



North West Ambulance Service



NHS Trust



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

# NORTH WEST AMBULANCE SERVICE NHS TRUST

## QUALITY ACCOUNT

2013/2014

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## 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 2013/14, and sets out our quality priorities for the year ahead.

2013/14 has again been a successful year for the Trust, and I would like to draw your attention to some particular headlines from the year:

- Progress in developing effective and innovative approaches to patient care, seeking to deliver safe care closer to home
- A successful process in taking over the 111 service for many residents in the North West
- Success in meeting all national operational response time targets for the year
- Significant improvements over the first year in the quality standards performance of the four Patient Transport Service (PTS) contracts.
- 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 2014
- The second year of our programme of Station Quality Visits in which senior corporate managers visited our 109 stations and found evidence of continuing improvement in standards
- 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

Once again I would like to record my deep appreciation and thanks to all NWAS staff for their continuing commitment to their patients and the quality of care that they provide. I would also like to give my thanks to the many volunteers who do so much to support the Service. The thousands of volunteers from the PTS Voluntary Car Service, Community Responder schemes, Voluntary Ambulance Services and Mountain Rescue Services make an invaluable contribution to the safety and care of the people of the North West

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

Bob Williams  
Chief Executive

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

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

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

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

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

By order of the Board

Mary Whyham (Chairman) June 2014

Bob Williams (Chief Executive) June 2014

## 2 Looking back to 2013/2014 - Review of Quality Performance

This section of the Quality Account describes what we have done during 2013/14 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 2012/13 Quality Account we identified four areas for improvement. This section sets out how we have done in each:

#### 2.1.1 Safer Care Closer to Home (SCCTH)

The Trust is committed to the principle of providing safe care closer to home whenever possible. This in accordance with national policy and has been agreed with local partners. The principle is that if a patient does not require emergency hospital care they should not be taken to A&E, but provided with an alternative care pathway. This can be done over the telephone ("Hear & Treat") or by an ambulance clinician attending a patient, identifying their needs and agreeing the best course of action ("See & Treat"). This may be through one of our patient pathfinder pathways.

We have continued to develop the SCCTH programme over the past 12 months. We have introduced over 3500 new Community Care Plans, along with GP Referral schemes in 31 CCGs across the North West. This has allowed the Trust to increase the number of people receiving SCCTH from 17.6% to 18.1% in year. For some patients conveyance is needed but not to an A&E department. They can be taken to walk-in centres, minor injury units and other facilities. We have increased the number of patients conveyed to these alternative units from 4.3% to 6.1% of the total conveyed. Overall, the total number of patients receiving care without the need for conveyance to an A&E department has increased from 23% to 25.2% in year.

##### **Hear and Treat**

The efficient handling of calls from the public and other healthcare professionals is a critical function in the service delivery model. At the point of primary triage we assess each 999 call using Advanced Medical Priority Dispatch System (AMPDS) to triage the urgency of the caller's needs and determine the appropriate level and type of response needed.

Our first priority is to ensure a timely response to patients with immediately life threatening conditions. However, we are aware of the importance of increasing the use of alternative care options, and we are undertaking a review of the existing telephone triage capacity across NWAS and the potential for wider system integration. In continuing to develop our telephone triage function the Trust is looking to increase the number of patients managed by telephone advice by 9,028 calls in 2014/15.

##### **See and Treat**

When our paramedic staff do attend an incident they are supported to determine confidently and safely the most appropriate destination for care. This may be a specialist centre or a local A&E. Staff are trained to use triage support methods such as clinical algorithms (Pathfinders) and are supported by both on-scene and remote clinician-to-clinician support.

This will ensure that NWS clinicians have the capacity to determine the most appropriate treatment, referral, or self-care options for our patients. Through employing consistent triage processes both by telephone and face to face, our aim is to ensure patients receive the right care, at the right time, in the right place.

We continue to develop our ability to use the Urgent Care Service when clinically appropriate in order to protect emergency resources for patients with time critical needs.

The Trust is looking to increase the number of patients receiving care without conveyance by 10,676 in year. This means that collectively, we will increase the number of people managed by telephone or managed at home following face to face assessment by 19,704 in year.

## **111**

NWS recognises the potential of the NHS 111 urgent care access route to fit comfortably alongside its existing emergency 999 service, forming a seamless urgent and emergency care model. Patients will continue to access urgent and emergency care via either route, offering obvious service delivery synergies and common outcomes for patient regardless of the route they have chosen. NWS believes that we can deliver this seamless service and at the same time reduce duplication and inefficiency.

### **2.1.2 Management of Patient Waiting Times (long waits)**

When a person calls for an ambulance, the call is categorised by the Trust's Advanced Medical Priority Dispatch System (AMPDS). This is an internationally recognised system that is used by the majority of Ambulance Trusts in this country. The categories that are currently used are as follows:

- Red 1 and 2. These are calls that are prioritised as immediately life threatening such as cardiac arrests, serious bleeding, severe breathing difficulties and choking. Red 1 calls are the 10% of these calls that are most immediately life-threatening
- Green 1 and 2. These are calls that are prioritised as serious but not immediately life threatening such as fitting and serious limb injuries. As such the Trust aims to reach these patients as quickly as practicable.
- Green 3 and 4. These are calls that are neither serious or life threatening such as bone injuries and falls, without priority symptoms. The Trust uses additional telephone triage to ensure the patient receives the most suitable level of assistance. This may include referral to local community services or other NHS providers or a referral back to NWS to arrange dispatch of an ambulance within a designated time.

Although NWS has been extremely successful in meeting response time targets for the most acutely ill patients, it is inevitable that at times of very high demand some less poorly patients have to wait longer than is desirable. The duty of the Trust is to minimise these occurrences and ensure that the right patients are given the higher priority. This year, detailed analysis has been carried out on patients in red and green categories who wait longer than is desirable.

In the study of Red category patients recorded as waiting over an hour, it has been found that they are almost exclusively patients who are initially placed in a Green category as their condition is not life-threatening. Following call back they have been found to have deteriorated and so have been recategorised as reds and receive an emergency response. This issue has been reported regularly to the Board and each case is subject to review. The Trust is satisfied with these current arrangements but will continue to monitor the position closely.

For the first time the position of green patients waiting for long periods has been analysed closely and reported to the Board in May 2014. The analysis has shown that in the majority of cases, patients are responded to in a timely manner and that broadly response times are satisfactory, but that at times of very high demand Green 4 patients can wait longer than is desirable. Over half of these patients are referrals from GPs. As a result of the review a number of changes have been made to operational procedures to minimise the impact on the most vulnerable patients. Further developments will follow in 2014/15.

The Trust understands how important it is to manage patient expectations about the service provision and its Team 999 public education campaign seeks to explain to the public what happens when you call 999 and that it does not always lead to a blue light emergency response or a trip to hospital. The Trust seeks to ensure patients receive the right care at the right time and in the right place based on their clinical need.

### **2.1.3 Isolated Lower Limb Fracture**

The Trust has implemented a new Clinical Performance Indicator to address this significant group of patients. The Trust agreed and introduced a new care bundle for patients suffering with fractures below the knee during 2013/14. As is common with all new care bundles, initial performance was relatively low at less than 40%. A 15% improvement target was then agreed for the year, which was exceeded in quarter 4. Care bundle performance increased from 37.9% to 63.8%. Performance will be benchmarked against other ambulance trusts in England.

### **2.1.4 Improving Care for Patients with Mental Health Issues**

This priority covers a range of initiatives, including the introduction of a new Mental Health Pathfinder, a new CPI, and engagement with service users. A significant amount of work has been undertaken to establish links with relevant stakeholders and associated networks. NWAS has been able to increase its service development requirements in relation to; improved patient care, staff training. This is a highly important area of work for the Trust and this is reflected in two of the improvement areas for 2014/15 that will take this work forward.

## **2.2 Managing Quality Better in 2013/14**

The Board affirmed its commitment to the delivery of quality services by approving a revised Quality Strategy in May 2013, which takes into account the required developments arising from the publication of the Francis 2 Inquiry Report of February 2013. The strategy sets out how we will ensure the quality of our services continues to improve under the domains of Right Care, Right Time and Right Place. All service developments and cost improvement schemes are subjected to a quality impact assessment which will identify where there is a likelihood of a negative impact on service quality. This allows us to either consider alternatives or mitigate the risk of a negative impact.

The revised Quality Strategy was underpinned by a comprehensive implementation plan for 2013/14 to ensure that developments set out in the strategy were progressed and embedded in the

organisation. Progress against the 205 actions initially identified within this implementation plan was monitored throughout the year by the Quality Committee.

### ***Care Quality Commission Inspection***

On 10-14 February 2014 a team from CQC visited the Trust to carry out an unannounced inspection of compliance with five of the essential standards of quality and safety. These were:

- Care and welfare of people who use services
- Cooperating with other providers
- Safety, availability and suitability of equipment
- Supporting workers
- Assessing and monitoring the quality of service provision

The Trust is very pleased to be able to report that it has again received a very positive report confirming compliance with all five standards. The Trust has now received three similar reports, one for each area, over three years

This year's visit was carried out in the Cheshire & Mersey area, covering Elm House Emergency Operations Centre (EOC), four stations and four A&E departments. Inspectors spoke to managers, operational staff, patients and hospital colleagues. They commented on the high degree of congruence in the responses received from all these sources, confirming a clear picture of a dedicated and professional workforce providing a high quality service.

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

The outcome of this inspection 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 and it is a continuing challenge to stay in touch with all of our staff. For the second year a programme of Station Quality Visits has been carried out. Senior corporate managers have visited every site to identify any areas of either concern or good practice. The approach taken was one of a number of examples of active engagement with staff to ask their views on quality of service, and how it can be improved. The process was extremely productive and effective and was welcomed by all concerned. Particularly welcome was the feedback that the presentation and cleanliness of stations have improved. Trust-wide initiatives such as vehicle deep-cleaning, clinical waste management and records management have significantly improved the running of the service.

### ***Station Level Quality Reporting***

The Trust continues to produce monthly station level reports for in each station. Posters are produced and displayed for each station to show how they are performing in comparison to their peers against a range of quality measures. This year we have produced more detailed reporting on a three monthly cycle covering the three key challenges of Right Care, Right Time, Right Place. 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 Quality Accounts, ambulance trusts are required to report explicitly on performance against four national Quality Indicators:

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

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

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

All other calls are placed in the four green categories, Green 1 – Green 4

Figure 1 shows the performance over the last two years and includes the NWS ranking position among the twelve ambulance trusts in England. The Red 1 & 2 distinction came in from June 2012, and so the national comparative figures shown below relate to the period June 2012 to April 2013:

Figure 1: Response time performance 2012-2013

Indicator	Target	2012/13				2013/14			
		NWAS	National Average	Range	Ranking	NWAS	National Average	Range	Ranking
Red 1 - 8 minutes	75%	73.5%	74.0%	70.0-78.9	9/12	75.9%	NYA	NYA	NYA
Red 2 - 8 minutes	75%	76.6%	75.6%	72.8-76.9	2=/12	77.4%	NYA	NYA	NYA
A19/ Red 1 & 2 19 minutes	95%	95.1%	96.0%	91.9-98.2	9/12	95.8%	NYA	NYA	NYA

NYA - not yet available

**The Trust is very pleased to report that all three national targets for response times in 2013/14 were achieved.**

NWAS NHS Trust considers that this data is as described through effective use of our available resources. The Trust expects to meet these targets again in 2014/15

### 2.3.2 Quality Outcomes

Ambulance Trusts are required to report on performance against two of the national Ambulance Clinical Quality Indicators (ACQIs). 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 nationally four months in arrears as they are dependent on gathering outcome information from hospital trusts. For this reason there are no figures available after December 2013. Figure 2 gives details of performance over the last two years.

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 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.

### **2.3.3 Patient Safety Incidents**

Details of Patient Safety incidents are included in section 2.4. For Quality Account reporting purposes it is noted that in the last financial year there were four clinical incidents that resulted in patient injuries that were categorised as “severe harm or death”. These were all were handled under the Strategic Executive Information System (StEIS) and reported in full to Commissioners.

Figure 2: ACQI Care Bundle Performance - 2012/14

Reporting Period 1: April 2012 – March 2013												
AQI Care Bundle Performance	Apr 12	May 12	Jun 12	Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13
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)	82.8 (168/203)	81.2 (164/202)	81.1 (180/222)
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)	79.1 (100 – 62.9)	78.3 (90.8 – 65.5)	77.6 (100 – 62.7)
Ranking	9/12	5/12	5/12	4/12	3/12	3/12	5/12	6/12	4/12	6/12	4/12	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)	99.2% (1042/1050)	99.0% (909/918)	99.2% (1057/1066)
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)	96.2 (100 – 90.0)	95.8 (99.7 – 91.7)	95.8 (100 – 92.0)
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 2013 – November 2013												
AQI Care Bundle	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
NWAS: Outcomes from Acute ST-elevation Myocardial Infarction— Care Bundle	84.0% (173/206)	85.1% (166/195)	87.2% (170/195)	86.4% (185/214)	84.9% (180/212)	88.8% (166/187)	88.9% (177/199)	86.9% (173/199)	85.2% (202/237)	Data not available at time of writing		
National Average & Range	79.0 (89.5 – 33.3)	76.4 (85.9 – 54.4)	82.1 (100 – 69.8)	80.4 (91.3 – 64.1)	79.9 (88.1 – 61.5)	82.4 (91.2 – 50.0)	81.7 (91.4 – 67.4)	80.8 (94.0 – 57.1)	*	*National data not published at time of writing		
Ranking	2/11	2/11	3/11	2/11	4/11	3/11	2/11	3/11	*			
NWAS:												
Outcomes from Stroke — Care Bundle	98.5% (945/959)	99.4% (969/975)	99.6% (929/933)	99.4% (996/1002)	99.7% (1054/1057)	99.2% (978/986)	99.3% (1071/1079)	99.8% (1056/1058)	99.6% (1123/1128)	Data not available at time of writing		
National Average & Range	96.1 (100 – 91.6)	95.4 (99.4 – 89.1)	96.5 (100 – 90.7)	96.7 (99.4 – 93.3)	96.5 (93.0 – 99.7)	96.1 (100 – 90.9)	96.4 (100 – 90.0)	96.6 (100 – 93.0)	*			
Ranking	3/11	1/11	2/11	1/11	1/11	2/11	2/11	2/11	*			

## 2.4 Indicators of Quality – Patient Safety

The Trust has a set of Clinical Safety Indicators (CSIs), which are of measures on the main 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 measure 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 (CSI) is reported to each meeting of the Board of Directors and at all levels across the organisation. There has been a review of the CSI IPC audit bundle questions this year following the Mersey Internal Audit Agency review. The revised IPC bundle questions have now been incorporated into the new PES vehicle monthly check books and reflect the questions on the online audit system and the Quality Assurance audit.

### 2.4.1 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 at risk. The Trust provides healthcare regulated activity and has a legal duty to protect patients, staff and the public from harm while carrying out its roles and functions.

The year 2013-2014 has been challenging within the Trust Safeguarding Team due to an increase in the number of child and adult safeguarding referrals, enquiries and information sharing with health and social care partners and a rise in the number of Domestic Homicide, Child and Adult Safeguarding Reviews. There have been a number of developments which are outlined below along with a summary of safeguarding activity and proposed developments for the coming year.

#### **Local Developments**

- **Electronic Referral Information Sharing System (ERISS)**  
This bespoke web-based system went live for sharing safeguarding referral information with Children and Adults Social care teams in October 2013. There has been a phased approach and to date most Social Care Teams are accessing the system with a plan to assist the remaining teams to go live. The benefits to the system are many including strengthened governance and information sharing.
- **Audits**  
The Mersey Internal Audit Agency conducted a review of safeguarding which highlighted significant compliance and a number of areas for improvement including the low number of referrals by the Patient Transport Service. An action plan is in place and a number of actions have already been completed to increase safeguarding awareness and support the referral process. The Trust Board receives referral data by service and area.

- **Peer Review**

The National Ambulance Safeguarding Group has organised peer review audits of safeguarding arrangements in ambulance services in England and Wales. The Trust performed well overall and a number of strengths recognised.

- **Engagement**

The Trust has worked hard to engage with the Local Safeguarding Boards in the North West. A model to strengthen engagement has been approved and will be taken forward in 2014-2015.

### Safeguarding Reports

The following safeguarding reports provide a snapshot of activity:

#### Sudden Unexpected Death of Children (SUDC)

Figure 3: Sudden Unexpected Death of Children (SUDC)

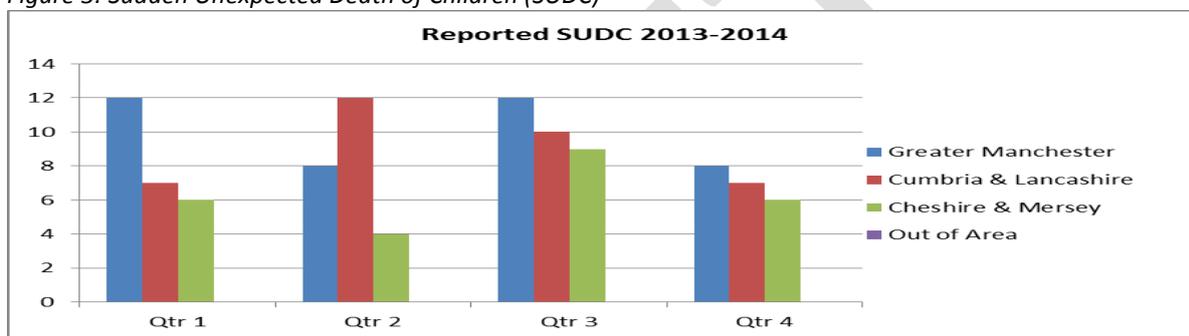


Figure 3 shows the number of children who have died unexpectedly and been notified to the Trust Safeguarding Team by the attending staff over the year. There have been a total of 78 unexpected child deaths notified, with 40 in Greater Manchester, 38 in Cumbria and Lancashire and 25 in Cheshire and Mersey. The Trust has a SUDC Procedure which is aligned to the multi-agency SUDC Procedures across the North West.

#### Child and Adult Safeguarding reviews

Figure 4 Child and Adult Safeguarding reviews

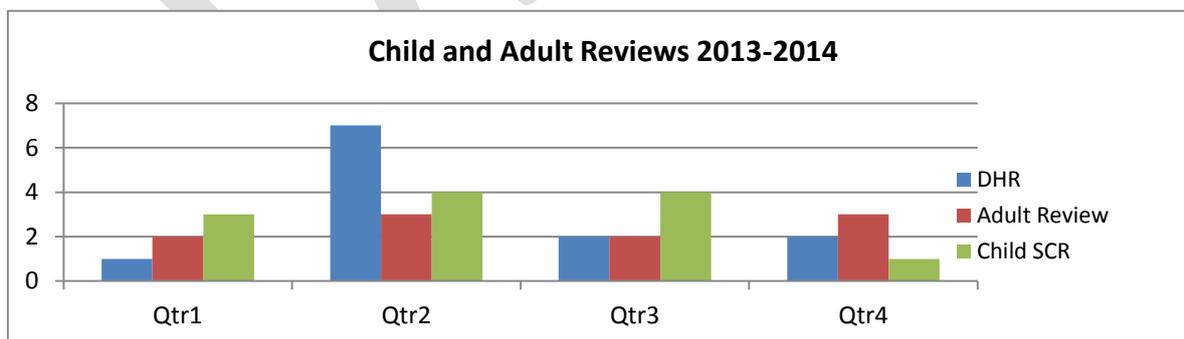


Figure 4 shows the number of Child Serious Case Reviews (SCR), Safeguarding Adult Reviews and Domestic Homicide Reviews (DHR) that the Trust has contributed to. The purpose of these reviews is to identify single and multi-agency lessons which need to be learned. Internal audits or further investigations may be requested to understand whether the Trust met expected standards of practice. This includes scrutiny of all the Trust services involved. These processes aim for learning to take place at both practice and strategic level to protect the public and ensure services are safe.

**Adult Safeguarding Referrals by area**

Figure 5: Adult Safeguarding Referrals by area

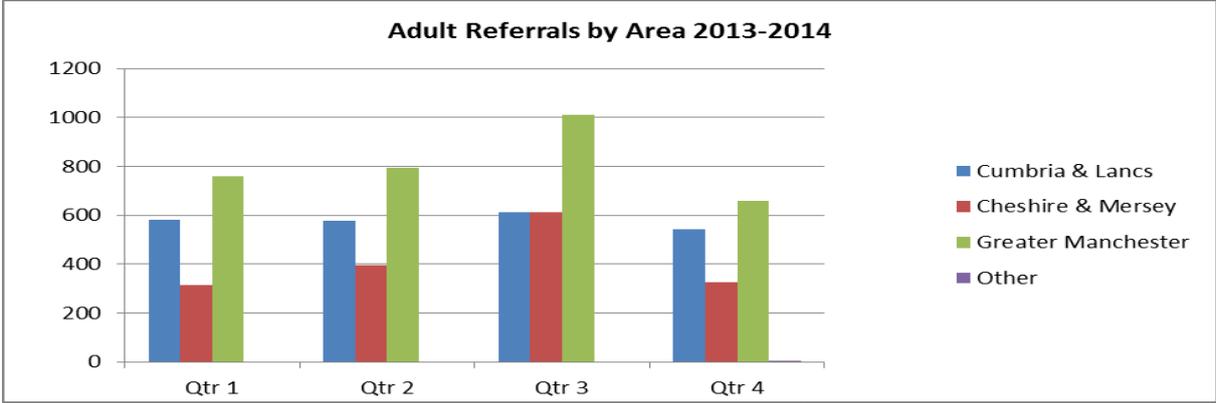


Figure 5 shows the number of safeguarding adult referrals across Q1 to Q4 2013-2014. Referral rates across all sectors continue to increase year on year. The ease and immediacy of the Electronic Referral Information Sharing System (ERISS) may have contributed in part to this increase as referrals are immediately sent and there is less scope for referrals to be missed in reporting.

Figure 6: Adult Safeguarding Referrals by type

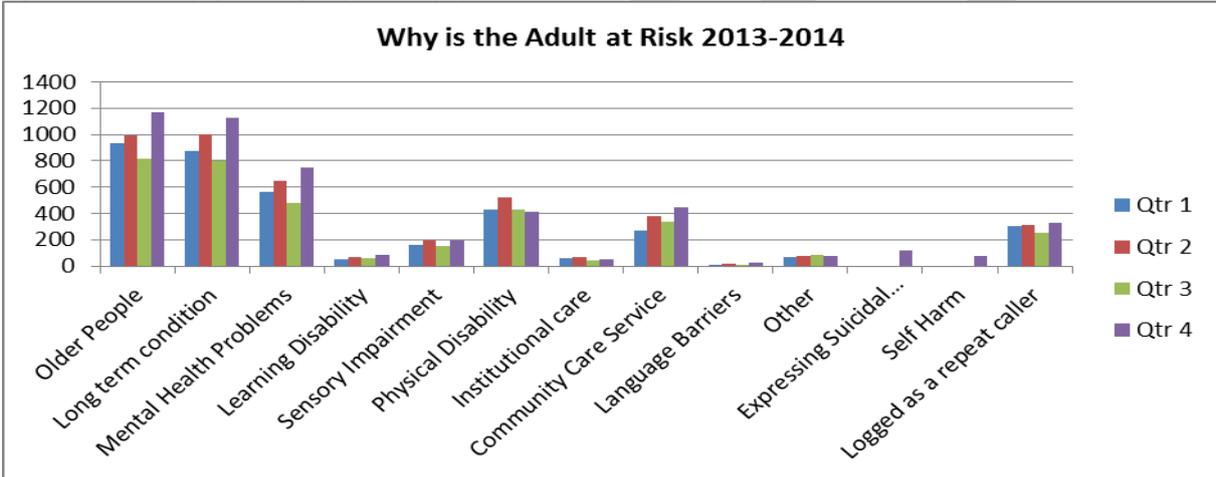


Figure 6 shows the vulnerability of the adults at risk. Older people and those with long term conditions continue to be those most frequently referred. Patients with mental health problems and those with physical disability are also more frequently referred. This pattern of referral mirrors reporting in 2012-2013 and data from the Safeguarding Adults Boards.

Figure 7: Child referrals by area

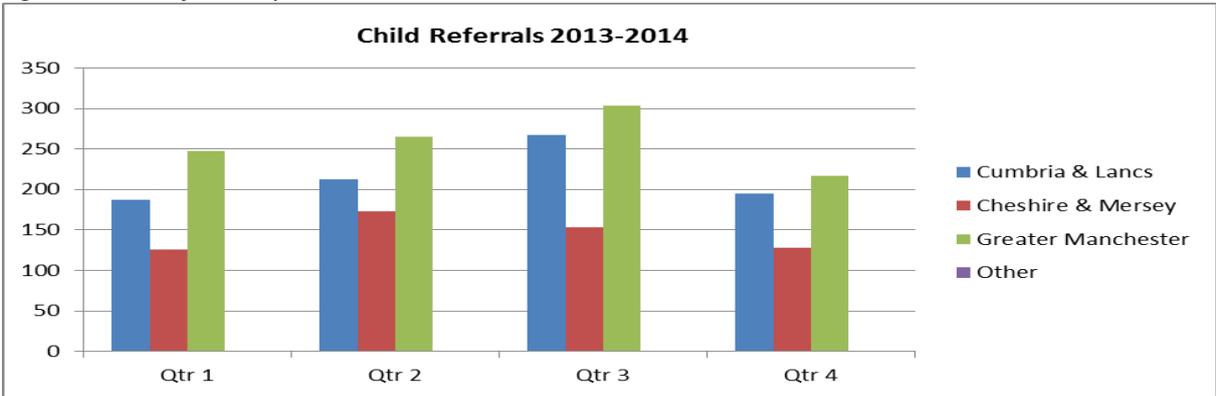


Figure 7 demonstrates the number of children referred by the Trust to Children’s Social Care between Q1 and Q4. These figures continue to rise across all sectors. Referral numbers in Q3 are higher each year than the other quarters. This may be due to the time of year at Christmas and increased awareness from campaigns around domestic abuse and safe drinking.

Figure 8 Child referrals by type

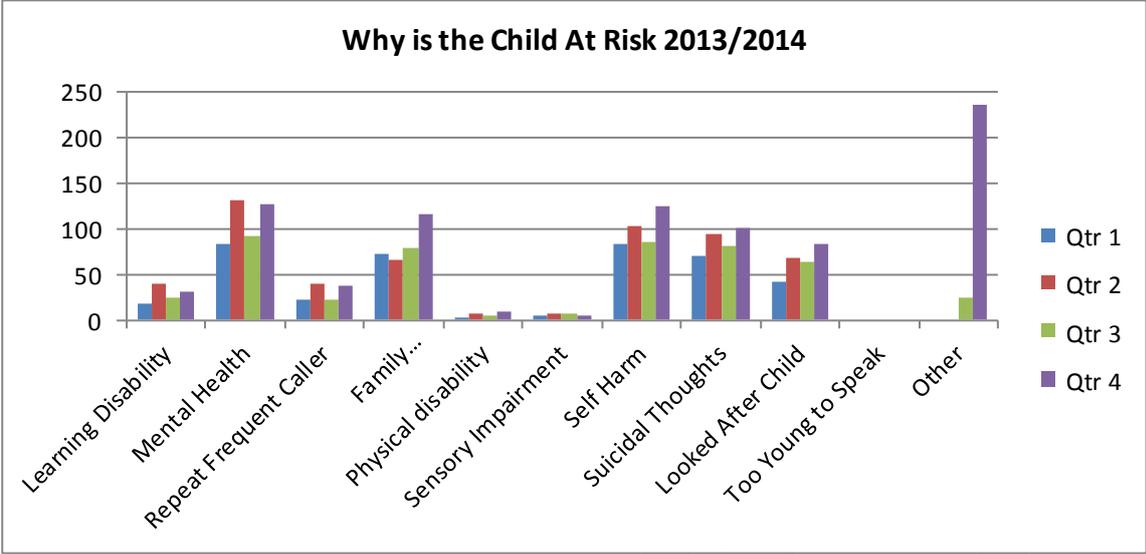


Figure 8 shows that mental ill health, self-harm and expressing suicidal thoughts continue to be significant reasons for concern why the child is at risk. This mirrors reporting across 2012-2013. There have been a number of child deaths by suicide during the year and these risks are taught within training. Family history of domestic abuse is significantly high and the risk to children in families where domestic abuse is prevalent is captured within training. The category marked other includes a number of fields and is expanded on within the referral narrative.

**Proposed development 2014-2015**

- **Frequent Caller**  
 The Trust Safeguarding Team and the Frequent Caller Project Team are developing ways of working together to identify vulnerable people who are frequent callers and to share information to ensure they are safeguarded appropriately. This work is in the early stages and will be progressed throughout the year.
- **Adolescents at risk/ adolescents making the transition to adult services.**  
 The Trust is planning to identify teenagers at risk and those who may be in transition to adult services to improve outcomes by:

  - Identifying children and adolescents who are frequent callers.
  - Identifying children and adolescents at risk from self-harm and suicide.
  - Identifying missed opportunities to refer these children and adolescents to safeguarding services.
- **Identifying Missed Opportunities to intervene and refer**  
 The Trust reports against a number of safeguarding criteria (safeguarding care bundles) and captures a breadth of safeguarding data. In 2014-2015 the safeguarding Team plan to identify when there have been missed opportunities to refer and provide a report and analysis of this data to the Trust Board. Learning form this analysis will be publicised to all staff.

- **Local Safeguarding Board Engagement**

The Trust has recently approved a model of local engagement with all the Safeguarding Boards in the North West. This will build on the relationships and engagement already established and aims to further embed safeguarding knowledge and practice.

- **Domestic Abuse**

Work has commenced to ensure all relevant staff identify domestic abuse and offer support to victims who disclose. During the forthcoming year referral information relating to domestic abuse will be further analysed and training enhanced to educate staff and to share learning. Pathways will be explored to ensure victims of abuse and their children receive appropriate support.

## 2.4.2 Clinical Incident Reporting

The reporting of clinical incidents is encouraged and supported throughout the Trust. Following the introduction of web based reporting it is no much easier for staff to report matters. As a result, the Trust has witnessed an increase in reporting over the last year. All incidents are notified to the appropriate local manager who is responsible for risk scoring and investigation of the incident.

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

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

Where another healthcare or professional body raising a clinical incident about the care provided by NWS 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. Local managers retain responsibility for lower level incidents, which are more commonly reported.

For the year ending March 2014, the Trust recorded 2701 clinical and patient safety incidents and near-misses showing an increase on the previous year. The Trust continues to welcome an increasing level of incident reporting as there is no supporting evidence to suggest that serious incidents are becoming more frequent. The increase in overall reporting reflects the fact that the incident reporting system is well established and embedded in Trust processes.

A total of 483 incidents were reported to the NPSA, a significant increase in reporting on last year. This can be accounted for by two main factors – the overall increase in incident reporting and the introduction of the 111 service. 22 incidents were also reported to commissioners through the 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 9 below shows the total number of clinical incidents and near-misses reported last year by category. Figure 10 shows those that are reported to the National Patient Safety Agency, which are all patient-related.

Figure 9: Clinical Safety Incidents by Type 2013/14

	Total
Controlled Drugs	496
Access/admission/transfer issue	362
Infection Control	342
Medicine Management	305
Clinical Treatment	251
Equipment Fault/Failure	249
Data Protection (111)	230
Clinical Assessment	143
Assessment / advice (111)	131
OOHs referrals (111)	124
Consent/Communication/Confidentiality	119
Slips, Trips or Falls	84
Documentation	77
Documentation (111)	67
111 (general)	59
Manual Handling	47
Pathfinder	42
RTC/ Vehicle	40
Vehicle Issue	31
Sharps Injury/ Incident	24
Verbal Abuse	14
End of Life Care	8
Exposure to Harmful Substance	6
Physical Assault	6
Physical Environment	4
Staff rostering	2
Directory of Service (111)	1
Equipment Damaged	1
Equipment Missing / Lost	1
<b>Total:</b>	<b>3266</b>

Figure 10: NPSA reported incidents 2013/14

	Total
Access/admission/transfer issue	93
Slips, Trips or Falls	71
Clinical Treatment	54
Manual Handling	39
Equipment Fault/Failure	37
Clinical Assessment	34
Medicine Management	28
Consent/Communication/Confidentiality	23
Controlled Drugs	19
RTC/ Vehicle	12
Vehicle Issue	10
Pathfinder	5
Sharps Injury/ Incident	5
Documentation	4
111	2
Exposure to Harmful Substance	1
End of Life Care	1
<b>Total:</b>	<b>438</b>

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

### ***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, which have been developed to produce a single indicator percentage score. This is based on a number of metrics within each indicator (a similar process to the current CPI Care Bundles). A care bundle compliance score has been developed for all the bundles, with this reporting the percentage of vehicles/stations that have achieved 95% compliance for all metrics. All the non-compliances are collated by the Advanced Paramedics (APs) who develops an action plan to cascade down to the Operations Managers, Senior Paramedics and Assistant Operations Managers. Once completed the APs 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 2013/2014 was PES 95.5%, PTS 91.6%, and Stations 90.1%. This is an average Trust compliance score of 92.4%. These figures compare to the 2012/2013 figures of PES 96.6%, PTS 94.6% and Stations 91.6% with the average of 94.3%

During 2013/2014 there were in total 502 reported incidences that were under the heading of IPC and Sharps blood splash incidences, of these 289 were relating to Decontamination Certificates not accompanying vehicles being presented to workshops for repairs. Taking these out of the total this leaves a figure of 213 incidences which is an increase of 54 over the 159 reported during 2012/2013. The web based incident reporting system is now established.

Figure 11: Infection Prevention and Control Incidents 2013/14

Incident type	No. of incidents 2012/13	No. of incidents 2013/14
Clean needle	3	8
Dirty needle + dirty needle near misses	36	48
Ampoule/glass incident	8	22
Contact with bodily fluids	40	38
Crew contact with known infectious disease	12	13
Razor injuries	9	11
Contaminated vehicles	0	10
infestation	2	1
Not notified of patients infectious status	9	5
Sterile equipment	8	0
Lack of Personal Protective Equipment	0	2
Contaminated equipment	3	9
Medical equipment	1	7
Other factors	8	17
Splash/ingestion incident	11	13
Staff welfare	9	9
HCAI reported incidents	0	0
<b>Totals:</b>	<b>159</b>	<b>213</b>

To protect patients and staff from the risk of infection the service endeavours to ensure all vehicles, staff, premises and equipment are clean and safe.

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

- A revised Needle stick/Blood splash step by step instructional guide to assist staff.
- A review of all sharps related clinical equipment ensuring we are using the safest, most appropriate and cost effective products.
- Establishment of an immunisation status database of all clinical staff and ensure robust procedures are in place to address issues of infectious outbreaks e.g. Measles.
- 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, ampoule openers, razors.
- Issue of regular bulletins and articles in the Trust's clinical newsletter, Clear Vision on IPC related topics.
- Ensuring that all vehicles have Personal Protective Equipment available to use.
- Having an established deep clean program for all vehicles as well as having robust acute cleaning as part of the vehicle daily checks.

### 2.4.3 Infection Prevention and Control

The Trust's Director of Quality fulfils the role of Director of Infection Prevention and Control (DIPC). She is supported by the Head of Clinical Safety, three full time Infection Prevention and Control Practitioners (IPCP) and one Clinical Safety Practitioner who also supports the Safeguarding team. The team are responsible for supporting staff to ensure they adopt best practice, provide expert advice on safe equipment and vehicles. The IPCPs provide 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 six Advanced Paramedics who also 'lead' on clinical safety and IPC within Service Delivery and support the IPCPs in the development and implementation of new initiatives and improving standards.

During 2013/14 we have made a number of improvements to both IPC reporting and ensuring high standards of cleanliness and infection prevention and control. These include:

- Following the Mersey Internal Audit Agency (MIAA) review, ensuring that all the standards and recommendations are achieved.
- The MIAA recommendations to review the Clinical Safety Indicators (CSI) IPC audit bundle questions. These are now incorporated into the new PES vehicle monthly check books.
- The PES vehicle assurance audits are conducted by the Advanced Paramedics, thus more audits are done each month and are more comparable with the Service Delivery quality audits.
- The "Mind the Gap" report which highlights the comparative differences between the Specialists audit result data and Service Delivery audit data is now presented to both the PES and PTS Business Groups. The data reported is then used to consider ways to reduce the disparity and improve standards.
- CSI IPC podcast have been produced and are now available on the Intranet for all staff. These series of podcasts illustrate how to conduct a quality audit, highlighting areas that are often missed or confusing.
- The 6x6 Advanced Paramedics have regular meeting to report any issues and develop Infection prevention control across NWS e.g. hand hygiene audits, sharps safety initiative and compliance.
  - IPC policies and procedures have been reviewed and updated including the Communicable Disease Policy.
  - Reports are presented to the Quality Committee on a bi-monthly basis for scrutiny and to give assurances that IPC standards are being met.
  - IPC awareness weeks are planned twice a year to raise awareness and provide staff support across NWS.

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

Each month the Trust submits performance figures against the full set of national ACQI outcomes. The performance figures are derived from audit of ambulance Patient Report Forms, and from 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:

The final report will provide some contextual commentary on the NWS December performance once the national data has been produced and is available.

Figure 12: ACQI Performance

ACQI Published Data	NWAS December 2013 Performance	NWAS December 2012 Performance	Commentary on December 2013 performance
Outcomes from Cardiac Arrest—ROSC at Hospital (overall)	<b>26.6% (109/410)</b>	<b>26.8% (120/447)</b>	The average percentage number of patients achieving ROSC on arrival at hospital was reported at XX%. Performance ranged from XX% to XX% across all Ambulance Trusts.
Outcomes from Cardiac Arrest—ROSC at Hospital (Utstein—those in VF/VT)	<b>43.4% (23/53)</b>	<b>35.3% (18/51)</b>	The average percentage number of patients in this group achieving ROC is XX%. Performance across England ranged from XX% to XX%.
Outcomes from Acute ST-elevation Myocardial Infarction—thrombolysis CTN 60 minutes	<b>This indicator has been removed as from April 2013</b>	<b>37.5% (3/8)</b>	Acute STEMI PPCI data is taken from the national MINAP audit database and is reliant on hospitals reviewing and updating with eligible patients.
Outcomes from Acute ST-elevation Myocardial Infarction—PPCI CTB 150 minutes	<b>82.0% (91/111)</b>	<b>85.2% (127/149)</b>	
Outcomes from Acute ST-elevation Myocardial Infarction—Care Bundle	<b>85.2% (202/237)</b>	<b>84.3% (193/229)</b>	An average of XX% of patients with a pre-hospital diagnosis of suspected ST-elevation myocardial infarction received the appropriate care bundle. Performance across England ranged from XX% to XX%.
Outcomes from Stroke— FAST positive CTD 60 minutes	<b>71.2% (316/453)</b>	<b>71.2% (267/375)</b>	An average of XX% 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 XX% to XX%.
Outcomes from Stroke— Care Bundle	<b>99.6% (1123/1128)</b>	<b>99.3% (1062/1069)</b>	An average of XX% of patients received an appropriate care bundle. Performance ranged from XX% to XX%.
Outcomes from Cardiac Arrest—Survival to Discharge (overall)	<b>6.6% (24/364)</b>	<b>6.2% (20/323)</b>	An average of XX% of patients were discharged from hospital alive. Performance throughout England ranged from XX% to XX%
Outcomes from Cardiac Arrest—Survival to Discharge (Utstein—those in VF/VT)	<b>24.4% (11/45)</b>	<b>12.9% (4/31)</b>	On average XX% 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 XX% (N=XX) to XX% (N=XX) 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)

NWAS increased the number of its local CPIs during the year to cover a range of 9 clinical conditions, including a CPI to assess the care of children. On average, care bundle performance (i.e. the total number of patients receiving 100% of the agreed care bundle) improved by 10.8%, with some bundles improving by over 20% during the year. 7 out of the 9 CPIs met the agreed performance targets for the year, with asthma care and pain management missing the agreed target by 0.8% and 1.2% respectively.

Figure 13: CPI performance 2013/14

Clinical Performance Indicator	2013/14 Performance Target (%)	Actual Q4 Performance 2013/14 (%)
Asthma Management	88.9	88.1
Cardiac Chest Pain Management	76.9	79.7
Hypoglycaemia Management	≥95.0	98.2
Pain Management	94.8	93.6
Patient Pathway	76.3	78.9
PRF Completion	91.3	93.0
Stroke Management	89.2	91.0
Paediatric Care: Febrile Convulsion	61.3	73.0
Trauma Care: Below Knee Fracture	52.9	63.8

This represents a considerable achievement by staff and a marked improvement in the way in which they comply with what has been identified as best practice.

## 2.6 Indicators of Quality – Patient Experience

### 2.6.1 Access

#### Paramedic Emergency Service

In 2013/14 the Trust was successful in meeting the three 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 a lightly reduced increase in activity that was seen across the country in 2013/14.

The Trust has extensive performance management arrangements to ensure that the Trust maintains a tight managerial grip on response. The fact that the Trust has been on course to hit the targets throughout the year has allowed an increased emphasis on wider quality issues.

Figure 14: NWS Category Red 1 Performance 2013/14

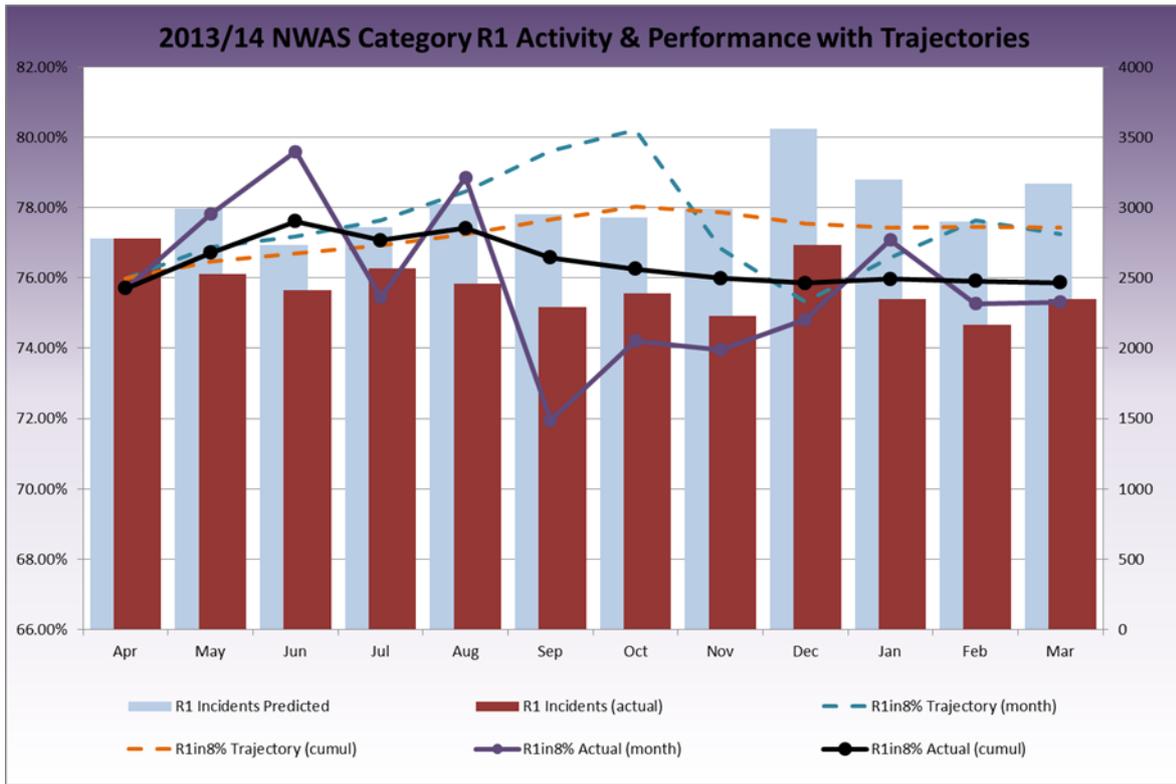


Figure 15: NWS Category Red 2 Performance 2013/14

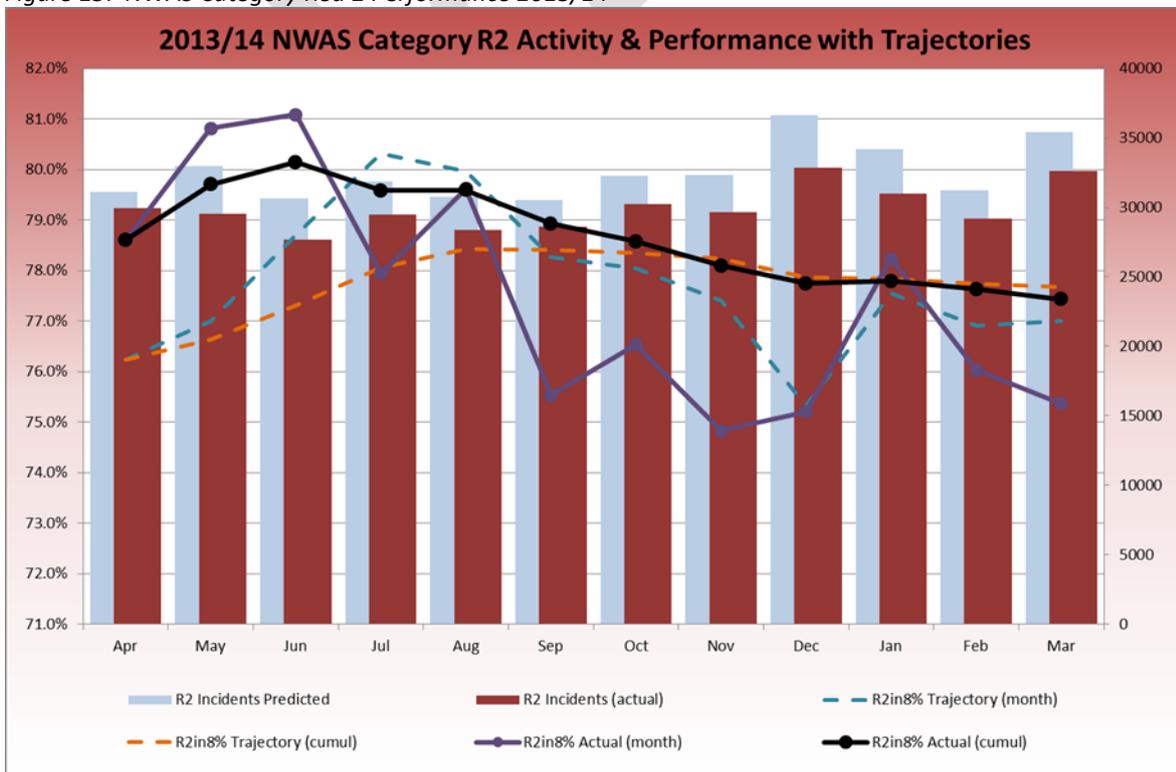
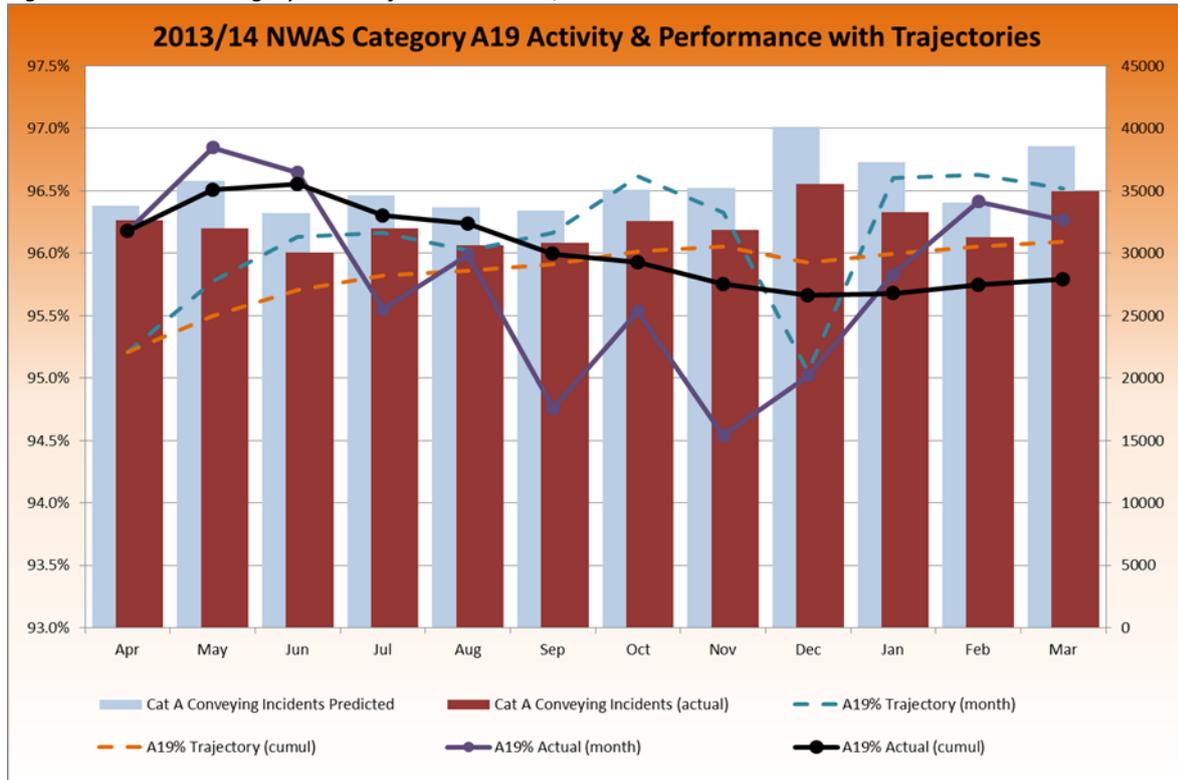


Figure 16: NWAS Category A19 Performance 2013/14



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 levels as possible. Inevitably, however, there is variation in the response time performance across the very diverse region. In 2013/14 the outcome was:

Figure 17: County level performance 2013/14

	Red 1	Red 2	A19%
Greater Manchester	76.1%	77.1%	96.1%
Lancashire	75.3%	78.1%	95.9%
Cheshire	72.2%	74.0%	96.0%
Merseyside	82.0%	81.9%	96.7%
Cumbria	67.7%	71.9%	89.7%
NWAS Overall	75.9%	77.4%	95.8%

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. The Trust also acknowledges the support provided by Mountain Rescue Teams and St John Ambulance across the region.

## Patient Transport Service (PTS)

The PTS service has had to go through a year of considerable change as it embarked on the four new contracts following the competitive tendering of the service by commissioners. The contract was let in five county level contracts, of which NWS holds four, the exception being Greater Manchester. Initially there were problems in responding to the new contract standards that now apply. Significant improvements were made through the year. A crucial investment in infrastructure has been the introduction of mobile data terminals on vehicles. This has improved planning and communication, and contributed to improved performance. The performance against the 2013/14 contract quality standards is shown below. It is noticeable that performance in March was significantly better than the average over the year, demonstrating the improvements that have been made:

Figure 18: PTS Contract quality indicator performance

Indicator	Target	Mar 14	2013/14
Arrival to Appointment: -45 minutes to +15 minutes	90%	85%	74%
Time on vehicle – No greater than 60 minutes	80%	92%	90%
Collection after treatment within 60 minutes	80%	83%	82%
Collection after treatment within 90 minutes	90%	92%	92%
PTS Calls Answered	90%	96%	89%
PTS Calls answered in 20 Seconds	75%	76%	73%
PTS Average Answer Delay	1 min	0:24	0:51

The Trust is committed to further improvements in the PTS service and is working with all PTS staff to ensure that all key targets are met. The experience of PTS patients has been identified as one of our five Quality improvement Areas in 2014/15, as detailed in section 3.1.

### 2.6.2 Patient and Public Engagement

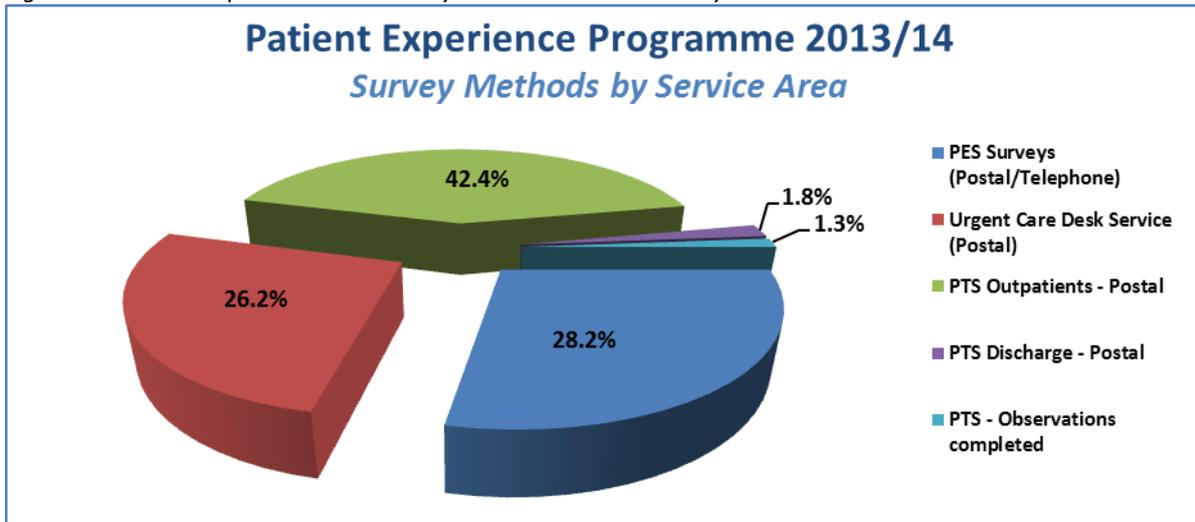
The Government continues to promote the message that patient experience is a crucial part of quality healthcare provision. Through listening, recording and acting on our patients' views, the Trust can respond and implement service change to reflect their needs. The Patient Experience team seek to use a range of innovative ways to try and obtain representative feedback from our different service users. Feedback on the patient experience of our staff is also obtained to support Trust aims of embedding patient experience across the whole organisation.

During 2013/14, an extensive Patient Experience programme has once again been successfully completed. Postal surveys are largely used to provide us with the greatest volume of responses. To enable patients to provide feedback in 'real-time', we have also introduced the Friends and Family Test (FFT) 'Postcards' onto all our frontline ambulances.

Patient experience methods have been implemented across all Trust service areas, including our Paramedic Emergency Service (PES), Patient Transport Service (PTS) and our Urgent Care Desk (UCD)

facility. The pie chart below provides a breakdown of the different surveys undertaken during 2013/14.

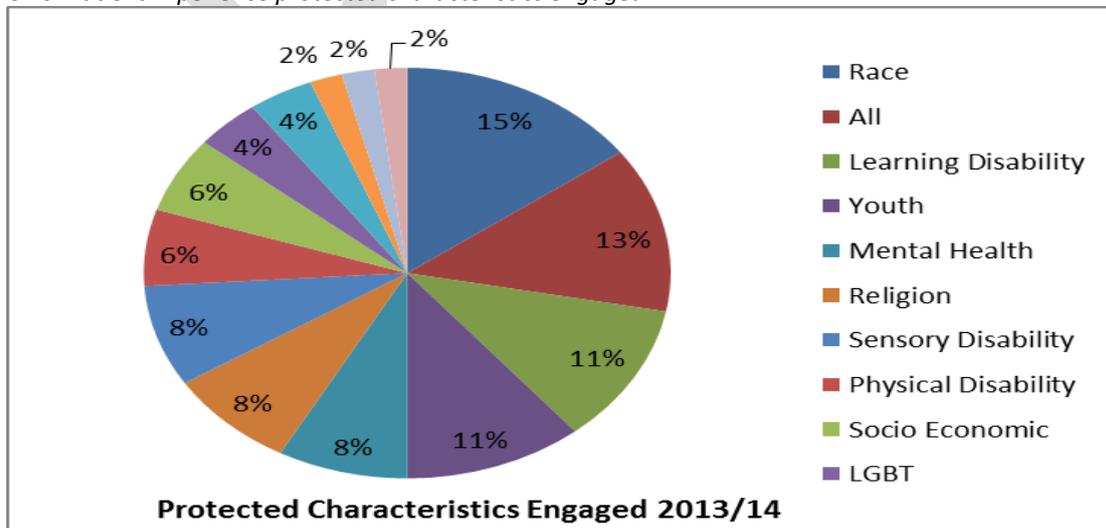
Figure 19: Patient Experience Methods by Service Area – All Surveys



2013/14 PE Programme Surveys	%	Completed
PES Surveys (Postal/Telephone)	28.2%	1101
UCD Service (Postal)	26.2%	1026
PTS Outpatients - Postal	42.4%	1660
PTS Discharge - Postal	1.8%	72
PTS - Observations completed	1.3%	52
		<b>3911</b>

Gaining feedback, suggestions and ideas from staff on ways to improve the experience of our patients remains a fundamental aim for the Trust. The Trust continues to build on the success of this annual initiative through the dedicated web-based staff conversation ‘Talk To Us’ platform. As well as undertaking quantitative patient surveys, we continue to emphasise efforts on capturing more qualitative data at equality and diversity community engagement events and focus groups. Focus groups have also been held with regular users of the Patient Transport Service in relation to Haemodialysis and Cancer services.

Figure 20: Patient Experience protected characteristics engaged



A number of the high-level results across three service areas are summarised below:

#### **PARAMEDIC EMERGENCY SERVICE**

The Paramedic Emergency Service (PES) survey is undertaken with members of the public following their need to contact our PES either through telephoning '999', via their GP contacting our Service or contact made with the 111 service. Only patients who have received a response by either a Rapid Response Vehicle (RRV) or ambulance are contacted.

Being treated with dignity, respect, kindness and compassion is an aspect of care that is fundamental to the care of our patients – 97.08% of patients surveyed either agreed or strongly agreed that they were treated in this way.

***“I felt the crew went that extra mile to ensure I was as comfortable as possible and showed a great deal of kindness, empathy and compassion.”***

#### **PATIENT TRANSPORT SERVICE**

The Patient Transport Service (PTS) survey is undertaken with patients who have used our PTS throughout the North West area, either to attend outpatients or hospital appointments, or as a discharge from hospital wards.

91% of patients surveyed confirmed that their call into our PTS control room(s) was handled politely and respectfully.

***“I have always been spoken to politely and understandingly.”***  
***“Always the call is efficient, polite and compassionate.”***

#### **URGENT CARE**

Urgent Care surveys are undertaken with members of the public following their need to contact our Paramedic Emergency Service, either through dialling 999 or contact made with the 111 service. Patients triaged via this route as a non-emergency requiring an urgent care response from North West Ambulance Service (NWAS) are asked to complete a postal survey.

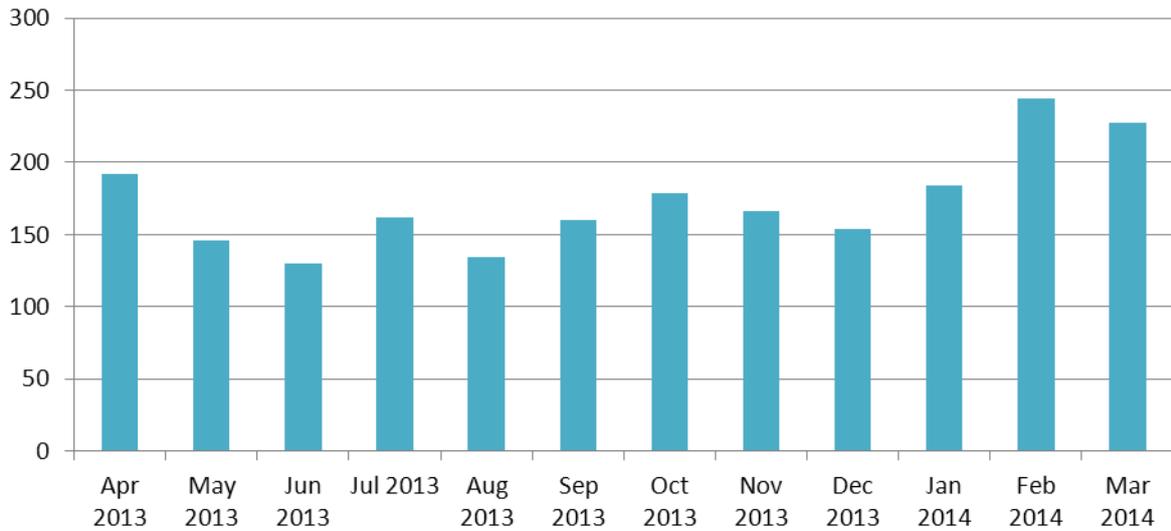
76.2% of patients surveyed following an episode of NWAS Urgent Care rated their overall care as eight, nine or 10 out of 10.

***“Ambulance staff were polite and non-judgemental of situation. They treated me respectfully and professionally. Staff listened to concerns and they fully informed me of procedures clearly.”***

### **2.6.3 Complaints, PALS and Compliments**

In 2013/14 the Trust changed how complaints and queries were recorded, disposing of the PALS category and classifying queries to the Trust as either complaints or general enquiries. NWAS also became the stability partner for the North West 111 service from 29<sup>th</sup> October 2013 and therefore complaints made to the 111 service from that date until the end of March 2014 are also included. A total of 2078 complaints, 508 general enquiries (including comments) and 1073 compliments were received. A monthly breakdown of the complaints received is shown below.

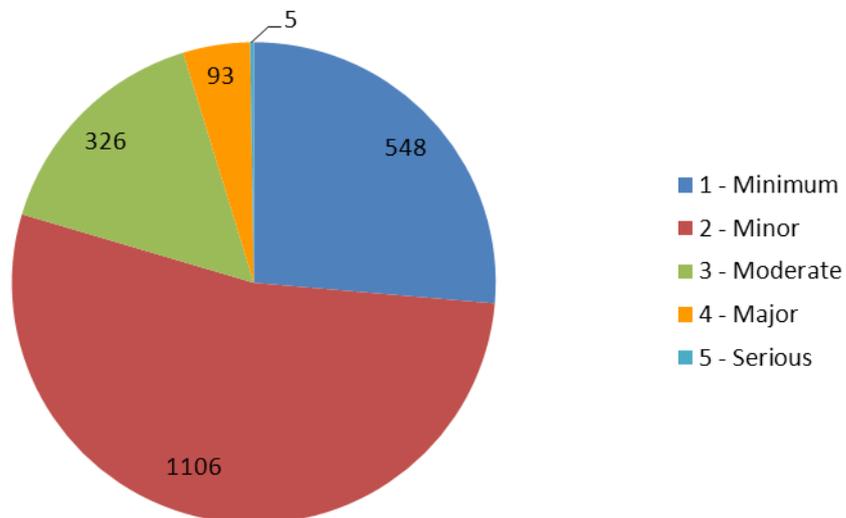
Figure 21: Complaints by month received 2013/14



Typically, more complaints are received in February usually six to eight weeks after the peak of activity in December and early January.

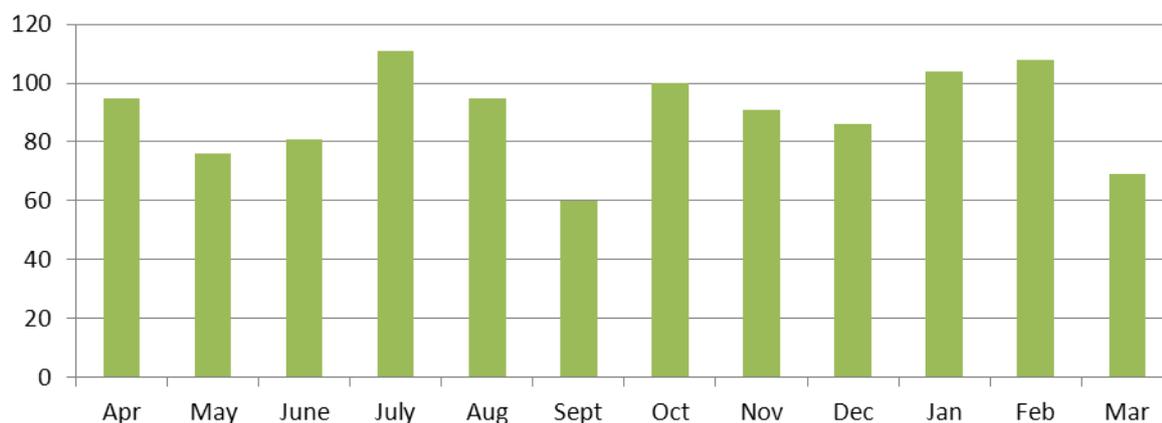
Upon receipt all complaints are risk scored, in accordance with the Trust's risk matrix though these can be subject to change as a result of investigation. The pie chart below details the risk scores attached to the complaints received this year.

Figure 22: Complaint Risk Score



The Trust continues to receive compliments from patients, families and the public and the breakdown per month is detailed below.

Figure 23: Compliments by month received 2013/14



### Patient Transport Service (PTS) - Complaints

During 2013/14, Patient Transport Service generated 47.3% of the complaints against the Trust. The most common reasons for complaining include patients being picked up late from their home, late discharges, vehicles not arriving or not suitable for the patient's condition. Figure 24 below details the types of complaints defined by service type and Figure 25 details the area.

Figure 24: Complaints received 2013/14 by service type

	PTS Contracted Provider (Control)	PTS Contracted Provider (Ops)	PTS Control	PTS Operations	Voluntary Car Service (Control)	Voluntary Car Service (Ops)	Total
PTS Transport	106	18	483	147	20	17	791
Staff Conduct	1	9	15	47	0	20	92
Care and Treatment	1	4	4	34	3	2	48
Driving Standards	0	1	1	22	0	7	31
Communication and Information	1	0	9	3	1	0	14
Damage or loss to property	0	1	0	4	0	0	5
Navigation	0	0	0	0	1	1	2
<b>Total</b>	<b>109</b>	<b>33</b>	<b>512</b>	<b>257</b>	<b>25</b>	<b>47</b>	<b>983</b>

Figure 25: PTS Complaint categories by area.

	Greater Manchester	Lancashire	Mersey	Cheshire	Cumbria	Total
PTS Transport	11	250	183	241	106	791
Staff Conduct	0	39	14	21	18	92
Care and Treatment	3	10	15	11	9	48
Driving Standards	1	12	4	9	5	31
Communication and Information	0	5	2	4	3	14
Damage or loss to property	1	2	0	2	0	5
Navigation	0	2	0	0	0	2
<b>Total</b>	<b>16</b>	<b>320</b>	<b>218</b>	<b>288</b>	<b>141</b>	<b>983</b>

Figures 26 and 27 detail the total numbers of PES complaints by both geographical and service area. They represent 48.3% of all complaints. The main areas of concerns continue to be emergency response, followed by staff conduct and thirdly, care and treatment.

Figure 26: PES Complaints categories and service area

	Community First Responder	Emergency Operations Centre	Paramedic Emergency Services Operations	Urgent Care Service	Total
Emergency Response	0	414	78	1	493
Staff Conduct	1	11	168	0	180
Care and Treatment	0	5	139	0	144
Driving Standards	0	1	103	0	104
Communication and Information	0	20	33	0	53
Navigation	0	5	12	0	17
Damage or loss to property	0	0	7	0	7
Safeguarding	0	1	3	0	4
End Of Life Care	0	1	1	0	2
<b>Total</b>	<b>1</b>	<b>458</b>	<b>544</b>	<b>1</b>	<b>1004</b>

Figure 27: PES Complaints categories and geographical areas

	Greater Manchester	Lancashire	Mersey	Cheshire	Cumbria	Trust Wide	Total
Emergency Response	164	99	80	109	41	0	493
Staff Conduct	66	39	33	30	12	0	180
Care and Treatment	57	33	21	20	13	0	144
Driving Standards	43	22	9	17	12	1	104
Communication and Information	12	15	7	11	8	0	53
Navigation	6	3	2	4	2	0	17
Damage or loss to property	5	0	1	1	0	0	7
Safeguarding	1	1	0	2	0	0	4
End Of Life Care	1	1	0	0	0	0	2
<b>Total</b>	<b>355</b>	<b>213</b>	<b>153</b>	<b>194</b>	<b>88</b>	<b>1</b>	<b>1004</b>

**NW 111 Service complaints**

During the time that NWAS has been responsible for the 111 service, the Trust has received 85 complaints. Figure 28 below details the reasons for those complaints.

Figure 28: NW 111 Service complaints

	111 Service
Emergency Response	1
Staff Conduct	11
Communication and Information	45
Care and Treatment	27
Safeguarding	1
Total	85

**Lessons learned**

Ensuring that lessons are learnt from complaints is an essential part of trying to ensure that issues 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.

Detailed below are examples of area of improvement that have been identified through complaints:

**Emergency Control Centres:**

- Working with the EOC audit team, a streamlined process for ensuring appropriate audits are carried out in a timely manner has been agreed and implemented. This is supported by timely feedback being given to staff to prevent re-occurrences.

**PTS Control:**

- Improvements have been made to the process for handling queries about the eligibility criteria and to the importance of patient notes.

**PTS:**

- Further to individual patient assessments, transport arrangements such as patient not suitable for taxis, patients who should travel in front of cars, mobility assessments and bespoke contracted provider transport have been put in place.

**PES:**

- Matters raised with staff have covered a wide variety of issues including the application of neurological examination, standards of documentation, vulnerable adult referral processes, importance of temperature taking, hyper acute stroke pathway and importance of good communication.

**111 Service:**

- Matters raised with staff have included referral to the most appropriate service through the Directory of Services specifically when referring patients to out of hours dental services.

### **Compliments from patients:**

PES

Thank you e-mail received the care and professionalism shown to the patient when she had a suspected heart attack. Her husband highlighted how the staff was keeping his wife very calm and was very tactful during a long difficult period.

PTS

A PTS patient contacted the Trust to express his thanks to the crew who were professional, caring and compassionate.

111

Patient contacted the 111 service after seeing their GP earlier in the day. "The gentleman that took the call was very professional and calming - giving I was struggling to breathe. He made the decision to call an ambulance (the arrival of which was very quick). The ambulance crew were also very calming and professional and kept me informed whilst carrying out checks." The patient's wife was informed that contacting 111 was a lifesaving decision for which the patient's wife, 9yr old daughter and patient himself will be eternally grateful for. "To be someone that was involved in a personal capacity requiring the services of NHS 111, paramedics and hospital staff I was in awe of the dedication, professionalism, team work and the numbers of people that were prepared to go the extra mile to ensure everyone in their care got the best care and treatment available."

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### **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 Introduction of a Clinical Performance Indicator for Mental Health patients.***

As part of the Trust's ongoing work to improve the care of mental health patients, a CPI has been developed to measure how well we care for patients who self-harm. This has been developed using the NICE self-harm guidance and will be piloted during quarter 1 of 2014/15. The care bundle is designed to focus on the clinical assessment of patients and the identification of relevant risk factors.

#### ***3.2 Introduction of a Clinical Performance Indicator for patients suffering falls***

This improvement area is extended into a further year and will include work on falls in our care/manual handling of patients. The falls CPI has been developed to enhance and support the NWAS Pathfinder project; ensuring safe care closer to home for patients. The care bundle is designed to measure whether patients are given a full clinical assessment, with appropriate risk assessments completed and referral pathways are used when available.

#### ***3.3 Improvements in care provided to patients with dementia***

The Dementia Action Alliance brings together over 700 organisations to deliver the National Dementia Declaration, a common set of seven outcomes informed by people with dementia and their family carers.

NWAS intends to become a member of the North West arm of the Dementia Alliance in 2014 and in doing so, sign up to the Declaration and commit to delivering an action plan based on the outcomes described in the Declaration.

The seven statements in the declaration are:

1. I have personal choice and control or influence over decisions about me
2. I know that services are designed around me and my needs
3. I have support that helps me live my life
4. I have the knowledge and know-how to get what I need
5. I live in an enabling and supportive environment where I feel valued and understood
6. I have a sense of belonging and of being a valued part of family community and civic life
7. I know there is research going on which delivers a better life for me now and hope for the future

The NWAS action plan will include elements relating to staff training and awareness, policies and procedures, measuring patient experience and improved partnership working with other agencies.

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

The Trust has set up a new PTS Quality Improvement Team, to work alongside local PTS managers to review practices and update them in order to ensure improved patient experience and increased

levels of performance against the PTS contracts. A clinical quality and innovation funded role of Healthwatch Engagement Manager has also been established to engage with local Healthwatch organisations and raise awareness of how to access the PTS. Targeted work this year will include education on the eligibility assessment and a marketing and awareness campaign.

Patients who provide a mobile/landline telephone number or email can now receive an advance notification message to confirm their patient transport 3 days ahead of their journey. The Trust will also shortly be offering a 'next patient collection' notification service.

The Friends and Family Test, a simple, easy to understand single question that asks all our patients about the care and treatment they have received in using patient transport is now available to patients via a range of methods including postal survey, Freepost postcards on ambulances and via text to mobile telephones. In addition, the Trust is currently trialling the use of mobile data terminals on ambulances. Patient experience continues to be a key area of focus for the Trust and one to one interviews, focus groups, use of patient stories and the Trust's patient experience board game are used to elicit feedback from patients on a regular basis in order to inform service improvement plans.

### ***3.5 Introduction of the MERIT (Medical Emergency Response Incident Team)***

The purpose of a MERIT response is to provide advanced medical care on scene at a range of emergency incidents, up to and including major and mass casualty incidents. This may include provision of advanced airway procedures surgical interventions, and critical care over and above current levels of ambulance clinical practice. It will also include provision of advice and support to emergency services staff already on scene.

IN 2014/15 the Trust will be introducing will be introducing MERIT teams for the first time across the counties of the North West. This development has received special funding and will make highly skilled medical staff available to support the Trust in caring for some of the most acutely ill or injured patients.

## 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 2013/14. The income generated by the NHS services reviewed in 2013/14 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 2013/14 NWAS NHS Trust was eligible to participate in a number of national audits and contributed fully to each of them.

The national audits that NWAS participated in were:

- National Ambulance clinical Quality Performance Indicators, a national audit of the care of the patient who:
  - Suffered a pre-hospital cardiac arrest,
  - Suffered a pre-hospital heart attack
  - Suffered a stroke
- MINAP (Myocardial Ischaemia National Audit Project) a national audit of the care of patients suffering a heart attack.
- TARN Trauma Audit and Research Network) a national audit of the care of patients suffering acute trauma.
- National Ambulance Non-Conveyance Audit, a national audit of non-conveyed patients and the re-contact rates during a 24 hour period.
- National Review of Asthma Deaths, an audit reviewing the management of asthma patients that have died to determine preventable causes for future asthma patients.
- Stroke Sentinel Stroke National Audit Programme, a national audit to improve the quality of stroke care by auditing stroke services against evidence based standards.

### 4.3 Participation in Clinical Research

NWAS NHS Trust has participated in the following research studies during 2013/14

NHS Portfolio Studies					
UKCRN ID N <sup>o</sup>	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	31/05/13
13566	Injuries & Emergencies	Observational	PhOEBE Developing New Ways of Measuring the Impact of Ambulance Service Care	University of Sheffield	31/05/15
11917	Stroke	Observational	A study of major system reconfiguration in stroke services	University College London	31/08/15
12553	Generic	Observational	Identification of emergency	University of	31/05/14

	Relevance & Cross Cutting Themes (co-adopted by Primary Care)	nal	and urgent care system characteristics affecting preventable emergency admission rates	Sheffield	
15001	Injuries & Emergencies	Observational	Epidemiology and Outcome from Out of Hospital Cardiac Arrest (OHCA)	University of Warwick	20/10/15

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

#### **4.4 Use of the CQUIN Payment Framework**

A proportion of NWS NHS Trust income in 2013/14 was conditional on achieving quality improvement and innovation goals agreed between NWS NHS Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework (CQUIN). The eight 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 eight schemes were completed successfully, with a minor delay in the completion of the final milestone for scheme 7 (PTS Notification Device).

1. Community Care Pathway
2. Chain of Survival (Complementary Resources)
3. Frequent Callers
4. PES Patient Experience
5. PTS Feasibility Study – Patient Online Access PTS Healthwatch
6. PTS Patient Experience
7. PTS Patient Notification Device
8. PTS NHS Number

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

All schemes achieved all their implementation and payment milestones, including the production of a final evaluation report, although there was a slight delay with the completion of the final milestone for scheme 7.

The objectives of scheme 7 included the trial of the preferred options for patient notification device. This trial was completed in April 2014 rather than by the end of March 2014. This did not affect the payments from the commissioners and it is the intention to roll out the preferred option during 2014/15.

#### **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**

NWS NHS Trust did not submit records during 2013/14 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 2013/14 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 2013/14 by the Audit Commission

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## **5 Statements from Commissioners, Healthwatch and OSCs**

### ***5.1 Overview and Scrutiny Committees***

**Health Overview and Scrutiny Committee**

### ***5.2 Healthwatch***

### ***5.3 Commissioners***

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## 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
CCG	Clinical Commissioning Group
CPR	Cardio Pulmonary Resuscitation
CQC	Care Quality Commission - The independent regulator of all health and social care services in England.
CTB	Call to Balloon – the time taken from receipt of the 999 call to the administration of PPCI
CTD	Call to Door - the time taken from receipt of the 999 call to the arrival at a definitive care department such as a Stoke Unit
CTN	Call to needle – the time taken from receipt of the 999 call to the administration of thrombolytic clot busting drugs
Defibrillator (also AED)	Medical equipment to provide an electric shock to a patient's heart which is not functioning properly
FAST	A simple test for the presence of a stroke – Face, Arms, Speech, Time
Myocardial infarction (MI) or Heart attack	A medical condition wherein the coronary arteries of the heart are blocked leading to (acute pain and) an immediate risk to life
NHSLA	NHS Litigation Authority
NWAS	North West Ambulance Service NHS Trust
PALS	Patient Advice and Liaison Service
Paramedic	A state registered ambulance healthcare professional
Paramedic Emergency Service (PES)	999 Emergency ambulance service
Paramedic Pathfinder	NWAS Initiative to enable Paramedics and Advanced Paramedics to make considered clinical judgments about the next care pathway to be used for an individual patient's needs
Patient Transport Service (PTS)	Non-emergency transport service that provides for hospital transfers, discharges and outpatients appointments for those patients unable to make their own travel arrangements.
PPCI	Primary Percutaneous Coronary Intervention – treatment of a MI through immediate surgical intervention
STEMI	ST Elevation Myocardial Infarction – A life threatening Heart Attack
Stroke	Blockage or bleeding of the blood vessels in the brain that can lead to death or disability.
Thrombolysis	Medical treatment to break up blood clots in the case of MI or Stroke.
Utstein	Cardiac arrest and CPR outcome reporting process

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

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