North West Ambulance Service NHS Trust

Inspection report

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related evidence appendix.

Ratings

Overall rating for this trust	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Summary of findings

Background to the trust

North West Ambulance Service NHS Trust was established on 1 July 2006, by the merger of ambulance trusts from Greater Manchester, Cheshire and Merseyside, Cumbria and Lancashire. Trust headquarters are in Bolton, and there are four area offices in Liverpool, Manchester, Carlisle and Preston.

There are 109 ambulance stations across the region, three emergency operations centres, one support centre, two patient transport service control centres, and two hazardous area response team buildings (one shared with Merseyside Fire & Rescue). The Trust operates over 1,000 vehicles on both emergency and non-emergency duties.

Overall summary

Our rating of this trust improved . We rated it as Good 

What this trust does

The North West Ambulance Service NHS Trust provides a 24 hour a day 365 day a year accident and emergency service, to patients in need of emergency medical treatment. Patients treated by this service fall into four categories:

- Patients requiring a high level of clinical care, including those suffering from serve trauma, such as a heart attack.
- Patients who need medical treatment which is less urgent kind, such as broken bones or minor injuries.
- Patients who need care, and minimal medical assistance, such as elderly frail patients who require assistance.
- Patients that require urgent transfer between health care providers.

The trust receives over 1.4 million emergency calls per year, with emergency crews attending to more than 1 million incidents each year, with 815,063 of these requiring emergency transport. The trust undertakes over 1.2 million non-emergency patient transport journeys each year.

The trust also provides non-emergency patient transport services and parts of the NHS 111 service for the North West. The trust's resilience service provides major incident planning and response as a Category 1 provider under the Civil Contingencies Act 2004 (Part 1).

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

Summary of findings

We last inspected this trust in May 2016, at our last inspection the frontline service, Emergency and Urgent Care, was rated as requires improvement. The other major services provided by the trust, the Emergency Operations Centre and Patient Transport Services, were rated as good. Due to our inspection methodology at the time, our findings for the Hazardous Area Response Team were included within the Urgent and Emergency Care report.

At this inspection we inspected three core services urgent and emergency care, emergency operation centres and resilience teams. The emergency and urgent care inspection, and the emergency operations centre inspection was announced 30 minutes before the inspection began. The resilience inspection was undertaken alongside the well-led inspection.

What we found is summarised in the section headed, Is this organisation well-led? The well-led inspection took place between 3 and 5 July 2018.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed is this organisation well-led?

What we found

Overall trust

Our rating of the trust improved. We rated it as good because:

- The trust had an up to date duty of candour policy and procedure. Records we reviewed confirmed that duty of candour was reflected in the trust's duty of candour guidance, policies were cross referenced and the description of incidents that required duty of candour consideration had been updated following our inspection in 2016.
- The service provided safe care and treatment. There were processes and staff followed them to lessen risks to patients, staff and the public.
- Since the inspection in 2016, the trust had undertaken a review of how it responded to risk and how it prepared crews. The trust had strengthened and developed the Paramedic team lead structure to support and advise ambulance crews to recognise a deteriorating patient.
- The trust met the fit and proper person's requirement Regulation 5 of the Health and Social Care Act. This regulation ensures that directors of NHS providers are fit and proper to carry out this important role.
- The trust ensured that there was sufficient staff on duty at all times; including sufficient numbers of clinical supervisors at the individual sites to ensure patient safety.
- Innovation was encouraged and staff were supported to join national improvement groups to influence changes in protocols, processes, equipment and training. There were examples of innovative practice that were being incorporated into national practices.
- Service provision, locations and vehicles, were planned to meet the needs of the local population. This was based on the need to respond to major incidents at government defined sites of strategic importance, major incidents in other areas of the NWAS geographical region and provide mutual aid to neighbouring ambulance trusts in a timely manner.
- We were informed by senior management that staff were debriefed following a serious incident. For example, a serious road traffic collision with multiple victims. This usually took place at a hospital and was known as a 'Hot debrief'. The discussion centre around what went well and what improvements could be made. This was confirmed by operational staff we spoke with across the trust.

However:

Summary of findings

- We found that there was a lack of adequate assurance that ensured an effective process for overseeing and monitoring compliance with infection prevention and control procedures was embedded across the trust.
- Staff in areas of the trust were not always supported to access mandatory training, as defined by the provider as part of their role.
- The trust had medicines policies in place and we viewed the medicines management procedures 2017 to 2019 which also contained the standard operating procedures for the management of all general medicines used by the trust however, we saw issues with patient group directives and conflicting information given to staff on administering certain drugs.

Our full Inspection report summarising what we found and the supporting Evidence appendix containing detailed evidence and data about the trust is available on our website – www.cqc.org.uk/provider/RX7/reports.

Are services safe?

Our rating of safe improved. We rated it as good because:

- The trust had a major incident response plan, which we reviewed. This included; heatwave plan and pandemic plan. Action cards to manage major incident were carried in the ambulances and response cars. The cards gave chronological instructions to each member of staff on what to do and who to communicate with.
- We were informed by senior management that staff were debriefed following a serious incident. For example, a serious road traffic collision with multiple victims. This usually took place at a hospital and was known as a 'Hot debrief'. The discussion centre around what went well and what improvements could be made. This was confirmed by operational staff we spoke with across the trust.
- The trust had an up to date Duty of Candour policy and procedure. Records we reviewed confirmed that duty of candour was reflected in the trust's duty of candour guidance, policies were cross referenced and the description of incidents that required duty of candour consideration had been updated following our inspection in 2016.
- Overall staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

However:

- The corporate risk register showed risks such as national performance targets and financial overspend. One risk for March 2018 showed that the trust had not met national performance targets across the North West due to high demand and acute hospital pressures. Its current risk score was high, with moderate assurance. Senior managers we spoke with, confirmed that they were working on a 'winter pressures' plan and that this was being undertaken as part of multidisciplinary work with receiving trusts across the trust area.
- During the inspection, we raised the concerns we had identified regarding infection control procedures with the trust and requested assurance that improvements would be made. The trust provided us with evidence that action had been taken and was being monitored to ensure sustained improvement and adherence to standards.
- Since the 2016 inspection the trust had made progress in managing safeguarding issues but we found that that there were areas across the trust where safeguarding was not always fully understood. For example, on one patient record we looked at, staff had recorded the patient was living with Alzheimer's and wouldn't drink. We noted that staff had ticked that the patient had capacity and we found no consideration of best interest for the patient.
- The trust had medicines policies in place and we viewed the medicines management procedures 2017 to 2019, which also contained the standard operating procedures for the management of all general medicines used by the trust but we saw issues with patient group directives and conflicting information given to staff on administering certain drugs.

Summary of findings

- We observed failure to follow infection prevention and control procedures on a number of emergency ambulances. This meant that not all was being done to protect patients from avoidable harm. We also found that there was a lack of adequate assurance that there was an effective process for overseeing and monitoring compliance with infection prevention and control procedures, across the regions.

Are services effective?

Our rating of effective stayed the same. We rated it as good because:

- The service provided safe care and treatment. There were processes and staff followed them to lessen risks to patients, staff and the public.
- The trust used the national early warning scores which determined the degree of illness of a patient and prompts critical care intervention.
- Staff worked in a multidisciplinary way to benefit patients. Paramedics, clinical support staff, emergency medical technicians and other healthcare professionals supported each other to provide good care.
- Services monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The trust undertook audits to monitor and benchmark performance or review patient outcomes to monitor effectiveness of care at the time of inspection.
- The services provided care and treatment based on national guidance and evidence of its effectiveness. Managers in most areas, checked to make sure staff followed guidance.
- Staff appraisal rates had improved since the last inspection but not to the expected levels in all areas we inspected.
- There were a number of initiatives to try and reduce the number of patients requiring emergency transfer to hospital.
- Managers appraised staff's work performance to provide support and monitor the effectiveness of the service.

However:

- We found variable knowledge of staff in relation to the implementation of the Mental Capacity Act 2005.
- The trust failed to reach the national quality standard for calls answered within 5 seconds, for 2017 to 2018.

Are services caring?

Our rating of caring stayed the same. We rated it as good because:

- Staff provided emotional support to patients to minimise their distress. We listened in on calls and noted staff reassuring patients who were anxious or upset. We noted that staff offered specialist support this was needed.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- During our inspection the staff consistently demonstrated compassion, kindness and respect towards callers and patients, including one caller who was in mental health crisis.
- We noted that staff had a good rapport with their patients and those close to them.
- Were possible staff involved patients and those close to them in decisions about their care and treatment.
- Patients and relatives told us staff had explained things in a way they could understand.

Summary of findings

Are services responsive?

Our rating of responsive stayed the same. We rated it as good because:

- The service had long and short-term plans in place to ensure staffing levels were sufficient to meet anticipated demand for the service.
- The trust engaged with the lead Clinical Commissioning Group to review performance and agree strategies to improve.
- Action was taken to improve service delivery where gaps were identified. The trust had implemented several pilot schemes to try and improve the patient experience.
- There was a comprehensive complaints system and all complaints were risk assessed and investigated appropriately.
- Care and treatment was coordinated with other services and other providers. There was collaboration with partners to improve urgent care pathways and turnaround times.
- There were systems to support patients to manage their own health and to signpost them to alternative services where they could access more appropriate care and treatment, for example GP surgeries and walk-in centres.
- The trust provided a leaflet with information about making a formal complaint. This included clear information on how to complain, as well as details of local advocacy services available to support patients and carers make a formal complaint. Staff confirmed that leaflets were available on ambulances. Information on how to make a complaint was clearly displayed on the trust website.

However:

- Turnaround times in accident and emergency departments remained an issue for the trust.

Are services well-led?

Our rating of well-led improved. We rated it as good because:

- The provider had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff. The mission statement was: “The Right Care, at the Right Time and in the Right Place.”
- Leadership team acknowledged the need to expand the current team; measures were in place to develop mangers into deputy positions. A training gap analysis had identified, the need for further training, accredited training packages were available to staff who wanted to progress into a management position.
- Board development sessions were an integral part of the workforce policy/strategy, this was in readiness for succession planning and ensuring senior managers had a development pathway, should they consider an executive role.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The trust gathered feedback from a range of different patient groups using innovative methods including a patient engagement group. Feedback from significant events, internal and external incidents, health professionals and comments and complaints were used to push improvements.
- Processes for investigating serious incident had improved since the last inspection; they were now linked to the national serious incident framework. The introduction of weekly “review of serious incidents” meetings meant serious incidents had become more visible to the board and reports supported learning.

Summary of findings

- Senior management representatives from different divisions attended monthly sub committees to discuss performance, risk, safety and quality in their area. Dashboards displaying this information acted as operational summaries. These were presented at the workforce committee and concerns were fed up to the board.

However:

- There were variations in the culture both across the trust and within regions. Staff in most areas told us they felt very positive about the culture, but in some areas, staff said they felt there was a high degree of pressure and that focus was on performance targets rather than patient care.
- Senior management recognised that there was a large variation of how managers collected and processed performance data across the region. Staff worked in different ways to capture information; this was not always consistent and did not always highlight poor practice effectively.

Ratings tables

The ratings tables in the report show the ratings overall and for each key question, for each service and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice

We found outstanding practice as part of our inspection. See below for details.

Areas for improvement

We found things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice

- We reviewed copies of Clear Vision' which is a quarterly paper covering clear leadership, education, accountability and responsibility (Clear), produced by the trust for staff, which was distributed by email.
- The trust had introduced the health and wellbeing microsites, through the health and wellbeing programme "invest in yourself".
- We observed community paramedics were involved work which was outstanding. They worked as members of a multidisciplinary team with community nurses, mental health nurses, teachers and in care homes, with the needs of the community at the forefront. The initiatives staff were involved in ranged from helping mental health patients combat fears of medical procedures and medical assistance, to preventative measures aimed at reducing the number of admittances to emergency departments by care home residents, by assessing their needs prior to deterioration.

Resilience

- There was an inspiring, supporting and caring culture within the HART service that was led by the HART managers, with all members of the team feeling highly valued.

Summary of findings

- The HART and resilience service had developed highly effective working relationships with partner agencies. They had taken a lead in regular joint working days with the local resilience forums. This supported the development of shared processes across the region to improve the resilience of services for the local populations.
- There were examples of innovative practice, which were being incorporated into national practices.

Areas for improvement

Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Trust-wide

- The inspection team were not assured that the board assurance framework provided a framework for strategic direction. The trust should continue to work to revise the board assurance framework so that it can be used to underpin strategic objectives.
- The trust should work towards making sure governance structures operate effectively across all the trust services and locations.
- The trust board should continue to look at improving the patient experience and the time it took staff to convey patients to the right place.
- The trust should standardise and improve regional variations in culture across its footprint.
- The trust should update and complete the workforce race equality standard action plan 2017 to 2018 in a timely manner.
- The trust should put effective systems in place so that any increase in the workload of the complaints team, can be managed effectively. Plans should be put in place as promptly as possible to resolve this matter.
- The trust should support staff to access mandatory training, as defined by the provider as part of their role.

Emergency and urgent care

- The provider should decide on a clear preferred system of audit which will be completed by ambulance crews so that equipment and vehicle checks are undertaken across all its sites.
- The provider should match its patient group directions with relevant national medicines management guidelines so that conflicting information is not given to ambulance crews about the administering of drugs across its services.
- The provider should disseminate up to date national guidelines to its crews across all services use so that ambulance crew practice continues to be relevant and up to date.
- The provider should review its ambulance crew mix so that crews comprise of grade one and two emergency medical technicians and paramedics when required.
- The provider should make sure that all vehicles have a multi-lingual emergency phrase book on board and ensure that it is used on a needs base.
- The provider should continue to review its average arrival to handover time with other partners to ensure ambulances transfer patients to hospital trusts in the best possible time frame.

Summary of findings

Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

We rated well-led at the trust as Good because:

- The leadership, governance and culture supported the delivery of high quality person-centred care across the trust services inspected.
- The trust was prepared to meet the fit and proper person's requirement of the Health and Social Care Act. This regulation ensures that directors of NHS providers are fit and proper to carry out this important role.
- The trust had a vision for what it wanted to achieve and there was evidence of a strategy and workable plans to make improvements.
- The board assurance framework was reviewed by executive leads and non-executive directors through governance meetings, on a regular basis
- There was an effective approach to monitoring or providing evidence of progress against delivery of the strategy or plans on a regular basis.
- Risks were dealt with appropriately across trust services and the risk management approach was consistently applied at management level.
- There was a strong culture of leadership which was apparent throughout the executive group.
- There was a focus on continuous learning and improvement at all management levels within the trust, including the innovative and effective use of pilot schemes to improve the service.
- The risk registers across the trust showed that risks had been identified and controls put in place to mitigate the level of risk.
- Assurance systems were in place, we found that these were applied across the trust services we inspected.
- Senior management had recognised that culture within some areas of the trust required improvement and had plans in place to ensure improvement.
- We found a positive overall culture which centred on the needs of people who used the service.
- The executive board and senior management acknowledged there was now a well-defined framework for quality improvement but this had not been embedded yet. The appointment of the director of innovation and quality had accelerated work to improve processes and strategies.

However:

- There was a governance structure in place; however we found that the arrangements did not always operate effectively across all trust services and locations we inspected.
- The inspection team were not assured the board assurance framework provided a framework for strategic direction. The board assurance framework was being revised so that it could be used to underpin strategic objectives.

Ratings tables

Key to tables					
Ratings	**Not rated**	**Inadequate**	**Requires improvement**	**Good**	**Outstanding**
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	➔➔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↑ Nov 2018	Good ➔➔ Nov 2018	Good ➔➔ Nov 2018	Good ➔➔ Nov 2018	Good ↑ Nov 2018	Good ↑ Nov 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Ratings for ambulance services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good ↑ Nov 2018	Good ↑ Nov 2018	Good →← Nov 2018	Good ↑ Nov 2018	Good ↑ Nov 2018	Good ↑ Nov 2018
Patient transport services	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Requires improvement Jan 2017	Good Jan 2017
Emergency operations centre	Good ↑ Nov 2018	Good →← Nov 2018	Good →← Nov 2018	Good →← Nov 2018	Good →← Nov 2018	Good →← Nov 2018
Resilience	Good Nov 2018	Good Nov 2018	Not rated	Good Nov 2018	Good Nov 2018	Good Nov 2018
Overall	Good ↑ Nov 2018	Good →← Nov 2018	Good →← Nov 2018	Good →← Nov 2018	Good ↑ Nov 2018	Good ↑ Nov 2018

Overall ratings are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Emergency and urgent care

Good ↑

Key facts and figures

The North-West Ambulance Service (NWAS) NHS trust was established on 1 July 2006, by the merger of ambulance trusts from Greater Manchester, Cheshire and Merseyside, Cumbria and Lancashire.

The service has its headquarters in Bolton and has four satellite main area offices which are based in Liverpool (Cheshire and Merseyside), Manchester (Greater Manchester) Carlisle in Cumbria and Preston in Lancashire.

The service has 109 ambulance stations which are either stand alone or shared with Fire and Rescue. NWAS also has, three emergency operations centres (EOC's), one support centre, three patient transport service control centres and two hazardous area response teams. NWAS operate more than 1000 vehicles.

In addition to this, NWAS also provide, along with Urgent Care and Out of Hours (OOH) partners, the NHS 111 service for the North West.

NWAS receive over 1.4 million emergency calls per year, with emergency crews attending to more than 1 million incidents each year, with 815,063 of these requiring emergency transport. NWAS undertake over 1.2 million non-emergency patient transport journeys each year.

As part of the inspection we visited 15 NWAS ambulance stations in Greater Manchester, Merseyside, Cumbria and Lancashire. The stations, including the garages and equipment storage areas.

Summary of this service

Our rating of this service improved. We rated it as good because:

- The service had a good network of staff who were adequately trained in safeguarding processes.
- Staff told us they were always given time to make safeguarding referrals and were stood down to allow them to complete referrals.
- We found good levels of cleanliness, hygiene and infection prevention and control (IPC) in NWAS ambulance stations and ambulances.
- Ambulance crews had up to date satellite navigations and communication systems in their vehicles to guide crews to patient pickups and incidents.
- The service had undertaken a full review of how it responded to risk and how it prepared crews. As well as using up to date clinical guidelines it has also developed new staffing structures in ambulance teams which provide support in responding to risk.
- The trust had reviewed its staffing structure after our last inspection in 2016. In that inspection we found concerns about staffing mix as well as staffing capacity. We found significant steps had been taken to address shortfalls.
- The trust had introduced new line management structures which had added Senior Paramedic Team Leaders (SPTLs) to support and advise ambulance crews.
- Governance staff including a Clinical Quality Officer and a Corporate Consultant Paramedic ensure best practice is incorporated into staff and service guidelines.

Emergency and urgent care

- Paramedics and emergency medical technicians had their driving licences checked annually by the trust. The Trust had a process in place to deliver required blue light driver check testing.

Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- Completion rates for mandatory training were positive. The highest at 94% and the lowest standing at 70%. The trust reported that more than double the number of eligible staff completed the e-learning training.
- Staff had access to a safeguarding policy which was in date and available to all staff via the intranet. The Safeguarding Vulnerable Persons (SVP) policy was formally updated every two years.
- Safeguarding training rates were high at 94%. Staff told us they felt competent in safeguarding and knew how to refer a safeguarding issue to protect adults and children from suspected abuse.
- The trust had an infection, prevention and control policy that was available to all staff via the provider's intranet page and the policy was up to date and the staff knew of it.
- Cleaning equipment in ambulance stations was seen to be colour coded and clearly marked as to the area that it was to be used for cleaning.
- During inspection we undertook 33 spot checks on ambulances across all the trusts localities in conjunction with their crew members, we found no vital items of equipment missing or understocked on ambulances.
- The ambulances across urgent and emergency services were generally well equipped and well stocked with equipment and had a variety of specialised equipment used to treat children.
- We found that ambulance crews were supported to recognise and treat a deteriorating patient.

However:

- We found the completion of vehicle checks in the books by the crew to be patchy, we found inconsistencies in 10 of the check books for example; in the Greater Manchester area, where we looked at three check books and found general inconsistences such as checks being done on one shift but not on the following shift.
- We noted potential gaps with patient group directions and conflicting information given to staff on administering certain drugs.
- In some service areas we found that staff were using out of date guidelines in relation to relevant legislation relating to medicines and ambulance services.

Is the service effective?

Good  

Our rating of effective stayed the same. We rated it as good because:

- Policies were based on national guidelines. These included the National Institute for Health and Care Excellence and the Joint Royal Colleges Ambulance Liaison Committee national service frameworks. The service had developed its own triage system Pathfinder which was being used nationally by a number of ambulance trusts.

- Policies for staff were available on the provider intranet system. Staff told us that they were aware of the policies and procedures and could access them.
- The trust has a 'NICE Guidance Tracker' which can be accessed by all staff via the intranet and staff can review an up to date working record of all NICE guidance.
- The trust has produced a clinical newsletter called "Clear Vison"; the newsletter explores areas of clinical work undertaken by crews and Paramedics informing staff about best practice. The newsletter also identifies areas where staff must ensure compliance with best practice.
- The service performed clinical audits across all of its emergency services in the 12-month period prior to our inspection. Audits included Mortality Reviews and Clinical Documentation audits. The audits we reviewed showed key actions and key successes once audits had been undertaken.
- The service used the national early warning scores (NEWS) which determined the degree of illness of a patient and prompts critical care intervention.
- The system has four categories of response times to calls with the highest life threatening and lowest classified as less urgent.
- The service responded to incidents that may be immediately life threatening and should receive an emergency response within 8 minutes in 75% of cases.
- Staff told us they were well supported to deliver effective care and treatment. Whilst at an incident they could contact the clinical support hub using their mobiles, or speak to an advanced paramedic on their personal radios, or through the control room.
- Paramedics had the opportunity to become a specialist paramedic through the trust development programme.
- Across the service we found staff of different skill mixes worked together as a team to benefit patients. Ambulance staff and other healthcare professionals supported each other to provide good care.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance for Mental Capacity Act 2005 and the Children's Acts 1989 and 2004.

However:

- The service performance did not meet national targets at times, although we did see an improving picture in some areas.
- Patients did not always have their assessed needs preferences and choices met by staff with the right skills and knowledge. Across the service we saw crews comprising of grade one and two emergency medical technicians, but with no paramedics.
- In some areas we found staff used older copies of national guidelines which had the potential to be out of date.

Is the service caring?

Good 

Our rating of caring stayed the same. We rated it as good because:

- Staff demonstrated a genuine desire to help people in need and understood the anxieties of patients and families who received treatment or were in ambulances to support loved ones.

Emergency and urgent care

- All staff we spoke with told us they were proud of their profession and felt that this was reflected in them providing good quality care.
- We observed ambulance staff with patients acting with compassion and respect towards the patient. We observed staff talking to patients continually about what was happening and providing re assurance. We observed staff were very polite, caring and respectful when dealing with patients.
- We spoke with 10 patients and nine carers at hospital urgent and emergency care departments in Cheshire, Merseyside and Manchester, each one gave positive feedback about the care they had received or observed.
- We observed ambulance crew holding the hands of patients who were scared. We noted one crew member covering a patient with blankets and reassuring them they would be seen to soon as they were waiting for handover.
- Staff supported patients with mental health problems and treated them with dignity and respect. For example, staff in Cumbria worked with local social service mental health team to identify people in the community who were vulnerable due to mental health and produced together holistic care plans.

Is the service responsive?

Good 

Our rating of responsive stayed the same. We rated it as good because:

- The service met the needs of local people and had systems to ensure ambulance deployment was effective in high and low population areas.
- The experiences of patients, their carers' and their families was gathered from surveys, focus groups, community engagement, complaints, concerns and compliments.
- The service recognised that not all patients needed to go to hospital. To avoid unnecessary admissions, green cars attended to low acuity calls. These cars were manned by a paramedic and an occupational therapist who attended to patients in the community.
- We saw evidence of crews in Cheshire working with allied professionals to help meet the needs of the population they served. For example, they attended home visits with frailty teams to train care homes on how to care for frail patients.
- People who used the service had access to information on how to make a complaint or raise concerns. People were encouraged to make a complaint and leaflets were readily available inside the ambulances, which staff made people aware of.
- Staff had a multi-lingual emergency phrase book in some vehicles across the region.

However:

- Not all vehicles had a multi-lingual emergency phrase book on board and crew members we spoke with in Manchester, Cheshire, Merseyside and Lancashire told us they did not use them regularly. However following inspection the trust did inform us that all staff had access to a 'Language Line', this is a service that can provide telephone interpretation when required.
- The average arrival to handover time for ambulances fluctuated and had increased in some time periods an example of this was 14.19 minutes in April 2017 to 26.42 minutes in January 2018. The trust reported this was due to higher demand in hospital emergency departments during January.

Emergency and urgent care

Is the service well-led?

Good ↑

Our rating of well-led improved. We rated it as good because:

- Leaders across the service had the skills, knowledge and experience to guide and lead staff. Managers had acted upon concerns relating to lack of staff and staffing structure. Posts had been filled and new line management systems introduced.
- All staff we spoke to told us that leaders were visible and approachable.
- Senior leaders in the trust had a rolling programme of 'contact activities' including observational shifts, staff forums, leadership walk rounds and presentations.
- Staff told us that the culture of the organisation had changed since our last inspection. Staff overall felt valued and listened to and new management structures had promoted a staff voice in the organisation.
- We found clear processes in place so that staff looked after each other's welfare. There was a strong emphasis on the safety and well-being of staff both in operational management and at senior management level.
- In all the localities we visited staff spoke highly of managers they worked with and thought that managers supported their role in the organisation.
- Staff we spoke to clearly valued the introduction of enhanced welfare support.
- The Service learned from lessons and continually improved the service for patients. The trust was currently working with NHS England on a project to improve clinical practice in identifying sepsis.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Emergency operations centre

Good ↑

Key facts and figures

North West Ambulance Service operates three emergency operations centres received and triaged 999 calls from both members of the public and other emergency services. The trust provided advice and dispatched ambulances as appropriate. The emergency operations centres also provided assessment and treatment advice to callers who did not need an immediate ambulance response, a service known as “hear and treat”. Callers received advice on how to care for themselves, or staff directed them to other services that could be of assistance. The emergency operations centres also managed requests from health care professionals to convey people either between hospitals or from community services into hospital.

The trust receives 1.4 million emergency calls a year. These come in to one of three emergency operations centres based in Manchester, Liverpool and Preston.

Each emergency operations centre consists of a call taking area in which the 999 calls are taken and a dispatch centre, from which the most appropriate and nearest vehicle to the incident is dispatched to the patient. While each of the emergency operations centres will primarily take calls from those people in the surrounding areas, if the emergency operations centre is inundated by 999 calls, the call will be taken by the first available operator across the region. The vehicles are however, dispatched by the local dispatch centre.

The trust provides cover to 5,400 square miles area, encompassing the counties of Merseyside, Cheshire, Greater Manchester, Lancashire and Cumbria. The trust serves a population of over 7 million people.

During our inspection, we visited the three emergency operations centres in Liverpool, Preston and Manchester as well as the call centre in Carlisle. We spoke with 21 staff including call handlers, dispatchers, clinicians and unit managers. We listened to 999 calls and reviewed patient feedback results from the trust’s 999 patient surveys and the NHS friends and family test. We also reviewed trust and local policies and a variety of performance data, including incidents, complaints and trust quality indicators.

Summary of this service

Our rating of this service improved. We rated it as good because:

- The service had a culture of reporting incidents, with staff knowing how to report an incident and having knowledge of the trust’s incident reporting processes. There was sharing of learning from incidents. This meant the service had improved opportunities to learn from incidents and improve patient safety.
- The service ensured that there was sufficient staff on duty at all times. Including sufficient numbers of clinical supervisors at the individual sites to ensure patient safety.
- The service ensured that the clinicians in the emergency operation centres held an appropriate level of safeguarding children training in line with national guidance.
- The emergency operations centres had appropriate measures and systems in place to ensure service continuity in the event of a business continuity incident.
- All emergency operations centre staff we met and observed consistently demonstrated compassion, kindness and respect towards callers and patients, including those in mental health crisis.

Emergency operations centre

- We observed positive examples of local leadership from the operating unit managers at all three operations centres. We saw that the leads of the service listened to staff and working to address concerns staff raised.
- The trust has a working group designing a reporting mechanism, which will identify callers who have accessed the 999 systems at a set frequency. The trust leadership and operations centre managers are also currently working to produce a policy and procedure that will guide local managers through a consistent, safe and robust system of managing frequent callers.
- We saw improvements since our last inspection. The trust has raised awareness among staff relating to the trust's vision and strategy and how they can contribute to it.

However:

- Turnaround rates were still proving problematic for the service, to try and improve turn round rates the trust has developed an Emergency Care Improvement Programme and is working with receiving trusts to try and improve this area.
- In the Liverpool site the call-handling and dispatch rooms were located on two floors connected by a staircase. The urgent care desk and advanced paramedics, who provided support to the dispatchers, were in another part of the building. The building was visibly dated throughout; for example, there was staining on ceiling tiles in the corridors. We did however note that the development a new EOC building in Liverpool was well underway, although there was no definitive move in date at the time of inspection.

Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- The safeguarding policy was embedded and staff were reporting safeguarding concerns in line with trust policy.
- Staff told us they were clear on what should be recorded as an incident and gave examples of when they recorded incidents in line with trust policy.
- Staffing levels were adequate, with few vacancies and a good staffing skill mix.
- We reviewed four serious incident investigation reports. All four had under gone a full investigation. We found that the investigations were robust and used recognised root cause analysis tools.
- The staff completed a programme of mandatory training, which ran annually. Mandatory training was also included in induction training for new staff.
- All staff we spoke with were aware of how to identify concerning situations, such as suddenly terminated calls or concerning background noise. Staff we spoke with were clear on the actions they would take in these situations.
- The emergency operations centres had primary and secondary telephone routes. This allowed 999 calls to come in thorough the secondary link if the primary route failed.
- Each emergency operations centre had its own business continuity locality plan. The policies all included key risks to business continuity, including loss of power and loss of telephony.
- We noted that there were designated meal break rosters for staff. This helped make sure staff took adequate meal and rest breaks while continuing to provide a safe service for people using the service.

Emergency operations centre

- We saw National Ambulance Resilience Unit national major incident action cards available to the staff. These action cards provided national guidance to ambulance service staff in the event of a major incident.
- All staff wore trust uniforms. Alcohol hand gels were available in all three emergency operations centres and some staff also carried small bottles of alcohol hand sanitiser.

However:

- In the Liverpool site the call-handling and dispatch rooms were located on two floors connected by a staircase. The urgent care desk and advanced paramedics, who provided support to the dispatchers, were in another part of the building. The building was visibly dated throughout; for example, there was staining on ceiling tiles in the corridors. This was an area of concern during the 2016 inspection, we did however, note that the development a new EOC building in Liverpool was well underway, although there was no definitive move in date at the time of inspection.

Is the service effective?

Good  

Our rating of effective stayed the same. We rated it as good because:

- We noted good multidisciplinary working. The service had close links with local police acute trusts and fire services.
- The trust and local policies in use at the time of our visit were up to date. Policies we reviewed reflected current working practices or national guidance.
- The percentage of calls recorded in the computer aided dispatch system for calls answered within 5 seconds was 65% for February 2018. There is not a national standard, but the trust uses it to monitor call handling performance with a target of 95%.
- Dispatchers could utilise community first responders to patients when they could potentially arrive on the scene faster than the nearest ambulance crew could. Community first responders are volunteers trained to attend emergency calls and provide care until the ambulance arrived. Community first responders allowed the service to provide a faster response in some areas where there may be a longer wait for an ambulance due to their distance from the nearest ambulance station. Dispatchers always sent an ambulance at the same time to ensure the Community first responders had clinical back up.
- We observed and listened to clinicians in the clinical hub assessing patients over the telephone and giving “hear and treat” advice. Clinicians had access to a live directory of services to refer patients for treatment in their community where this was appropriate.
- As of February 2018, 79% of emergency contact centre staff received an appraisal. This was below the trust target of 95%.
- All new call handlers had an allocated mentor, who listened into their calls and provided support until they felt confident taking calls unsupervised. Staff we spoke with told us they felt supported by the mentoring system.
- We observed positive working relationships between call handlers, dispatchers and clinical supervisors. We saw call handlers obtain advice from the clinical hub desks when they needed clinical support.

However:

- The trust failed to reach the national quality standard of 95% calls answered within 60 seconds, for 2017 to 2018.
- The service only managed to call back 41% of the call within the 10 minutes, the national target is 75%.

Emergency operations centre

Is the service caring?

Good ➔➔

Our rating of caring stayed the same. We rated it as good because:

- During our inspection the staff consistently demonstrated compassion, kindness and respect towards callers and patients, including one caller who was in mental health crisis.
- On one call we listened to the staff supported a patient in distressing situation. Staff managed this situation well by showed empathy and helped the patient cope, by staying on the telephone until an ambulance crew arrived.
- Staff recognised when a caller needed further support to understand details about their care and this was provided, for example, staff would access an interpreter who could support the caller if required.
- We heard staff confirming with patients and callers that they understood the information provided to them and the proposed course of action. Callers could ask questions to ensure they fully understood what was happening.
- Where appropriate, clinicians offered advice on how the patient could best manage their condition without using an emergency response service, for example, by attending a walk-in centre or their GP surgery. We noted that clinicians ensured patients were happy with the advice and listened to their concerns.

Is the service responsive?

Good ➔➔

Our rating of responsive stayed the same. We rated it as good because:

- Regional operations managers held weekly meetings with clinical commissioning groups to discuss service delivery.
- The service has an electronic referral information sharing system that allows external providers to flag patient information on the internal trust system. For example, a patient that has complex physical health needs. This system also allows the completion of care plans which other service providers wish to share with ambulance trust.
- There were systems to support patients to manage their own health and to signpost them to alternative services where they could access more appropriate care and treatment, for example GP surgeries and walk-in centres.
- We observed call handlers ask healthcare professionals requesting the service, whether patients needed any specific adjustments. Call handlers and clinicians recorded this information on the computer aided dispatch system. Dispatchers could then send appropriate resources to enable everyone to access services equally.
- The trust used systems to prioritise calls according to clinical need. For example, category one calls, which related to urgent situations requiring an immediate response, such as cardiac arrest, received the highest priority.
- During our observation we noted that all call handlers, treated callers with compassion and empathy, listened to the information provided and regularly assessed the callers physical and psychological needs, such as pain and anxiety levels. This complies with National Institute for Health and Care Excellence quality standard 15, Patient experience in adult NHS services, Quality statement 10: Physical and psychological needs.
- The trust provided a leaflet with information about making a formal complaint. This included clear information on how to complain, as well as details of local advocacy services available to support patients and carers make a formal complaint. Information on how to make a complaint was clearly displayed on the trust website.

However:

- Hospital turnaround times were a concern for the trust. The trust had developed an emergency care improvement program with acute trusts to improve this.

Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- Each of the three-emergency contact centres had their own operating unit manager. These managers reported to the head of Emergency Operations Centres covering their region.
- We observed positive examples of local leadership from the managers in the emergency contact centres. The management team listened to staff and worked with them to address staff concerns.
- All staff we spoke with felt their managers were visible, approachable, and supportive.
- There were written reports, bulletins and minutes that evidenced that operational managers investigated incidents and shared lessons with their team and the service.
- Managers we spoke with told us they took their responsibility seriously in relation to debriefing staff following a serious incident. This was confirmed by staff told us there had been a marked change in organisational culture and they could openly discuss how incidents affected them and review how systems could be improved to lessen the impact on patients and themselves.
- Staff told us that the culture of the organisation had changed since our last inspection. Staff overall, told us they felt valued and listened to.
- New management structures had been introduced to promote a staff voice in the organisation.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Resilience

Good

Key facts and figures

The trust's resilience service provides major incident planning and response as a Category 1 provider under the Civil Contingencies Act 2004 (Part 1).

NWAS forms part of the National Health Service [NHS] response to a Major Incident. It is principally geared to the immediate clinical needs of those directly or indirectly associated with the incident(s) and subsequent transportation to established treatment centres

The trusts resilience services include the two Hazardous Area Response Teams (HART) based in Liverpool and Greater Manchester and the Resilience Team.

The resilience service is responsible for planning for and responding to other major emergencies, as well as including preparedness for, and the support of events and mass gatherings, or wider event's such as adverse weather or pandemic influenza.

The HART teams provide standard NHS paramedic care to patients in a hazardous environment, that would otherwise be beyond the reach of NHS care. This includes provision of care within the inner cordon or 'hot zone' of incidents such as chemical, biological, radiological, nuclear and explosive (CBRN(E) incidents and marauding terrorist firearms attack (MTFA) incidents as well as support n reaching, providing care and treatment and extracting patients from difficult to reach environments, such as confined spaces and patients injured at heights.

This was the first time the resilience service had been inspected as a separate core service. Previous inspections had included aspects of the resilience service in the emergency and urgent care core service. On this inspection we reviewed all key questions: Are services safe? Are services effective? Are services caring? Are services responsive? Are services well-led?

Summary of this service

We have not rated Resilience before. We rated it as good because:

The service provided safe care and treatment. There were processes and staff followed them to lessen risks to patients, staff and the public posed by the challenging environments and staff had to operate in. Staff followed national guidelines for the delivery of services and care and treatment.

The leadership of the service promoted a positive culture within the resilience service.

Innovation was encouraged and staff were encouraged were to join national improvement groups to influence changes in protocols, processes, equipment and training. There were examples of innovative practice, that were being incorporated into national practices.

There was effective collaborative working between trust staff and partner agencies to manage local, regional and national risks. This ensured paramedic care and treatment was available in a timely manner, to patients in challenging circumstances, such as major incidents and mass casualty incidents.

Training provision met the national guidelines. Staff were highly skilled in delivery paramedic care in a safe manner to patients in challenging and dangerous environments.

Resilience

The service, location and vehicles, was planned to meet the needs of the local population. This was based on the need to respond to major incidents at government defined sites of strategic importance, major incidents in other areas of the NWAS geographical region and provide mutual aid to neighbouring ambulance trusts in a timely manner.

Is the service safe?

Good

We rated safe as good because:

- People are protected from avoidable harm and abuse. Legal requirements are met.
- There were robust major incident plans in place and these were tested regularly to assess their suitability and efficacy.
- The service provided mandatory training in key skills, including required enhanced training to the Hazardous Area Response Team (HART) and made sure everyone completed it.
- NWAS Resilience arrangements follow the internationally recognised cycle of emergency preparedness, namely Mitigation, Preparation, Response and Recovery.
- The service had suitable premises and equipment and looked after them well. The HART vehicles and the resilience vehicles met national specifications and had the relevant equipment in them. Staff followed processes to ensure all vehicles and equipment were in working order.
- Staff kept records of patient's care and treatment. Records were completed electronically and could be shared by all health care professionals looking after the patient, including receiving hospitals.
- Business continuity was embedded into the running of the service. Staff completed business continuity impact assessments and plans, to ensure the service could respond to emergencies in the event of disruption to normal business.
- Clinical support teams could provide additional support and advice to ambulance crews travelling to major incidents or, while on the site of an incident.
- The Helicopter Emergency Medical Service (HEMS) team, dispatched and co-ordinated the air ambulance support across the region. The HEMS team worked closely with the trauma cell and the other emergency services, including mountain rescue and police. The trust had three permanent helicopters based in Lancashire and Manchester, and could access two additional helicopters from North Cumbria and the North East if required.

Is the service effective?

Good

We rated effective as good because:

- The resilience service, (HART, resilience and senior management), was committed to working collaboratively with staff across their NWAS and from different organisations to benefit patients and support the resilience of the service.
- The HART and the resilience service worked closely with other organisations such as the police, fire and rescue and military services, engaged fully with Local Resilience Forums and with voluntary ambulance and healthcare providers.

Resilience

- Processes were followed to ensure the HART team deployed to incidents with in the timescales stipulated in the national guidance.
- Staff managed patients pain levels effectively. The HART team had additional skills to administer an alternative pain relieving medicine for patients whose pain was not effectively managed with routine pain relieving medicines.
- Staff understood how and when to assess whether a patient had capacity to make decisions about their care and treatment. Consent to care and treatment was obtained and recorded in line with legislation and guidance were appropriate.
- There was consistently positive feedback from external organisations and from staff within NWAS about how the HART team and the resilience teams worked collaboratively with them.

Is the service caring?

We inspected, but did not rate 'caring', as we were unable to collate suffice evidence. We were unable to observe interaction between staff and patients. There was limited feedback about patients' experiences relating to the resilience, HART or business continuity services of the trust.

Is the service responsive?

Good

We rated responsive as good because:

- Where possible the resilience service took account of patient's individual needs. There was limited scope for the resilience and HART service to take account of patient's individual needs, as their main priority was the safety of patients, themselves and the local population during major incidents. However, staff did complete training about supporting people with dementia and training about managing conflict and challenging behaviours.
- The location of the resilience vehicles was planned to ensure additional support for mass casualty and major incidents was provided in a timely manner.
- Discussion with staff and managers showed there was a positive culture of learning from events and incidents. This indicated that if a complaint was received staff would act appropriately to investigate and take any learning form the results of the investigation to improve the service provided.

Is the service well-led?

Good

We rated well-led as good because:

- The service had a vision for what it wanted to achieve and was actively working towards achieving the vision. Staff we spoke with, were engaged with the trusts vision of the service.

Resilience

- The service used a systemic approach to continually improve the quality of its services and safeguard high standards of care. The service used the national annual Emergency, Prevention, Preparedness and Response (EPPR) self-assessment to support the monitoring of their performance against national and local standards and identify areas for improvement. There was direct representation from the resilience and special operations team on trust board committees, which meant travel of information was direct to and from team members.
- The service collected, managed and used information to support its activities. Information submitted to the National Ambulance Resilience Unit (NARU) supported accurate monitoring of the HART performance. The service followed information sharing legalisation and guidance when sharing information with partner agencies and during mutual aid assignments.
- The trust was committed to improving the service by learning from when things went well and when they went wrong, promoting training, research and innovation. There were records which confirmed effective sharing of work both locally and nationally.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Our inspection team

Nicholas Smith, Head of Hospital Inspections, led this inspection. An executive reviewer, Mike Flemming, a board level director, supported our inspection of well-led for the trust overall.

The team included a CQC inspection manager, four inspectors and five specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.