Right Care (Quality) Strategy

2018 - 2023

Safe, Effective and Patient Centred Care, Every Time

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Approved by	Board of Directors
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FOREWORD

North West Ambulance Service is in the privileged position of touching people's lives when they need us most. Our core purpose is to save lives, prevent harm and offer services which optimise the likelihood of outstanding patient outcomes. We pride ourselves on striving to deliver the right care, at the right time in the right place for every patient, every time. Every day our people go the extra mile to live up to these expectations. This strategy outlines a bold commitment from NWAS to go even further to reduce avoidable harm and unwarranted variation, exceeding the expectations of our patients and staff. It sets the scene for the next five years.

Our board has spent the last two years understanding how the best organisations engineer quality from the boardroom to the frontline. This strategy requires a shift in mind set and behaviour from the board to the frontline. We commit to an open, learning organisation with a just culture. We have consulted with over 150 of the most senior leaders in our system and taken advice from a diverse range of stakeholders. Our RIGHT CARE strategy isn't simply a statement of intent, it is supported by rigorous implementation methods and will require the organisation to re-align our resources, delivering improvement collaboratively with clear goals and measurement.

Our right care strategy signals our intention to challenge ourselves. We will be at the leading edge of safety in the sector, systematically assessing the safety climate within teams, building skills in safety science and designing systems with safety as a primary goal. Similarly we have recognised that investment in safety requires the liberation of resources. Our ambition to deliver operational efficiencies through the development of the productive ambulance (in partnership with NHS Horizons) is unique to the sector and will support delivery of the goals of the recent Carter review (October 2018). Our right care strategy makes financial sense and has clear cost benefits which will be articulated in our implementation plans.

We are proud of our clinical leadership. Our intent is to deploy their expertise to prevent harm from deterioration. We will innovate to provide enhanced physiological, social and emotional monitoring to detect deterioration, taking action swiftly to intervene. This will require us to think differently from our emergency operations centre to our patient transport services. We will all focus on one common goal. Similarly we will focus our clinical leaders on continuing to innovate to provide integrated care, in partnership with communities, for patients who are frail, elderly or vulnerable. Our leaders will set ambitious improvement goals to reduce harm from falls and to campaign for zero suicide.

We are proud to serve the people of the North West. This strategy demonstrates our unwavering commitment to deliver outstanding services by any measure.

Maxine Power
Executive Director of Quality, Innovation and Improvement

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Executive Summary

We have stated our ambition to be the best ambulance service in the UK. Our 2018 strategy refresh describes a commitment to deliver the right care, at the right time, in the right place, every time. To realise this goal our portfolio of supporting strategy documents has been refreshed to align behind the 'care', 'time', 'place' and 'every time' domains. This strategy document sets the direction for the provision of **'right care'** in NWAS and will be accompanied by supportive documents to describe implementation and resource requirements. It builds on the work in the patient care strategy, safety improvement plan and quality improvement strategy and replaces these documents.

This **right care** strategy incorporates the essential elements of a 'quality strategy' and describes how NWAS will deliver safe, effective and patient centred care for every patient. Our first and most important commitment to our patients is to keep them safe. Our second commitment to patients is to ensure that they receive effective, reliable care, every time. Our third commitment to patients is to listen to their feedback, work with them to re-design care and provide personalised care every time. Our fourth and final commitment is to ensure that our quality systems and infrastructure continue to strengthen.

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

RIGHT CARE

SAFE — Protecting our patients from avoidable harm

EFFECTIVE — Reducing unwarranted Variation in treatment & outcomes

PATIENT CENTRED — The best experience for patients and staff
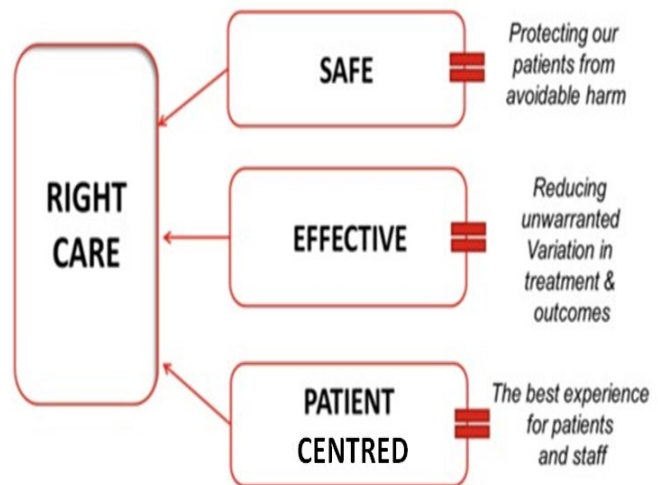
This strategy is grounded in a commitment to develop the underpinning foundations of quality through our 'pillars of quality programme'. Through this programme we will relentlessly pursue core standards of care which will create the conditions for safe, effective, patient centred care and position us to achieve 'outstanding' in the 2020 Care Quality Commission Inspection. Finally, we will ensure that the implementation, measurement and monitoring of our strategy is hardwired through our governance and integrated performance reporting. Our assurance and management committees have been aligned to our strategy to offer seamless implementation and oversight. Our staged approach to implementation reflects our requirement to align our existing resource behind this strategy, develop new capabilities to deliver and develop our capability as an improving organisation. This strategy sets out early goals which will be refreshed annually. Progress will be reported via the Board of Director's reporting structure which will include a summary of progress in our Quality Account.

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What are we trying to accomplish?

We have stated our ambition to be the best ambulance service in the UK, delivering the **RIGHT CARE,** at the **RIGHT TIME,** in the **RIGHT PLACE, EVERY TIME**. This ambition is built on the understanding that delivering the **RIGHT CARE** is reliant on three essential ingredients. It must be:-

- **SAFE**
- **EFFECTIVE**
- **PATIENT CENTRED**

How will we know that the changes will result in improvement?

We have set some ambitious goals to reduce the number of serious incidents, improve clinical outcomes, reduce the number of complaints and increase our compliments. We will track these goals through our integrated performance reporting from board to frontline. Assurance will be provided through the implementation of quality visits where standards will be independently assured.

What changes will we make that will result in improvement?

We will set, monitor, improve and assure core standards of safety and effectiveness. In addition, we have planned improvement focus for safety, effectiveness and patient experience. We will systematically adopt improvement methods into NWAS and educate our workforce in safety, reliability and improvement science. We will continuously improve our ability to listen to, and learn from, our customer's feedback.

Delivering Safe, Effective and Patient Centred Care Every Time
• • •

- Our core purpose is to save lives and prevent harm.

- We will ensure that our governance and management systems, first and foremost, keep our patients safe.

- We will focus on reducing the most prevalent themes of harm which have surfaced through our best intelligence.

- We are committed to high reliability performance for key patient pathways and outcomes.

- We require the systematic adoption of new skills for our workforce in human factors, safety, reliability and improvement sciences.

- This strategy will be operationalised through all NWAS service lines and at all levels of the organisation through service line plans & individual objectives.

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1. Safety

Our goal is to develop the safest system for our 999, 111 and Patient Transport Service (PTS) patients. This requires every staff member to understand their role and how it contributes to safety. Each month, NWAS colleagues report over 1000 adverse incidents. Our industry is fraught with complexity and the risks of error have been well documented. Over the last decade NWAS, like most healthcare organisations, has focused on improving governance, identifying risks and mitigating these through assurance processes. Safety has become core business and this strategy seeks to take these foundations to the next level focusing on safety improvement.

Patient safety is a top priority for NWAS and is implicit within our ambition to provide the right care. Our core purpose is to save lives and reduce harm. Whilst 'right care' speaks to our ability to deliver care which is evidence based and in line with guidance, it also speaks to our ability to provide care which is free from avoidable harm. Harm is defined in many ways but a widely accepted definition is:-

'Unintended injury resulting from, or contributed to, by clinical care (including the absence of indicated treatment of best practice) that requires additional monitoring, treatment or extended care'.

Simply put, this is suboptimal care which reaches the patient because of something we should have done but didn't, or something we did do but shouldn't have.

A Culture of Safety

The first step towards a safe organisation is one where the culture of safety is understood. Being open about the inevitability of errors and adverse events is our first challenge. Relatively little is known about safety culture in the ambulance sector and the prevailing culture of command and control may, in fact, hinder progress. Starting with the Board, this strategy seeks to understand safety culture and work towards a goal where individuals and teams report a high degree of psychological safety. In year one, we will pilot a programme of diagnostic culture surveys throughout the organisation, working with staff to reflect on the findings and scaling up in subsequent years. Our success will be determined by improvements in our annual staff survey.

We are aiming for a culture where leadership sees that deference to 'expertise' not hierarchy is the currency of safety. Bold aims exist for zero tolerance on harm to patients and staff. The workforce sees safety as both a personal mission and an organisational priority.

Safety Skills

It is well documented that a safe organisation must first focus on the individuals within the system and their skills, knowledge and behaviours. Whilst our current training produces highly skilled clinical and non-clinical leaders, the skills required for safety are different. The application of so called 'human factors training' has revolutionised a number of high risk industries, including aviation, and is increasingly being tested in healthcare as a key enabler of safety.

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Our workforce needs to understand the psychology of safety (including speaking up), the implementation of reliable systems design, their role in the team, the importance of teamwork in safety, the use of structured language and checklists. These skills need to be rehearsed in a simulated learning environment which mirrors practice in the field. This strategy requires an ambitious programme of education specifically focused on safety which embeds safety training into existing structures and programmes, demands high compliance to mandatory training and draws on our improvement partners to deliver an agreed 'dose' of safety skills training which will help the organisation get to a tipping point. Through this training we will introduce a systematic programme of patient safety briefings, safety huddles, checklists and innovative workflow designs.

Safe Working Practices

It is well known that working patterns and practice impact significantly on individuals and their ability to deliver safe care. It is particularly important that our people have the right equipment; we minimise the risk of fatigue and have robust systems for recognising and supporting individuals with high levels of stress. All of these factors are known issues for our staff. This strategy has significant overlap with the operational and workforce plans which seek to address safer working patterns and reduce the impact of stress on the workforce. Without addressing these issues it will be impossible to optimise the conditions for safety.

Safety by Design

Our workplaces and the equipment we use need to be designed to optimise safety and minimise the risk of error. Whether this is the design of a triage script, the allocation of a resource to a patient or the forcing functions which prevent the wrong occurrence happening. Using learning from studying our staff at work and their working environments we will develop our workforce to design safer systems focusing initially on equipment (offices, vehicles, disposables) and medicines administration (controlled drugs management and bar coding).

Intelligence, Integration and Learning

Introducing digital systems for measuring and monitoring avoidable harm from frontline to Board, in real time will allow us to have a view of safety which will quite simply 'put patient safety first'. Our current systems for monitoring safety are, like most healthcare organisations, largely reliant upon incident reporting and quantitative data. We will adopt the framework put forward by Vincent et al 2014, which highlights how systems can integrate learning from hard and soft intelligence to measuring and monitoring the safety of the systems they work in.

Safety Monitoring

It is clear that in complex adaptive systems, not all changes necessarily result in improvement. Healthcare systems must be constantly vigilant to the possibility that service changes could impact negatively on patients and cause unintended harm. A good example of this is our right place strategy puts significant emphasis on 'leaving patients at home with wrap around care' or self-care pathways to prevent unnecessary conveyance to hospital. It is essential that we have proactive monitoring of patients. This is currently undertaken through clinical audit and will continue to be a focus for development within

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this strategy. We seek to develop our understanding of key areas of safety:-

Safe care closer to home

Our safe care closer to home audit seeks to understand whether those patients who re-present to NWAS, having originally been left at home, have experienced harm as a result of the wrong management decision being taken at the point when the patient was left at home.

Mortality Reviews

Nationally, in the acute hospitals sector there is a significant focus on learning from deaths. This was not mandated for ambulance trusts by NHS Improvement. Despite this we have made a commitment to develop a bespoke methodology to learn from deaths and in particular to determine whether harm has occurred. We are committed to continuing to develop this methodology over the next five years, undertaking bi-annual audits.

Electronic Patient Records

The roll out of electronic patient records to the Trust will enable our measurement of both safety and clinical effectiveness to be undertaken 'real time' and for whole populations rather than 'samples' of cases. This will provide significant insight into the safety and effectiveness of care and we will focus on the key improvement areas identified in this strategy document, deploying both informatics and clinical audit resource to work with the EPR implementation team. In year two and beyond we will develop our understanding of the reliability of our care pathways through a multi professional EPR analytics group.

Incident Reporting

Through our pillars of quality programme we will continue to focus on incident reporting as a key enabler of organisational learning and improvement. Our focus will be on ensuring that ALL staff are able to respond quickly when things go wrong and that information on themes and trends can be reviewed at team, population and organisational level. Our electronic risk management system (DATIX) will be reviewed to enable easier accessibility, analysis and higher utility to frontline managers.

Local Audit

Our local audits will be reviewed to align with the strategy focus and their utility monitored through active discussion at the Quality visit. Our aim is to reduce the time taken to complete local audit whilst increasing the intelligence gleaned. We want to move away from 'routine' audits showing 100% compliance towards high value intelligence which can be acted upon to make local improvement.

Operational Efficiency

The North West Ambulance Service will follow the principles of the 'Carter Review', within its operational productivity and performance systems, to reduce identified unwarranted variation with the aim of increasing operational efficiencies.

The delivery of safe systems and safe care is directly linked to operational efficiency. It is well understood that safety is built upon a team focus on the delivery of highly organised and prudent care.

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Historically, quality improvement strategies in hospitals have included a focus on 'productivity' as a core underpinning of safety and reliability.

The NHS Institute Productive Series supported NHS teams to redesign and streamline the way they managed and worked.

The Productive Series adopted efficiency techniques previously used in car manufacturing and safety techniques learned in the aviation industry. By working with NHS teams they adapted them for the NHS in a practical and innovative way, to reduce waste. A good example of this is the way we have introduced 'make ready' facilities onto some of our sites, which has proven to demonstrate operational efficiencies in a number of ways.

The key to the success of The Productive Series was that improvements were driven by staff themselves, by empowering them to ask difficult questions about practice and to make positive changes to the way they work. The process promotes a continuous improvement culture leading to real savings in materials and vastly improving staff morale.

It is our intention to build the NHS' first **productive ambulance** series by testing the application of existing productive resources initially into our call centres, ambulance stations, vehicles and eventually into all environments. This will include key modules for:-

1. The 'well organised' workplace
2. Knowing how we are doing
3. Team working
4. Shift handover
5. Consumables & Equipment

This programme will not happen overnight and will be co-produced with operational leaders to ensure that it is aligned with the strategic direction of the 'right time' and right place strategies, both of which will have operational efficiency at their core.

A productive care development group will be convened to develop and oversee this programme in years one to three of the strategy with the anticipation that this programme will be finalised and fully implemented by year four when it will be fully evaluated.

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2. Effectiveness

Our second commitment to patients is to ensure that they receive evidence based care every time.

> A clinically effective service uses **research evidence and agreed professional standards** to improve clinical practice and service delivery through **clinical audit**, review, learning and improvement
>
> Department of Health

The evidence base for our clinical interventions has expanded exponentially since the mid-1980s. JRCALC is the evidence based standard which our paramedic emergency service work to, but day by day our workforce use a myriad of guidelines and standards to inform their practice. NWAS has surveillance systems to ensure best practice guidelines (e.g. NICE & JRCALC) are implemented, reviewed and followed, however, like all healthcare providers, variation in care and outcomes is evident throughout our organisation.

In our right care strategy we will focus on two priority areas to improve the reliability of evidence based care standards. These focus areas are developments of our patient care strategy priority areas. They are cross cutting and have high relevance for all service lines and teams. They have surfaced as key priorities during our staff and patient consultation.

Improvement Focus

1. **Preventing harm to patients who wait for our services.** This builds on our existing work focusing on patients who are at increased risk of harm from deterioration of either physical health or mental wellbeing. We will measure our progress through the ambulance quality indicators (cardiac arrest and sepsis), clinical quality indicators (mental health), keeping people well (PTS) and suicide prevention (Zero Suicide Campaign).

2. **Continuing our focus on falls, frailty and evidence based care for vulnerable patients.** This builds on existing work in urgent care, 111 and patient transport services. We will measure and map the baseline demand for our services, work with partners on falls prevention and deliver focused interventions for those at risk of falls. Those having experienced a fall, we will focus on reducing harm from falls, particularly fractures.

Ambulance Clinical Quality Indicators

All ambulance services in the UK report against 11 standards (appendix 1). Four of these standards monitor clinical performance against evidence based standards for cardiac arrest and stroke.

To realise our ambition to become the best ambulance service, we must ensure that we are constantly improving these ACQI standards and understand the underlying systems which deliver care. This will be a focus for this strategy over the next 3 years and will be achieved through the adoption of reliability principles for key care processes. We will set goals for achieving unprecedented levels of improvement and identify system leadership for these areas and resources to ensure that teams have the capability and capacity to deliver improvement. Each focus group will report through a newly formed clinical effectiveness committee to the Quality Committee and Board.

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Local Quality Indicators

In addition to the national indicators, NWAS has a number of audit standards related to mental health, medicines management, documentation and Infection prevention and control within our emergency and non-emergency fleet and station environments. These measures provide vital information for quality assurance and will also be developed to provide insight to the improvement foci in this strategy. A full review of local quality indicators will be undertaken in year one of the programme. We anticipate significant changes to the measures to de-couple the current system of measuring 'bundles' to measuring care processes individually.

Effectiveness Monitoring

Our intelligence of North West Ambulance Service's performance suggests that for a number of care pathways our adherence to agreed standards (reliability) is high (95% or over), however, for most, the exact levels of performance are not measured and are therefore unclear.

We will focus on building measurement systems for high volume, high impact pathways aligned to our strategic foci.

Reliability

It is well understood that reliability is the key to safety and effectiveness. For example, if we are able to deliver all elements of the ambulance quality indicators to appropriate patients within the agreed timeframes we will save lives and reduce harm. Reliability principles are used successfully in industries such as manufacturing and air travel to help evaluate, calculate, and improve the overall reliability of complex systems. Reliability is measured as the inverse of the system's failure rate. Thus, a system that has a defect rate of one in ten, or 10 percent, performs at a level of 10-1. Studies suggest that most healthcare organisations currently perform at a 10-1 level of reliability.

Our Ambition

We will design high reliability processes for our clinical and non-clinical patient pathways which reach a level of reliability comparable with 10-3 (95% reliability) or 5 defects per 100 occurrences, significantly out performing other ambulance services and setting standards of care which align with our strategic intent.

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3. Patient Centred Care

Our third commitment to our 999, 111 and PTS patients is to listen to their feedback, work with them to re-design care and provide personalised care, every time.

NWAS interacts with the North West population through a number of public engagement channels. This work is a focus for our communications and engagement team and is led by the Director of Strategy and Planning.
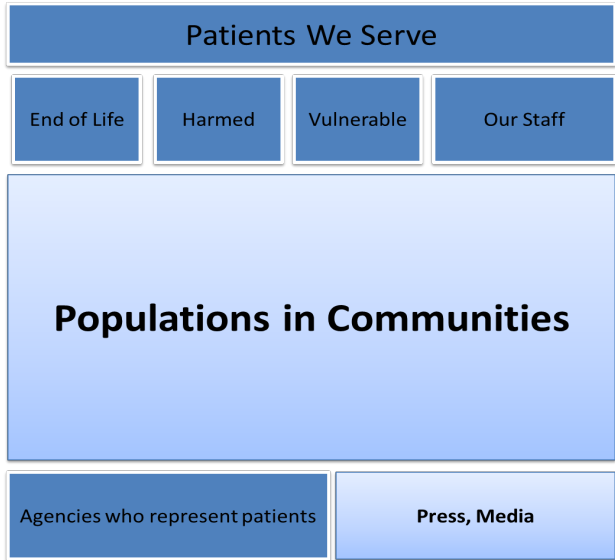

Figure 1: The areas covered by this strategy are in dark blue. The light blue areas show our engagement with populations.

The Five Year Forward View requires us to re-calibrate our approach to service delivery, focusing on providing care to patients in local health systems (Integrated Care Organisations). Our approach to providing patient centred care relies heavily upon our relationships and intelligence within localities, particularly for those who use our services frequently. We recognise

that although we transport a number of patients requiring our 999 services, our PTS and 111 patients use our services on a much more regular basis. Our approach to engagement is better informed if we have comprehensive feedback from all patients who use our services.

Patient centred care requires us to see our patients in the context of their own social worlds, to ensure that they are listened to, informed, respected, involved in their care and their wishes are respected (but not mindlessly enacted) during their healthcare journey. A core requirement for our right care strategy is to enrich our engagement work with a granular understanding of how patients experience our services.

Each month over 1000 patients complete feedback on our services via the Friends and Family Test (FFT) and significantly more are contacted for feedback by our corporate patient experience team. The information gleaned from these surveys is used in our Integrated Performance Report and Annual Patient Experience Report to provide assurance to the Board. It is also reported on a quarterly basis to Board as an integral part of our corporate communications and engagement team dashboard report. Whilst this information is vital to our corporate strategy and decision making, our ability to obtain, collate and use local survey data, for example within service lines or sectors, has remained more limited up until relatively recently. We are now starting to provide senior management teams with combined communications and engagement reports highlighting levels of patient satisfaction, themed issues and opportunities for improvement. This provides us with opportunities to learn and improve but we still have more work to do.

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Feedback to individuals and teams only happens when patients contact our patient safety team to compliment the teams or complain. We know that compliments help with team morale and each month over 100 compliments are received. However, we also know that organisations who seek out patient feedback relentlessly and use this to learn and improve are at the forefront of our industry. In light of this we have sought to expand our engagement and survey of our patients by hosting 5 community events, one in each county to provide an opportunity to listen to our patients and obtain their feedback across our 3 major service lines.

Specifically, we want to ensure that the information collated is used by local teams to implement change and that we create regular opportunities for patients and staff to come together.

In addition to this, during the lifetime of this strategy we seek to specifically focus on three populations who we believe have unique requirements.

- **Patients who have been harmed**
- **The vulnerable**
- **Patients at the end of their lives**

Our aim is to work with patient groups (and the agencies who represent them) to get a more granular understanding of how we can tailor services to meet their circumstances. This builds on the work of the patient experience team and will be signaled in a refresh of their three year work plan which will be published separately in year one.

Giving Voice

Our patients will be given a louder voice in the organisation through the establishment of a Patient and Public Panel.

This has been developed and introduced and will be expanded in number in future years to achieve representation of the communities we serve.

The Panel has been designed with a number of levels of involvement, thus appealing to a wide range of patients with varying levels of time to contribute. The variety of involvement levels also allow for multiple channels and approaches within the trust, through which to involve and work with our patients to improve services.

Panel members include patients, families and stakeholders, from across the North West, over the age of 16.

A patient and public panel charter has been developed to give structure to how we will work with each other and the commitments given by each party. Panel members will also develop an annual work plan and an annual recognition event will take place to celebrate achievement and plan a work programme for the following year.

We appreciate that there will be significant learning in delivering our ambition for patient and family centred care. We will seek out partnerships which will help us to move more quickly, working with the third sector and with organisations that have already developed expertise, particularly our peers in mental health and paediatric services.

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We will seek support from the wider system on all aspects of quality improvement; however, we see our partnerships with the local academic health science networks, universities and improvement agencies, drawing on their programmes to support these development foci.

Stories

Our use of patient and staff stories as a powerful insight will be strengthened through the systematic adoption of stories into leadership practice and management systems. Starting with the quality architecture we will commence each meeting with a patient story, building a library of resource which the system can contribute. Our new website will be a key enabler of this library. By year three we will have a library of over 50 patient and staff stories, sourced from within our service lines and departments.

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4. Pillars of Quality

Our fourth and final commitment is to ensure that our quality systems and infrastructure continue to strengthen. In 2016 the Care Quality Commission rated our clinical services as 'requires improvement'. This was a challenge to us all and we aim to significantly improve this outcome, over time. North West Ambulance Service has some of the most dedicated and talented staff in the NHS but our basic systems of care were letting us down. At the time of writing this strategy, we await the outcome of the 2018 CQC inspection. Regardless of our 2018 outcome, we intend to press forward in the relentless pursuit of excellence to be an outstanding organisation by anyone's measure. This is essential if we are to deliver our ambition of achieving an 'Outstanding' CQC rating by 2020.

The Care Quality Commission's inspection makes a global assessment of the organisational systems for safety, effectiveness, responsiveness, caring and well led. Importantly the assessment reviews the underpinning systems of care. Safety is determined not only by how we improve our safety systems, but by the underlying processes we have for safeguarding patients from harm. Similarly our responsiveness isn't simply a direct correlation with our operational performance, it requires us to offer a responsive service to patients who are unhappy with our services and formally complain. Put simply, these underlying processes of care are essential to delivering high quality care and are the foundations that our organisation requires to improve.

Importantly these 'pillars of quality' run through our organisation and there is no department or service line immune from ensuring that we deliver the highest standards of care under these domains. Responsibility for delivery of CQC standards is everyone's business. Consequently, this right care strategy has significant interdependence with strategy and planning, workforce, performance, risk and finance. The medical and quality directorates are the senior responsible officers for the right care strategy on behalf of the Executive and Board. In addition, the medical and quality directorates have six of the core pillars of quality which need to be strengthened as part of this quality strategy. Corporate support is provided to our core services of Emergency and Urgent Care, Emergency Operational Control, Patient Transport and NHS 111 services by the quality and medical directorates for:-

- Complaints
- Incident Reporting (including serious incidents)
- Health, Safety and Security
- Infection Prevention and Control
- Medicines Management
- Safeguarding

This strategy signals our intention to progress these six pillars of quality to previously unprecedented levels of performance. Implementation of these pledges will be led by the corporate teams but will require operational changes and significant leadership from the entire organisation.

Pillars of Quality - Pledges

COMPLAINTS	INCIDENT REPORTING
Our commitment to patients is, wherever possible, to respond to their complaints on the same day and provide the information requested in an open and transparent way. Where it is not possible to provide immediate resolution we commit to agree an appropriate investigation and to carry out that investigation to a high standard and on time. To ensure that all complainants have access to a named individual and are contacted regularly to update them on progress. Where necessary, support is provided to patients and families by trained staff and learning is always embedded across the organisation through the systematic adoption and use of patient stories.	Our commitment to staff is to have a **just** culture. The basis for this is a shared set of values in which our staff trust that the reporting of an incident or near miss will result in a timely, fair, comprehensive investigation. Staff are assured that any actions, omissions or decisions that reflect the conduct of a reasonable person under the same circumstances will not be subject to inappropriate or punitive sanctions. Similarly, patients affected will be supported with compassion and care BY SENIOR CLINICIANS with Duty of Candour clearly enacted for all serious incidents as appropriate.
HEALTH, SAFETY AND SECURITY	**SAFEGUARDING**
We are committed to ensuring that the fundamental standards of health, safety and security are continuously improved. We have a committed workforce of operational leaders who we will educate to ensure they have the advanced skills to deliver safe services. We will support the development of local policies and practices through our Health, Safety and Security Practitioners. We will conduct biannual reviews of all sites and an annual snapshot of health and safety on vehicles, including log books. Our focus for the duration of this strategy will be to reduce staff harm from lifting and handling, violence and aggression and slips, trips and falls.	The number of safeguarding concerns reported to local authorities by NWAS has never been higher. This is the result of significant work on training and the focused attention of the safeguarding team under its new leadership. The focus for this strategy is to pull together the learning from our referrals into an agile intelligence system which allows us to examine variation in reporting, response and management. Our aim is to ensure that repeat concerns are identified and that feedback is provided to staff to support learning. We will also build systems to link intelligence and support for vulnerable patients who frequently use our safeguarding and mental health services.
INFECTION PREVENTION AND CONTROL	**MEDICINES MANAGEMENT**
NWAS is committed to ensuring the highest standards of IPC for its patients and staff. Our achievements in recent years will be maintained and a new focus on personal protective equipment, hand hygiene, cannulation and standardisation of IPC products and procedures. We will also deliver new standards of vehicle and station cleanliness through our quality visits programme.	Innovation and digital integration of medicines end to end processes. Patient Group Directions (PGDs) will be in place where needed with a robust governance framework Support clinical effectiveness of medicines and staff training and development Systems and governance of the safe and secure handling of medicines will be reviewed and enhanced including whether NWAS should store and supply controlled drugs under licence. Systems for handling medicine related incidents will be improved.

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Pillars of Quality - Goals

FOCUS	Goal	How much by when?			
		2018-19	2019-20	2020-21	2021-22
INCIDENT REPORTING	• Reduce reported unscored incidents in the board IPR to **no more than 25**	150	50	25	25
	• Increase closure within agreed timeframes to 90% for **severity 1-3**	70%	80%	85%	90%
	• Increase closure within agreed timeframes to 80% for **severity 4-5**	40%	60%	70%	80%
SERIOUS INCIDENTS	• Increase the proportion of cases where the **notify to confirm** interval is within the agreed timeframes **to 95%**	65%	75%	85%	95%
	• Increase the proportion of cases where the **confirmation to report** interval is within the agreed 60 day timeframe **to 90%**	75%	85%	90%	90%
COMPLAINTS	• Reduce the overall numbers of complaints per 1000 WTE staff **by 30%**	5%	10%	20%	30%
	• Increase the percentage of **severity 1-2 complaints** closed within 5 days **to 75%**	10%	40%	60%	75%
	• Increase closure within agreed timeframes to **70% for severity 3** complaints	50%	60%	65%	70%
	• Increase closure within agreed timeframes to 80% for **severity 4-5** complaints	5%	40%	70%	80%

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HEALTH, SAFETY AND SECURITY	• Ensure **70%** RIDDOR incident Reports are completed **within 15 days of knowing about the incident**, via DATIX	Baseline	30%	50%	70%
	• Develop measures to allow for the monitoring of a reduction in lifting & handling incidents across the Trust	n/a	Develop operational definition for lifting and handling monitoring and m'ment	Establish baseline data for lifting and handling	Test data collection and monitoring processes
	• 50% of (480) front line managers (Band 6 and above) offered advanced training in H&S management	Baseline	25%	50%	50%
	• 100% of sites receiving an annual rapid review of H,S&S	Zero	80%	100%	100%
	• Develop measures to allow for the monitoring of Safe Check compliance	n/a	Develop data set for compliance metrics within safecheck	Develop operational definitions and m'ment frequency	Develop data collection, monitoring and dissemination processes
SAFEGUARDING	• Training compliance for Levels 1,2,3,& 4 is **95%** compliant with training needs analysis	Baseline	90%	95%	95%
	• Safeguarding performance dashboards used for 2 'Deep Dives'	Design dashboard	Develop dashboard	2	2

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		Testing of agreed audits within safecheck	Piloting and reporting geographical area	Safecheck in use across all areas inc reporting of data	Usable analytic data available for self-service
INFECTION PREVENTION & CONTROL	• Develop measures to allow for the monitoring of IPC compliance across the Trust				
	• Fit Test Trainer Competency Assessment Audit to be completed **every 24 months** for each Fit Test Trainer	n/a	n/a	50%	100%
	• Ensure Face Fit Tests for all patient facing clinical staff are completed once **every 2 years** and captured and maintained on a central record.	n/a	n/a	n/a	50%
	• Deliver a safe and effective NWAS Test, Track and Trace Service achieving 85% traced in 24 hours	50%	60%	70%	85%
MEDICINES MANAGEMENT	• NWAS to process a controlled drug home licence	n/a	n/a	n/a	Hold a HO CD Licence
	• 100% of CD Station Audits completed every 6 months by the Medicines Team	n/a	n/a	50%	100%
	• Medicines management performance metrics updated	n/a	n/a	n/a	Ambulance Stations/ vehicles live
	• 100% of Patient Group Directions in date	n/a	n/a	100%	100%

Further goals and metrics will follow for the safety, effectiveness and person centred improvement programmes. These will be developed in year one and approved by the EMT and Quality committee as part of the programme initiation.

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Implementation

The organisational strategy outlined in this document will be reviewed by each service line (PTS, 111 & PES), area (GM, C&M, C&L) and sector (including EOC and UCS). Plans will be developed by each that are aligned to the right care strategy. Implementation will be monitored via the Quality Committee on behalf of the board. Plans will be in place by April 2019 and will be refreshed as part of the annual business planning process.

Pre-work (2017-18)

We are aware that the programme of work outlined in this strategy is significant. There is a requirement to provide a supplementary technical report which explains how the current resource can be aligned to deliver the strategy. This will be submitted to the Quality Committee and Board. There is also a requirement to build a cadre of individuals across the Trust who are conversant with the methodological approach and able to teach and supervise others. We will build on the improvement leadership which currently exists in transformation and pockets of the organisation to develop a Quality Improvement Directorate and Quality Improvement Faculty. It will be the responsibility of the Director of Quality, Chief Nurse, Medical Director and Head of Quality to oversee implementation of the strategy and to provide supplemental papers to the Board which describe focused areas of work. All programmes of work will be resourced with a named lead, an Executive sponsor and a nominated team. The programme lead will be asked to produce a project initiation document (PID) prior to commencement of the work. Importantly, this document will include a measureable goal, a driver diagram, baseline data, a measurement plan, an improvement methodology, risks and reporting processes. The PID will be reviewed and approved by the Quality Committee on behalf of the Board to provide assurance that the programmes of work are aligned to the strategy, feasible and affordable.

Implementation (2019 and beyond)

We accept that the improvement of quality is a complex phenomenon which requires focus throughout the organisation. It is particularly reliant upon surfacing ideas from the frontline, a so called 'bottom up' approach, however, similarly resources are required from senior leaders to ensure that key strategic programmes of work are mobilised 'top down'. Historically, the approach to improvement in NWAS has been to run a number of transformation work streams supported by project management resource from the project management office. Support to individuals has been largely through their line management. This balance between top down and bottom up has been organic and we now seek to formalise our approach and state our intention to value both approaches which collectively will yield the results we wish to see. In our strategy we are seeking to:-

1. Work on our culture to become a learning organisation
2. Build leadership for improvement from Board to frontline
3. Run a series of high profile improvement collaboratives on strategic priorities
4. Focus on the measurement of variation as a key to improvement
5. Build improvement skills in the workforce

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1. Culture: Improvement will be deeply embedded into the culture of our organisation through our values, organisational development and workforce plans. This isn't simply a plan on a page, it is 'alive' – you will see the values in the environment, the behaviours of staff and most importantly in the operating practices. Recruitment, annual appraisal and professional development programmes will centre on the need to continuously learn and improve. Perhaps most importantly frontline teams at the sharp end of delivery will have the freedom to act and will be supported by senior leaders and middle managers. Solutions will be actively sought from the frontline and leaders will understand that their role is to support and unblock, not command and control.

2. Leadership will focus relentlessly on supporting this improvement at the frontline through the introduction of leadership walk rounds concentrating on listening, supporting and barrier busting. Optimising each clinical microsystem and focusing on interaction between them will produce significantly improved system performance. This is a significant mind set shift and we currently have people who are brilliant but firmly 'wedded' to organisational structures and permission rather than liberating talent, flattening hierarchy and 'getting on with it'. We will invest time and resources in supporting clinical leaders to work with their local teams to improve care every day.

3. Improvement Collaborative(s) will create a focused leadership for key changes and help us to re-set our system and build trust so that our organisation can learn rapidly through scrutiny, testing and failing. We will use the Institute for Healthcare Improvement's **Breakthrough Series Collaborative Model** (BTS) to provide a chassis for improvement efforts. The breakthrough series collaborative (BTS) model is a proven intervention in which wards and departments can learn from each other and from recognised experts around a focused set of objectives. The key to success is engagement, alignment and collaboration. Subject matter experts work with improvement experts who help organisations select, test and implement changes on the front line of care. Systems are redesigned from the bottom up using small tests of change.
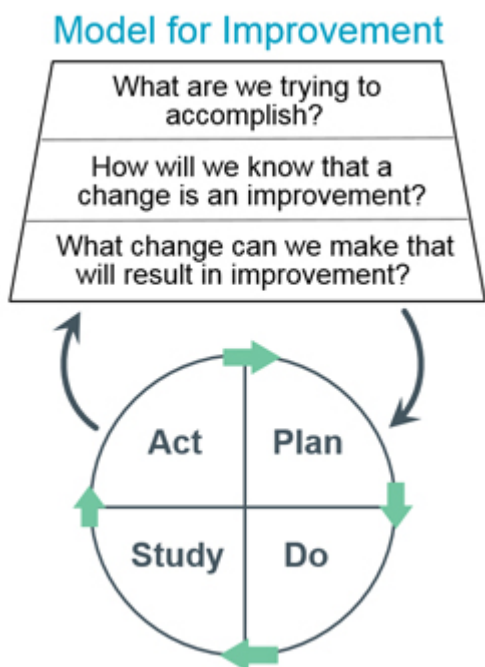
A BTS collaborative provides a framework to optimise the likelihood of success for improvement teams. It works best when there is a deficit in quality which can be identified by teams as 'unacceptable' and where there are pockets of excellence which can be used for learning. Critical success factors include leadership support; patients at the helm; a clear aim; focus on measurement; an agreed time frame and clinical engagement. Teams commit to working together over a fixed period and attend three 1 day learning sessions. In-between learning sessions there are 'action periods' where teams test changes. Learning sessions provide instruction in the theory and practice of improvement and feedback to senior leaders, focusing the organisation's learning. Each team reports on their methods and results, lessons learned and provide social support and encouragement for making further changes. During the intervening action periods participating teams have direct access to specialist improvement advisors and one another via an extranet home page, regular conference calls, online dialogue, frequent written updates and supportive ward visits.

We will commence our pre-work for collaboratives in year one, launching our first collaborative learning session in Q3. We will also partner with other providers through our AQUA membership and Health Foundation contacts to test the introduction of **Clinical Microsystems and LEAN improvement**

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methodologies, developing expertise and leadership capabilities in these essential improvement approaches. From year 2 onwards we anticipate a full programme of rapid improvement events focusing on systems improvement and partnering with key system partners.

4. Improvement Approach: Model for Improvement

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act — Plan — Study — Do

Our approach to improvement is grounded in the theoretical model of Deming, Juran and Shewhart. We will use the model for Improvement developed by the Institute for Healthcare Improvement. This is a method which asks teams to address three key questions and use Plan, Do, Study Act cycles to instigate small tests of change which build learning about how systems are working. This methodology is deceptively simple but has shown proven benefit across a range of industries.

The Model for improvement requires teams to focus on setting an explicit, measureable, time limited goal. It seeks agreement on a set of measures which will be tracked frequently (often daily or weekly) and asks teams to organise their thinking to focus on the specific changes which will make the most significant impact on the goals. Organising these thoughts into a driver diagram or logic model helps teams to agree on leadership responsibilities.

5. Measurement and Intelligence: there is a significant piece of work to be done across the North West Ambulance Service to underpin services with intelligence that can be used to manage patients and populations AND improve care. We will implement an EPR system and a population health management system. However, the true value lies not in the technology but in our behaviour change. We need to wrap a development programme around our EPR implementation, which is pervasive to maximise on the potential of this system. If we get this right it will significantly impact on patient experience, safety and reliability (compliance with evidence based guidance for individuals and populations).

We also need to establish robust measures for key programmes of work and provide real time data back to the service. The monthly Integrated Performance Report provides assurance to the Board each month on a range of indicators, including quality, effectiveness and patient experience. The success of our quality strategy will see us perform in the top decile on these measures within three years. In addition we will produce a monthly quality dashboard which demonstrates our progress on the content in this strategy which will have clear aims. This dashboard will be built and refined by clinical leaders in year one as the collaboratives mobilise.

6. Skills Training: In 2016, a 'Change Leaders' programme was trialled as part of a CQUIN initiative and 100 frontline staff were trained in basic quality improvement methodology. These Change Agents have continued to work in their local systems and are showing great promise.

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We will continue to build improvement skills in individuals and teams, focusing on patient care priority areas. We will build on our change agents programme to systematically develop the talent and ideas of our workforce using techniques such as leadership development, human factors design, driver diagrams, process mapping, measurement of variation (statistical process control) and the model for improvement. Small tests of change, which build cyclically, will be tested and used pervasively throughout the organisation building momentum for change and improvement.

It is well recognised that healthcare providers who focus on building improvement capability and capacity within their workforce have a more deeply embedded learning culture and are more agile in their implementation of change programmes. We need to deploy a range of support programmes which allow people and teams to learn improvement skills whist they are working on their improvement challenges - In other words work based development for frontline teams. This strategy sets out a set of expectations that we will support:

In addition, **Frontline Staff** will be expected to:-

- Engage in improvement work daily by suggesting and testing changes
- Participate in improvement teams that contribute to larger aims in this strategy
- Continuously seek feedback from colleagues and patients about the impact of changes

Managers will be expected to:-

- Remove defects and waste from the daily work
- Participate in improvement teams
- Support improvement ideas being tested by frontline staff
- Lead cross departmental teams
- Develop others in their team to lead improvement

Senior Managers and Executives will be expected to:-

- Create a system of improvement and integrate it into all decisions
- Build collaboration internally and externally
- Invest their time in improvement and supporting others to make improvement

Everyone in the Organisation will be expected to:-

- Search out opportunities for improving service and quality of care
- Test new ideas through small scale testing and experimentation
- Look for opportunities to collaborate and share learning

In addition to the generic improvement skills training there is a requirement for us to focus on building our capability in safety science. We operate in a high risk industry which requires vigilance and attention to new and emergent sciences from safety critical industries.

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Similarly we have started on a journey to ensure that when things do go wrong we have staff who are skilled and have the resilience and support to deal with patients and staff who are affected. Our skill building programme therefore covers both generic improvement skills and safety improvement skills building. In appendix 2, we have boldly described our ambition to train a critical mass of frontline staff and senior leaders from across service lines and sectors. The programme below outlines how we will progress our capability. Timelines and resources will be worked up in a full proposal.

7. Quality Visits: Systems for safe, effective and patient centred care will be delivered via operational teams and leaders. It is fundamental that the ownership of quality sits with the whole organisation, however, we know that successful organisations have systems which support assurance through period review of core standards. Historically NWAS has developed a process of review which has involved local managers reviewing the performance of their teams with a locally determined plan. In year one of this Right Care strategy we will design and pilot a standardised process for quality assurance which will then be deployed across NWAS to provide both support and challenge to the system leadership. Importantly the quality visits will reward those teams who perform well with an acknowledged performance status and identify those areas requiring further support and more frequent review. The implementation of this system of visits will be critical to ensuring management oversight and corporate assurance on key standards.

Governance

| BOARD |
| QUALITY COMMITTEE |

SAFETY	CLINICAL EFFECTIVENESS	PATIENT EXPERIENCE
Health and Safety Safeguarding Infection Prevention and Control Serious Events (ROSE)	Medicines Management Medical Devices Research NICE Guidance Audit Productive Care	Patient and Public Panel Patient Engagement Complaints Learning Forums
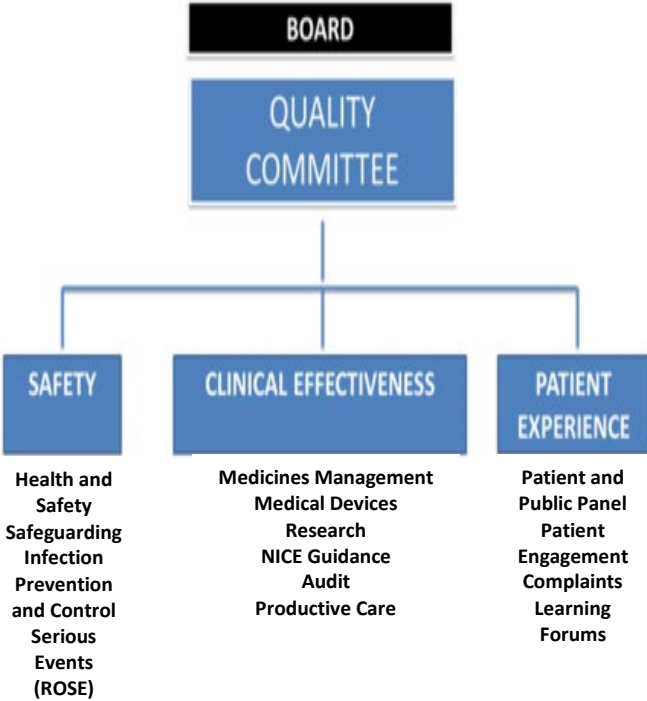
Our governance systems will be reviewed and aligned to deliver this strategy. A new oversight and reporting structure will be implemented, as depicted. This will include the addition of a new group for Safety management (including the management of Health & Safety business), the renaming of Clinical Governance Management Group to the Clinical Effectiveness Group and a Patient Experience Group which will include reporting from our patient and pubic panel, patient experience, complaints and learning forums work plans. The Terms of reference for management and assurance groups are approved and reviewed by the Quality and Performance Committee

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Assurance and Escalation

Oversight for the delivery of this programme of work will reside with the Quality, Improvement and Innovation Senior Management Team (QI&I SMT) who will meet on a monthly basis to monitor progress. The QI&I SMT will take reports from accountable managers who will report progress against agreed deliverables using dashboards of measures. Individual and team accountability will be organised through objectives incorporated into personal development plans.

Assurances will be provided to the sub committees of the Quality and Performance Committee and the Quality and Performance Committee by the senior responsible officers for each programme. Risks will be identified, scored and included in the departmental and corporate risk registers. Working alongside the risk management team we will ensure that the appropriate escalation processes are in place to provide assurance. Independent reviews of key areas of the pillars of quality programme are already identified in the work plan (appendix 3).

Peer Review

This Right Care strategy has been co-produced with over 150 senior and operational managers within the Trust. It has been sense-checked throughout by a strategy development group comprising of frontline staff and improvement leaders. In year one we will continue to take comments from stakeholder groups of staff and patients as we move to implementation. We will also work with system and academic partners to invite their peer review. We will develop plans for evaluation for individual components of the strategy as an integral part of the project documentation. We will commit to ongoing review and commentary from our stakeholders.

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Appendix 1

Ambulance Quality Indicators and Clinical Quality Indicators

1. **Outcome from acute ST-elevation myocardial infarction (STEMI)**: STEMI is an acronym meaning 'ST segment elevation myocardial infarction', which is a type of heart attack.
2. **Outcome from cardiac arrest** - return of spontaneous circulation. This indicator will measure how many patients who are in cardiac arrest but following resuscitation have a pulse/ heartbeat on arrival at hospital.
3. **Outcome from cardiac arrest** - survival to discharge. Following on from the second indicator, this one will measure the rate of those who recover from cardiac arrest and are subsequently discharged from hospital.
4. **Outcome following stroke for ambulance patients**. This indicator will require ambulance services to measure the time it takes from the 999 call to the time it takes those F.A.S.T-positive stroke patients to arrive at a specialist stroke centre so that they can be rapidly assessed for treatment called thrombolysis.
5. **Proportion of calls closed with telephone advice or managed without transport to A&E (where clinically appropriate)**. This indicator should reflect how the whole urgent care system is working, rather than simply the ambulance service or A&E, as it will reflect the availability of alternative urgent care destinations (for example, walk-in centres) and providing treatment to patients in their home.
6. **Re-contact rate following discharge of care (i.e. closure with telephone advice or following treatment at the scene)**. If patients have to go back and call 999 a second time, it is usually because they are anxious about receiving an ambulance response or have not got better as expected. Occasionally it may be due to an unexpected or a new problem. To ensure that ambulance trusts are providing safe and effective care the first time, every time, this indicator will measure how many callers or patients call us back within 24 hours of the initial call being made.
7. **Call abandonment rate**. This indicator will ensure that we and other ambulance services are not having problems with people phoning 999 and not being able to get through.
8. **Time to answer calls**. It is equally important that if people/patients dial 999 that they get the call answered quickly. This indicator will therefore measure how quickly all 999 calls that we receive get answered.
9. **Service experience** A variety of methods are used to obtain feedback from our patients, such as postal surveys, SMS text messaging, community engagement activities, focus groups and Friends and Family Test (FFT) comment cards.
10. **Category 1, 7 minute response time** This indicator measures the speed of all ambulance responses to the scene of potentially life-threatening incidents and measures that those patients who are most in need of an emergency ambulance get one quickly
11. **Time to treatment by an ambulance-dispatched health professional** It is important that if patients need an emergency ambulance response, that the wait from when the 999 call is made to when an ambulance-trained healthcare professional arrives is as short as possible, because urgent treatment may be needed.

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Appendix 2

Proposed Plan for Building Capability to Support Right Care Implementation

Pillars Of Quality	Building Reliability
Pillars of Quality: Development Programme	A 6 day programme over 12 months to introduce managers to legislative and regulatory compliance, complaints, incidents, health and safety, medicines management, vehicle safety, infection prevention and safeguarding.

General Improvement	Capacity Building Focus Improvement
Mandatory Training	One hour of introductory skills training in the model for improvement
Getting Started on Improvement	Two day training programme introducing the theoretical basis for improvement, psychology of change, systems thinking, data for improvement and the Model for Improvement. Graduate status would be to join our Change Agent network
Managing Improvement	One day course for managers or project leads focussed on how to organise improvement teams.
Improvement Advisor Training	A 12 day course over 12 months aimed at developing a deep understanding of improvement science and the management of an improvement team. Suitable for those wishing to lead improvement. Graduate status would be NWAS improvement consultant
Action Learning Sets	A one year programme of improvement focussed action learning sets (1/2 day per month) will be facilitated by expert faculty to develop senior managers' skills in using QI in daily work.
On line workshops 'expert in the room'	Monthly Skype sessions (1 hour) from experts in the field on specific topics related to improvement.
Measurement for Improvement	One day introduction to measurement for improvement for people interested in producing statistical process control charts to measure variation in system performance.

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Specialist Improvement Capability	Safety Science
Patient Safety Basics	One hour of introductory skills training in patient safety
Patient Safety Leader	Two day training programme introducing the theoretical basis for safety improvement, safety culture, human factors, structured language, checklists, measuring safety, teamwork and communications
Investigation and Learning • Introduction • Advanced	Building on the existing programme which seeks to build skills in investigations for participants.
Family Liaison Officer	A 6 day course over 6 months aimed at developing a deep understanding of supporting individuals and families experiencing harm or death. Includes advanced training in 'Being Open', Duty of Candour, Coroners and Legal.

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Appendix 3

The **Quality and Performance Committee** will provide oversight on behalf of the Board. The **agenda and work plan** will be re-formatted to align with our strategic intentions for Quality Assurance (QA) and Quality Improvement (QI) and to provide oversight to our enabling strategies:

	Frequency	Annual Report	Internal Audit	Peer Review
QA PILLARS OF QUALITY				
• Progress against RC Strategy	• Quarterly	Y		Y
• Complaints	• Quarterly	Y	Y	Y
• Health and Safety	• Quarterly	Y		Y
• Infection Prevention	• Quarterly	Y	Y	Y
• Medicines Management	• Quarterly	Y	Y	Y
• Serious Incidents	• Quarterly	Y	Y	Y
• Safeguarding	• Quarterly	Y	Y	Y
• Clinical Audit Plan	• Quarterly	Y	Y	Y
QA REPORTING				
• Quality Dashboard	• Monthly			Y
• Quality Visits	• Bi-Annual	Y	Y	
• Quality Account	• Annual	Y	Y	Y
• ROSE Updates	• Bi-Annual			
• Safe Care Closer To Home	• Annual	Y		Y
• Mortality Reviews	• Quarterly	Y		Y
• CQC Action Plan	• Monthly		Y	Y
QI FOCUS				
• Safety	• Biannual			Y
• Effectiveness	• Biannual			Y
• Experience	• Biannual			Y
• Walk Rounds	• Annual			Y
• Capability Building	• Annual			Y
QI REPORTING				
Quality Impact Assessments	• Monthly			Y
Project updates	• Monthly			Y
Highlight Reports;				
CEMG	• Bi-Monthly			Y
NCLF	• Bi-Monthly			Y
SMG	• Bi-Monthly			Y
ANNUAL REPORTS				
Clinical Audit Plan	• Annual	Y	Y	Y
Public Health Plan	• Annual	Y		Y
Research & Development Plan	• Annual	Y		Y
~~Nursing & Midwifery Development Framework~~				
STRATEGIES				
Right Care Strategy	• Quarterly	Y		Y
Digital & Innovation Strategy	• Quarterly	Y		Y
Policies and Procedures	• Monthly	Y		Y

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Angela	Lee	EOC Sector Manager, Greater Manchester
Angela	Wetton	Director of Corporate Affairs
Chris	Gresty	Head of Informatics
Claire	Olive	111 Regional Manager
Dan	Ainsworth	Strategic Head of Emergency Operations Centres
Dave	Winchester	Head of Resilience
Dave	Kitchin	Head of Service, Cheshire and Mersey
David	Ratcliffe	Medical Director, Clinical Governance
Deb	Bullock	Head of Clinical Safety
Derek	Cartwright	CEO
Ellen	Ward	Business Continuity Manager, Resilience
Fiona	Buckley	Head of Risk & Safety
Ged	Blezard	Director of Operations
Graham	Lovatt	Regional Planning Manager
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Jacqueline	Bell	Head of Urgent Care
Jane	Walsh	Senior Patient Safety Manager
Jareth	Ballan	EOC Performance Manager, Cumbria & Lancashire
Jenna	Lancaster	Corporate Governance Manager
Joe	Barrett	Head of Special Operations, Resilience
John	Collins	Consultant Paramedic, Merseyside
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Kevin	Mulcahy	EOC Sector Manager, Cheshire & Merseyside
Lisa	Ward	Deputy Director of Organisational Development
Maria	Ahmed	Non-Executive Director
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Martyn	Forster	Customer Services Manager, Patient Transport Services
Matthew	Dunn	Consultant Paramedic
Matthew	House	Consultant Paramedic

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Quality Strategy Development Away Day:

Maxine	Power	Director of Quality, Innovation & Improvement
Michael	Forrest	Director of Organisational Development, Deputy CEO
Michael	Huddart	Head of Regulatory Compliance
Michelle	Wainwright	Investigations Officer
Neil	Maher	Assistant Director of Estates & Fleet
Neil	Barnes	Deputy Director of Quality
Olivia	Brown	Clinical Services Manager, 111
Pat	McFadden	Head of Service, Greater Manchester
Paul	Wickstead	Deputy Head of Informatics
Pete	Ballan	EOC Sector Manager, Cumbria & Lancashire
Peter	Sutcliffe	Assistant Operations Manager, South Lancashire
Roberta	Stephens	Patient Transport Services Controller
Robin	Ellis	Data Protection Officer
Sally	Jones	Transformation Lead
Steve	Fawcett	Support Services Manager, Fleet
Tracy	Ellery	Director of Finance
Val	Davies	Operational Manager, South Lancashire
Vicky	Worrall	EOC Sector Manager, Greater Manchester
Wyn	Dignan	Chairman

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Building Organisational Capacity for Developing Improvement:

September – Ladybridge			October – Preston			November – Haydock		
Angie	Lee	EOC Manager	Adrian	Arthur	Head of Operations - PTS	Alison	Ormerod	Programme Assurance Manager
Anne	El-Gardi	Head of Business Services	Andrew	Jackson	ROCC Manager	Ayshah	Anwar	Chief Management Accountant
Chris	Ellison	Head of Finance	Carol	Hall	Head of Strategic Planning	Becky	Hunter	HR Manager
Chris	Gresty	Head of Informatics	Carol	Offer	Assistant Director of	Brian	Mayor	Programme Manager
Daniel	Garvey	Trust Procurement	Charlotte	Binns	HR Manager	Carmen	Batt	Senior Team Lead
Donna	Hooley	Sector Manager	Dave	Stuart	Operations Manager	Catherine	Morrison	Acting General PTS Manager GM
Emma	Allenger	ICT Contracts Delivery	Deborah	Bullock	Head of Clinical Safety	David	Dixon	ORSM
Fred	Rose	Health, Safety and	Domini	Lawson	Head of PMO	David	McNichol	Estates Manager
Graham	Lovatt	Regional Planning	Emma	Thompson	ICT Lead Analyst	Deborah	Mallett	Service Development Manager
Ian	Walmsely	Sector Manager	Ian	Underwood	Support Centre Manager	Fiona	Buckley	Deputy Director of Quality
James		EOC Education Manager	Ian	Barton	Operations Manager	Francis	Green	Information Analyst
Janet	Paul	Project Assurance	Irene	Thomas	EOC Deputy Sector	Geoffrey	Downs	Locality Manager
John	Betteridge	Operations Manager EOC	Irene	Thomas	EOC Deputy Sector	George	Mitchell	EOC Duty Manager
John	Gillespie	Head of C Ed and Training	Jackie	Bell	Head of Urgent Care	Greame	McCormack	Information Analyst
Julie	Treharne	Head of Communications	Jackie	Carney	Advanced Paramedic	Ian	Stringer	PTS Head of Service
Kathryn	Roberts	Performance Analyst	Julie	Treharne	Head of Communications	Janet	Phoenix	Operations Manager
Lisa	Tyndall	Learning and	Lorraine	McConnell	Head of HR	Jeanette	Mulcahy	Duty Control Manager C&M EOC
Lisa	Hill	Widening Access	Maria	Kane	Programme	Karen	Aguilera	Waste Control & Minimisation Officer
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Michael	Dorrian	Risk Manager	Matt	House	Consultant Paramedic	Ken	Lynch	Operations Manager
Nicola	Hughes	Head of Financial Planning	Nathan	Hearn	PTS Contract Delivery	Mark	James	Programme Manager
Paul	Wickstead	Deputy Head of	Peter	Mulcahy	Head of Service C&L	Mark	Spriggs	Programme Manager
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			Steve	Fawcett	Support Services Manager	Nicola	Duffy	Management Accountant
			Victoria	Glover	Head of Finance	Nicola	Wilde	PTS Compliance Manager
			Vivienne	Forster	Safeguarding and Mental Health Advisor	Paula	Davies	OD
						Peter	Ballan	EOC Sector Manager
						Richard	Morris	PTS Business Manager
						Roger	Jones	Sector Manager
						Sam	Molloy	PTS Bureau Manager
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						Stuart	Lee	Clinical Safety Practitioner
						Stuart	Ryall	Sector Manager
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