North West
Ambulance Service
NHS Trust

QUALITY ACCOUNT
2017/18

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1. Chief Executive's Statement

Welcome to the Quality Account for North West Ambulance Service NHS Trust, which describes how we have delivered and improved quality during 2017/18, and sets out our quality priorities for the year ahead.

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

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

Our core services are delivered through the following four distinct service lines:

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

Core service delivery is supported by a number of support service functions:

- Finance
- Human Resources and Organisational Development
- Quality Improvement and Innovation
- Information Management and Technology
- Training and Development
- Fleet and Facilities Management
- Communications & Corporate Governance
- Programme Management Office

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

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

Derek Cartwright
Chief Executive

1.1 Statement of Directors' Responsibilities in Respect of the Quality Account

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

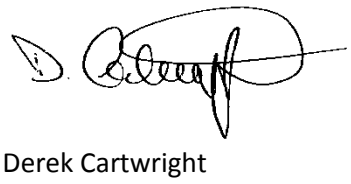
In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

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

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

By order of the Board

Wyn Dignan
Chairman



Derek Cartwright
Chief Executive

2. Looking back to 2017/2018 – Local Improvement Plans

The Trust aims to be "the best ambulance service in the UK", providing the Right Care, at the Right Time in the Right Place, Every Time with a vision to make sure clinical decisions as far forward as possible in the patient journey with 'no patient needless waiting'. This Strategy will be supported by the following five principles;

2.1 Progress with 2017/18 Priorities for Improvement

The Trust agreed, in consultation with its stakeholders and in partnership with the intentions of our Commissioners, a number of key quality improvement areas, in the 2016/17 Quality Account, for 2017/18. These were also identified as priorities within our Operational Plan for 2017/18.

- **Improve performance against Category A response requirements (to achieve the targets, as described in 3.1 and 3.2)**
- **Improve response time delays to all 999 calls.**

NWAS continued to develop and expand a number of schemes during 2017/18 as further evaluation of their efficacy and utility was required. These were:

- Clinical Assessment Service
- Health care Professional Bureau
- Inter Facility Transfers
- Nursing Home Pathfinder tool

To further supplement this work NWAS introduced a number of additional initiatives to improve Category A response times and to improve response time delays across all categories of calls.

- NWAS has employed a number of mental health practitioners within the Emergency Operations Centres (EOC) to manage and assess patients who present with mental health needs. These cases can sometimes be complex, so by using specialist staff, the most appropriate outcome can be determined, freeing up our call centre and clinical staff to deal with other patients more appropriate to their skill set.

- Similar to the mental health practitioner initiative, we have also entered into a collaborative arrangement with Manchester Community Pharmacy Team to introduce clinical Pharmacists into our Clinical Assessment Service. These clinicians can manage medicine related queries, including accidental overdoses, and can provide the correct clinical advice to both patients, directly from a 999 call or from ambulance crews if expert advice on pharmaceutical issues is required.

- The use of Community Specialist Paramedics (CSPs) has previously been piloted by NWAS to work in a variety of communities, either geographically determined or based on patient types i.e. diabetes. These pilots demonstrated some outstanding areas of practice that represent and develop new ways of working and reduce unnecessary admission. NWAS has now increased the concentration of CSPs, incorporating them into core business in 12 locations across the region.

- Enhancements and expansion to the Clinical Assessment Service (formerly the Urgent Care Desk) have allowed the Trust to improve the Hear and Treat outcomes for patients by almost 20,000 this year. This ensures that our patients receive appropriate care over the phone, means resources are free to respond to more urgent calls and there are less patients transported to hospital Emergency Departments, which in turn, assists with improving our hospital turnaround times. This year NWAS has exceeded its hear and treat target, which, in conjunction with See & Treat increases, has resulted in a quantitative reduction in the number of patients conveyed, despite growth in year of 30,000 incidents.

- Historically a significant amount of activity has been generated through the five police forces which operate within the North West. We have devised processes whereby Police forces can ring for clinical advice and therefore reduce the amount of ambulance responses to inappropriate calls. This also frees up Police time not having to wait for ambulance responses to patients that didn't need one.

- **Recognise and effectively treat patients with Sepsis as early in their pathway as possible**

The Trust's Patient Care Strategy identifies the early identification and treatment of sepsis as a patient centred priority area and concentrated work has been on-going throughout 2017/18 to improve the care we deliver to this group of patients. This work has included wider external collaboration with colleagues from within the NHS and Social care sectors within the North West.

During 2017/18 NWAS has successfully implemented an adult sepsis screening tool for use by all clinicians which was supported by a bespoke training package, focusing on the development of clinical history taking and the clinical assessment of patients presenting with the symptoms of sepsis. The effectiveness of the adult screening tool is measured and monitored through developed audit processes in collaboration with Acute Hospital Trusts. The Sepsis Project Group's work has continued throughout 2017/18 with the development and evaluation of a sepsis screening tools for paediatrics, neonates and 'at risk' groups such as pregnancy related sepsis. The development and introduction of these tools will ensure the Trust's compliance with the National Patient Safety Agency (NPSA) guidance for the recognition of sepsis and rapid initiation of treatment and supports the delivery of the 2017/19 national Clinical quality and transformational indicator to "reduce the impact of serious infection".

NWAS has increased its clinical collaboration with subject area experts and external partner organisations to develop a prioritised programme of research-based projects exploring the effectiveness of the current screening process and developing further innovations to provide care closer to the point of crisis.

- **Establish an effective out of hospital screening tool for falls and frailty**

The Trust recognises the impact of an aging population on the demand for our services and therefore the necessary evolution that is required in order to meet the needs of this patient group. The increasing numbers of patient contact episodes from older adults represent opportunities to conduct our care in different ways and develop our processes to better equip and educate our workforce to deliver outstanding care every day, to this cohort. Reflected within the Patient Care Strategy, NWAS has an established patient centred priority area for older adults and frailty and throughout 2017/18 the project group has been working collaboratively to introduce a package of training, education and support material for the screening of frailty and prevention of falls.

During 2017/18 the Trust, working with external partners, instigated an educational and training programme for frailty identification and scoring. The package is derived from an established programme developed and designed by Fusion 48 and is supported through the North West Allied Health Professionals Network. Rollout of the training has commenced in areas where external stakeholders have expressed an interest in collaborative work to support frailty and has been incorporated into the induction programme for PES staff joining the Trust. The Trust has developed a 'train the trainer' course to further support the rollout and materials have been produced including the frailty awareness information and an eLearning module which has been developed for the Trust's Learning Zone. The Trust's intranet site also includes a bespoke educational video featuring the NHS England National Clinical Director for Older People.

The Trust began the implementation of the Rockwood Cumulative Deficit model (Clinical Frailty Score) during 2017/18. This 9 point clinical frailty score is used to facilitate a comprehensive assessment of an older person and was selected as it reflects an increasing level of frailty which is in keeping with the experience of clinical practice. The Trust has produced a Rockwood Frailty Score aide memoire which will be distributed as the training rollout progresses across the organisation. Building upon these foundations established over the last year, the Project Group is planning for the integration of frailty training and scoring within our Patient Transport Service (PTS) and developing a frailty screening tool appropriate for 'hear and treat' service lines within the Trust; we are once again working with Fusion 48 working on the provisions of these solutions.

- **Establish the effectiveness of the Acute Visiting Schemes in supporting safe home care for patients, especially the frail elderly**

The Acute Visiting Schemes (AVS) established across the NW region support patients where immediate hospital admission may not be the most appropriate place for their care. These AVS provide NWAS clinicians with the opportunity to discuss individual cases with a General Practitioner (GP) and where appropriate refer their on-going care into Primary Care services. This provides individual patients with the right care in the right place, for them, and supports the wider health economy by reducing unnecessary hospital admissions and therefore creating additional capacity as well as offering financial benefits to the health system.

In determining the effectiveness of AVS across the region, NWAS works in partnership with the Clinical Commissioning Groups (CCG) who fund the schemes and to whom the individual AVS are accountable to. Over the course of the last year there have been reports of extended times for the AVS to re-contact NWAS clinicians which impacts upon the efficiency of service provision. Working with our CCGs we have determined that approx. 13.5% of calls waited over half an hour for a call back and of these 7% waited over an hour. This has resulting impact on both service delivery but crucially upon patient experience and the Trust is working hard to address these issues, where they occur. As a result, we are actively exploring options to enhance the service provision of the AVS service and a number of innovative approaches are being considered.

These options include the introduction of Advanced Nurse Practitioners (ANPs), and more recently, senior nurses to receive and triage calls with the availability of escalation of GP if required. Additionally, revisions to the stipulation of time windows for a face to face visit by the primary care service have been revised to enable more opportunity for a comprehensive triage process to take place and reflect to now national guidance from primary care practice.

- **Through a responsive triage system, ensure those experiencing an acute exacerbation of a diagnosed mental health episode can access the right care at the right time**

Over the past year NWAS has developed a clear strategy for patients presenting with a mental health episode centred on the Trust's Mental Health Strategic Improvement Plan and has made demonstrable progress during 2017/18 in addition to establishing a clear direction of travel for the year ahead.

Throughout 2017/18 NWAS has continued to work closely with our partners in mental health services to build upon the pilot established last year to provide qualified Mental Health nurses within our Emergency Operations Centres (EOC) who provide access to expert mental health intervention at the point of call. Within our EOC at Broughton, in Preston, the provision of mental health telephone triage has been supported and enhanced through access to patient records through an assured governance arrangement with Lancashire Care NHS Foundation Trust. At our EOC at Parkway, Manchester, we have introduced mental health clinicians within the Clinical Hub to provide telephone assessment and referral to appropriate pathways of care. These mental health specialists are co-located and work alongside Specialist Paramedics and are able to provide coaching in mental health assessment skills as well as increase mental health awareness during the telephone triage process, which further increasing the Trust's mental health capacity.

The Trust has worked to develop face to face mental health assessment skills and has established a Tier 1 mental health awareness session which was designed and approved during 2017/18 for inclusion within the current mandatory training programme for all Paramedic Emergency and Patient Transport Service staff.

NWAS has provided additional training for our Frequent Caller Team who has access to a specific mental health training course. These specialist clinicians work with some of our most vulnerable mental health patients and work collaboratively with partners in the health and social care sectors to ensure their needs are met.

Within our NHS 111 service we are providing additional support to service users experiencing an acute exacerbation of a mental health condition. Integration with our Clinical Assessment Service means that some calls to our 111 service can be taken and assessed by the mental health practitioners in EOC who, as described, can access patient care records to offer individualised assessments. Additionally, the 'Special Notes' facility, available within the Adastra system utilised by our 111 service, affords access to patient care plans to inform our staff of any specific individual need or action that should be taken to support our patients.

- **Through effective staff engagement reduce sharps incidents & promote good Infection Prevention and Control (IPC) practice**

Pleasingly, through a number of staff engagement initiatives, the Trust has this year seen a reduction in the number of sharps incidents reported to the Trust.

The Clinical Safety (CS) team have engaged with staff to nominate clinical safety champions to promote good practice and raise awareness of all aspects of CS including the promotion of sharps practice and disposal.

The team has also conducted hand hygiene audits and discussions (which incorporated our staff's views of human and behavioural factors of hand hygiene) and have established processes to capture the results of audits completed.

NWAS has introduced a pass or fail scenario based IPC and sharps practice assessment for all staff including those developing within a university environment or participating in induction, training and mandatory training sessions.

The Trust has also been preparing for the introduction of an Aseptic Non-Touch Technique (ANTT) check list that incorporate human and behavioural factors of the management and practice of sharps plus the monitoring of whether Personal Protective Equipment (PPE) is being applied in practice.

- **Improve the consistency, timeliness and effectiveness of Serious Incident Investigation and implementation of subsequent Learning**

During 2017/18 the organisation has developed a consistent approach to processing serious incidents after a series of serious incident process mapping exercises with key departments. All serious incidents are discussed at the Review of Serious Events (ROSE) group, on a weekly basis.

Whilst timeliness of investigation is starting to improve, the number of incidents reported in the fourth quarter of 17/18 has increased by 100% on previous months. This is likely to be due to the introduction of new ways of working, at this time, which also saw an increase in the amount and length of delays responding to patients. Increased visibility of serious incident information and the introduction of a committed team to co-ordinate serious incident investigation and stakeholder communication may also have had an impact.

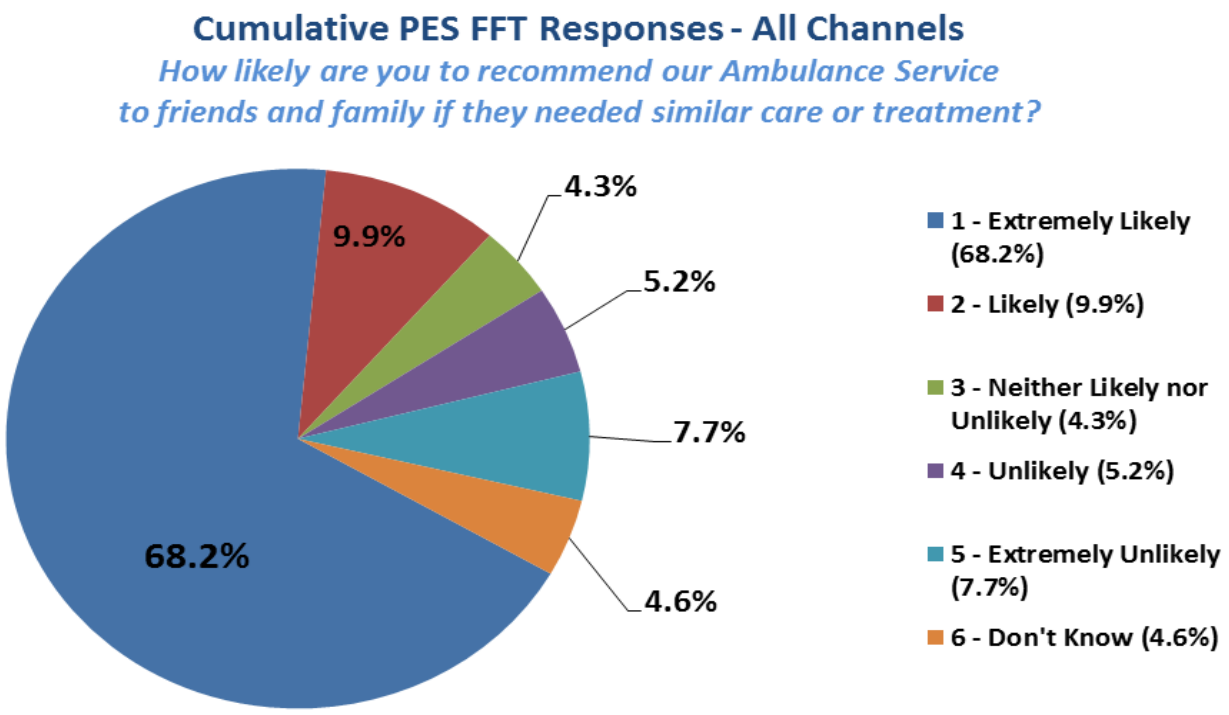
Serious Incident learning is now co-ordinated through a dedicated tracking process. Any immediate learning is actioned prior to reports being closed as complete, whilst longer term learning and recommendations feature within a long term tracking system.

2.2 Patient Experience

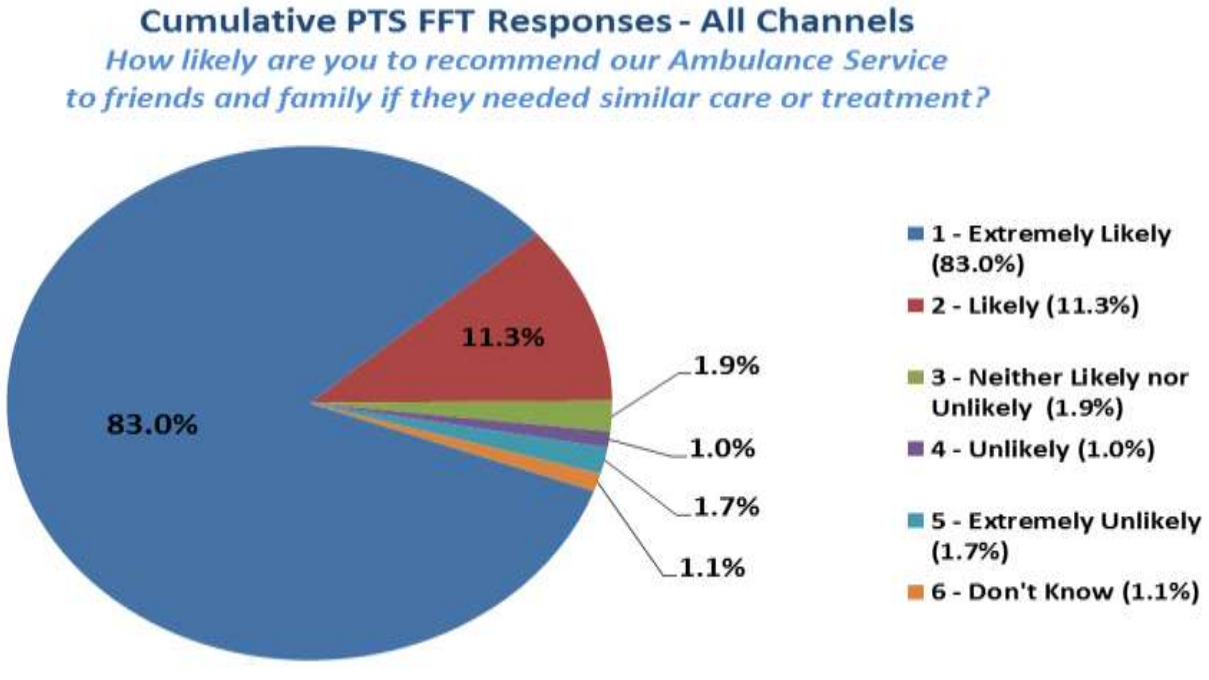
An extensive Patient Experience programme was successfully completed during 2017/18. NWAS use a number of methods to elicit feedback including postal surveys, community engagement activities, focus groups and Friends and Family Test (FFT) comments cards on ambulances. We also offer the opportunity for our patients to provide FFT feedback comments using SMS text messaging and integrated voice recognition via landline.

- **Patient Friends and Family Test 2017/18**

A total of 6,089 Friends and Family Test responses were received by NWAS this year, supported by nearly 4,500 comments. 50% were returned via SMS surveys, 45% by postal surveys, 3% by FFT Post Cards and 2% via Landline surveys.



***78.1%** Paramedic Emergency Service (PES) patients responded they would recommend.*

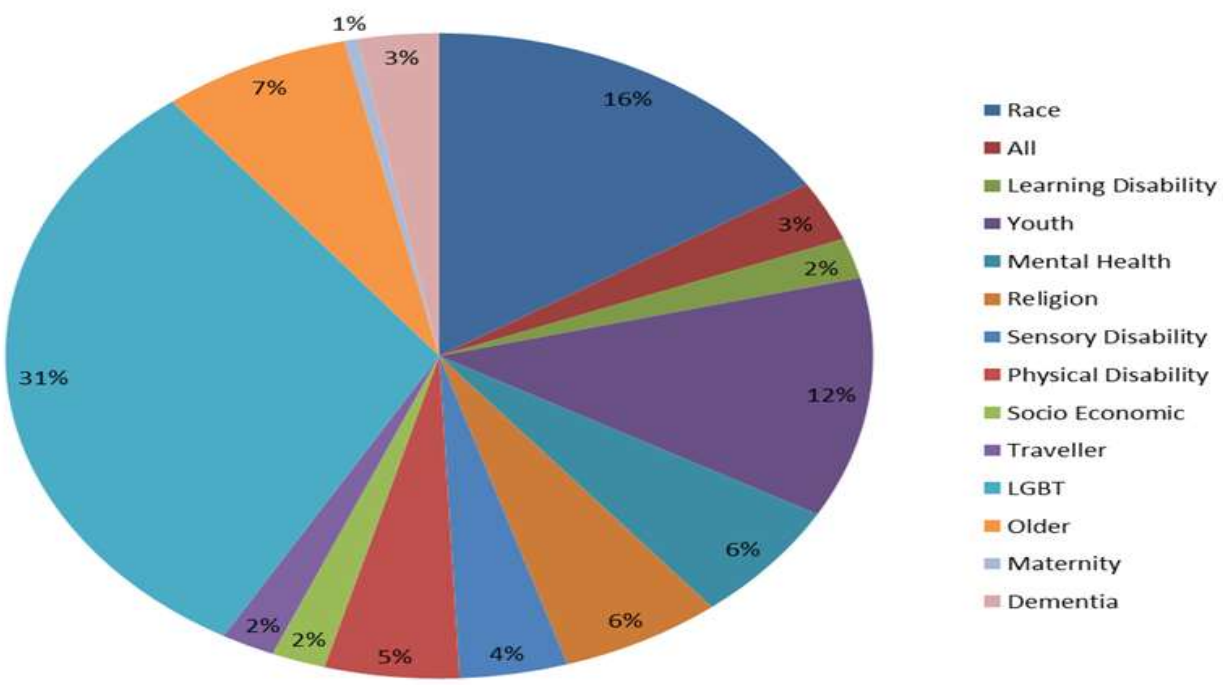


***94.3%** Patient Transport Service (PTS) patients responded they would recommend.*

- **Protected Characteristic Engagement**

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

As well as undertaking quantitative patient surveys, we provide focus on capturing more qualitative data at equality and diversity community events and focus groups. The chart below shows the equality and diversity protected groups we have engaged with at community events and focus groups during 2017/18.



- **Complaints Received During 2017/18**

During 2017/18 NWAS has seen an overall fall in the number of complaints received by the Trust since 2016/17, from 2,592 to 2,393. The Paramedic Emergency Service received 52 less complaints, the 111 Service saw a drop of 166 complaints and the Patient Transport Service saw a slight increase of 10 complaints. Overall, NWAS upholds around 50% of the complaints it receives.

1 April 2017 to 31 March 2018					
	PES	**PTS**	**111**	**Other**	**Totals**
PTS Transport	2	920	-	-	**922**
Emergency Response	448	-	2	-	**450**
Care and Treatment	192	32	179	-	**403**
Staff Conduct	221	54	58	-	**333**
Communication and Information	68	8	59	1	**136**
Driving Standards	82	27	-	-	**109**
Damage or loss to property	27	4	-	-	**31**
End Of Life Care	1	-	-	-	**1**
Navigation	5	-	-	-	**5**
Safeguarding	2	-	1	-	**3**
Totals	**1,048**	**1,045**	**299**	**1**	**2,393**

- **Compliments Received During 2017/18**

	Greater Manchester	Lancashire	Merseyside	Cheshire	Cumbria	111	Total
Emergency Response	1	3	0	0	2	0	**6**
Staff Conduct	0	23	0	0	7	72	**102**
Communication and Information	0	3	1	2	2	0	**8**
End Of Life Care	1	1	0	0	0	0	**2**
PTS Transport	1	27	0	1	12	0	**41**
Care and Treatment	407	363	303	241	182	11	**1507**
Totals	**410**	**420**	**304**	**244**	**205**	**83**	**1,666**

- **Staff Friends and Family Test 2017/18**

Staff Friends and Family Test 2017/18								
Question	**Base**	**Picker Average**	**% score**	**Target**	**Target met**	**Change vs. last quarter**	**Lowest (to date)**	**Highest (to date)**
Q1 – April – June (EOC & 111)								
How likely are you to recommend this organisation to friends and family if they needed care or treatment?	160	88%	88%	54%		6%	81%	97%
How likely are you to recommend this organisation to friends and family as a place to work?	160	62%	62%	38%		17%	42%	84%
Q2 – July – September (PTS)								
How likely are you to recommend this organisation to friends and family if they needed care or treatment?	76	80%	80%	54%		-8%	80%	97%
How likely are you to recommend this organisation to friends and family as a place to work?	76	58%	58%	38%		-4%	42%	84%
Q3 – No FFT as we circulate the annual staff survey								
Q4 – Jan – March (Corporate/PES)								
How likely are you to recommend this organisation to friends and family if they needed care or treatment?	950	82%	81%	54%		-1%	80%	97%
How likely are you to recommend this organisation to friends and family as a place to work?	950	86%	55%	38%		3%	42%	84%

3. Preventing People from Dying Prematurely – Operational Performance

During 2017/18, NWAS became one of the Ambulance Trust's to embark on the Ambulance Response Programme (ARP) to test a new system for ambulance services to better meet the needs of patients. The underlying principle is to ensure the right resource is sent at the right time, in the right place and this was rolled out nationally in August 2017.

Therefore, this year's Quality Account includes two sets of performance figures. The tables in 3.1 and 3.2 detail the operational performance prior to the implementation of ARP and the table in 3.3 details the performance, following its implementation.

3.1 Category A 999 Calls Responded to Within 8 Minutes; (01/04/17 – 06/08/17)

Red 1: 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: 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.

		2017/18		2016/17	
Indicator	Target	**NWAS**	Range	**NWAS**	Range
Red 1 8 minutes	75%	**65.6%**	45.1% - 81.3%	**67.7%**	38.2% - 89%
Red 2 8 minutes	75%	**65.4%**	52.7% - 75%	**62.7%**	40.5% - 81.6%

3.2 Category A 999 Calls Responded to Within 19 Minutes; (01/04/17 – 06/08/17)

A19: Respond to 95% of Category A (Red 1 & 2) calls within 19 minutes with a vehicle capable of carrying a patient.

		2017/18		2016/17	
Indicator	Target	**NWAS**	Range	**NWAS**	Range
A19/Red1/2 19 minutes	95%	**90.4%**	80.5% - 95.6%	**89.0%**	67.5% - 97.2%

3.3 Category 1 to 4 999 Calls Responded to (07/08/17 – 31/03/18)

Period	Cat 1 Mean	Cat 1 90th	Cat 2 Mean	Cat 2 90th	Cat 3 90th	Cat 4 90th
Target	*7 minutes*	*15 minutes*	*18 minutes*	*40 minutes*	*120 minutes*	*180 minutes*
Q1	n/a	n/a	n/a	n/a	n/a	n/a
Q2*	00:09:57	00:16:12	00:24:45	00:56:07	01:49:21	02:37:48
Q3	00:10:16	00:16:58	00:34:08	01:18:45	02:19:36	02:54:15
Q4	00:09:08	00:15:33	00:33:50	01:17:32	03:14:45	03:18:09
YTD	00:09:43	00:16:16	00:31:59	01:13:25	02:33:33	03:00:57

**from 07/08/17 to 30/09/17*

It would be fair to say that this has taken some time to fully embed and has been a challenging learning process. Also, during 2017/18, the Trust experienced a significant increase in activity as the emergency call volume rose by 7% against a predicted 3% increase. Despite this challenging increase in activity, proportionately the Trust has taken fewer patients to hospital. This was realised by a continued growth in Hear & Treat and See & Treat which safely directed patients away from a hospital Emergency Department attendance.

3.4 Patient Transport Service Performance

The Patient Transport Service (PTS) quality performance from 1 July 2017 to 31 March 2018 was as follows;

				Cumbria	Greater Manchester	Lancashire	Merseyside
	Area	Metric	Target	Mar-18	Mar-18	Mar-18	Mar-18
General	Booking Systems	Online booking system availability	99%	100%	100%	100%	100%
		Telephone booking system availability	99%	100%	100%	100%	100%
		Call Answering	99%	100%	100%	100%	100%
		Call Answering	75%	70%	71%	71%	71%
		Call Handling - Average Waiting Time	1 minute	29 seconds	31 seconds	32 seconds	29 seconds
	Planned	Missed Collection	0%	0%	0%	0%	0%
	Planned	Misidentification of Patients	0	0	0	0	0
	Unplanned	Confirmation of Booking	95%	100%	100%	100%	100%
	Eligibility	Application of eligibility criteria	98%	100%	100%	100%	100%
Planned	Travel time	Travel time	80%	95%	93%	96%	96%
	Arrival at treatment centre	On time arrival	90%	87%	74%	91%	84%
	Collection from Treatment Centre	Timeliness of departure	80%	89%	65%	80%	83%
			90%	96%	84%	93%	94%
Unplanned	Travel time	Travel Time	80%	91%	90%	93%	96%
	Collection from Discharge Centre	Less than 60 minute wait	80%	80%	67%	80%	74%
		On the day pick up within 90 minutes	90%	89%	78%	88%	85%
EPS	Travel Time	Travel Time	85%	95%	95%	96%	95%
	Arrival at treatment centre	On time arrival	90%	88%	80%	92%	84%
	Collection from treatment centre	Timeliness of departure	85%	95%	85%	90%	91%
			90%	99%	94%	97%	98%

3.5 111 Performance

This year the NHS 111 service has answered over 1.6 million calls.

Performance against KPIs has varied and has been influenced by peaks of high activity especially over the winter period and very high activity over the festive period. A performance improvement plan was implemented in February 2018 to ensure a return to the performance levels required in 2018/19.

Average time to answer calls in 2017/18 was 1 minute, 47 seconds. The performance KPIs are analysed below;

Description	Target	Q1	Q2	Q3	Q4	YTD
Calls Abandoned	< 5%	5.51%	3.38%	7.31%	10.80%	6.94%
Calls Answered in 60 seconds	95%	81.39%	86.29%	77.22%	68.60%	78.15%
Calls Warm Transfer	75%	45.22%	44.54%	41.25%	29.27%	39.78%
Call backs within 10 minutes	75%	38.73%	41.03%	40.25%	40.63%	40.15%

Over 150 additional staff have been recruited within the service across all skills and continue to see improvements in sickness and attrition rates. The introduction of homeworking for our clinicians as part of our recruitment, retention and support activities for staff has received very positive feedback.

4. Preventing People from Dying Prematurely (Helping People to Recover from Episodes of Ill Health or Following Injury)

4.1 National Ambulance Quality Indicator (NACQI) Performance

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

National Ambulance Clinical Quality Indicator	November Performance 2016/17 (%)	November Performance 2017/18 (%)	November National Average 2017/18 (%)
Cardiac Arrest (All - ROSC at Hospital)	35.6%	35.0%	28.5%
Cardiac Arrest (Utstein at Hospital)	47.6%	57.1%	47.4%
Cardiac Arrest (All - Survival to discharge)	6.3%	11.3%	8.3%
Cardiac Arrest (Utstein Survival to discharge)	20.5%	30.2%	27.3%
AMI PPCI (within 150 minutes)	68.4%	*Mean average time = 2hrs 29 mins	*Mean average time = 2hrs 12 mins*
AMI Care Bundle	83.7%	70.9%	76.0%
Stroke FAST (within 60 minutes)	50.6%	*Mean average time = 1hr 18 mins	*Mean average time = 1hr 13 mins
Stroke Care Bundle	99.6%	98.9%	97.0%

Performance target changed for 2017/18

4.2 Ambulance Quality Indicator (AQI) - Care Bundle performance for Pre-existing ST Elevation Patients (As At 18/05/2018)

Reporting Period 2: April 2017– December 2017												
AQI Care Bundle Performance	**Apr 17**	**May 17**	**Jun 17**	**Jul 17**	**Aug 17**	**Sep 17**	**Oct 17**	**Nov 17**	**Dec 17**	**Jan 18**	**Feb 18**	**Mar 18**
NWAS: Outcomes from Acute ST-elevation Myocardial Infarction— Care Bundle	85.6% (N=194)	80.1% (N=196)	77.1% (N=157)	75.5% (N=163)	62.8% (N=156)	71.5% (N=123)	77.5% (N=120)	70.9% (N=179)	67.8% (N=146)	Data not available at time of writing (National data not published at time of writing)		
National Average (%) & Range (%)	76.4% (59.6- 92.9)	78.4% (57.5-100)	76.5% (65.5-95.8)	76.8% (62.9 -90.6)	74.2% (62.8-90.6)	76.9% (66.2-100)	76.4% (57.4-100)	76.0% (65.3-93.5)	77.6% (67.8-100)			
Ranking	**3/11**	**8/11**	**7/11**	**7/11**	**11/11**	**9/11**	**7/11**	**9/11**	**11/11**			

Ambulance Quality Indicator (AQI) - Care Bundle performance for Suspected Stroke Patients (As At 18/05/2018)

Reporting Period 2: April 2017– December 2017												
AQI Care Bundle Performance	**Apr 17**	**May 17**	**Jun 17**	**Jul 17**	**Aug 17**	**Sep 17**	**Oct 17**	**Nov 17**	**Dec 17**	**Jan 18**	**Feb 18**	**Mar 18**
NWAS: Outcomes from Stroke — Care Bundle	99.7% (N=1040)	99.9% (N=1053)	99.4% (N=995)	99.0% (N=1055)	99.4% (N=1017)	98.8% (N=895)	99.6% (N=964)	98.9% (N=950)	98.9% (N=1037)	Data not available at time of writing (National data not published at time of writing)		
National Average & Range	97.3 (94.1-100)	96.6 (92.3-99.9)	97.4 (94.4-100)	97.2 (94.4-100)	97.5 (95.3-99.6)	96.7 (93.1-100)	97.1 (93.5-99.8)	97.0 (95.0-98.9)	97.3 (95.2-100)			
Ranking	**2/11**	**1/11**	**3/11**	**6/11**	**2/11**	**5/11**	**2/11**	**1/11**	**2/11**			

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

5.1 Patient Safety Incidents and Those Resulting in Severe Harm or Death

848 patient safety incidents were reported during 2017/18, 83 of which categorised the patient outcomes as “severe harm” or “death”.

Patient Safety Incidents (PSI)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Grand Total	Rate Per month
Degree of Harm: All (excludes none)	50	47	51	54	54	68	73	59	70	90	74	70	760	63.33
Near Misses: All Unharmed Patients	1	0	0	5	3	20	57	0	0	0	1	1	88	7.33
Total Patient Safety Incidents	51	47	51	59	57	88	130	59	70	90	75	71	848	70.67
Degree of Harm: Severe/Death	6	1	1	2	9	7	2	2	12	18	12	11	83	6.92
PSI % of Severe/Death	11.76%	2.13%	1.96%	3.39%	15.79%	7.95%	1.54%	3.39%	17.14%	20.0%	16.0%	15.49%	9.79%	9.79%

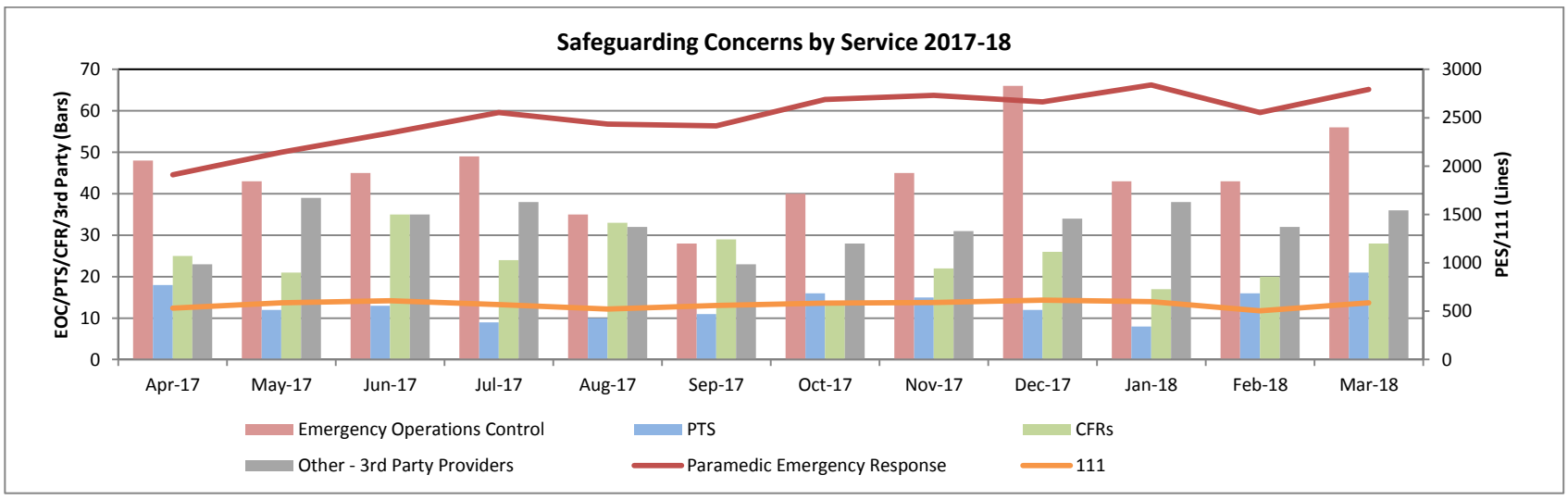
79 serious incidents (SIs) were reported to the Commissioners via the Strategic Executive Information System (StEIS) during 2017/18. All SIs are all subjected to investigation under the NHS Serious Incident Framework and reported in full to Commissioners. Through established working arrangements, the Trust and its Commissioners worked closely together throughout the year to ensure action plans to learn appropriate lessons and to prevent the recurrence of an SI are in place and accomplished.

5.2 Safeguarding

- **Activity**

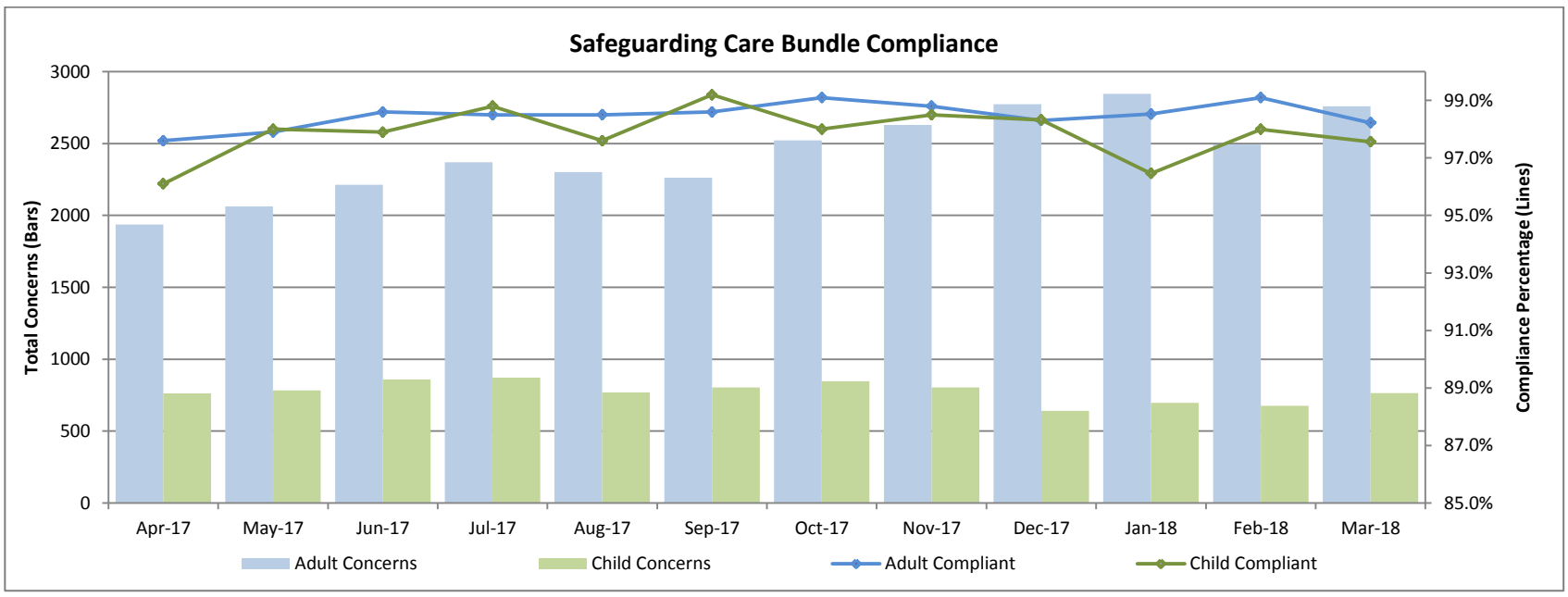
The overall number of adult and child safeguarding concerns that NWAS staff are notifying the Trust of, continues to rise.

Safeguarding Concerns	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Total Adult Concerns	1,937	2,063	2,216	2,371	2,301	2,263	2,523	2,630	2,775	2,847	2,494	2,760
Total Child Concerns	762	782	860	872	767	803	847	803	641	695	675	763
Total Concerns	**2,699**	**2,845**	**3,076**	**3,243**	**3,068**	**3,066**	**3,370**	**3,433**	**3,416**	**3,542**	**3,169**	**3,523**



- **Audit**

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



- **Training**

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

Safeguarding training at level 3 is delivered to all relevant staff that provide others with support and advice. NWAS has now trained over 680 staff (227 in Cumbria and Lancashire; 197 in Cheshire and Mersey and 261 in Greater Manchester) in this requirement to ensure that safeguarding our patients remains as a significant priority for the Trust.

- **Raising Awareness**

NWAS has now put systems in place which will allow for more detailed CSE reporting to take place during 2018/19.

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

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

- **PREVENT Awareness and Training**

96.3% of all NWAS staff have now received WRAP 3 training which is the 'workshop to raise awareness of PREVENT' and part of the Government's anti-terrorism strategy. Prevent is any terror related activity that takes place in the pre-criminal space. WRAP is included within mandatory training for all staff and compliance with this national requirement. The Trust is in the top three of all NHS Trusts for meeting these national training requirements.

6. Learning from Deaths

6.1 Mortality Review

Established in 2016/17, the Trust's Mortality Review process follows recommendations from NASMed (National Ambulance Service Medical Directors group) to undertake a process of reporting mortality within the organisation. While the central NHS guidance (NHS Learning from Deaths Framework (2017)) does not apply to UK ambulance services, it has been utilised to inform the mortality review process and provide a framework until such time as ambulance service specific guidance is produced. The process is intended as a comprehensive 'deep dive' which actively seeks those patients where there may have been a missed opportunity for the Trust to prevent future deaths. The identification of aspects of care, where learning can take place and from which recommendations for future practice can be made, ensures the care the Trust's clinicians provide to our patients is of the highest possible quality. The Trust's Mortality Review process is currently (May 2018) undergoing external peer review for validation.

The Trust's approach is retrospective and focussed on quality improvement and reviews incidents where a re-contact had resulted in a Diagnosis of death, Termination of resuscitation or Transported Resuscitation as a means of providing additional assurance around non-conveyance decisions. Initial parameters are set at within 24 hours, within 7 days, within 14 days and within 28 days of the contact episode resulting in TOR / DOA or resuscitation on-going to hospital.

Mortality is also reviewed at several points within the organisation outside of the formal Mortality Review process. All serious incidents and unexpected deaths involving the Trust are reported internally and externally and reviewed as part of our investigation process, which includes a weekly meeting chaired by the Medical Director.

7. Review of Quality Performance

The following quality improvements have been implemented since the last Care Quality Commission (CQC) Inspection;

7.1 Safe

1. Safeguarding:

NWAS has three safeguarding practitioner leads to provide expert advice within the 3 geographies of Cheshire and Mersey, Cumbria and Lancashire and Greater Manchester. These practitioners work directly to the Safeguarding Practice Manager and under the umbrella of the Clinical Safety Team and the Head of Clinical Safety, who are both trained to Level 4. We have trained over 600 members of staff to Level 3 to ensure the availability of 24/7 advice across the whole Trust. We have increased the capacity and the capability of our workforce, both on the front line and within our support services functions and we now have a revised training needs analysis for FY17-18. Level 2 safeguarding children and adults training is provided for all our staff both on induction and within mandatory training programmes.

2. Serious incident reporting, investigation and learning:

We have reviewed and improved our Investigations policy, procedures and training programme and continued to encourage and foster an incident reporting culture to ensure that staff have the time and tools to report incidents in a timely manner. We have introduced learning systems at an operational level within the organisation and new clinical and non-clinical learning from incidents arrangements across the Trust. We have worked with commissioners on a CQUIN programme to improve the management of serious incidents. In addition, we have introduced an Executive led weekly review of serious events (ROSE) meeting, where a review of our most serious cases arising from incidents and complaints takes place. These cases are scrutinised at an early stage in the process to ensure that any immediate actions and/or learning is captured and actioned appropriately. Alerts are sent immediately to the service lines and departments when a repeated flag arises from the case reviews and actioned through the clinical governance groups.

3. Organisational Development:

We have reduced our vacancy gap for Paramedics from 14.5% to 1.7% and reduced our agency spends below our ceiling from £3.9m in 15/16 to £1.4m in the first 3 quarters of 17/18. Our flu injection uptake has improved from 52% to 67% in 20117/18 and we have significantly improved our sickness rates by an average of 0.6% over the last 12 months. To further enhance the safety of our patients, although not mandated to do so, we have now implemented DBS re-checking for patient facing staff. We have reviewed our induction processes for all levels of staff (including bank and agency staff) to strengthen any identified areas of weakness. We have involved our senior clinical team to thoroughly review our mandatory training to ensure the focus was both on relevant content and appropriate delivery. We have increased the length of this training with the frontline clinicians to two days, and the training is now more scenario based and less focussed on lectures. We have made progress in the areas of additional recruitment, the retention of staff and the reduction of our trust wide sickness levels. We have developed paramedic rotational roles and piloted rotational working for nursing staff to help improve attraction, attrition and support recruitment.

4. Vehicle Checks/Audits:

We have introduced improved methods of frontline emergency vehicle checking and auditing by the implementation of an enhanced vehicle check book for every one of our front line emergency vehicles. This brings together, in one document, all the requirements of a front line member of emergency staff and the ability of the management structure to check and audit what needs to be done is being done.

5. Emergency Operational Control Clinical Support:

The emergency operational control centres (EOCs) are the point where patients first contact the service. NWAS has strengthened the clinical presence in its EOCs. This enhances the safety of our patients by making clinical support available to the 999 call takers and assists the dispatchers to send ambulances to the most appropriate calls at times of high demand.

7.2 Effective

1. A thorough review of mandatory training:

The senior clinical team conducted a thorough review of mandatory training to ensure the focus was both on relevant content and appropriate delivery. We have increased the length of this training with frontline clinicians to two days, and the training is now more scenario based and less focussed on lectures. Capacity to consent, appropriate use of restraint and knowledge of the Mental Health Act are all reviewed using scenarios to re-enforce the situational learning.

2. Improved understanding and recording of mental capacity:

We have worked to improve staff understanding of the Mental Capacity Act. A thorough review of the trust's approach to the Mental Capacity legislation resulted in both changes to process and learning. The care record (Patient Report Forms - PRF) has been revised to aid clarity of decision making and recording, especially of consent and, when necessary, capacity. Assessments are now carried out using the MCA (2005) two stage test, alongside bulletins, face to face teaching and learning documentation (CLEAR vision). We have also introduced a mandatory advanced online module.

3. Capacity to Consent:

NWAS has updated and implemented a revised capacity to consent process and developed a dedicated online training pack within the Trust's e-Learning zone. We have amended the PRF to reflect the new process. We have developed and implemented a new capacity to consent assessment form to compliment the changes made.

4. Further increase clinical leadership and oversight:

Further improvements to the clinical leadership structure have occurred over the last year. This will need further investment of time and training to maximise the potential of the new senior paramedic team leaders (SPTL), whose teams are now smaller to enable increased focus on improvement. The Quality Observations process (SPTL works a shift with team member focussing on that member's learning needs) that these teams have enabled has had a positive impact on appraisal and mandatory training compliance. Appraisal rates improved significantly across all service lines.

5. Improved medicines supply, distribution and monitoring:

The supply, distribution and monitoring of medicines has significantly changed over the last 12 months. Real time reporting, responsive system changes and increased oversight have also been introduced.

7.3 Caring

NWAS consistently receive extremely positive feedback about the care provided by our frontline staff and have been told by the CQC that lengthy discussions have taken place about whether we should be outstanding in this domain. Evidence that our staff continue to provide an outstanding level of care and compassion to patients, relatives and carers, despite increasing demands continues to be available.

1. Compliments:

NWAS continues to receive significant numbers of compliment letters about staff. This demonstrates the appreciation of the excellent work that staff from within the Trust show to their patients, which can only inspire others to follow the examples being set by our most dedicated and compassionate staff.

2. Safe While Waiting:

Within the Emergency Operational Controls (EOCs), NWAS has adapted the scripts that staff use during times of high activity. This enables our staff to stay on the line with the most appropriate callers, which enables them to show the care and compassion that staff want to give.

3. Staff Wellbeing:

NWAS has further strengthened how we care for our staff following traumatic incidents. Trauma Risk Management (TRiM) is a trauma focused peer support system which is fully evidence based and advocated by the National Institute of Clinical Excellence (NICE). TRiM is not a form of counselling, therapy or Critical Incident Debrief (CID). It is simply a screening tool which aims to identify individuals who may benefit from further support, information or professional counselling. Due to the nature of emergency work we are constantly exposed to difficult incidents. Often it is the 'drip feed' effect of stress that can cause the problems. TRiM is designed to highlight individuals who may need support. TRiM is completely confidential and available to all staff. The TRiM team will endeavour to highlight potential critical incidents although this can be challenging as any incident can cause stress.

4. PTS are committed to improving Health Promotion and Prevention:

This is done by 'raising concerns' for patients by enabling access to clinical support through the Trust's Clinical Hub. Should a crew or a patient be concerned about a risk identified to the patient or in their homes, such as risk of falls, fire or from issues such as dementia, mental health, isolation and loneliness, they contact the clinical hub with a view to providing an onward referral to an appropriate service or support.

7.4 Responsive

1. Significant work on Handover Delays:

NWAS has completed significant work on handover delays by engaging with stakeholders at hospital sites and within CCGs, CQC and NHS Improvement to ensure its voice is heard in this key area. We have worked with the system to introduce additional ambulance liaison officers (ALOs) to coordinate the A&E handover at times of peak demand. The NWAS CEO and Director of Operations lead on handover issues and there is daily scrutiny at a granular level, including scrutiny of handover data. This work is vital to free up NWAS resources from hospital corridors to respond to patients. The agreed standard for A&E clinical handover is 15 minutes with an additional 15 minutes for the NWAS staff to clear the premises and make ready for any subsequent calls. Over the winter period we have seen increases in the average turnaround time which significantly exceed the agreed standard.

The projections in our performance improvement plan show that we will achieve performance by Q3 FY18-19, however, our plans are contingent upon commissioners delivering a significant reduction in A&E handover times back to the 30 minute standard. NWAS has also provided weekly reports to the NWAS CQC Inspection Manager on handover delays, which has enabled the CQC to assist by entering discussions with the Acute Trusts that have the longest handover delays.

2. Performance Improvement:

NWAS has spent several weeks building a robust performance improvement plan which addresses how we can contribute to treating patients either on the telephone (hear and treat) or in their homes (see and treat). Our data shows that the use of these services is increasing and the impact on admission avoidance significant. However, changes to ARP standards require us to improve our current call pick up performance and reconfigure our fleet. These actions are underway and are being implemented with oversight from the Executive management team.

3. Call Pick Up Improvement:

Work is ongoing in EOCs to improve call pick up times. 95% of calls into the 999 system should be answered within 5 seconds. Our performance against this national standard began to decline significantly in the early autumn of 2017 but has now steadily improved. A new Head of Control is now leading the performance improvement programme and a detailed review of the contributory factors to poor performance revealed a complex situation linked both to workforce and to pressure elsewhere in the system. This resulted in very high levels of repeat calls significantly increasing the daily volume of incoming calls.

4. Complaints Handling:

NWAS is currently working to improve the way that it responds to complaints. Our challenge with performance over the winter months of 2017/18 has increased the number of serious complaints associated with delays. This has increased the workload for our complaints team, increasing their caseloads and reducing our ability to respond within agreed timeframes.

5. In 111 services

We have seen a change in the pattern of calls from the end of the working day to mid-afternoon as patients struggle to access the help they need in primary care. We have to continually monitor these changes to flex our workforce to meet demand on a shift by shift basis. The out of hours primary care and acute visiting services are commissioned locally and present with huge variation with respect to their quality and responsiveness.

7.5 Well Led

1. Governance:

NWAS has undertaken Board level development over 12 months during 2017/18 to strengthen integrated governance. We have recruited a new Non-Executive Director for Quality and an Executive Director of Quality, Innovation and Improvement, simplified our strategy, reviewed our measures of success and launched 'Operation Outstanding' (our implementation plan).

2. Quality Assurance:

NWAS has increased the frequency of its Quality Committee meetings from bi monthly to monthly and introduced a new Board Assurance Framework. The Trust is compliant with the Fit and Proper Persons test for all Executives and Non Executives. A weekly review of serious events, Chaired by the Medical Director, has been implemented to expedite learning from complaints and serious incidents. We have reviewed governance in the EOC and PTS and significantly improved risk management, learning and assurance via an EOC clinical governance group and PTS quality governance and assurance group who report via quality committee to the board.

3. Key Leadership Appointments:

NWAS has invested in key leadership adding a Head of Control Centres, Head Nurse, Head of Patient Transport Services, Associate Medical Director (111), a lead for safeguarding/mental health, 3 safeguarding practitioners and a Freedom to Speak Up Guardian. Eight consultant paramedics head a clinical leadership team of advanced paramedics and specialist team leaders. We also have appointed twelve additional community paramedics and have over 30 clinicians across our three EOC environments, focussed on safety for patients who are waiting. Clinicians provide 24/7 support to call handling and dispatch staff.

4. Team Working:

In Emergency & Urgent Care (E&UC), team based leaders are empowered to manage frontline staff in small teams (1-12) and have responsibility for monitoring standards, compliance, challenge, learning, reflection and improvement. All clinical staff have access to specialist advice and support from the clinical hub which is manned 24/7 by advanced paramedics. Advice is also available from urgent care practitioners, specialists in mental health and pharmacists via our urgent care desk. Hear and Treat and See and Treat rates have increased.

5. Local Learning Forums:

Forums have been established and embedded across the Trust to review learning from complaints, incidents (clinical and non-clinical) and safeguarding concerns. Themes are identified and escalated via the Trust's governance arrangements.

6. Integrated Performance Reporting:

Our integrated performance report (IPR) has been re-designed to align with our strategy and the requirements of the Single Oversight Framework. In E&UC and 111 heads of service have developed service line reporting aligned to the IPR at service, sector and station level. Daily performance reports for key measures are available for all services and staff are able to adjust services to meet changing demand and monitor safety through review of long waits.

7. Ambulance Response Programme:

NWAS has introduced the Ambulance Response Programme into E&UC and re-structured our data warehouse to deliver the internal and external reporting requirements. Our understanding of performance and ability to predict variations in performance is significantly more robust and has been used to construct our performance improvement plan.

8. Patient Transport Services:

There is a structured system of management across PTS services, with clearly defined terms of reference and minutes. A PTS Compliance Manager is in place to support leadership with governance and assurance.

9. Workforce:

Staff listening exercises were conducted across the Trust in 2017 to explore the themes taken from the 2016 staff survey. The 2017-18 staff survey response rate was the highest that has been recorded for the Trust. The overall response rate was 41.6% (2441 respondents from an eligible sample of 5863 staff). We have robust plans for addressing issues raised and will be testing our proposals via our staff forums, sector quality visits and leadership walk rounds. The improvement in our staff Flu Vaccinations this year are another sign of our growing staff engagement.

7.6 111 Service Improvement – Acute Patient Assessment Service (APAS)

APAS is provided by GP Out of Hours providers in each area and is an alternative to A&E attendance for patients who call 111. Instead of being advised to go to an Emergency Treatment Centre (ETC), usually A&E, 111 health advisors or clinicians can now make a referral to APAS for a further clinical assessment by a GP.

The APAS scheme is now successfully deflecting +2500 patients per month to alternative endpoints, and away from direct A&E referral. The scheme was piloted in Cumbria and then rolled out across the region, area by area. In the last 12 months over 29,000 calls were passed from 111 to APAS providers.

Available data throughout the lifetime of the project shows that only around 16% of calls sent to APAS providers will end up with an A&E or 999 outcome following APAS clinical assessment.

The Five Year Forward View urgent and emergency care refresh and Integrated Urgent Care service specification describe the vision for access to urgent care and subsequent assessment, advice and treatment. Providers of urgent care are asked to deliver functionally integrated services to help address the fragmented nature of out-of-hospital care. NHS 111 is key for the NHS Integrated Urgent and Emergency Care Strategy as the main access point for urgent care, particularly out of hours. Working closely with commissioners and urgent care providers, NHS 111 have started to increase access to urgent care services and onward referral routes.

Over the last six months we have focused on the introduction of direct booking between NHS 111 and a variety of urgent care services including GP Out of Hours, GP 7 Day and Extended Access and Urgent Treatment Centres. The aim of direct booking is to make it easier for patients to access the right care to meet their needs without the need for multiple contacts with different services. Significant progress has been made across the North West and we will continue to work collaboratively with commissioners and urgent care providers to increase access to booked appointments directly through NHS 111.

The Integrated Urgent Care service specification also contained guidance to commissioners relating to the provision of a 111 Online digital platform. 111 Online is a website where people can access health information or advice. Patients will be asked to answer a number of questions about their symptoms, before being directed to the most appropriate local health service or self-care advice. 111 Online is being introduced by NHS Digital to work alongside the NHS 111 telephone line and will provide an alternative route into urgent care services that can be accessed by patients independently. Merseyside was chosen as the first adopter in the North West and worked closely with NHS Digital and NHS 111 to launch 111 Online in February 2018. NWAS will continue to work with NHS Digital to introduce 111 Online in Lancashire, Greater Manchester and Cheshire by July 2018.

8. Looking Forward to Improving Care

8.1 2018/19 Priorities for Improvement

The Trust has agreed, in consultation with our stakeholders and in partnership with the intentions of our Commissioners, the following key quality improvements for the Trust, which are also identified as priorities within our Operational Plan.

- Enhance the quality of triage, moving the clinical decision as far forward in the patient journey as possible
- Through effective clinical leadership, improve consistency of patient assessment, treatment and decision making
- Ensure that patients with life limiting conditions reach their chosen destination as soon as practicable
- Enhance education provision for senior clinical leaders to enable them to best support frontline clinicians, mothers and babies during out of hospital births
- Listening to the views of our patients and stakeholders to improve reliability of care by creating and implementing Always Events (i.e. a set of measurable indicators that should 'always' take place)
- Meet the national and local quality delivery and improvement standards for the Emergency 999, 111 and Patient Transport Services.

9. Formal Statements on Quality

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

- ***Review of Services***

The Trust has reviewed all the data available on the quality of care in the services provided by us in 2017/18. The income generated by the NHS services reviewed in 2017/18 represents 100 per cent of the total income generated from the provision of NHS services by the Trust for the year.

- ***Participation in Clinical Audits***

During 2017/18, 7 national clinical audits and no national confidential enquiries covered NHS services that NWAS NHS Trust provides.

During that period NWAS NHS Trust participated in 100% of national clinical audits (as a provider of information only) and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries NWAS NHS Trust participated in during 2017/18 are as follows;

- ***NHS England Ambulance Quality Indicators***

- Outcome from cardiac arrest
  - Return of Spontaneous Circulation (ROSC)
  - Survival to Discharge
- Outcome from ST-elevation myocardial infarction (STEMI)
- Outcome from Stroke

- ***Other National Clinical Audits***

- Myocardial Infarction National Audit Programme (MINAP)
- Sentinel Stroke National Audit Programme (SSNAP)
- Trauma Audit and Research Network (TARN)
- Out of Hospital Cardiac Arrest Outcomes (OHCAO)

The reports of 3 national clinical audits were reviewed by the provider in 2017/18 and there is no requirement for NWAS to take any further actions to improve the quality of healthcare provided.

The reports of local clinical audits were reviewed by the provider in 2017/18 and NWAS is currently reviewing the actions required to improve the quality of healthcare provided.

- ***Participation in Clinical Research***

NWAS continues to be an organisation that values, supports and promotes the growth of research activity that is aligned to the clinical and strategic aims of the Trust.

The Trust supports staff, students, clinicians and academics by facilitating set-up of their projects and has actively sought opportunities for collaboration to realise its ambition of undertaking high-quality research.

In 2017/18, the Trust's Research & Development Lead was a co-applicant for a National Institute for Health Research (NIHR) grant for a study titled "The Pre-hospital Evaluation of Sensitive Troponin (PRESTO) study".

The successful research bid was developed in collaboration with the University of Manchester, Manchester University NHS Foundation Trust, the University of Lincoln, East Midlands Ambulance Service NHS Trust and the National Ambulance Research Steering Group. The PRESTO study is scheduled to commence during 2018/19.

The following research study, involving the participation of patients receiving NHS services provided or sub-contracted by the Trust, was approved by an NHS research ethics committee and North West Ambulance Service NHS Trust in 2017/18;

IRAS Reference	Study Title	Study Sponsor	NWAS Approval Date
228101	Negation in the Childbearing Continuum: An in-depth exploration of women's narratives	Liverpool John Moores University	08 December 2017

The Trust is committed to building research capacity to bring more opportunities for staff, patients and the public to participate in research. In addition to the R&D Lead, a Research Support Manager has been appointed to work alongside existing support staff including members of the Quality Improvement and Clinical Quality teams, the Library and Knowledge Service and grant-funded research paramedics. Collectively, the team will help embed research within the organisation.

- ***Use of the CQUIN Payment Framework***

A proportion of NWAS NHS Trust non recurrent income in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between NWAS NHS Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework (CQUIN).

A number of CQUIN initiatives were incorporated into the Paramedic Emergency, NHS 111 and Patient Transport Services. These initiatives were supported with funding approved by the Trust's Commissioners, which allowed the Trust to commit time and investment into the following crucial areas;

- ***Trust Wide Schemes:***

Staff Health and Well-being scheme in line with national guidance, of which there are 3 main areas:

- Staff healthy & well-being which utilises the staff survey results as a measure
- Increased flu vaccinations
- Increased access to Healthy food.

- ***Paramedic Emergency Service (PES)/111 Schemes:***

It was agreed that the focus of these initiatives would be to support the Trust Transformation programme; facilitating the five principles that support our strategic direction of ensuring patients receive treatment as early as possible in their journey.

Several initiatives focused on reducing conveyance to Emergency Departments and in increasing the use of suitable alternative.

These initiatives included the further develop of the healthcare professional bureau, inter- facility transfers and clinicians within our clinical hub and all initiatives contribute to the increase in Hear & Treat and See & Treat and the reduction of the conveyance of patients to an Emergency Department.

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

The Patient Transport Service initiatives focus on prevention by providing access to the local health information and training staff to raise concerns. PTS has also looked at how its resources can be used to support PES when an emergency vehicle does not have to be used.

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

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

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

NWAS NHS Trust did not submit records during 2017/18 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. This requirement does not apply to ambulance trusts.

- ***Information Governance Toolkit attainment levels***

NWAS NHS Trust Information Governance Assessment Report score overall score for 2017/18 was 72% and was graded as Level 2 compliant.

- ***Clinical coding error rate***

NWAS NHS Trust was not subject to the Payment by Results clinical coding audit during 2017/18 by the Audit Commission.

11. Commissioner, Healthwatch and Health Scrutiny Committee Statements

11.1 Commissioners

Introduction

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

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

Blackpool CCG, as lead commissioner on behalf of the constituent 31 North West CCGs, welcomes the opportunity to review and support the 2017/18 NWAS Quality Account and this statement is made on behalf of the North West Strategic Partnership Board (SPB) representing the North West Commissioners.

To the best of our knowledge the information presented in the Quality Account is an accurate reflection of the work undertaken by NWAS in 2017/18 to improve the quality of the services it provides.

2017/18 Summary

Commissioners acknowledge that 2017/18 has been a challenging year for performance due to the implementation of ARP. We have worked collaboratively with NWAS on the development of 2017/18 Commissioning for Quality and Innovation (CQUIN) schemes which were around transformation and improvement in non-conveyance.

The schemes delivered quality improvements, improved outcomes for patients, encouraged collaboration across different providers and improved the working lives of NHS staff. A number of the CQUIN initiatives also enabled NWAS to increase the number of patients managed closer to home without unnecessary conveyance to an Emergency Department and should be commended.

During the year, however, there was significant additional pressure to deliver service performance which affected not only NWAS, but the wider Urgent and Emergency Care system. How this affected the NWAS service lines is explained in more detail below. The result was that Commissioners worked closely with NWAS to support plans during the year to recover performance and, more importantly, undertook the development of a robust collaborative framework that will deliver new models of care and transformational change over the course of the coming year.

2017/18 Key Priorities for Commissioners

Key commissioning priorities that were identified for 2017/18 are set out below and the Quality Account provides an overview of progress against these priorities:

- Reviewing new and existing targets to improve Hear & Treat, See & Treat, and to reduce conveyance as part of the two year transformation programme and supporting implementation of the Five Year Forward View and the Integrated Urgent Care specification
- Developing virtual partnerships and interoperability solutions with other providers to manage lower acuity calls across both 999 and 111 services

- The transformation programme is to ensure that the requirements of the Five Year Forward View are delivered and implementation is supported by CQUIN
- Reviewing significant improvements in performance for high acuity Category 1 (C1) and 2 (C2) responses
- Looking to NWAS to reduce the number of long waits for patients awaiting a 999 response
- Reviewing sustained improvements in performance against NHS 111 KPIs and quality indicators
- Reviewing continued good performance against the KPIs and quality indicators contained within the NHS 111 and PTS contracts
- Reducing clinical risk in 999 Control and Triage environment
- Supporting Clinical Assessment Services (CAS) to facilitate earlier clinical input to calls to ensure the patient receives the most suitable clinical outcome, including alternatives to 999 and Emergency Department attendance where clinically appropriate, via both the 999 and NHS 111 Services
- Supporting NWAS in their aspirations to:
  - Treat patients with sepsis as early in their pathway as possible
  - Establish an effective out of hospital screening tool for falls and frailty o Develop a responsive triage system, ensuring those experiencing an acute exacerbation of a diagnosed mental health episode can access the right care at the right time
  - Reduce sharps incidents and promote good infection prevention and control practices
  - Improve the consistency, timeliness and effectiveness of Serious Incident (SI) investigation and implementation of subsequent learning

Paramedic Emergency Service (PES)

Throughout 2017/18, Commissioners have continued to work with NWAS to understand and mitigate the continued high levels of activity presenting to the 999 service.

During 2017/18 the National Ambulance Response Programme (ARP) was launched and adopted by NWAS during August 2018. Considerable restructuring of NWAS' internal data warehouses was undertaken in order to adjust to the revised ARP standards.

During 2017/18 NWAS needed to deliver much improved performance at C1 and C2 and reduce the long waits particularly under C2. Performance at Category 3 (C3) and 4 (C4) that had slipped in January as focus was on improvements in C1 and C2 had improved during March, but was still poorer than August's initial ARP response times.

Where possible, NWAS continue to manage lower acuity patients through Hear & Treat and See & Treat, thus retaining ambulance capacity to respond to those patients most in need of an emergency response.

National comparator data on ARP standards was published for the first time in January 2018. This data showed that NWAS was consistently one of the most challenged Trusts with regard to C1 and C2 being placed at 6th and 7th positions out of ten nationally, but has showed continuous improvement since January 2018. NWAS are also low mid-table for C3 and C4 90th Centiles nationally.

Following the publication of this data showing NWAS' performance against the key targets NWAS were tasked jointly by NHS England and NHS Improvement to develop a clear Performance

Improvement Plan (PIP) to immediately improve performance. The PIP has been agreed by Commissioners and is now being monitored as part of the agreed assurance processes through the lead commissioning team with oversight from the SPB, NHS England and NHS Improvement.

To ensure that the PES service remains resilient and sustainable, the Ambulance Commissioning Team continue to work with NWAS in reviewing performance at a North West, County and CCG levels. Performance is discussed in detail at weekly performance meetings held with the Ambulance Commissioning Team and NWAS and at the monthly NWAS Contract review meeting, whilst daily performance is also reviewed.

As part of the PIP, delivery of NWAS transformation of PES remains key to ensuring long term sustainable improvement. This is clearly recognised by SPB and we continue to work in partnership with NWAS to improve both performance and related transformation plans to ensure future sustainability of the service.

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

NHS 111 Service

Commissioners continue to work with NWAS to develop and align the IUC specification requirements (e.g. direct booking, validation of high acuity outcomes and NHS 111 online).

Increased performance pressures were evident over winter and continued into January and February. NWAS have produced a PIP to deliver performance within the standards by June 2018 following the issue of a Contract Performance Notice by Commissioners on 1st March 2018.

This provides clear actions and trajectories for improvement, which can be clearly understood and are being closely monitored and reviewed through regular performance meetings.

Additional staff were recruited during 2017/18 and a review of staffing rotas, and the introduction of homeworking, undertaken to better enable the workforce to flex to changing demand profiles.

Patient Transport Service (PTS)

NWAS continued to manage the PTS contracts for Greater Manchester, Cumbria, Merseyside and Lancashire. Performance across the four contracts held by NWAS has been generally good, with the exception of the contract for Greater Manchester, where work is jointly taking place to address performance issues.

Collaborative Working to deliver Transformational Change

The strategic direction set out in the Five Year Forward View and the Urgent and Emergency Care Review, is that Urgent and Emergency Care (UEC) services are configured to deliver care for patients with urgent care needs closer to home rather than in a hospital (Emergency Department or inpatient) setting.

Over the course of 2016/17, Commissioners worked with NWAS to develop the framework to deliver considered clinical decisions as early in the patient journey as possible, rather than simply delivering a response that assesses that patient 'at scene'. This work continued in 2017/18 and was supported through the two year CQUIN schemes where the funding for the PES and NHS 111 schemes was pooled to deliver the Integrated Urgent Care (IUC) agenda. Thus enabling the most appropriate response to patients at the right time with fewer numbers of patients being taken to hospital where a safe appropriate response can be delivered in other ways.

Transformation – New Models of Clinical Assessment Service (CAS)

The delivery of CAS is major part of achieving the recommendations within NHS England's IUC specification. Across the North West, Advanced Patient Assessment Services (APAS – the local terminology for CAS) are established as part of the CAS which were developed through joint working with existing GP Out of Hours Providers.

APAS has enabled patients to be referred for further enhanced clinical triage by a GP, or other experienced clinician, following initial triage by NHS 111, where the patient would otherwise have been directed to ED.

Commissioners are pleased that APAS is operating across the North West with virtually all of the region's population potentially able to access enhanced triage following a call with NHS 111 call that reaches one of the included outcomes.

Commissioning for Quality and Innovation (CQUIN)

The 2017/18 CQUIN schemes were agreed with NWAS to deliver performance gains on the contracts and were focused on the following areas:

1. PES:

a. Engaging health care professionals to reduce the number of PES requests
b. Working with care homes to reduce the number of frail and elderly patients being unnecessarily conveyed to hospital
c. Increasing the proportion of Hear & Treat and See & Treat to reduce conveyance d. Ensuring that CAS manage patients with a resource that is commensurate with their clinical presentation

2. 111:

a. Increasing the percentage of calls transferred to a clinician when a patient contacts 111
b. Better support for self-care patients
c. Enabling dedicated access for healthcare professionals
d. Referring on to an appropriate point of care when necessary

3. PTS:

a. Preventing avoidable attendances and admissions to treatment centre and to increase the use of PTS by supporting the transport of non-PES activity

Significant progress has been made in the 2017/18 CQUIN components and work will continue into 2018/19 on expansion of the schemes to facilitate transformational change of the services.

CQUIN schemes for 2018/19 have been agreed which build on the progress in 2017/18 which focus on increasing Hear & Treat and See & Treat, reducing conveyance, supporting IUC integration.

Indicators for Quality: Serious Incidents Reporting

Through the Quality and Safety Group and Regional Clinical Quality Assurance Committee, Commissioners routinely monitor the number of SI received across each of the service lines, the themes and trends of these incidents, the investigation findings and action plans and Duty of Candour delivery by NWAS. Both groups also ensure that NWAS respond and act on identified themes and that actions are implemented to improve the service and patient safety following issues identified.

SI oversight is provided at the SPB and the SI Development Group as part of the monitoring of SIs in the PIP.
Commissioners continue to work with NWAS to streamline the notification, investigation and reporting procedures for each of the service lines, and to improve timeliness and consistency.

2018/19 Commissioning Priorities

For 2018/19, NWAS describe their intention to be "the best ambulance service in the UK", providing the Right Care, at the Right Time, and in the Right Place. Commissioners fully support this view and have the same aspirations to commission services from NWAS for PES, NHS 111 and PTS that are outstanding, deliver consistently good quality and performance, and provide the best possible patient care.

In 2018/19, Commissioners will be:

- Supporting delivery of sustained transformation to implement the PIP and deliver ARP targets by September 2018 as nationally required and ensure continuous impact across all ARP targets
- Seeking sustained improvements in performance of call pick up times for the 999 service
- Seeking sustained improvements in performance against NHS 111 and PTS KPIs and quality indicators
- Seeking sustained performance against the new Ambulance Quality Indicators
- Seeking sustained improvements in the way that complaints are responded to
- Supporting delivery changes to the workforce delivery models as part of ARP implementation to ensure future sustainability of NWAS by managing lower acuity calls by enhancing clinical triage and onward referral to other providers in agreed clinical hubs
- Ensure single assessment services are delivered as part of local IUC delivery plans
- Supporting NWAS in their aspirations to deliver on the PIP by collaboratively working with other commissioners to ensure a reduction in ED handover and turnaround times to the 30 minute standard
- Work with STPs, devolution in Greater Manchester and CCGs to support the local urgent care integration plans

Commissioners will continue to support NWAS to transform delivery of services, moving to new operational models for service delivery with a workforce that supports new ways of working such as implementing IUC and Five Year Forward View requirements and NHS 111 online by July 2018.

We also look forward to seeing further improvement of outcomes in relation to training, recruitment, appraisals, complaints and the management of SIs across NWAS.

In Summary

Commissioners recognise that 2017/18 has presented a number of challenges to NWAS that have impacted on the performance delivered by the service lines.

NWAS has delivered a significant number of improvements over the course of 2017/18 in terms of managing activity and demand and improving the experience of patients, alongside the delivery of CQUIN schemes.

Commissioners are looking forward to working with NWAS on the developments planned for 2018/19 to deliver transformational change as outline in the quality account and new ways of working that will enhance the delivery of sustainable, responsive services.

11.2 Healthwatch

- **Healthwatch Rochdale**

Healthwatch Rochdale confirms receipt of North West Ambulance Service NHS Trust annual quality accounts 2017/2018. Healthwatch Rochdale have noted the contents of the report and have no further comments to make.

Kate Jones – CEO

- **Healthwatch Cumbria**

Introduction:

Healthwatch Cumbria is pleased to be able to submit the following considered response to North West Ambulance Service NHS Trust's Quality Accounts Report for 2017-18.

Part 1: Statement on quality from the Chief Executive

A succinct introduction to the Quality Account, informative summary of the core services and support service functions, it is gratifying to see the appreciation of the contribution made by staff and volunteers who support the service.

Part 2: Priorities for improvement and statements of assurance from the Board of Directors

Progress against 2017/18 priorities for improvement

We liked the additional initiatives introduced to improve the Category A response times and reduce delays across all categories of calls which support the aim of providing the right care at the right time at the right place. Particularly noteworthy are:

The employment of mental health practitioners within the Emergency Operation Centres and the progress made within the triage system to ensure that people experiencing exacerbation of a diagnosed mental health episode can access appropriate and timely care.

The use of Community Specialist Paramedics and their incorporation into locations across the region.

The improvements to the 'Hear and Treat' which combined with the 'See and Treat' has reduced the need for fewer patients to be conveyed.

The establishment of processes to reduce the impact of serious infection, particularly Sepsis and the identification of frailty reflecting the needs of an aging population, reducing falls for example.

We welcome the fact that the Trust has conducted a thorough review of their approach to Mental Capacity legislation and made improvements both in the implementation and recording of consent and capacity in accordance with the Mental Capacity Act 2005, of particular importance given that capacity is time and issue specific and can change according to circumstance.

We mention earlier the acknowledgement of the contribution of staff and it is therefore good to see actions to maintain their well-being put into practice.

The continued development and improvement of quality outcomes aligning to the Care Quality Commission criteria is well described. Considering the range of services provided overall by the Trust the narrative is appropriately descriptive and the reporting meaningful.

We note the priorities for in 2018-19 and welcome the fact that the key quality improvements were agreed in consultation with both stakeholders and Commissioners and Healthwatch Cumbria would support these as listed.

Intelligence received by Healthwatch Cumbria supports the facts as described and in respect of the narrative the clear subject by subject statement of existing situation followed by proposed improvement makes it a very understandable document.
Sue Stevenson - Chief Operating Officer

- **Healthwatch Bury**

Thank you for the report I have no additional comments to add.
Joanne Horrocks - Chief Officer

11.3 Health Scrutiny Committees

- **Blackpool Adult Social Care and Health Scrutiny Committee**

Blackpool Adult Social Care and Health Scrutiny Committee welcome the opportunity to comment on North West Ambulance Service's (NWAS) Quality Accounts (QA) which Members found interesting to read, a practical length and easy-to-follow. This format is commended given that any patients, public and staff would also be able to understand the content.

The clear vision and strategy supported by proportionate organisational change is welcome. The ambition to be 'the best ambulance service in the UK' is bold but the focus needs to be on good performance/improvement across all areas not just specific areas. Benchmarking with the other eleven trusts, as outlined in the Quality Trusts, scores the Trust fairly highly for some work but quite low for other areas. For that ambition to be achieved some detailed benchmarking might be needed but a good focus would be to work closely with other services as a network to identify, share and develop good practice.

It is recognised that the Ambulance Service covers a huge terrain across the North West with one co-ordinating commissioner, Blackpool Clinical Commissioning Group. Whilst it would be difficult to cover quality of services for all geographic areas within the North West, it may still be informative to highlight the one or two key strengths/weaknesses/challenges for each area (in a colour coded regional map or table) or at least the most common trends/issues across areas. Major plans in the pipeline may also be of interest.
Members recognise that the Ambulance Service is operating in a high pressure, challenging environment which is also faced by partners such as acute trusts. Some of the issues such as ambulance handover times and shortage of beds ('bed blocking') may impact upon the Service and its partners.

Key performance indicators
Members have maintained an interest in the Service's regular six-monthly performance monitoring reports from Blackpool Clinical Commissioning Group (CCG). Whilst the targets for ambulance response times (for emergency and other categories) have been understood to have been better than the national average and other ambulance services, this still needs to remain a priority. Performance has not risen and there has been a large amount of variance with some quite low performance. It is understood from CCG performance reports that the Government was temporarily relaxing targets and new targets would be issued. Any news on this would be welcome.

Preventing, and learning from, serious incidents
The approach to learning from, and preventing further, serious incidents is commended. Members noted in its Quality Accounts, that Blackpool Teaching Hospitals use a smart 'seven minute briefing' aid for busy staff which may be worth the Ambulance Service also considering.
However, Members were concerned that, notwithstanding the lessons learnt, serious incidents had increased by 100% (44 serious incidents recorded). It may be worth evaluating how much positive impact training and lessons learnt have on actual outcomes (this concept could apply more widely than serious incidents), e.g. whether incidents reduce or if other options need consideration. Furthermore, whether there is effective real-time monitoring (real-time) of patients.

It is good that the Trust is proactively opting to use mortality guidance, which other health service providers are required to use, to reduce the number of preventable deaths. Alongside this using an independent peer review approach is welcome.

Service transformation / working in partnership
Quality performance needs to include continuing to plan ahead and work closely with acute trusts to manage demand and reduce/eliminate delays particularly those impacting upon ambulance handover times. Whilst there is a range of transformation being pursued by the health sector to offset and manage demand, risks of falling short of targets continue especially over winter periods.

Members noted that the 'hear and treat' and 'see and treat' initiatives, involving discussing patient needs when they call or when they are being transported by ambulance, had been successful in reducing admissions to hospital. However, it would be useful to know if this pattern was mirrored across the region or only in some pockets. The 'acute visiting schemes' to direct people towards primary care is also welcome. Members noted that these various initiatives involved staff from different health bodies and wondered if there might be room to bring staff closer together under one 'roof' or work for the same organisation. Members welcomed the 'ambulance liaison officers' initiative to help reduce handover times.

Effective staffing

It is good that staff are valued and it is hoped that staff support remains a priority. However, at previous Scrutiny meetings, Members have noted headlines from staff survey articles in local media that they are operating under mounting pressure. Whilst some assurance was given at the meeting, Members were not convinced and concerns remained on negative impact. However, there is concern that less of them feel confident that there is sufficient capacity. It is the Committee's view that sufficient resources and support are required to avoid human error due to workload. It is hoped that the organisation restructure, which has been impressive with reduced paramedic vacancies and reduced reliance on agency staff, will provide more robust staffing to support patients' needs.

Members welcomed the recognition given to volunteers by the Chief Executive.

Innovation

More information on innovation would be welcome. Members were aware of simple, low cost measures which the Service promoted, e.g. offering elderly people comfortable slippers with very good grip. This type of value for money investment could help offset the costs of treating someone who has fallen and free up some resource, e.g. bed space. The wider work on frailty and falls is commendable along with the education and training to support the work.

Members noted that a nursing home 'path-finder' tool had been developed, more information on direct working with care homes would be of interest, given that that environment is a significant source of falls and other ambulance service call-outs. The work to support the police was a good partnership approach.

The work to identify and support people with mental health needs, rather than landing in accident and emergency, was welcome. Likewise the increased focus on community working was welcome and encouraging staff to make referrals to the central hub if wider needs were identified for people.

Promoting non-emergency options

The Committee noted that calls to the non-emergency 111 service had increased later in daytimes due to people not being able to easily access primary care. The Committee has in its work programme the opportunity to look at GP appointments.

Members did wonder whether there was potential for the Service to further enhance any education / awareness work it currently undertakes, notwithstanding increasing pressures and limited staff time, an effective initiative could support public learning and further help prevent unnecessary call-outs as well as attract diverse people to the profession.

Patients' voice

On another note it would be interesting to see how patients' feedback is received and how they are involved with developing future service provision given that many people will have ad-hoc experience which may be an emergency call-out where they are not fit to immediately comment. Members noted that the 'Friends and Family' recommendations test had resulted in above target performance but the targets seem quite low.

Members have welcomed the opportunities for regular in-year engagement with NWAS (and the CCG as lead commissioner of the Ambulance Service). Finally, the Committee wishes to thank the Trust's staff, management and volunteers for their efforts and looks forward to continuing to work constructively with NWAS for the benefit of patients.

Councillor Jim Hobson (Chairman), on behalf of the Blackpool Adult Social Care and Health Scrutiny Committee

- **Cheshire West and Chester Council People Overview and Scrutiny Committee**

i. The Committee welcomes the opportunity to comment on the Quality Account but would have liked more time for the preparation and agreement of a fully considered and meaningful response.
ii. The Account is a useful oversight of the operation of an important service, its activities, performance headlines and priorities.
iii. We note and welcome the focus on certain activity areas which are common priorities with the Local Authority and other partners. These include the work in mental health awareness for emergency operations centre, transport and paramedic staff; infection control; safeguarding training; and falls. We would value greater information and collaboration with the council's services over these and in other areas of common interest.
iv. We very much welcome the introduction of screening tools in high profile areas of need such as sepsis and the prevention of falls.
v. The Committee recognises the candid approach in acknowledging areas where performance needs to be improved. Concerns remain though at the adequacy of emergency response times which seem to be some 10% adrift of target figures and what seems to be a dip over last year in 999 pick-up times. The council will be interested to see if the Trust's improvement actions are successful, especially in view of the rise in the volume of emergency calls.
vi. It is pleasing to see the NWAS steady performance in respect of stroke patient outcomes, which is above the national average and range. The committee will be interested to see if this is maintained when the post December 2017 data is published nationally.
vii. The Committee would like to be re-assured that the concentration on "hear and treat" and "see and treat" are seen in the context of adding value to the Service and not as alternatives to cover for lack of resources. The service needs to bear in mind the stress that individuals and families are under at times of medical emergency and their views (and those of Healthwatch) on the effect of these initiatives should be gathered and published.
viii. We are supportive of the Trust's 2018/19 priorities for improvement and would encourage that there is closer working with local authorities and other partners in their implementation and future development. As part of this we would advocate that the Quality Account contains a statement from the respective Health and Wellbeing Boards and that due time is allowed for their consideration of the draft. It would be helpful if local authority partners could have a designated liaison in the NWAS which can act as a channel for collaboration and raising issues.

ix. Given the impact of the NWAS on the residents of Cheshire West and Chester and the limited of time to comment on the current draft Account, the Committee would like to see the Trust in attendance at a future meeting of the council's People Overview and Scrutiny Committee to discuss the operation of the NWAS in more detail.

Councillor Val Armstrong, Chair, People Overview and Scrutiny Committee Cheshire West and Chester Council.
Delyth Curtis, Deputy Chief Executive People Cheshire West and Chester Council

- **Cumbria Health Scrutiny Committee**

The Cumbria Health Scrutiny Committee again welcomes the opportunity to comment on the Trust's draft Quality Account for 2017/18, and would like to acknowledge the good working relationship it has with the Trust.

The document is generally well laid out and reasonably straightforward to understand and enables Members to explore the Trust's performance over the year.

A major omission is the lack of dedicated sections on each of the five 'county/metropolitan' areas which NWAS serves. This is something the Committee would like to see addressed in future reports.

Overall, we appreciate the co-operation received and look forward to continuing to work with the Trust during the coming year.
Cllr Claire Driver – Chair

- **Trafford MBC Health Scrutiny Committee**

"Overall the 2017/18 quality account is very positive and I would particularly like to note the excellent level of improvement that NWAS has made since their most recent CQC inspection. However, the Trafford Health Scrutiny Committee continues to be concerned by the low level of performance of NWAS in their response times to emergency calls within the borough. NWAS are still below their target for the number of responses in less than 8 minutes across Trafford and there is no explanation of why this continues to be the case or any proposals for how this will improve. In addition, there appears to have been a recent drop in performance for Pre-existing ST Elevation Patients to the point where it is far below the national average.

The Committee welcome the increase in the levels of reporting and the improvement in the timeliness of investigations. It is promising that there has been an increase the visibility of serious incident information and that NWAS now has a committed team coordinating serious incident investigations and stakeholder communication. The Committee hopes that NWAS will continue to measure the efficacy of these developments so that they can be assured that they are the causes of the improvement in reporting."
Councillor Robert Chilton - Chairman of Trafford MBC Health Scrutiny Committee

Appendix 1: Glossary of Terms

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

Appendix 2: Contact Details

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

We can be contacted at:

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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.