-arrival of transportation along with querying the eligibility criteria.

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

	Cumbria Lancs	Cheshire Mersey	GM	Total	PTS Control	PTS CP	PTS Ops
PTS Transport	93	72	95	260	125	5	130
Delays out of Hospital (PTS)	48	38	114	200	189	0	11
Eligibility Criteria	85	38	20	143	134	0	9
Delays into Hospital (PTS)	29	25	67	121	110	0	11
None Provision of Ambulance	11	20	59	90	90	0	0
Problems with transporting Patients	14	21	42	77	53	1	23
None arrival of Ambulance	13	13	42	68	58	0	10
Attitude Staff	23	13	16	52	10	1	41
Communication and information	15	12	17	44	34	0	10
Expression of Concern	11	10	20	41	19	0	22
Driving Standards	15	5	11	31	0	1	30
Lost Property	9	13	6	28	7	1	20
Staff Conduct	11	4	5	20	2	0	18
Vehicle issues	6	7	0	13	4	0	9
Care/ Treatment Given	4	4	4	12	2	0	10
Early arrival of Ambulance	3	3	3	9	7	0	2
Other	2	2	4	8	4	0	4
Discrimination	0	1	0	1	1	0	0
Navigation	1	0	0	1	0	0	1
Totals:	393	301	525	1219	849	9	361

Paramedic Emergency Service (PES) – Complaints

Figure 23 details the total numbers of PES complaints by both geographical and service area which represents 78.4% of all complaints. There has been a significant increase in PES complaints which can be directly correlated to the increase in operational activity. The main areas of concerns continue to be emergency response, followed by inappropriate care and thirdly, staff conduct.

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

	Cumbria Lancs	Cheshire Mersey	GM	Total	EOC	PES Ops
Delay in emergency response	50	45	39	134	132	2
Emergency Response	28	26	25	79	43	36
Inappropriate Care	11	10	15	36	0	36
Staff Conduct	12	5	12	29	0	29
Care and Treatment	3	11	10	24	0	24
999 Call triage	5	5	6	16	16	0
Staff Attitude	6	4	6	16	5	11

Failure to Convey (PES)	3	4	5	12	11	1
Delay in emergency transfer	3	1	5	9	6	3
Communication	3	2	2	7	4	3
Other	2	1	0	3	1	2
Medical Records	0	0	2	2	0	2
Staff Comments	1	0	0	1	0	1
Damage or loss to property	0	1	0	1	0	1
Driving Skills	0	0	1	1	0	1
Policy/Procedure	0	0	1	1	0	1
Safeguarding	0	1	0	1	0	1
Totals:	127	116	129	372	218	154

Paramedic Emergency Service – PALS

The numbers of Paramedic Emergency Service PALS cases have again increased from 2011/12. Response times continues to be a focus followed by lost property and then care and treatment given.

Figure 24: PES PALS categories and geographical/service area data

	Cumbria Lancs	Cheshire Mersey	GM	Trust wide	Total	CFR	EOC	PES Ops
Response Times (PEC)	86	116	82	0	284	0	193	91
Lost Property	45	66	51	0	162	0	0	162
Care/ Treatment Given	24	28	109	0	161	0	1	160
Communication and information	58	34	43	4	139	0	50	89
Attitude Staff	38	40	41	0	119	0	12	107
Expression of Concern	13	16	24	0	53	0	19	34
Driving Standards	20	16	17	0	53	0	0	53
Staff Conduct	7	21	10	0	38	0	2	36
Other	12	16	5	0	33	1	8	24
None Provision of Ambulance	10	8	5	0	23	0	21	2
None arrival of Ambulance	5	4	6	0	15	0	13	2
999 triage	5	5	4	0	14	0	11	3
Misuse of Sirens	5	4	5	0	14	0	0	14
Navigation	1	2	2	0	5	0	1	4
Access to Health records request	1	2	1	0	4	0	1	3
Problems with transporting Patients	0	2	1	0	3	0	2	1
Vehicle issues	0	1	2	0	3	0	0	3
Eligibility Criteria	0	1	0	0	1	0	0	1
Totals:	330	382	347	4	1124	1	334	789

Recording Complaints

Throughout the last year, the Trust has implemented an updated web based version of its risk management software. This updated software has allowed the Trust and in particular the Making

Experiences Count Team, review how complaints are recorded and reported within the Trust. The impact will be realised year ending March 2014.

Furthermore following the recommendations from the Francis Report, the Trust will be recording all concerns as complaints with effect from 1st April 2013 removing the need to record matters as PALS. This will naturally lead to an overall increase in the number of complaints recorded with other queries being lodged as general enquiries (previous recorded also as PALS).

Lessons learned

An essential aspect of the handling of complaints and PALS enquiries is to ensure that lessons are learned to ensure that the same mistakes are not repeated. The Trust has well-developed mechanisms to ensure that this happens from an individual level through the changes made to the overall systems for how we respond to and care for patients. A detailed "4 C's" report covering complaints, compliments, concerns and comments has been published covering these areas in greater detail.

Four examples covering our main service areas are included to give an indication of the types of improvements that have been introduced.

Emergency Control Centres:

- The importance of consistency in the EOC audit function has been highlighted through a small number of incidents helping to provide evidence for the restructure of the audit function.

PTS Control:

- Improvements have been made to the records within the PTS Control room system ensuring accurate notes for all patient journeys, confirming the sequence of events for all patients.

PTS:

- Ensuring that only the appropriate patients travel with taxis and that taxi drivers ensure their patients make it to their place of safety before completing the journey.

PES:

- Reminders and bulletins have been issued to staff regarding a number of issues including the application of spinal immobilisation, the differential diagnosis for hyperventilation, the importance of completing an appropriate dynamic risk assessment and completion of detailed and accurate Patient Report Forms.

Compliment from patients:

PES

Patient contacted the Trust to thank both the control and attending staff. He was suffering from chest pain and commented that not only was the operator on the phone was calm and reassuring but also the attending paramedic were first class both in treatment but also providing reassurance to the patient's wife.

PTS

A PTS patient contacted the Trust to express his thanks to the various crews who have attended him over the last year.

This is managed through the Trust's Incident Learning Forum

3 Looking Forward to Improving Care

The Trust has agreed, in consultation with our stakeholders, four key quality improvement areas for 2013/14. These are identified as priorities within our Quality Strategy.

3.1 Safer Care Closer to Home (Falls)

This improvement area is extended into a further year and will include work on falls in our care/manual handling of patients.

We will look to increase the number of referral options across each CCG area to achieve a greater number of patients who can receive care safely, without attendance at the Emergency Department or admission to hospital. This will enhance the patient experience throughout their journey of care. We are looking to implement over 3000 additional care plans for patients with long term conditions, increase referrals for fallers and diabetic patients by 20% by the end of the year, and further increase the number of patients treated closer to home by 2% in year, resulting in an overall improvement in the quality indicators to 26%.

We will take steps to promote and coordinate the integration of urgent care services, including mental health services and social care, to ensure that our patients receive integrated seamless care whenever possible.

3.2 Management of patient waiting times (long waits)

The Board has identified concerns regarding patients waiting long periods for an ambulance, either where triage has been applied correctly and response is within accepted parameters but does not meet public expectation, or where those parameters have not been met by the Trust

Management of Patient Waiting Times or "long waits" are reported through to the Medical Team, as part of the SIREN report.

In almost all instances the resulting delay is as a result of upgrading of the incident from a lower priority call. From 2013/14 there will be a proactive review of the long waits on a weekly basis by the EOC.

3.3 Isolated Lower Limb Fracture

The Trust is implementing a new Clinical Performance Indicator to address this significant group of patients. Performance will be benchmarked against other ambulance trusts in England

3.4 Improving care for patients with Mental Health issues

This will cover a range of initiatives, including the introduction of a new Mental Health Pathfinder, a new CPI, and talking to service users.

As part of the Trust's Patient Experience Programme for 2012/13, a specific work stream was undertaken to review our current mental health provision to service users. A review of the Trust's current state of service provision in relation to mental health protocols, training, service user involvement, auditing for patients accessing the emergency service and including assessment, treatment and transportation has taken place.

From that review a number of key areas have been identified with recommendations either already in place or set for year two of the project, namely:

- A North West regional policy and guidance for conveying mental health patients, has been developed in association with the police forces of the North West, this policy was introduced in February and ensures a coordinated response is given from the ambulance service and the police when dealing with mental health related calls. The policy shows a commitment from NWAS to stakeholders in the timescales we are trying to achieve in responding to these calls and also a commitment to the patients that they will be treated like a patient by using ambulances to transport and not criminalised. This policy is a first for any ambulance service in the country.
- A regional mental health care educational programme has been developed for all operational Ambulance staff; identifying different aspects of mental health and the law, how to recognise and deal with patients and how to assess capacity and looking at the role of partners and stakeholders.
- Training packages are being developed utilising field experts ensuring that ambulance staff can understand and recognise mental health issues, undertake assessments, and properly assess risk and capacity in relation to the treatment, referral or transportation of said patient group.
- Relevant stakeholders and partnerships have been, and continue to be developed across all areas of the region, including Mental Health trusts, local government teams, police forces and the fire services as well as voluntary and social organisations/groups/forums.
- Service user groups have been identified and contacted with regard to improving patient experience. The Patient Experience Team received some invaluable feedback from the groups, to further support Trust initiatives on mental health engagement.
- A review of Paramedic Pathfinder is to take place, to establish whether Mental Health patient groups can be incorporated into the procedures to enable pathways to be introduced where appropriate.

A significant amount of work has been undertaken to establish links with relevant stakeholders and associated networks. NWAS has been able to increasing its service development requirements in relation to; improved patient care, staff training, pathway development and collaborative working.

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 2012/13. The income generated by the NHS services reviewed in 2012/13 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 2012/13, NWAS NHS Trust participated fully in all of the national clinical audits it was eligible to participate in.

The Trust participated in the following national clinical audits:
- National Ambulance Clinical Quality Performance Indicators, a national audit of the care of patient who:
  - Suffered a pre-hospital cardiac arrest
  - Suffered a pre-hospital heart attack
  - Suffered a Stroke

- NRAD: Management of asthma patients that have died to determine preventable causes for future patients

- 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

4.3   Participation in clinical research

NWAS NHS Trust approved and participated in 4 research studies during 2012/13.

NHS Portfolio Studies					
UKCRN ID Nº	Topic	Study Type	Study Title	University/ Institution	Closure Date
10072	Injuries & Emergencies	Interventional	Head Injury Transportation Straight to Neurosurgery Trial – HITS-NS	University of Manchester	31/03/13
13566	Injuries & Emergencies	Observational	PhOEBE Developing New Ways of Measuring the Impact of Ambulance Service Care	University of Sheffield	31/05/15
12553	Generic Relevance & Cross Cutting Themes (co-adopted by Primary Care)	Observational	Identification of emergency and urgent care system characteristics affecting preventable emergency admission rates	University of Sheffield	31/05/14
11917	Stroke	Observational	A study of major system reconfiguration in stroke services	University College London	20/12/13

The recruitment phase to the Head Injury Transportation Straight to Neurosurgery Trial by NWAS NHS Trust is now complete and the recruitment to the trial by NWAS NHS Trust is in the process of being finalised.

4.4   Use of the CQUIN payment framework

A proportion of NWAS NHS Trust income in 2012/13 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.

- Community Care Pathway
- Chain of Survival (Complementary Resources)
- Clinical Quality Indicators
- Acute Myocardial Infarction
- Greater Manchester Cat 'A' Performance
- PTS Quality of Service
- Patient Experience

Progress against an agreed set of implementation and payment milestones for each scheme was monitoring via the Finance and Contracting Group, and more recently via the Commissioning Quality Group.
Payments were approved by the Finance and Contracting Group.

All schemes achieved all their implementation and payment milestones, including the production of a final evaluation report), with the exception of schemes 5 and 6 as a consequence it was agreed that the commissioners would withhold £113k.

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

4.5.1   NHS Number and General Medical Practice Code Validity

NWAS NHS Trust did not submit records during 2012/13 to the Secondary Uses service for inclusion in the Hospital Episode Statistics. This requirement does not apply to ambulance trusts.

4.5.2   Information Governance Toolkit attainment levels

NWAS NHS Trust Information Governance Assessment Report score overall score for 2012/13 was 78%. The Trust achieved Level 2 compliance or above in all elements of the toolkit.

4.5.3   Clinical coding error rate

NWAS NHS Trust was not subject to the Payment by Results clinical coding audit during 2012/13 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   NHS Blackpool - NWAS Commissioners statement

Appendix 1: Glossary of Terms

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

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 498434
> 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.