North West Ambulance Service NHS Trust

Board of Directors Meeting

Wednesday, 30 June 2021
9.15 am - 9.30 am

Via Microsoft Teams

AGENDA

Item No	Agenda Item	Time	Purpose	Lead	Page No
INTRODUCTION					
BOD/2122/41	Apologies for Absence	09:15	Information	Chairman	
BOD/2122/42	Declarations of Interest	09:15	Decision	Chairman	
QUALITY AND PERFORMANCE					
BOD/2122/43	Final 2020/21 Quality Account	09:20	Decision	Deputy Director of Quality	3 - 68
CLOSING					
BOD/2122/44	Any Other Business Notified Prior to the Meeting	09:30	Decision	Chair	

Date and Time of Next Meeting 9.45 am on Wednesday, 28 July 2021 via Microsoft Teams

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North West Ambulance Service NHS Trust

REPORT TO BOARD OF DIRECTORS

DATE:	30th June 2021			
SUBJECT:	Final 2020/21 Quality Account			
PRESENTED BY:	Mr N Barnes, Deputy Director of Quality			
LINK TO BOARD ASSURANCE FRAMEWORK:	**SR01**	**SR02**	**SR03**	**SR04**
	☒	☐	☒	☐
PURPOSE OF PAPER:	For Decision			
EXECUTIVE SUMMARY:	The 2020/21 annual Quality Account is being presented to the Board for approval. The draft 2020/21 Quality Account was reviewed by the Executive Leadership Committee on the 23rd June 2021. Initially NWAS received communication via NHS national bodies which indicated the Quality Account deadline would be later in the year to allow NHS organisation to return to business as usual and recover from the Covid-19 pandemic. However, NWAS received communication early May to say the Department Health and Social Care would not be extending the Quality Account timeline and consequently the Quality Account had to be produced and signed off by the 30th June 2021. Due to the tight timelines the Quality Account has not been reviewed by the Q&P Committee but has been sent to the Chair of the Committee and will be shared for information at the July Committee meeting.			
RECOMMENDATION:	The Board are asked: • To approve the 2020/21 Quality Account.			
ARE THERE ANY IMPACTS RELATING TO: **(Refer to Section 4 for detail)**	Equality:	☐	Sustainability	☐
PREVIOUSLY CONSIDERED BY:	Executive Leadership Committee			
	Date:	23rd June 2021		
	Outcome:	Executive Leadership Committee comments were incorporated into the final draft of the 2020/21 Quality Account		

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1. PURPOSE

The purpose of this paper is to provide the 2020/21 Quality Account to the Board for approval. The Account is attached as a separate document.

2. BACKGROUND

NHS Trusts are required to produce an annual Quality Account. However, timeframes for production of the account have been disrupted due to the pandemic.

Production timescales for this year's Quality Account have been truncated due to changing national messaging in relation to the pandemic. Therefore, the process for sign off this year have changed. The account will go to the Board on 30th June 2021 for sign off and national submission.

National guidance has indicated that given the changes in production timeframes limiting the time available to produce the Quality Account, that some aspects of the sign off process can be amended in 2021/22.

3. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS

The Quality Account is a statutory document which must be submitted national on 30/6/21.

4. EQUALITY OR SUSTAINABILITY IMPLICATIONS

N/A

5. RECOMMENDATIONS

It is recommended that the Board:

- To review the content for accuracy
- To approve the 2020/21 Quality Account

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North West Ambulance Service
NHS Trust

QUALITY ACCOUNTS 2020/21

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1. Chief Executives Statement

I am delighted to present the North West Ambulance Service (NWAS) 2020-21 Quality Account which demonstrates the trust's commitment to improving the quality and safety of services we provide for our patients. We have an ambitious goal to be the best ambulance trust in the UK, delivering the Right Care at the Right Time in the Right Place Every Time.

We are proud of the team work of our four service lines, paramedic emergency services (PES), patient transport services (PTS), Hazardous Area Response Team (HART) and NHS 111 and the unwavering support offered by our corporate services. Our partnerships across the North West are vital to our continued success and we are indebted to our volunteer community who have worked tirelessly this year to support the delivery of high quality care to our communities in the North West.

In last year's Quality Account we talked about the challenge of Covid-19 and it would be true to say that none of us could have expected to be still facing those challenges a year on. 2020/21 truly has been a year which will be forever remembered, and, how the NHS persevered at the forefront of the fight against a global pandemic. Like many organisations whose staff were on the frontline, we sadly lost three very dear colleagues to Covid-19, and we would like to pay our respects to those who have lost their lives while working to help others. They were the real heroes of 2020/21.

NWAS was no different to health organisations around the country, and indeed the world, when it came to having to adapt to and manage the impact of the virus. In the first quarter of 2020/21, we had already started to introduce new ways of working and caring for our patients and our staff. We are most definitely, a very different organisation to the one pre-pandemic. There have been lots of lessons learned along the way, some initiatives we have put in place will become permanent features, we have had to be bold and make decisions quickly and we have accepted that we are likely never to go back to fully how we were before Covid-19.

Due to the severity of the pandemic, the trust made the decision to pause some noncritical work, but some, namely those which were crucial for patient care and improved conditions for staff, we endeavoured to continue. As an organisation whose sole remit is to serve and provide care for the people of the North West; their views, opinions, ideas and feedback is extremely important to us. Back in 2019, we launched the Patient and Public Panel to give members of the public a voice and the chance to have their views acted upon. The panel is made up of representatives from local communities, interest groups, the voluntary sector and partner organisations, and offers meaningful opportunities to influence improvements in our emergency, patient transport and 111 services.

Our Quality Account describes:

- What has been achieved in 2020/21
- Where ongoing improvements in quality and safety are required
- How these priorities align to the 2021/22 Quality Account
- How service users, carers, staff and local communities are working with the trust to improve the quality of care

We cannot express our admiration for our staff enough for everything they have done to continue to provide a service for our patients. We try to meet as many as we can, current restrictions allowing, and we are always in awe of their stories, both personal and professional and the genuine care they have for the people they serve. This has been an immensely stressful time for all of them; no matter what role they have within NWAS. All, some way or another, have been impacted by the pandemic but their commitment hasn't wavered.

This Quality Account only gives a snapshot of what we have achieved this year. Please do follow our social media pages and website to see more of what we have been doing to improve patient care and the working lives of our staff. Finally, we would like to thank the people of the North West for their support this year. We hope we have made you proud, we hope you know that we have done our very best during these times and we hope that moving forward, we will all be seeing happier times soon.

Please continue to take care of yourselves and others.

Daren Mochrie
Chief Executive Officer

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

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

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

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

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

By order of the Board

2. Trust Overview

NWAS was established on 1 July 2006 following the merger of the Cumbria, Greater Manchester, Lancashire and Mersey Regional ambulance trusts. One of the largest ambulance trusts in England, NWAS provides services to a population of around seven million people across a geographical area of approximately 5,400 square miles. The trust employs just over 6,300 staff who operate from over 100 sites across the region and provides services for patients in a combination of rural and urban communities, in coastal resorts, affluent areas and in some of the most deprived inner-city areas in the country. We also provide services to a significant transient population of tourists, students and commuters. The North West region is one of the most culturally diverse areas in England, with over 50 different languages spoken by members of the community. Consequently, the trust places considerable emphasis on equality and diversity and public engagement activities to ensure that our services are accessible to all members of the community.

Our Quality Account describes:

- What has been achieved in 2020/21
- Where ongoing improvements in quality and safety are required
- How these priorities align to the 2021/22 Quality Account
- How service users, carers, staff and local communities are working with the trust to improve the quality of care

The trusts Quality Account should be read in conjunction with the Annual Governance Statement and Annual Report.

2.1. Trust Vision and Aims

The trust's ambition is to be the best ambulance service in the UK by providing the right care, at the right time and in the right place, every time for people who access our services. To realise this vision, we created our trust strategy and supporting five-year integrated business plan. Our quality strategy is known as the Right Care strategy, first published in 2018, is now in its 3rd year of implementation.

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. Every day our people go the extra mile to live up to these expectations. Our Right Care 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.

Quarterly progress reports against the Right Care strategy objectives are presented to the Quality and Performance committee. The role of this committee is to provide the board of directors with assurance on all aspects of quality, safety and operational performance relating to the provision of care and services in support of getting the best clinical outcomes and experience for patients. From April 2021, work is being undertaken to improve the Quality and Performance sub-committee structure and this will be finalised during 2021/22.

3. Our Services

NHS 111; who deliver 111 services for the North West region and are major contributors to the delivery of integrated urgent care.

Paramedic Emergency Service (PES) or 999; solo responders, double crewed ambulances and volunteer community responders who provide emergency care to 999 and urgent calls for the population of the North West.

Resilience: Our hazardous area response team (HART) and resilience teams who are there to respond to major incidents to deliver the trust's statutory responsibilities as a Category 1 responder under the Civil Contingencies Act 2004.

Patient Transport Services (PTS); who provide essential transport to non-emergency patients in Cumbria, Lancashire, Merseyside, and Greater Manchester, who are unable to make their own way to or from hospitals, outpatient clinics or other treatment centres.

Volunteering: The trust also has one of the largest and longest established Community First Responder (CFR) schemes in England, with some 800 active CFRs operating across all areas of the North West, providing an effective, complementary service in their local communities. CFRs are volunteers who live and work in local communities. They are trained and activated by the trust to attend certain calls, such as chest pain or cardiac arrest, where time to respond is critical and can make the difference between life and death. The CFR provides care and support to the patient until the arrival of an emergency ambulance.

4. Operational Performance

4.1. NHS 111

2020/21 saw NHS 111 at the forefront of the Covid-19 pandemic response. The service began to see significant increases in call volume during March 2020. Demand since then has remained high with increased volatility, quite often in line with public reaction to the media.

During March 2020, calls waiting to come into the service reached a record level of over 200 at any one time, this consequently impacted the headline key performance indicators (KPI) for calls answered in 60 seconds. In order to mitigate this extended wait for patients, the service very quickly mobilised a team of advisors to specifically take Covid-19 calls and amendments to the interactive voice response (IVR) allowed these to be filtered off to a specific skill set. This allowed the service to still answer routine calls for patients with health needs other than Covid-19. This skill set is still in place today and is being reviewed against future requirements.

Our annual report describes how our 111 service mobilised to deliver the NHS 111 First programme which went live on 1 December 2021.

The NHS 111 First model requests patients thinking about attending an emergency department (ED) to contact NHS 111 first by telephone or online and enables those who do need to attend ED to be booked into a time slot, improving patient experience and the flow of patients into ED, supporting social distancing while waiting. Original assumptions around the increase in demand to telephony was that 20% of unheralded ED activity would transfer to telephony.

There was therefore a requirement for 111 telephony to increase call handling capacity to be able to deal with 20% of unheralded ED attendances, which equated to an increase in the current 111 health advisor baseline of 114 FTE.

The introduction of NHS 111 First has meant a rapid change to our digital systems to allow expansion of home working (to support an increase in call takers) and the connectivity required to access referral pathways and booking systems. Deliverables included:

- A solution to send patient information from 111 to emergency departments
- A solution to book appointments directly from 111 for all emergency departments
- A solution to ensure 111 can book into urgent treatment centres, medical assessment units and walk in centres

Performance Standards: 2020/21 therefore presented a challenging but rewarding year for the NHS 111 service. Performance standards are presented in the table below:

Description	Target	Year	Q1	Q2	Q3	Q4	Total
Calls abandoned	**<5%**	2019/20	2.9%	6.59%	13.3%	21.57%	11.09%
		2020/21	13.67%	13.12%	15.04%	5.9%	12.07%
Calls answered 60s	**95%**	2019/20	86.74%	76.38%	66.9%	60.44%	72.62%
		2020/21	64.62%	62.96%	57.56%	70.42%	64.02%
Calls warm transferred	**75%**	2019/20	37.17%	37.36%	33.3%	21.62%	32.36%
		2020/21	21.87%	19.16%	18.28%	6.68%	13.17%
Call backs within 10m	**75%**	2019/20	47.25%	28.12%	24.33%	16.36%	20.01%
		2020/21	20.13%	16.08%	8.60%	7.88%	13/17%

Table 1: 111 Performance Standards 2020/21

4.2. Paramedic Emergency Services

In 2020/21, the trust faced its most challenging year in delivering the Ambulance Response Programme (ARP) standards. During the Covid-19 pandemic, there were periods throughout the year where standards were challenged, but there were other periods where all standards were achieved. This pattern correlated with the impact of the virus and in line with actions taken nationally, such as lockdown. Despite the trust facing such challenges due to the pandemic, it was able to act quickly and put patient safety at the forefront of its Covid-19 Response Plan.

The fundamental underpinning principle of ARP is to use the right resource at the right time in the right place, in line with the trust's strategic aim. As reported in last year's quality account, a significant piece of work was undertaken to review all shift patterns to ensure resources were operating at the right time, in the right place. Despite the challenge associated with the pandemic, this roster review was completed by the end of Quarter 2 in 2020/21. The benefits of this roster review will come to full fruition as we move out of the pandemic.

Overall, the emergency call volume for 2020/21 reduced by 5.1%. However, throughout the year there were unprecedented peaks and fluctuations in call volume. Despite the significant call volume encountered during peak periods of the pandemic, the trust was able to deliver a high standard of response in answering emergency calls.

This was primarily due to decisions taken at an early stage of the pandemic, to increase our workforce by 65% to answer the emergency calls. The trust continues to focus on taking fewer patients to hospital, delivering safe care closer to home.

ARP Performance Standards: 2020-21 therefore presented a challenging but rewarding year for the PES service. Performance standards were:

Standard	7 mins	15 mins	18 mins	40 mins	120 mins	180 mins
Quarter	**C1 Mean**	**C1 90th Percentile**	**C2 Mean**	**C2 90th Percentile**	**C3 90th Percentile**	**C4 90th Percentile**
Q1	00.07:04	00:11:44	00:19:34	00:38:49	02:06:41	02:41:53
Q2	00:07:20	00:12:21	00:26:58	00:57:58	03:14:00	03:45:20
Q3	00:07:50	00:13:01	00:33:50	01:14:29	03:55:11	05:33:31
Q4	00:07:33	00:12:49	00:26:13	00:55:15	02:48:03	05:07:47
Grand Total	**00:07:28**	**00:12:31**	**00:26:54**	**00:58:04**	**03:02:18**	**04:06:47**

Table 2: ARP Performance Standards 2020/21

4.3. Resilience

Hazardous Area Response Teams, more commonly known as HART, are comprised of specially recruited personnel who are trained and equipped to provide the ambulance

response to high-risk and complex emergency situations. HART teams are based in each of England's ten NHS Ambulance trusts, which means they can cover the whole of the country, in some cases working together on specific, large scale or high-profile incidents, either accidental or deliberately caused. The HART teams at NWAS are based in Manchester and Liverpool. HART teams work alongside the police and fire & rescue services within what is known as the 'inner cordon' (or 'hot zone') of a major incident. The job of the HART teams is to triage and treat casualties and to help save lives in very difficult circumstances. They are also there to look after other emergency personnel who may become injured whilst attending these difficult and challenging incidents.

The NWAS Hazardous Area Response Team were at the forefront of the repatriation of Covid-19 patients from Wuhan in February 2020 and continue to support PES crews in responding to the some of our most challenging incidents. During 2020-21 HART have supported the organisation with training staff to assess respiratory protective equipment (RPE) and were central to our FFP3 Face Fit testing programme, commander training and response to major incidents. The number and type of incidents responded to are detailed in the following table:

Incident Type	Incident Count
Confined Space: Low Risk	2
Confined Space: Medium Risk	3
Hazardous Materials: CBRN	13
Hazardous Materials: Fire	68
Hazardous Materials: HAZMAT	42
Hazardous Materials: Infectious Diseases	1
Operational Support: Clinical Support	63
Operational Support: Manual Handling Support	239
Operational Support: Standby	7
Support To Security Operations: Firearms Operation	37
Support To Security Operations: Public Order	6
Support To Security Operations: Security Operations	22
SWAH: Manmade Structures	58
SWAH: Natural Features	18
Unstable Terrain: Active Rubble Pile	1
Unstable Terrain: ATV Access	18
Unstable Terrain: Trench	1
Water Operations: Coastal Work	24
Water Operations: Flooding	5
Water Operations: Inland Water Rescue	77
Grand Total	**705**

Table 3: HART Incidents 2020/21

4.4. Patient Transport Services

Activity

Overall activity during month 12 (financial year) was 27% below contract baseline, whilst the cumulative position (July 2020 – PTS contract year – to March 2021) was 38% below baseline. The activity position has been significantly impacted by the reduction in elective and outpatient activity throughout 2020-21 resultant from the NHS response to the Covid-

19 pandemic. Whilst activity volumes are below baseline levels, the way in which PTS can utilise its resources has changed significantly, because of social distancing measures e.g., only one patient can travel in a taxi or volunteer car at a time, and a maximum of two patients can travel on an ambulance where a distance of 1m+ can be accommodated. This is causing significant challenges in meeting demand, as care systems implement their outpatient restoration plans.

Performance

At the onset of the Covid-19 pandemic, the NHS suspended PTS eligibility criteria and KPIs to enable PTS providers to support increases in the provision of urgent and emergency ambulance capacity, and to ensure maintenance of services to essential patient groups (those travelling for dialysis, cancer treatment and discharges/ transfer). These arrangements continued throughout 2020/21 however, the table below shows PTS performance from December 2020 through March 2021 and is representative of the full year's position.

Performance Standards

2020-21 therefore presented a challenging but rewarding year for the PTS service.

NWAS Quality Standards																		
				Cumbria				Greater Manchester				Lancashire				Merseyside			
	Area	Metric	Target	Dec-20	Jan-21	Feb-21	Mar-21	Dec-20	Jan-21	Feb-21	Mar-21	Dec-20	Jan-21	Feb-21	Mar-21	Dec-20	Jan-21	Feb-21	Mar-21
General	Booking Systems	Online booking system availability	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		Telephone booking system availability	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		Call Answering	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		Call Answering	75%	77%	65%	51%	46%	77%	64%	54%	50%	77%	64%	52%	49%	78%	65%	53%	48%
		Call Handling - Average Waiting Time	1 minute	26 seconds	59 seconds	117 seconds	122 seconds	35 seconds	76 seconds	109 seconds	115 seconds	33 seconds	74 seconds	114 seconds	115 seconds	26 seconds	61 seconds	113 seconds	114 seconds
	Planned	Missed Collection	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Planned	Misidentification of Patients	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Unplanned	Confirmation of Booking	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Eligibility	Application of eligibility criteria	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Planned	Travel time	Travel time	80%	98%	96%	97%	97%	98%	99%	99%	98%	99%	99%	99%	99%	99%	99%	99%	99%
	Arrival at treatment centre	On time arrival	90%	88%	90%	90%	87%	80%	83%	86%	82%	90%	90%	92%	90%	85%	88%	90%	87%
	Collection from Treatment Centre	Timeliness of departure	80%	88%	89%	88%	88%	63%	68%	75%	66%	78%	80%	84%	80%	82%	84%	88%	82%
			90%	96%	96%	97%	96%	86%	89%	91%	86%	92%	93%	95%	93%	94%	93%	96%	93%
Unplanned	Travel time	Travel Time	80%	94%	95%	96%	97%	94%	94%	96%	95%	94%	91%	94%	95%	98%	98%	98%	97%
	Collection from Discharge Centre	Less than 60 minute wait	80%	81%	86%	83%	81%	64%	70%	83%	64%	69%	76%	86%	78%	79%	79%	89%	83%
		On the day pick up within 90 minutes	90%	89%	92%	92%	90%	69%	83%	91%	76%	73%	85%	92%	88%	84%	89%	95%	90%
EPS	Travel Time	Travel Time	85%	99%	99%	98%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
	Arrival at treatment centre	On time arrival	90%	92%	93%	93%	87%	79%	78%	79%	79%	89%	88%	90%	91%	87%	88%	89%	89%
	Collection from treatment centre	Timeliness of departure	85%	96%	97%	96%	95%	83%	89%	89%	87%	90%	91%	93%	92%	93%	94%	94%	93%
			90%	99%	99%	99%	99%	94%	97%	97%	95%	98%	98%	99%	98%	98%	98%	99%	98%

Table 4: PTS Quality Standard

5. Our Quality Strategy

5.1. Safety

Our goal is to develop the safest system for our 999, 111 and 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 our strategy seeks to take these foundations to the next level focusing on safety improvement.

5.2. Effectiveness

Our goal is to provide clinically effective service using research evidence and agreed professional standards to improve clinical practice and service delivery through clinical audit, review, learning and improvement. In our Right Care strategy, we focus on priority areas to improve the reliability of evidence-based care standards.

- Cardiac arrest
- Stroke
- Sepsis
- Vulnerable patients (including frailty, mental health).
- Preventing Harm to patients who wait for our services (deterioration / self-harm)

5.3. Patient Experience

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 several public engagement channels. This work is a focus for our communications and engagement team and is led by the Director of Strategy and Planning.

5.4. Pillars of Quality

Our fourth commitment is to ensure that underlying processes of care, essential to delivering high quality care, are continuously improved. 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. The six domains are:

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

Our strategy signals our intention to progress these six pillars of quality to previously unprecedented levels of performance.

6. Our Improvement Approach

6.1. Method

Our approach to improvement is grounded in the theoretical models of Deming, Juran and Shewhart. We 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, measurable, 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.

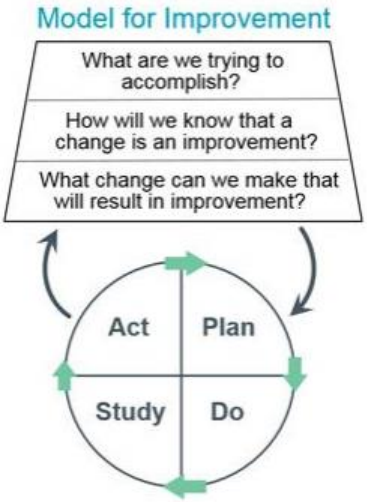

Figure 1: The model for improvement

6.2. Measurement and Intelligence

We continue to commit to building a system of real time quality measurement and feedback to the service which can be used for performance, quality surveillance and improvement. We are building measures for key programmes of work and providing 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.

6.3. Skills Training

We continue to prioritise the building of improvement skills in individuals and teams, focusing on patient care priority areas. We continue to build our improvement network and design forums 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, are tested and used throughout the organisation.

6.4. Quality Assurance Visits

We continue to focus on the design and testing of a standardised process for quality assurance. Importantly the quality visits 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 is critical to ensuring management oversight and corporate assurance on key standards.

7. Our Improvements 20/21

7.1. Safety

The safety programme is overseen by the trusts safety management group, chaired by the Chief Nurse on behalf of the Director of Quality, Innovation and Improvement. The committee provides assurance that the trust is delivering the required standards and improvement, reporting risks via the chairs assurance report to the Quality and Performance committee. The committee conducts an annual review of effectiveness. In 2020/21 the committee was found to have delivered on its terms of reference.

Overview

In the 2020/21 NHS staff survey, 98% of our staff knew how to report a safety incident. We encourage all staff to report risks, near misses, incidents and participate in learning when things go wrong. The trust participates in the National Picker Survey. The results for FY 20/21 show that overall:

- 95% know how to report unsafe practice
- 68% feel secure raising concerns about unsafe practice
- 49% staff feel that they are treated fairly when they have a near miss or incident
- 58% feel that the organisation takes action to ensure that near misses are not repeated
- 59% feel safe to speak up about anything that concerns them in the organisation

In response to the staff survey results action plans are produced and improvement plans are developed. The work is overseen by senior clinicians as part of the work of the learning forums and level 2 & 3 operational meetings. Regular updates are presented to assurance committees. Section 8.4.2 of this Quality Account describes the incidents we receive and the learning from incidents (including serious incidents) in the reporting period.

In December 2020, we appointed a full-time senior Patient Safety Specialist to lead our strategic and operational approach to safety. During 2021 we have seen some significant progress in our incident management, learning and complaints handling. These will continue into 2021-22.

Safety Culture Surveys

NWAS continues to pilot a programme of diagnostic safety culture surveys in the Emergency Operations Centre (EOC). Within Quarter 1 of 2020/21, there were plans to meet with the

staff based at the Broughton EOC (who piloted the culture survey in 2019-2020) to share the learning from the culture survey results.

The ambition was to implement this work across all emergency operations centres during 2020-21, however, due to Covid-19, this work was stopped. Learning from this pilot work will inform the ongoing patient safety and improvement plans for 2021-22.

Safety Improvement in Emergency Operations Centres (EOC)
Despite this pause to our safety culture survey programme, other work has progressed in the EOC in relation to safety culture initiatives and these include:

- **Increase in Incident reporting:** Increasing internally reported incidents in the EOC from 40 per month to 340 per month and regular review of learning from incidents at the EOC learning forum
- **Implementation of the clinical co-ordination desk (CCD) and the welfare module** by senior clinical staff in control. The trust undertakes a live review of incident data to understand areas of pressure and takes action to avoid harm while patients are waiting via the clinical coordination desk which was introduced in 2021 to provide clinical oversight of patients waiting for an ambulance
- **Development of "check-lists" to allow for safe closure** of sign-posting calls and prevent errors in call handling
- **Supervisor development sessions** led by the call handling team. Topics include patient safety, raising incidents and undertaking assurance audits.
- **Safe dispatch:** A programme of work called 'Putting Patients First' supporting improvements within the dispatch team including the appointment of a senior clinician to support dispatch practices and improvement
- **Improvement to the demand management plan** (Patient Safety Plan): The trust has implemented a clear plan to deal with surges in demand called the Patient Safety Plan (PSP) which allows us to flexibly change our response to incidents dependent upon the activity. The PSP is constantly reviewed and dynamically deployed by a highly skilled team of commanders and our regional coordination centre (ROCC).
- **Daily Patient Safety Huddles** to review patients who are delayed outside hospitals, work with advanced paramedics to identify harm and work with system partners on awareness and improvement

Other safety improvements linked to our 2020-21 ambitions:

Introduce safer working patterns for staff to increase their ability to deliver safer care
The Building Better Rotas project reached conclusion in February 2021. The principle aim of this project was to review and implement new rotas designed to deliver an improvement in alignment of capacity with demand across all service lines.

The new rotas have been designed and implemented in collaboration with frontline operational colleagues and trade unions to ensure both operational demand is met and facilitate a key opportunity to deliver improvements for our staff and patients. New rotas have been implemented across PES, EOC, Clinical Hub (CH) and 111 and to assist staff in

maintaining and improving work/home lifestyle balance whilst continuing to meet service demand.

Implementation was delivered via a phased approach using innovative methodology in collaboration with Working Time Solution (WTS).

WTS is an independent external supplier, with a proven record of accomplishment of successfully reviewing and redesigning rosters in other ambulance services in England. Monitoring the implementation of the new rotas will continue throughout 2021/22.

Develop our workforce to design safer systems, in order to optimise safety and minimise the risk of error

The trust 'Smart' innovation programme has been developed to test the latest technologies and approaches to improving wellbeing of staff, maximising efficiency and productivity and improving patient care. Work is being piloted within the Cumbria and Lancashire area and includes visual wallboards, vehicle checks and stock management. Capital funding has been secured to develop this further in 2021-22.

SafeCheck has been developed through the innovation pipeline at NWAS and is now deployed across the whole trust as a safety assurance system for the road worthiness of vehicles, compliance with legal requirements and equipment checks. SafeCheck has now replaced the previous paper system.

Key benefits of the SafeCheck system include:

- Visible oversight for operational managers on a real time basis of vehicles and equipment
- Alerts sent to action owners on critical issues, faults or the omission of checks
- Active monitoring of data and promoting the importance of vehicle check compliance via the PES Health and Safety group
- Vehicle safety is a regular agenda item on the fortnightly Operation Outstanding meeting which operational leads attend
- The ability to capture data in a robust way allows opportunity for improvement

Pilot data from Quarter 3 and 4 of 2020/21 show the current reporting rates which are subject to review and validation by operational management teams prior to any benchmarking or improvement goals.

Vehicle check Q4 2020/21 SafeCheck	Vehicles	Vehicles with greater than 75% average daily checks recorded	Vehicles with between 45% and 75% average daily checks recorded	Vehicles with less than 45% average daily checks recorded	Sector Compliance
CLA East	44	9	23	12	**56.80**
CLA Fylde	28	7	16	5	**61.03**
CLA M Bay	40	17	19	4	**67.67**
CLA North	44	13	20	11	**61.33**
CLA South	35	8	20	7	**58.32**
CMA East	51	4	13	34	**36.15**
CMA North	70	1	12	57	**26.02**
CMA South	43	1	15	27	**37.37**
CMA West	38	10	21	7	**61.36**

GMA Central	57	1	24	32	**39.70**
GMA East	54	7	26	21	**50.24**
GMA South	69	23	25	21	**57.32**
GMA West	57	0	22	35	**34.23**
TOTAL	**630**	**101**	**256**	**273**	**49.81**

Table 5: Pilot vehicle check data using SafeCheck

Embed digital systems for measuring, monitoring and reducing avoidable harm across the trust

During 2020/21 the trust has invested in a Microsoft Office 365 product called Power BI which is an interactive business intelligence interface software where users can interact with reports and dashboards as a 'self-service' function. A high-level roadmap for key business intelligence dashboards has been designed for the next 12 months. The delivery of the electronic patient record (EPR) is progressing according to schedule and has been successfully rolled out across the whole of Cumbria and Lancashire in the last 12 months. There are plans to deliver training and implement EPR across other locations during 2021/22.

7.2. Speaking up

The trust is committed to an open and honest culture to maintain the highest standards of patient care in keeping with the trust values. The trust continuously strives to act with honesty and integrity in its management systems, processes, to act as a responsible employer and to protect the people within the community that it serves from harm.

Freedom to speak up (FTSU) has continued to be embedded within the trust during 2020/21 through the work of the Freedom to Speak up guardian and the numerous Freedom to Speak Up Champions across both clinical and non-clinical services. The trust has 18 FTSU champions who are spread out geographically and are diverse in terms of demographics, background and experience. If a member of staff or volunteer wants to raise a concern, they can approach their local FTSU champion, the FTSU guardian, staff side representatives, senior management, outside agencies including National Guardians Office (NGO) and the CQC. Details of ways to speak up are provided in detail below. The board has implemented a FTSU policy and receive quarterly assurance reports and an annual report which highlight areas of concern and mitigating actions.

Ways to Speak Up

Staff can raise concerns about individual employment rights or personal treatment (e.g., bullying and harassment) under the trust's Individual and Collective Grievance Policy and Procedure and/or the Dignity at Work Policy. Where an individual feels it is impossible to do this, they can contact the trust's FTSU champions or guardian, who will provide independent and impartial advice regarding the application and procedure associated with raising a concern at work.

The trust has a FTSU Policy to protect whistle blowers if they have a reasonable suspicion that malpractice is occurring, has occurred or is likely to occur, and it is in the public interest. In the spirit of FTSU, the policy also aims to support staff that may wish to speak out about any concern and provides assurance that they will be listened to, and their concern will be acted upon. Under this policy, staff can raise a concern about risk, malpractice or

wrongdoing that they think is harming the service we deliver (e.g., concerns over quality of care or patient safety). The trust has expressly taken responsibility to ensure that all reasonable steps are taken to prevent co-workers subjecting whistle-blowers to bad treatment or detriment.

The trust's FTSU guardian is also responsible for ensuring that individuals receive appropriate feedback on how issues that they speak up about are investigated and, where appropriate, the conclusion of any such investigation.

There are various ways staff can speak up which can be in a face-to-face setting, virtual setting or written format. Issues or concerns can also be raised anonymously or by a named individual and methods include:

- Via letters to the Chief Executive Officer (CEO)
- Via their trade union representative
- A call into Human Resources
- Speaking to their line manager or a senior manager
- Logging an incident via Datix
- Via an Occupational Health (OH) report. Where a member of staff discloses a concern to OH, but they may have not informed their line manager.

Information in relation to FTSU sits on the trusts internal intranet pages and includes videos on the role of FTSU guardian and champions, how to raise a concern and contact details.

FTSU activity 2020/21

During 2020/21, 228 concerns were raised. The themes were bullying, attitudes and behaviours, working practices and human resource matters.

Learning from FTSU

The guardian reports to an executive director and there is also a non-executive director with a responsibility for Freedom to Speak Up. Regular meetings take place between the Freedom to Speak up guardian and NWAS Chief Executive. Themes are discussed in these meeting and then shared with the wider executive team.

Staff have told the Freedom to Speak Up (FTSU) guardian that they feel confident in raising a concern and know how to raise it, who to raise it with, and what to expect after they have raised it. During 2020/21 we have made improvements to our FTSU processes and awareness within the trust including:

- A new FTSU raising concerns policy.
- Inclusion of 'Speaking up' and Just Culture in mandatory training
- Inclusion of the importance of 'Speaking up' and Just Culture at induction.
- Regular communications updates.
- FTSU page on the staff app.
- FTSU page on the Green Room Posters.
- Various FTSU merchandise.

The trust has worked throughout 2020/21 on positive developments to a healthy speaking up culture. Highlights of this work include in a number of ways:

- Cascading learning from FTSU concerns that have led to improved practices in case studies, such as those related to team working
- Looking for trends and triangulating data to create insight into safety culture

- Introducing a culture project to support managers using an independent consultancy who specialise in organisational culture and development (Zeal Solutions)
- Launching the ***Treat Me Right*** campaign
- Running the 'Be Think Do' leadership programme
- 'When's banter not banter' campaign
- Supporting staff health and wellbeing

7.3. Learning from Deaths

During 2020/21, the trust has implemented a robust process of reporting consistent with the requirements in the national guidance for ambulance trusts on learning from deaths published by the National Quality Board (NQB) and the LFD policy (approved 2019). This standardised and transparent approach to the reporting of learning compliments the quality improvement work within the trust and ensures we can protect future patients from avoidable harm, reduce unwarranted variation and provide truly patient-centred care.

The trust has identified a dedicated cohort of senior clinicians who have received standardised training to enable them to undertake structured judgement reviews (SJR). These clinicians work alongside a multi-disciplinary team including representatives from the Medical Directorate, Clinical Quality, Clinical Safety, Safeguarding and Patient Experience teams to enable robust reporting against the policy requirements. The structured judgement review methodology which is at the centre of our learning from deaths processes, allows us to identify strengths and weaknesses in the caring process and to provide information about what can be learnt about the systems and processes in use. It allows us to identify where care goes well and to identify points where there may be gaps, problems or difficulty in the care process. To identify the strengths and weaknesses of individual patient contact episodes there is a need to look at the full range of care provided to an individual; this 'end to end' review of a care episode, from the point of call to the point of disposition, allows for the nuances of individual cases and the outcomes of interventions to be considered.

The national guidance for ambulance trusts on learning from deaths was published in July 2019 and requires ambulance trusts to review patient deaths from Quarter 4 2019/20 onwards. The trust's learning from deaths team made the decision to break the programme into two phases:

Phase 1: Identify all deaths where a concern was raised by ambulance personnel, other health and care staff and/or families or carers about the care received.
Phase 2: A minimum sample of 40 cases comprising of:

- Deaths where a Category 1 response had a significant delay (incidents with a response time over 30 minutes)
- Deaths where a Category 2 response had a significant delay (incidents with a response time over 80 minutes)
- Deaths of patients assessed as requiring Category 3 and Category 4 responses
- Deaths that occur following handover to an NHS acute, community or mental health trust or to a primary care provider when this information is known by way of notification to NWAS
- Deaths of patients who were not initially conveyed to hospital and who then has re-contact with NWAS within 24 hours

Quarterly reporting was established during Quarter 2 of 2020/21 and the reports are received and reviewed through the trust's corporate governance structures. The trust's approach to learning from deaths goes far beyond a process of simply counting, classifying and reporting deaths; it is a commitment to supporting our journey towards providing an outstanding service to patients, their families and carers.

The learning from deaths programme has developed and improved on the existing National Mortality Case Record Review (NMCRR) toolkit used in acute hospital trusts. This toolkit details the use of the Structured Judgement Review (SJR) methodology employed within acute NHS trusts. The trust adapted this training to suit an ambulance setting through in house training and support for staff undertaking the reviews.

The table below displays the quarterly cases reviewed in 2020/21:

2020/2021 Learning from Deaths	Total Number of Deaths in Scope (Phase 1 Datix Data)	Total Number of Deaths in Scope (Phase 2 SJR Data)	Total Number of Deaths Reviewed	% Deaths Reviewed	Total number of Deaths where problems in care have contributed
Q1	80	*Process under development	17	21.3%	8
Q2	36	41	33	42.9%	16
Q3	24	53	49	63.6%	26
Q4	*Currently unpublished	*Currently unpublished	*Currently unpublished	*Currently unpublished	*Currently unpublished
Year-to-Date	**140**	**94**	**99**	**42.3%**	**50**

Table 6: Learning from deaths, cases reviewed 2020/21

7.4. Effectiveness

The clinical effectiveness programme is overseen by the trusts clinical effectiveness committee, chaired by the Medical Director. The committee provides assurance that the trust is delivering the required standards and improvement, reporting risks via the chairs assurance report to the Quality and Performance committee. The committee conducts an annual review of effectiveness. In 2020-21 the committee was found to have delivered on its terms of reference.

The pandemic had a significant impact on the ability for the trust to meet its mandatory and regulatory clinical audit programme which has meant local effectiveness improvement measures suite has not progressed as anticipated. This work will recommence in 2021/2022 as part of Covid-19 recovery work.

7.4.1. The Ambulance Clinical Quality Indicators (ACQIs)

Our key measure of the effectiveness of our services is the national ACQI returns which are produced each month by the clinical quality team (clinical audit and improvement) and used by the clinical leadership to inform their local improvement and feedback to staff. The Clinical Audit team welcomed Mersey internal Audit (MIAA) into the trust in November 2020.

The final report, received in February 2021, provided substantial assurance for the clinical audit work programme.

There are clinical leads for each of the indicators who lead working groups across the trust and work with system partners to learn and share outcomes. Local reporting on the National ACQIs is received quarterly at trust's Quality and Performance committee and the Clinical Effectiveness sub-committee. Further localised reporting is provided to the clinical leads within the trust for Cardiac Arrest, STEMI, Stroke and Sepsis to contribute to learning and improvement in the quality of healthcare provided. The trust submits its ACQI outcomes and performance as part of its national return.

Data collection for these indicators occurs three months in arrears, so the performance data displayed in the below tables are for Quarter 1 – Q3 2020/21.

National Ambulance Clinical Quality Indicator	December Performance 2019/20	December Performance 2020/21	December National Average 2020/21
Cardiac Arrest (All - ROSC at Hospital)	29.6% (91/307)	23.8% (72/303)	21.5% (668/3113)
Cardiac Arrest (Utstein – ROSC at Hospital)	56.3% (27/48)	46.2% (18/39)	43.1% (18/39)
Cardiac Arrest (All - Survival to discharge)	9.0% (26/289)	3.5% (10/286)	5.5% (165/3000)
Cardiac Arrest (Utstein Survival to discharge)	33.3% (15/45)	14.3% (5/35)	19.1% (72/377)
STEMI PPCI Patients (Call to Angiography)	Mean average time = 2hrs 30mins (n=138)	Mean average time = 2hrs 34 mins (n=136)	Mean average time = 2hrs 21mins (n=1043)
Confirmed Stroke Patients (Call to Door)	Mean average time = 1hrs 28mins (n=602)	Mean average time = 1hrs 23 mins (n=594)	Mean average time = 1hrs 31 mins (n=4193)
Suspected Sepsis Care Bundle	78.2% (867/1109)	80.9% (514/635)	85.5% (6000/7018)

Table 7: ACQI Outcomes (Q4 2019/20 - Q3 2020/21

ACQI published figures December 2019/20 and 2020/21. Data source: NHS England AMBCO published figures; https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ Last accessed: 19/05/2021.

Stroke Care Bundles

Reporting Period: April 2020 – December 2020	AQI Care Bundle Performance	NWAS: Outcomes from Stroke Care Bundle	National Average & Range
	Apr 20	No National Data published	
	May 20	**98.7% (851/862)**	**98.0% (94.7%-100%)**
	Jun 20	No National Data published	
	Jul 20	No National Data published	
	Aug 20	**98.0% (1021/1042)**	**98.3% (93.7%-100%)**
	Sep 20	No National Data published	
	Oct 20	No National Data published	
	Nov 20	**98.5% (969/984)**	**97.8% (92.1%-99.8%)**
	Dec 20	No National Data published	
	Jan 21	National data not published at time of writing	
	Feb 21		
	Mar 21		

Table 8: ACQI Stroke care bundle data

Data source: NHS England AMBCO published figures; https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ Last accessed: 19/05/2021.

Acute ST-elevation Myocardial Infarction Care Bundle

Reporting Period: April – December 2020	AQI Care Bundle Performance	NWAS: Outcomes from Acute ST-elevation Myocardial Infarction Care Bundle	National Average & Range
	Apr 20	**73.1% (49/67)**	**76.2% (41.8%-96.1%)**
	May 20	No National Data published	
	Jun 20	No National Data published	
	Jul 20	**75.3% (64/85)**	**78.3% (51.5%-98.0%)**
	Aug 20	No National Data published	
	Sep 20	No National Data published	
	Oct 20	**76.5% (65/85)**	**76.4% (52.4%-96.1%)**
	Nov 20	No National Data published	
	Dec 20	No National Data published	
	Jan 21	National data not published at time of writing	
	Feb 21		
	Mar 21		

Table 9: ACQI ST elevation myocardial infarction care bundle data

Data source: NHS England AMBCO published figures; https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ Last accessed: 19/05/2021.

Post ROSC Care Bundle

Reporting Period: April – December 2020	AQI Care Bundle Performance	NWAS: Outcomes from patients receiving post ROSC Care Bundle	National Average & Range
	Apr 20	**56.0% (47/84)**	**72.8% (37.7%-91.5%)**
	May 20	No National Data published	
	Jun 20	No National Data published	
	Jul 20	**70.9% (61/86)**	**73.8% (0.0%-94.4%)**
	Aug 20	No National Data published	
	Sep 20	No National Data published	
	Oct 20	**63.8% (44/69)**	**76.5% (59.3%-97.5%)**
	Nov 20	No National Data published	
	Dec 20	No National Data published	
	Jan 21	National data not published at time of writing	
	Feb 21		
	Mar 21		

Table 10: ACQI post ROSC care bundle data.

Data source: NHS England AMBCO published figures; https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ Last accessed: 19/05/2021.

Sepsis Care Bundle

Reporting Period: April 2020 – December 2020	AQI Care Bundle Performance	NWAS: Outcomes from Sepsis Care Bundle	National Average & Range
	Apr 20	No National Data published	
	May 20	No National Data published	
	Jun 20	**77.2% (285/369)**	**80.6% (59.2%-92.5%)**
	Jul 20	No National Data published	
	Aug 20	No National Data published	
	Sep 20	**72.5% (366/505)**	**81.5% (59.6%-92.7%**
	Oct 20	No National Data published	
	Nov 20	No National Data published	
	Dec 20	**80.9% (514/635)**	**85.5% (56.9%-94.0%)**
	Jan 21	National data not published at time of writing	
	Feb 21		
	Mar 21		

Table 11: ACQI Sepsis care bundle data

Data source: NHS England AMBCO published figures; https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ Last accessed: 19/05/2021.

7.4.2. Every Minute Matters

In 2018 there were over 700,000 attendances to hospitals across the North West by ambulance. In this period, it took on average 33 minutes from arrival at hospital to the point

ambulance crews were ready for the next call. However, with wide variation in performance across the North West some average times were in excess of 40 minutes. In the same year 21,973 patients waited longer than 60 minutes for handover to hospital professionals. Hospital corridor queues were commonplace, resulting in poor patient experience, low staff morale, increased response times and serious incidents. 95,126 hours were lost from ambulances taking longer than the nationally prescribed maximum of 30 minutes for standard transfers. This equated to nearly 4,000 additional double-manned ambulances that would have been available in 2018. Therefore, a programme of improvement work to tackle delays called Every Minute Matters (EMM) was initiated and extended into a three-year programme of work with an aim of reducing average hospital turnaround time to the national standard of 30 minutes, with a stretch target of 26 minutes by 2021/22. At the end of phase two (year 2), 14 sites across the North West had participated, with 11 of the 14 sites showing a reduction in handover times, of three minutes per patient versus the baseline for the sites participating within the programme.

Phase three of this programme was due to start at the beginning of 2020/21, this was substantially redesigned and reduced in scope to support the pandemic response. Handover improvement work has continued with a smaller number of sites as part of the national hospital handover programme in partnership with NHSE/I. Handover times have continued to reduce overall and have now stabilised at an average of 29 minutes, (with some short-term highs during the peaks of the pandemic waves, when the risk of handover delays escalated to a score of 20). This average time of 29 minutes now meets the national requirement of 30 minutes (and the commissioned requirement of 34 minutes), however handover time has not met the stretch goal. Nevertheless, this reduction in handover time is still a significant improvement and represents a four minute (12%) improvement from the baseline across all sites (not just those specifically in the collaborative). This can be seen in the figure blow. Therefore, this improvement represents a four minute productivity gain on average that has been utilised for other service needs and to manage patient demand. The improvements over time can be seen in the figure below.

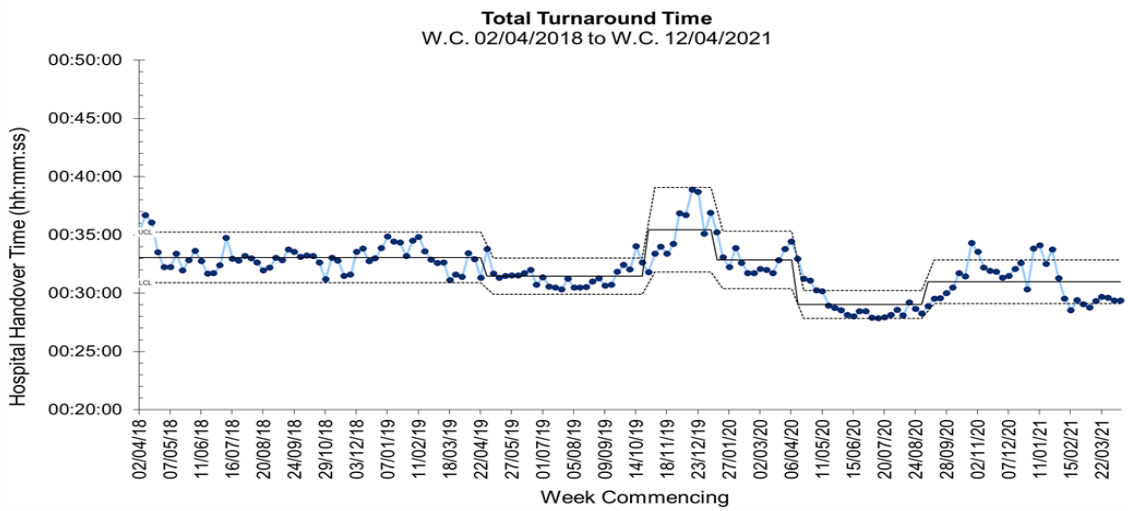

Figure 2: Handover times run chart 2018-2021

Over Winter 2020/21, new infection, prevention and control controls at hospital emergency departments due to Covid-19 impacted the timeliness of hospital handover and teams have collaborated closely across the Northwest to reduce this emerging risk to delays in hospital handover. This included a number of executive to executive conversations, new data collection processes to understand the impact of enhanced controls, the adaptation of existing processes and testing including the handover patient safety checklist and the development of action cards for crews who are delayed during the handover process. In

addition, learning sessions were held collaboratively across virtual platforms to share best practice.

7.4.3. Right Care at Home

Much improvement work across NWAS was deferred during the height of the pandemic. The improvement team were redeployed to support the delivery and improvement of infection prevention and control services. However, by February, 2021, following an extensive recruitment process, a pilot improvement collaborative launched with 14 senior paramedic team leaders (SPTL's) called 'Right Care at Home'. 43 SPTL's across the NWAS footprint applied to be in the collaborative. The aim of the collaborative participants is to understand how they can safely increase non-conveyance to hospital. Baseline information indicates that current non-conveyance rates (see and treat and hear and treat combined) across NWAS is 41%, although this varies across the footprint and across team members. The Right Care at Home participants aim is to see if this can be safely raised to as high as 50%.

The delivery model for the Right Care at Home collaborative is a nine month programme which is run across three cohorts using the IHI Breakthrough Series framework using the Model for Improvement. Cohort 1 (test cohort) has taken place February to June 2021, and subject to evaluation, cohort 2 is planned for July to October 2021 and cohort 3 is planned for September to December 2021.The collaborative launched virtually using MS Teams and a phased approach to engagement would be beneficial given the ongoing pandemic.

The collaborative aims to reduce variation in practices by:

- **Unlocking Innovation**: SPTLs adopt an approach that empowers team members to suggest and test their own ideas for improvement and creates a climate where innovation blockers are challenged
- **Supporting Confident Decisions**: Ensuring optimal application of triage tools to support safe and appropriate non-conveyance
- **Boosting Clinical Judgement**: Extension of the clinical scope of practice in areas that are likely to support non-conveyance across many patients, e.g., wound care, dipstick urinalysis. This will be supported by learning what works for other ambulance trusts and the scope of practice of other NWAS clinicians
- **Developing Smarter Partnerships**: Supporting clinicians to make full use of existing referral pathways by making sure they know what is available and can refer patients quickly and easily. This is intended to be focussed on building on existing relationships

7.4.4. Clinical Audit

The Clinical Audit teams manages all aspects of the national mandatory clinical audits that related to patient outcomes as part of the ambulance quality indicator data sets. The data collected for this is detailed in section 7.4.1.

In June 2020 an audit was initiated to provide assurance as to the staff compliance with the use of appropriate protection at incidents where aerosol generated procedures take place. The respiratory protective equipment audit has demonstrated a compliance rate of 94 % by March 2021. The reasons for non-compliance are identified and local action taken to address why it happened.

In January 2021 an additional ad-hoc audit was requested nationally by the Association of Ambulance Chief Executives to conduct a point prevalence study to understand potential patient harm in the context of hospital handover delays. Cases were selected by each

ambulance service throughout Monday 4th January 2021 for review. Cases were included if their handover delay was greater than 60 minutes from hospital arrival time to handover and the patient was over 16 years of age. 61 cases were identified as meeting the criteria. 11 of the 61 patients identified were assessed as requiring additional medical treatment/intervention prior to handover. One patient was assessed as having moderate harm and experienced the longest delay in handover within the 61 cases.

The Clinical Audit team welcomed Mersey internal Audit (MIAA) into the trust in November 2020 and worked with them to provide information of clinical audit for the whole trust. The draft report was received in January 2021. Following a review of the report a management response was returned to MIAA in February 2021. The final report received, provided substantial assurance for the clinical audit work programme.

7.4.5. Patient Engagement and Experience

The trust committed to a progressive programme of patient and public engagement in 2020-21 including:

Expanding the Patient and Public Panel, to achieve representation of the communities we serve and give patients a 'louder voice' in the organisation

The trust Patient and Public Panel (PPP) was established in September 2019 to give patients, the public and communities a voice and the chance to have their views acted upon. It has continued to meet during 2020-21 despite the pandemic. The panel is made up of representatives from local communities, interest groups, the voluntary sector and partner organisations, and offers meaningful opportunities for members to influence decisions and improvements in our urgent and emergency care, PTS and 111 services. The aim of the panel is to help support the delivery of safer services, improved patient and public experience and quality of care. Patients are experts in their experience and bring good knowledge of systems and how services work.

The trust has continued to recruit new members and actively engage throughout the past 12 months via virtual platforms by investing in a collaboration platform called Microsoft Teams. At the end of March 2021, the trust had fully inducted 143 PPP members, with most already involved in the work of the trust. This is nearly double the number of PPP members from March 2020 where the trust had 72 members, and this is more than the trust's original target of 125 members set in April 2019. This is a remarkable success for the trust in a challenging year.

Continuing to increase the visibility of patients and their stories at board, executive and service line leadership

The PPP has an infrastructure to enable patients/the public to become involved at a level that suits them, however at present, all levels are engaging virtually until further notice:

- 'Consult' is virtual, making the most of digital channels to interact with members who can get involved whenever or wherever they choose
- 'Co-produce' panel members work together on short-term projects using co-production techniques
- 'Influence' members take an ongoing, active role in high-level meetings to enhance decision making and discussions

A breakdown of panel member's involvement by level can be found in the figure below.

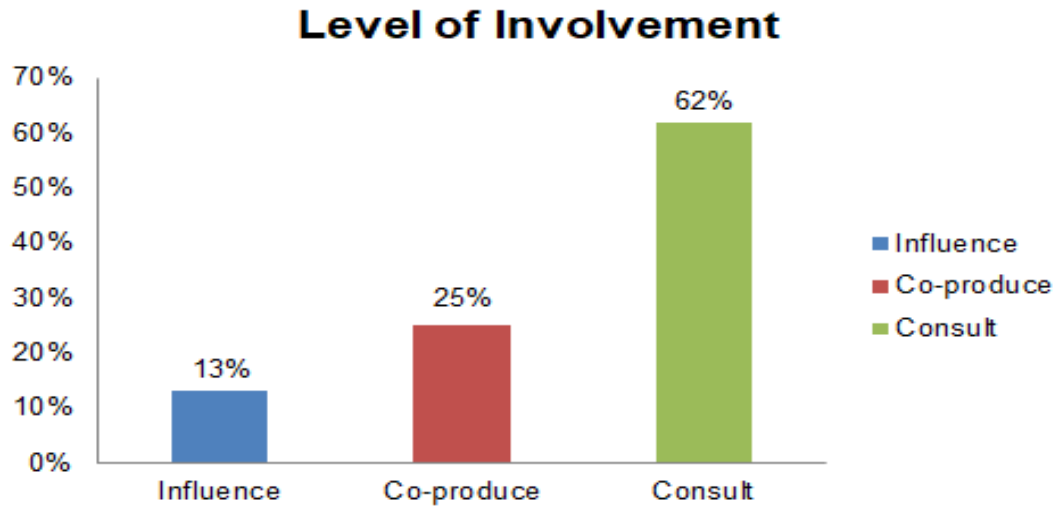

Figure 3: Breakdown of panel member's involvement by level

Enriching our patient engagement work to gain a granular understanding of how patients experience our services, with a view to tailoring services to meet their circumstances

From April 2020 to March 2021, PPP members have been invited to get involved in 44 opportunities with staff across the trust. The PPP have been able to get involved in regular high-level meetings (area learning forums, mental health work streams and complaints review panels), a mystery shopper activity with PTS, regular information, and development sessions. They have also had the opportunity to provide feedback on key documents and publications.

In addition, the trust has successfully reached its target for members in the younger age bracket (16-24) as shown at figure 2. However, the trust recognises more work needs to be done to engage with young people across the North West. The trust has secured funding to further progress recruitment of young people to become a trust PPP panel member and the development of a youth zone on the trust's website during 2021/22.

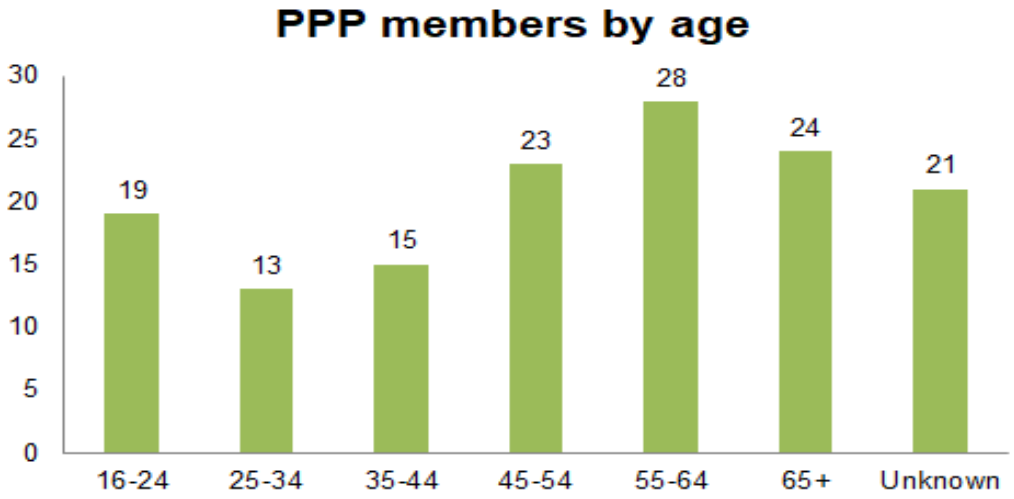

Figure 4: PPP members by age

An extensive patient engagement programme was successfully completed during 2020/21 despite the suspension by NHS England for data submission and collection in April 2020. The trust continued to develop its digital offer by providing the opportunity to complete patient surveys via short message service (SMS) text and online; https://www.nwas.nhs.uk/get-involved/share-your-experience/tell-us-how-we-did/ and used this approach to introduce FFTs with 111 first.

Also, instead of traditional face to face engagement that would normally take place with patient and community groups, the trust has been hosting and joining virtual engagement sessions via MS Teams and Zoom.

Patients Friends and Family

New guidance for the FFT came into force from 1 April 2020 and although reporting had been delayed by NHS England (NHSE) due to the impact of Covid-19, an implementation plan to deliver against this guidance and subsequent national FFT reporting arrangements had been approved by the trust well in advance of any impending dates.

National FFT data collection resumed in November 2020 and reporting recommenced in February 2021 with a continued focus on digital channels as opposed to postal returns. The national pause in data collection has led 'in-year' to only 136 surveys returned. Short message service (SMS) feedback is the preferred feedback modality and used across PES, PTS and 111 services. The figures below respectively provide a summary of survey response feedback data including FFT by quarter.

Patient Engagement Surveys (01/04/2020-31/03/2021)	2020 - 2021	Patient Transport Service*	Paramedic Emergency Service	Urgent Care Service*	NHS 111 Service	NHS 111 First Service
Completed Patient Engagement Surveys (Postal/ Online)	Q1	0	0	0	839	0
	Q2	3	46	1	749	0
	Q3	5	66	0	503	86
	Q4	0	24	1	853	739
	YTD	**8**	**136**	**2**	**2944**	**825**
Cared for appropriately with dignity, compassion and respect (Strongly Agree/ Agree)	Q1	No data	No data	No data	n/a	n/a
	Q2	100%	89.1%	100%	n/a	n/a
	Q3	80.0%	86.4%	No data	n/a	n/a
	Q4	No data	91.7%	100%	n/a	n/a
	YTD	**87.5%**	**88.2%**	**100%**	**n/a**	**n/a**
Overall satisfaction received (Very Satisfied/ Fairly Satisfied/ Yes)	Q1	n/a	n/a	n/a	94.9%	No data
	Q2	n/a	n/a	n/a	95.2%	No data
	Q3	n/a	n/a	n/a	92.3%	94.1%
	Q4	n/a	n/a	n/a	94.2%	96.6%
	YTD	**n/a**	**n/a**	**n/a**	**94.3%**	**96.4%**
Overall experience of service/ recommend Ambulance Service to friends and family (Very Good/ Good)	Q1	No data	No data	No data	94.5%	No data
	Q2	100%	91.3%	100%	95.9%	No data
	Q3	80.0%	86.4%	No data	91.6%	91.7%
	Q4	No data	91.7%	100%	93.7%	95.6%
	YTD	**87.5%**	**96.2%**	**100%**	**94.2%**	**95.2%**

Figure 5: Survey response feedback data including FFT by quarter

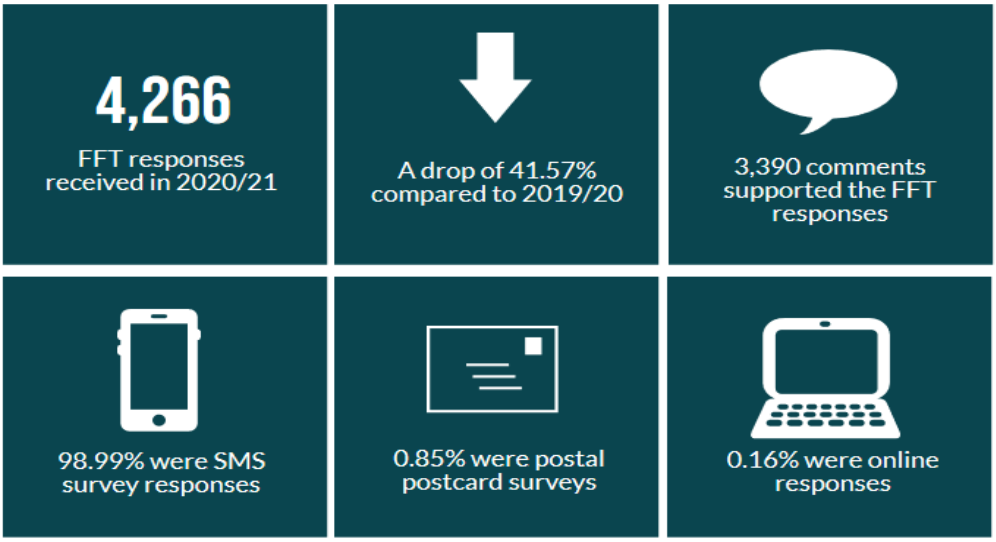

Figure 6: Summary of FFT response feedback data 20/21

7.4.6. Pillars of quality

We improve quality continuously using our 'pillars of quality' listed below.

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

7.4.7. Complaints and Compliments

Management of Complaints

From 1 April 2020 until 31 March 2021, the trust received 1,344 complaints (an average of 112 complaints per month). Comparison data from the same dates within 2019/2020, has shown that there has been a decrease from an average of 168 complaints per month.

	Q1	Q2	Q3	Q4	Total
Level 1-2	166	254	302	266	**988**
Level 3	53	66	53	37	**209**
Level 4-5	23	37	56	31	**147**
Total	**242**	**357**	**411**	**334**	**1,344**

Table 12: Complaints received during 2020/21

In terms of closure of complaints, from 1 April 2020 until 31 March 2021, we have closed an average of 111 complaints per month. During the Covid-19 pandemic the trust agreed to pause complaints management in line with the 'Reducing the Burden' guidance issued by NHSI/E. The complaints team were re-deployed to our Covid-19 response, and this has resulted in a backlog of complaints.

On 31st March 2021 there were 214 complaints open in our system, which is an increase from 201 open complaints in September 2020. Of the 214 current open complaints, 80

(37%) are past their due date for closure and are in the backlog. Since January 2021 significant work has gone into reducing the significant complaints backlog that had accrued. The aim is to return to business as usual by the end of Q1 2021-22.

Raising concerns via the complaints process

There are multiple ways to access the trust in order to make a complaint including post, e-mail, telephone and through the website. Telephone contact remains the most common method of contacting the trust via a dedicated telephone number. Only 19% of complaints are received by letter. Administrators are responsible for the answering the telephone and responding to callers, and there is also a telephone answering service for when lines are busy or during out of hours.

Learning from Complaints

A review has established that the top six most common reasons for complaints throughout 2020/2021 has been:

- Staff conduct
- Care and treatment
- Emergency response
- PTS journey times
- Communication and information
- Driving Standards

The figures in relation to these themes are set out in the table below:

Theme/Level	Level 1 Minimum	Level 2 Minor	Level 3 Moderate	Level 4 Major	Level 5 Serious	Total
Staff conduct	48	305	31	6	0	**390**
Care and treatment	8	188	88	33	12	**329**
Emergency response	2	72	85	60	35	**254**
PTS journey times	7	159	1	0	0	**167**
Communication/information	25	81	4	1	0	**111**
Driving Standards	34	31	0	0	0	**65**

Table 13: Themes identified within complaints 20/21

Staff conduct complaints account for 29% (390) of overall complaints and the majority of these (90%) were assessed as being minimum or minor in terms of levels of risk. A further 24% (329) of complaints received are reported to be in relation to care and treatment, and 18% (254) due to emergency response. Further analysis has concluded that care and treatment complaints frequently include a staff conduct element, also that the care and treatment category and staff conduct category are frequently interchangeable.

Compliments

1345 compliments were received during 2020/21 from across all areas of the geographical footprint. This was a reduction of 30 compliments since 2019/20.

Pillars of Quality Improvement Goals

Description (Goal)	**Year End Target(s)**
Improve the management of complaints across the trust by 31 March 2021	Increase closure within agreed timeframes to 75% for severity 4-5
Planned	**Actual**

Increase closure within agreed timeframes to 75% for severity 4-5	This stretch target has proven to be extremely difficult to achieve given the environment worked in during 2020/21. Access to staff for investigation purposes has been a constant challenge due to the conflicting priorities of patient care and staff welfare. A compliance rate of just 19% was achieved against this target. Since January a focussed effort to reduce the complaints backlog from 150 cases to 71 cases this week (includes those scored 4-5).

Table 14: Serious Incidents Pillars of Quality Goals

7.4.8. Incident Reporting (including all serious incidents)

NWAS has a healthy incident reporting culture with over 1000 incidents per month entered into the Datix system. Local management teams have responsibility for reviewing incident reports and ensuring that they are acted on promptly, learning is fed back to the person or team reporting the incident and shared at the local learning forum.

Between 1st April 2020 and 31st March 2021, 17,092 internal and external incidents were opened of which, 390 were identified as incidents that needed to be investigated externally to the organisations (e.g., by an acute trust). High levels of reporting are important and considered a marker of a positive culture where staff feel able to speak up. Thematic analysis of incidents by type shows that the top two reasons (by volume) are incidents associated with 111 services or staff welfare.

- **111 Incidents:** It is important to frame the total number of incidents in 111 against the total number of calls received (e.g., in a sample month 167 incidents from 223,429 calls). Many of these incidents are raised by healthcare professionals who want clarity on outcome decisions. All calls are audited and action taken where concerns are upheld. The majority of 111 incidents have been raised because of concerns about the assessment or advice given, because we have had issues with another NHS service, for documentation or data protection issues and also for vulnerable adults (safeguarding / frequent callers).

- **Staff Welfare Incidents:** The commonest reason for reporting is violence and aggression towards staff which includes threatening behaviour, verbal abuse and physical assault. The trust has an active Violence and Aggression working group who are a subgroup of the Health, Safety and Security committee. We are actively rolling out a pilot to trial Body Worn Video Cameras. It is thought that this will reduce assaults on staff as it will act as a deterrent and assist in prosecutions. This will be evaluated as the pilot progresses in 21-22.

Robust management arrangements have continued through the trust's Review of Serious Events (ROSE) meeting that has continued to meet weekly and is chaired by the trust's Medical Director or nominated deputy. The lead Commissioner's patient representative has also continued to attend to provide a valued patient perspective as part of the process. All incidents are reviewed each week by the clinical safety practitioners and those scoring 4-5

are extracted and submitted to the corporate Review of Serious Events Committee (ROSE) meeting.

457 cases have been considered within ROSE, and of these 50 cases (11%) were deemed to reach the threshold for reporting as a serious incident. The trust has reported an average of 4.2 serious incidents per month. This is a slight increase on 2019/2020 data, where 47 cases met the threshold for reporting. Of the 50 cases which met the serious incident criteria, 38/50 were presented at ROSE on one occasion. 12/50 of the cases had to be returned to ROSE as a decision could not be made without additional information, and 140 out of the 457 cases returned to ROSE on more than one occasion.

All serious incidents are subjected to investigation under the NHS Serious Incident Framework and as required, are reported in full to commissioners. Through established working arrangements, the trust and its commissioners worked closely together throughout the year to ensure that action plans to learn appropriate lessons and to prevent the recurrence of serious incidents are in place and accomplished.

The number of incidents which met the criteria set out in the Serious Incident framework each quarter are:

	Q1	Q2	Q3	Q4	Total
2019/2020	7	14	12	14	**47**
2020/2021	13	12	15	10	**50**

Table 15: Serious incident reporting 20/21

Learning from Incidents

The most common reason for reporting has consistently been harm arising from delays in treatment 37/50. The high volume of activity through the ROSE group is a reflection of the demands on the service. Greater Manchester, as the area with most activity continues to have the highest absolute number of reported cases (25/50, 50%) followed by Cheshire and Mersey (13/50, 26%) and Cumbria and Lancashire (6 /50, 12%). There were 0 cases from PTS and 5 cases from 111, 1 case trust wide met the threshold for reporting as a serious incident.

The reasons for reporting harm were due to the following broad categories:

- Treatment delays meeting SI criteria
- Sub-optimal care of a deteriorating patient
- Commissioning Incident
- Medical equipment/devices/disposables incident meeting SI criteria
- Apparent/actual/suspected self-inflicted harm meeting SI Criteria
- Major Incident/ emergency preparedness, resilience and response/ suspension of services

In terms of themes within the above categories:

- Delays in response have been due to a variety of reasons including availability of resources, incorrect category coding and missed opportunities to allocate available resources.
- Suboptimal care of a deteriorating patient has also been related to several differing factors; examples include errors relating to the breathing status of the patient, and failure to recognise serious illness such as sepsis.

- Medical equipment incident related to CPAD locations, within the 999 system.
- Apparent/actual/suspected self-inflicted harm incidents related to two suicides, although similar incidents have been recorded in this year, they have been recorded differently.
- Major Incident/emergency preparedness, resilience and response/suspension of services related to the Major incident which the trust was faced with this year.

Improvement Plans

ROSE also receives a monthly update on the status of serious incident investigations due for submission and the ongoing actions arising from investigations. When reviewed at the 01/04/21 ROSE meeting there were 54 actions that were recorded as outstanding within Datix. The oldest outstanding actions refer to those that should have been closed in October 2020.

The number of outstanding actions has slightly increased in the last 6 months, historical data indicates that there were 36 outstanding actions within Datix in September 2020.

The breakdown of where the outstanding actions sit is set out in the table below:

EOC	PES C&L	PES GM	PES C&M	Exec Team	111	IT	HR	PTS	Other
39	0	1	1	2	6	1	0	0	4

Table 16: Improvement action tracking following ROSE 20/21

System Learning

The Review of Serious Events (ROSE) group oversees the reporting, actions and learning drawn from level 4/5 incidents and complaints. The outputs from ROSE are considered by members of commissioner led working groups known as the Quality and Safety Group (Q&S) and the Regional Clinical Quality Assurance Committee (RCQAC). The Q&S Group and the RCQAC review each individual serious incident and ensure that learning from incidents is embedded within the trust before the incident is formally closed. Through established working arrangements, the trust and its commissioners worked closely together throughout the year to ensure action plans to learn appropriate lessons and to prevent the recurrence of serious incidents are in place and accomplished.

In line with the Terms of Reference, the Group now considers wider risks rising from discussion about the events raised. Each identified risk is assigned for wider exploration outside the meeting and a range of actions. Some of the risks identified within 2020/2021 which will be included in plans for improvement in 2021-22 are:

- Lack of resources (ambulances)
- Use of 999 rather than HCP/IFT line
- Dispatch error – (including cross border and missed allocation)
- Ineffective breathing discriminator
- Hospital handover delays
- Manchester Triage Tool application
- Long waits – no clinical review

Coroners Regulation 28

NWAS did not receive any Regulation 28 reports during 2020/21. Five Regulation 28 reports were received in the preceding financial year. However, a large majority of inquest hearings were adjourned from March 2020 to the Covid-19 pandemic.

Pillars of Quality Improvement Goals

Description (Goal)	**Year End Target(s)**
Improve the management of serious incidents across the trust by 31/03/2021	Increase the proportion of cases where the confirmation to report interval is within the agreed 60 day timeframe to 95%
Planned	**Actual**
Increase the proportion of cases where the confirmation to report interval is within the agreed 60d timeframe to 95%	Only 1 report was submitted late (by 4 days) and therefore a compliance rate of 3% what achieved.

Table 17: Serious Incidents Pillars of Quality Goals

7.4.9. Safeguarding

The trust continues to deliver the nationally determined standards for NHS Providers for safeguarding children and adults, including those associated with our staff (HR, recruitment and leadership). The trust named professional lead for Safeguarding and the team of 3.0WTE safeguarding practitioners continue to engage with the Quality Business Groups, the Learning forums and the Patient Transport Senior Management Team Meetings to share safeguarding data, lessons to be learned and patient's stories to improve practice.

Highlights During 2020-21:

- The Prevent Guidance and the Safeguarding Vulnerable Persons Procedures were updated.
- The internal audits (MIAA) reviewed our safeguarding processes and gave us a 'substantial assurance' that our systems were adequate.
- Worked with the Community First responder team to gain access to E Learning for safeguarding and PREVENT training for all CFR's
- Continued to actively work with the clinical practice trainers who deliver mandatory training to ensure they have the latest information on safeguarding and PREVENT
- We contributed to the National Safeguarding Report through our active participation in the Association of Ambulance Chief Executives (AACE) safeguarding group
- The Safeguarding manager has been part of two working groups focussed a process for managing repeat safeguarding concerns and a procedure for missing and absconding patients.
- The safeguarding professional lead received professional supervision from the national lead
- Developed a plan for safeguarding supervision for all staff
- Completed the preparatory work for Project Emerald to move the current electronic referral information sharing system (ERISS) system to the new Cleric system.
- Child Protection Information Sharing System (CP-IS) has successfully gone live within the Clinical Hub.

Safeguarding Triage Deep Dive

Over a 4 week period the safeguarding team carried out a deep dive review in relation to the safeguarding concerns which were being raised by the trust. The findings show that there were a large number of safeguarding concerns being raised and shared inappropriately with Social Care. Following this report extensive work has taken place with Social Care departments across the trust footprint. The work which has been carried out

has been done to facilitate a new safeguarding process, which will ensure that information is shared to either safeguarding or early help teams appropriately.

Safeguarding concerns and mental health
The primary reason for the rejection of safeguarding concerns continues to be mental health presentation. During the Covid-19 pandemic all mental health trusts established a 24 hour mental health crisis helpline, this was a welcome resource which is envisaged will remain in place following the pandemic. Although this helpline provides a vital service for patients, not all mental health patients will meet the criteria for the mental health crisis help. This continues to leave a gap for our patients who are suffering with mental ill health, conversations have taken place between the Mental Health and dementia Lead regarding the capacity of Cleric to facilitate mental health referral pathways. Cleric is the electronic system which will be used for recording and sharing safeguarding information. The option of staff referring patients who are suffering with mental ill health to their GP remains in place.

Safeguarding board engagement
Increased notifications, improved visibility and board engagement has resulted in increased numbers of requests to be involved in Safeguarding Adult Reviews, Domestic Homicide Reviews, Serious Case Reviews, Learning Disability Reviews and Strategy Meetings. The Safeguarding Team work alongside senior managers and clinicians to ensure engagement with the boards is visible and specific to local needs. There are currently 46 safeguarding boards across the geographical footprint of North West Ambulance Service and the team have committed to attend each board a minimum of once per year, or, as per local board request. Board engagement is monitored by the Safeguarding Team.

Each local safeguarding board is formally written to on an annual basis by the safeguarding manager to inform them of our commitment to engagement with the safeguarding boards and to establish good working relationships in each area. A copy of the trust annual safeguarding report is also shared, this prompts invites to attend board meetings to discuss the safeguarding activity within the trust and look at ways of collaboratively working to improve safeguarding partnerships. In addition, practitioners and managers are involved in Local safeguarding board sub-groups. Engagement includes:

- Child Death Overview Panel
- Rapid Response Meetings
- Alternative Life Threatening Event meetings
- Basic Learning Reviews
- Serious Case Review Groups
- Safeguarding Adults Review Groups
- Domestic Homicide Reviews
- Front line visits with local board members
- Wider stakeholder meetings
- Integrated Care leadership groups
- Multi-agency review meetings following the Sudden Unexplained Death of a Child (SUDC)

In 2020-21 the safeguarding team were involved in:

- 256 system safeguarding reviews, these are broken down into 140 adult reviews, 89 child reviews and 27 domestic homicide reviews. Learning was continuously reviewed and implemented into supervision and mandatory training
- 25 incidents which involve the death of an person with learning disability (LeDeR) and are fully involved with the LeDeR learning from deaths programme
- 22 PREVENT referrals to the regional anti-terrorism teams and is raising awareness of radicalisation to all staff at induction and as part of an ongoing programme of training

- 21 LADO notifications were received into the trust related to members of staff and all were dealt with comprehensively by the safeguarding and human resources team
- The application and monitoring of 103 safeguarding flags

Safeguarding Activity

Safeguarding activity has continued to rise across the trust in 2020/21. A number of improvement projects have been identified to ensure continuing safeguarding demand will be met. 256 system safeguarding reviews took place during the year. The number of notifications can be seen below:

Concerns raised	Apr 20	May 20	June 20	July 20	Aug 20	Sept 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
Adult	3852	5175	5565	5656	5919	5155	5124	5455	6049	5972	5477	6168
Child	843	1065	1263	1318	1358	1072	1039	1164	1175	1090	1148	1389
Total	**4695**	**6240**	**6828**	**6974**	**7277**	**6227**	**6163**	**6619**	**7224**	**7062**	**6625**	**7557**

Table 18: Safeguarding activity 20/21

Pillars of Quality Improvement Goals

Description (Goal)	**Year End Target(s)**
Establish improved auditing and reporting processes for the safeguarding of adults and children by 31 March 2021	Training compliance for levels 1,2,3 and 4 i 95%
Planned	**Actual**
Training compliance for levels 1,2,3 and 4 is at least 95% compliant with training needs analysis	At the end of Q4: L1/2: 75% L3:63% L4: 100%

Table 19: Safeguarding Pillars of Quality Goals

7.4.10. Health, Safety and Security

NWAS has a comprehensive plan for maintaining essential standards of Health, Safety and Security which is overseen by the Safety Management Group. Our HS&S work is done in partnership with trade unions who are full members of the Safety Management Group and work with service lines on local health and safety management.

The Health, Safety and Security A-Z Toolkit provides guidance on how relevant legislation should be interpreted and used in NWAS. It is a 'live' toolkit and subject to regular review. Each document is subject to review and consultation before approval. In 2020/21 the following procedures and guidance have been reviewed:

- Control of Substances Hazardous to Health Procedure
- Fire Safety Procedure
- Homeworker Assessment Guidance
- Medical Gases
- Newly Expectant Employee
- Noticeboard Guidance
- Observer Procedure
- Stress Management
- Working at Height Guidance
- Workplace Inspection Guidance

There are 18 generic risk assessments that cover the main activities across NWAS service lines. In 2020/21 the following generic risk assessments completed consultation and review:

- Ambulance Stations and Control Rooms Risk Assessment
- British Association for Immediate Care (BASCIS) NW Risk Assessment
- Community First Responders Risk Assessment
- Covid-19 Premises Risk Assessment (developed in year)
- Transport
- Volunteer Car Drivers
- Workshops

In some cases, a generic risk assessment will not suffice and therefore non-generic Specific risk assessments have been completed for:

- Ambulance Equipment Risk Assessments (various)
- Covid-19 Premises Site Specific Risk Assessments
- Emergency Ambulance Vehicle Risk Assessments
- Fire Risk Assessments
- PTS Vehicle Risk Assessments
- Task/Equipment Related Risk Assessments

During 2020/21 two key items of primary legislation which contain emergency powers relating to Covid-19 and health protection in England were published:

- Coronavirus Act 2020
- Public Health (Control of Disease) Act 1984

The HSE provided guidance 'Making your workplace Covid-secure during the coronavirus pandemic'. The HSS team used this to develop a Covid-19 Premises risk assessment and to provide enhanced assurance that we had systems of safe working during the Covid-19 pandemic.

Health, Safety and Security Incidents

There were 9,504 non-clinical incidents reported in 2020-21 an increase of 37% from 6,913 reported during 2019-20. 384 incidents were reported to the HSE under RIDDOR in 2020/21.

The table below summarises the RIDDORS by type. In 2020, new guidelines were issued by the HSE which required NHS trusts to report workplace exposure to Covid-19 through the RIDDOR reporting system. 247 incidents were reported for reasonable evidence of Covid-19 occupational exposure predominantly within the first wave of the pandemic.

RIDDOR TYPE	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Total	*% of Total*
Infection Control - Covid-19	19	11	138	17	185	*48.2*
111 IPC Covid-19	No category in 111 Datix for IPC; number of incidents added as total overall.				62	*16.0*
Manual Handling	8	17	15	12	52	*13.5*
Slips, Trips or Falls	15	8	8	19	50	*13.0*
Physical Assault	4	3	7	2	16	*4.2*

Vehicle Issue	1	3	1	1	6	*1.6*
Sharps Injury/ Incident	1	1	1	0	3	*0.8*
Access/admission/transfer issue	2	0	0	0	2	*0.5*
Clinical Assessment	2	0	0	0	2	*0.5*
Equipment Fault/Failure	0	0	0	2	2	*0.5*
Exposure to Harmful Substance	0	0	2	0	2	*0.5*
RTC/ Vehicle	0	1	1	0	2	*0.5*
Equipment Damaged	0	1	0	0	1	*0.2*
Total	52	42	173	53	**384**	

Table 20: RIDDOR reporting 20/21

NWAS had an improvement goal to reduce the number of RIDDORs year on year. In the first two years this goal was achieved as we moved from a baseline of 33 per quarter (2018/19) to 27 per quarter (2019/20) a reduction of 20%. This safety improvement was to be achieved by focussing on what can be done to reduce the number of manual handling injuries experienced by NWAS. However, this reduction was not seen in the following two years. In the reporting year to 31 March 2020; 130 incidents were reported under RIDDOR to the HSE, in the year to 31 March 2021 (excepting for the 247 of Covid-19 related incidents) 138 incidents were reported. This represents a slight increase in RIDDOR reports. The Covid-19 pandemic significantly inflated the number of RIDDOR incident reporting and drew focus from the team to support the reporting process. The slight increase in absolute numbers of RIDDOR reports is likely to reflect normal patterns of variation.

The top three reasons for staff injury have remained consistent over the last two years as:

1. Slips, trips and falls
2. Manual Handling
3. Violence and aggression

Reducing Violence and Aggression

During 2020-21 there has been a specific focus on violence and aggression through the violence and aggression committee chaired by a newly appointed Senior Compliance and Assurance Manager. Patient facing staff have reported over 1,300 incidents of violence and aggression in the 12 months to 31 March 2021. The top three categories of violence and aggression that are reporting are:

- Physical Assault: 383 incidents
- Threatening Behaviour: 558 incidents
- Verbal Abuse:529 incidents

The trust employs a full time security officer who reviews all incidents of violence and aggression against staff and can work with the operational management team to ensure

that incidents are managed in a timely way to provide welfare to staff and advice on appropriate management of the incident.

NWAS staff who have experienced violence or aggression are now encouraged to make a Community Impact Statement. This is supported by the Chief Executive and can be used by the police and the criminal justice system when a member of staff wishes to pursue a prosecution against an offender. The statement process encourages staff to describe the impact of the offense on themselves, the organisation and the public, and statements have been used by magistrates to assist in determining the sanctions to be imposed.

The security officer also oversees a standardised approach and set criteria for inputting both violence and cautionary markers on address flags. This is a crucial part of our safe system of work for frontline staff which allows them to be warned of a potential threat of violence or aggression at a particular location. A temporary marker is placed at staff request with an incident report form (IRF) to support the flag request. The flag may be extended for 12 months following a review of the incident report by the specialist safety officer, providing NWAS has a valid and accurate audit trail of why the address flags are placed, by whom and when they are due for review.

2,385 violence and aggression markers (address flags) have been recorded since August 2020. Of these 1,508 have been reviewed resulting in 966 being deleted and 542 updated. At time of writing 877 are waiting review, the risks are documented, and work is underway to address this backlog; it should be noted the pressures of Covid-19 has at times contributed to the delay with this work. Analysis of the violence and aggression markers have identified the top frequency markers as:

- Violence –person: 638 warning notes,
- Caution –verbally abusive: 336 warning notes
- Caution –other: 313 warning notes
- Violence –weapons: 285 warning notes
- Violence marker: 47 warning notes

In the year to March 2021, there were 107 administrative sanctions and six successful prosecutions for violence and aggression. NWAS is committed to doing all it reasonably can for the protection of its staff and is using digital surveillance (including body worn cameras) to do this whilst ensuring patients receive appropriate and timely care. Footage from surveillance has been used in police prosecution of an act of violence against members of staff. In support of the security work, the Senior Compliance and Assurance Manager held a Facebook live session answering questions about digital surveillance and security.

Regulatory Activity

The trust was notified of 5 concerns by the Health and Safety Executive related to the systems of work we had in place during the Covid-19 pandemic. In all cases the response provided satisfied the requirements of the regulator and no regulatory sanctions were brought against NWAS.

In addition, the trust received 3 Covid-secure spot checks from the HSE during the year, and on each occasion the HSE was satisfied with the arrangements in place.

Health and Safety External Review

The trust commissioned an independent review of Health, Safety and Security systems in 2020 and a preliminary report was received in December 2020 which did not identify any areas of regulatory risk. Suggestions were made about how the trust could improve HS&S and an action plan has been agreed which will form the basis of the HS&S workplan for 2021-22.

Pillars of Quality Improvement Goals

Description (Goal)	**Year End Target(s)**
Increase health and safety awareness and reduce reportable staff accidents for front line staff by 31/03/2021	A) Provide assurance that at least 95% of vehicles using SafeCheck are completing daily checks
	B) Ensure 80% of Covid-19 premises risk assessments have associated action plans that are regularly reviewed (new measure in Q 3)
Planned	**Actual**
Provide assurance that at least 95% of PES vehicles using SafeCheck are completing checks on a daily basis	At the end of Q4 SafeCheck recorded a daily usage compliance rate of 49.81%. Some checks remained manually reported as digitisation continues.
Ensure 80% of Covid-19 premises risk assessments have associated action plans that are regularly reviewed	At the end of Q4 the trust had identified 143 premises that required a risk assessment and 143 (100%) had an up-to-date risk assessment and associated action plan in place and recorded centrally. This included a revised risk assessment within 7 days for those premises where a confirmed outbreak had been declared

Table 21: Health, Safety and Security Pillars of Quality Goals

7.4.11. Infection, Prevention and Control (IPC)

Infection, prevention and control (IPC) practices are central to protecting the health, safety and welfare of patients, service users and staff, particular in a pandemic related to an infectious disease. Substantial activity has been delivered throughout 20/21 to assess and mitigate the risk of Covid-19 and other infectious diseases and ensure safe systems of work. In the context of Covid-19, there is an inherent level of risk for NHS staff who are treating and caring for patients and service users. During 20/21 the trust enhanced and established many new processes and systems for IPC these were based on the development of the IPC board assurance framework focussing attention of the following 10 key lines of enquiry;

IPC BAF Questions	
1.	Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users
2.	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections
3.	Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance
4.	Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a

	timely fashion
5.	Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people
6.	Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection
7.	Provide or secure adequate isolation facilities
8.	Secure adequate access to laboratory support as appropriate
9.	Have and adhere to policies designed for the individual's care and provider organisations that will help prevent and control infections
10.	Have a system in place to manage the occupational health needs and obligations of staff in relation to infection

Table 22: IPC board assurance framework questions

Systems to manage and monitor infection and risks of infection

IPC guidance was routinely revised and reissued throughout 20/21 to ensure alignment with national emerging guidance, particularly related to the management of nosocomial infection, NWAS test, track and trace, outbreak management and working safely. External assurance was provided by peer review visits from the NHS England/Improvement regional IPC specialists. Covid-19 risk assessment processes were standardised and fully implemented across all stations, offices and control centres and were updated every 90 days (or after any Covid-19 outbreak).

Provide and maintain a clean environment

A review of organisational cleaning allocations was completed and additional cleaning facilities and hours were introduced where indicated based on footfall, layouts and occupancy and to support outbreak management. Additional vehicle cleaning contracts were established across hospital sites upon patient handover at Emergency Departments. Safety check points were established at all sites, with hands-free thermal imaging temperature check devices installed at high population sites such as Middlebrook and Estuary Point. IPC audits were reviewed and the schedule enhanced to support outbreak management and continued IPC maintenance. Personal Protective Equipment storage facilities were also reviewed.

Provide suitable information on infections for staff and patients

Action cards were developed for crews managing infectious patients within vehicles and to support ventilation within vehicles. National guidance and local operating processes disseminated regularly to staff via bulletins, social media, internal intranet and the IPC cell. All training materials for staff and volunteers was reviewed and a 'fit testing' train the trainer programme has been developed. A routine data reporting system for outbreak data was designed and established utilising test, track and trace information to support outbreak management across sites.

Identification of people at risk of developing an infection and onward transmission

In Quarter 1, NWAS set up an in house Covid-19 testing service and via mutual aid ensuring staff members could receive rapid access to a Covid-19 test if it was needed. Testing sites for NWAS crews were set up in Penrith and Dukinfield. 274 staff and household members

accessed this service. This service was stood down at the end of Wave 1 as access to testing services matured across the UK.

The NWAS Test, Track and Trace service was established in August, 2020 to support staff members receiving notification of a positive Covid-19 diagnosis and to identify any staff or patients who may have been close contacts of the NWAS staff member. This service was established to run for 16 hours a day, 7 days a week. 1707 staff members were tracked due to being Covid-19 positive during 2021 in a secure and confidential way. 569 staff were identified as close contacts of those staff members by the Test, track and trace team. Only 2 patients were identified as close contacts during this process and were asked to isolate.

Infection control measures to reduced transmission were introduced including protective screens and barriers, across call centres, reduced occupancy of offices and home working where appropriate, ventilation reviews across buildings and fleet, social distancing within PTS vehicles and mask/hood wearing. These control measures were implemented in partnership with Trade Union Colleagues and in line with national Working Safely guidance. SafeCheck used to provide information for staff to use with Care Homes to provide evidence of participation in a testing process.

Systems to ensure staff discharge their responsibilities for IPC
Weekly bulletins and guidance are regularly published for staff and available on the intranet.

From late October 2021 NWAS staff were able to access asymptomatic testing and screening services and were asked to use lateral flow testing. Over 7162 lateral flow tests were distributed, with over 47400 test results reported. Secure and remote access information systems to support staff data collection and reporting were designed and established using SafeCheck.

Fit testing policies were updated and respiratory protective equipment hoods were fully rolled out across the organisation via a respiratory protective equipment steering group. Compliance with the use of hoods and level 3 IPC protection was measuring with a bespoke developed audit, which identified high compliance rates of 94% but challenges related to fully compliance with PPE in particular circumstances, such as rapid patient deterioration and with babies and children. Learning and enquiry approaches have been taken to support staff to protect themselves and to discharge their responsibilities in these circumstances has been put into place.

Uniform guidance was reviewed and issued, disposable bags to facilitate home laundering made readily available.

Short educational donning and doffing and lateral flow videos for staff have been developed and distributed.

Increased IPC audits schedules and enacted, to support compliance and an IPC improvement module was developed to support sites and staff in improving their personal compliance with IPC protections and discharging their IPC responsibilities.

Isolation facilities

Hospital handover action cards were developed and distributed in line with national guidance for patients delayed during handover on the back of a vehicle. The cards supported staff to protect themselves and their patient whilst confined and isolated within the vehicle.

Access to laboratory support

Local access to laboratory support for Covid-19 testing was agreed via mutual aid with acute service providers. The growth in Pillar 2 provision of diagnostics from quarter 2 onwards ensured all staff had rapid access to PCR testing. During quarter 3, asymptomatic tests such as lateral flow were made available to all staff. The SafeCheck system was adapted and enhanced to securely and safely capture staff testing data, to identify risk areas, outbreaks and provide data to the national systems.

Policies and training to prevent and control infections

National guidance was introduced regularly and at pace during 2021. New and revised policies and training were put in place to reflect the national guidance including:

- Working safely procedures including introduction of social distancing at work, masks and screens
- Outbreak management procedures
- Test, Track and Trace procedures including adaption to sickness/absence reporting
- Lateral Flow testing and reporting procedures
- Handover action cards
- Fit Testing procedures
- Aerosol generating procedure audits
- Covid-19 Risk assessment
- Routine ventilation checks of vehicles via SafeCheck
- Introduction of local and strategic outbreak meetings
- Enhanced audit of high risk areas (high footfall) e.g. call centres
- Enhanced training for IPC practitioner team
- IPC training provided to private provider crews
- Communications campaign for staff
- PPE reviews and enhancements such as use of a heavier gauge apron following staff feedback
- IPC improvement module development

Occupational health needs and obligations

All staff were risk assessed for vulnerabilities and shielding requirements and referred for occupational health advice and guidance. Alternative duties were put in place were required. Shielded and vulnerable staff were prioritised for vaccination provisions.

Pillars of Quality Improvement Goals

Description (Goal)	**Year End Target(s)**
Establish improved auditing and reporting processes for front line staff infection, prevention and control by 31 March 2021	Review audits on stations and vehicles and develop new compliance standards to be implemented via operational managers
Planned	**Actual**
Training compliance for levels 1,2,3 and 4 is at least 95% compliant with training needs analysis	Reviewed 100% of audits on stations and vehicles and developed new compliance standards. Moving audits to new digitised version on SafeCheck

Table 23: Infection, Prevention and Control Pillars of Quality Goals

7.4.12. Medicines Management

A range of general medicines and controlled drugs (CDs) are stocked and administered to patients across NWAS. At the start of the pandemic, the Medicines Team focused on business continuity for medicines supplies for the front line. The business continuity plan was reviewed and updated, risk assessments were put in place and additional stocks of medicines were provided in the event of a Medicines Hub closure. In addition, stocks of medicines were required to support the PES on the repurposed PTS vehicles.

Throughout the pandemic, the medicines optimisation strategy (as a key element of the Right Care (Quality) strategy) remained in focus and progress was made against key goals

The medicines management pledges are as follows:

- Barcoding: Our systems for managing stock of medicines will be enhanced through the adoption of barcoding
- PGDs: Patient Group Directions (PGDs) will be reviewed as appropriate to service development
- Non-Medical Prescribing: we will set up governance systems to support non-medical prescribing
- SSHM: Systems and governance of the safe and secure handling of medicines (SSHM) will be reviewed and enhanced including if NWAS should store and supply CDs under licence
- Incidents: Systems for handling medicine related incidents will be improved

Progress against the pledges in 2020/21

Barcoding

Delays to implementation occurred due to the Covid-19 pandemic. The barcoding system has proven complex to install, the supplier has not used this technology for managing medicines. The project has not yet delivered the digital tracking of medicines packed and distributed across NWAS. In Q2, the stock management element of automated ordering and receipt was embedded into the Medicines Supply Hub using barcode scanning.

Further progress against the packing and distribution of stocks to NWAS sites has not been achieved. A review of the system is currently in the final stages to identify if the product is able to deliver against its intended benefits or if an alternative digital solution is required. In addition, the barcoding supplier is being engaged to determine if the system can enable NWAS to be compliant with the falsified medicines directive (FMD).

However, following the UK leaving the European Union, the ‘safety features’ elements of the EU Falsified Medicines Directive (FMD, 2011/62/EU) and Delegated Regulation (2016/161) cease to have effect in Great Britain.

This means end users will no longer be required by law to verify and decommission unique identifiers on medicine packs. Further information is awaited as to how medicines will be traded safely in Great Britain to minimise the risk of counterfeit medicines.

PGDs

- Tranexamic Acid PGD was updated and renewed
- Three new PGDs were created for diazepam (rectal), dexamethasone tablets and misoprostol tablets
- PGDs for midazolam and flumazenil were created for the Covid-19 retrieval service operated by NWAA

- ❖ PGDs for ketamine, midazolam and flumazenil were created for Critical Care Paramedics working at NWAA
- ❖ PGDs for ketamine, midazolam and flumazenil for Advanced and Consultant Paramedics were extended for a further 12 months. This allows a more detailed review of content and develop new e-learning packages to support use.
- ❖ Three vaccine PGDs were developed to include two different types of influenza vaccines and the Astra Zeneca Covid-19 vaccine

Non-Medical Prescribing
There is no current strategy for the deployment of non-medical prescribers in NWAS, this will be kept under review.

SSHM
- ❖ Mitigation of risk related to the use of non-parenteral POMs has been completed
- ❖ New controlled drug record books for ambulance stations has been developed
- ❖ Controlled drug audit for ambulance stations has been developed and piloted to monitor compliance of controlled drug regulations at stations
- ❖ New training has been developed to cover the lessons learnt from Shipman and Gosport inquiries in relation to controlled drugs
- ❖ Flu vaccine handling has been reviewed
- ❖ Substantial progress to complete the build and installation of a dedicated controlled drugs room in the medicine supply hub was made (due to complete in May 2021)
- ❖ SafeCheck Medicines Module is installed for the full PES service.

General Medicine Incidents
There has been 206 general medicine incidents occurring in 2020/21 which is similar to the previous year. The largest group of reported incidents is 'medicines missing (n=59) followed by 'administration error' (n=52). The majority of missing medicines reported related to a single nebule of salbutamol that has been entered into the patient record but not the medicines documentation. There were zero 'never events'.

Covid-19 Vaccination
A trust team co-led by the Chief Pharmacist, established the Covid-19 Vaccination cell for the trust in quarter 4. Following a 2 week mobilisation window, a Covid-19 vaccination Hub was live at Broughton site distributing the AstraZeneca vaccine for NWAS staff. NWAS delivered almost 4000 doses of the vaccine at the hub.

Pillars of Quality Improvement Goals

Description (Goal)	**Year End Target(s)**
A range of targets are in place to support the medicines management pledges	a) Percentage of medicine pouches with expired drugs remaining in circulation 1 week beyond their expiry date
	b) Medicines management performance metrics decoupled from bundles, agreed and reported on a monthly dashboard
Planned	**Actual**
a) Zero by year end	The 2020/21 year end position of expired pouches unaccounted for was 192 pouches which is 4.1% of the total pouches in circulation (n=4690)
b) A live MMQI dashboard	Complete
c) All PGDs in date (100%)	100%

d) 80% of Controlled Drugs (CD) station audits completed by year end	95% (36 of 38) ambulance stations have been audited

Table 24: Medicines Management Pillars of Quality Goals

7.4.13. Care Quality Commission

An overview of the trust's overall CQC ratings, following this latest inspection, is as follows and remains the same as the 2019/2020 Quality Account:

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

Table 25: Latest CQC ratings

The trust's overall CQC Inspection ratings matrix is as follows:

	Safe	Effective	Caring	Responsive	Well - Led	Overall
U&EC	Good	Good	Good	Outstanding	Good	**Good**
PTS	Good	Good	Good	Good	Requires Improvement	**Good**
EOC	Good	Good	Good	Good	Good	**Good**
Resilience	Good	Good	Not Rated	Good	Good	**Good**
NHS 111	Good	Good	Good	Good	Good	**Good**
Overall	**Good**	**Good**	**Good**	**Good**	**Good**	**Good**

Table 26: CQC inspection ratings matrix

The June 2020 CQC inspection report related to the February 2020 EOC and U&EC unannounced inspections, did not include any 'must do' actions for the trust. Ten 'should do' actions were indicated in the following areas: monitoring of long waits, monitoring call backs to long waiting patients, response times, incident reporting systems, complaints management, appraisals within the EOC, appraisals within PES, safeguarding training, clinical shift supervision and performance against national standards. All 'should do' actions have been completed.

The CQC continue to regulate providers using a risk-based model under their transitional regulatory approach (TRA). This includes regular local level provider engagement meeting

and a periodic transitional monitoring approach (TMA), via a multi-disciplinary documentation return and follow-up, virtual, interview.

On the 24 August 2020, the trust was required to develop an IPC board assurance framework for the CQC to review and provide a summary report of their findings. The trust's IPC Assessment Summary Record from the CQC was positive and the CQC's findings were reported through to trust Board, at the December 2020 meeting.

In November 2020, an application to add 'Surgical Procedures' as a CQC regulated activity was made and on 29 January 2021, the trust was informed that the application was successful.

On 17 December 2020, following the submission of a multi-directorate documented response to a series of questions asked of the trust, a 'Winter Pressures' TMA interview took place. The outcome of this process was, once again, very positive.

The trust had a second 'regulatory compliance and governance' TMA interview on 19 January 2021, following the submission of a comprehensive assurance document. Again, a very positive outcome of this TMA was received, and a number of follow-up questions were answered and addressed. No regulatory concerns were raised.

7.4.14. Skills training

Due to Covid-19, many training offers including mandatory training were paused and reassessed based on training need analysis where appropriate, to ensure staff could focus on delivering patient care. Therefore, there was little opportunity to develop and offer additional improvement skills training and capability development due to the redeployment of the improvement function to support the Covid-19 response and the limited availability of staff to participate in such training offers.

Nevertheless, a new improvement induction module was developed in partnership with Aqua (a healthcare improvement agency in the North West). This module takes approximately 45 minutes to complete virtually and is available for all staff to access via the Electronic Staff Record (ESR) system. Testing has taken place throughout the year within enhancements made. The module covers the basics of improvement, such as the Model for Improvement and the 'Plan-Do-Study-Act' (PDSA) cycle.

In August, 2021, the trust launched the 'Improvement Network: Are you IN?'. This is a virtual improvement huddle that meets monthly across the organisation aimed at sharing improvement knowledge, theories, ideas, practice and case studies to build a community of practice.

The network has been co-designed with staff and has grown to approximately 60 members over the year. Sessions have covered 'What is quality?'; 'De Bono's six thinking hats, basics of visual management and learning has been shared from those working on infection, prevention and control improvement across the organisation and those working on developing new ways of working with the Smart stations.

7.4.15. Quality Assurance Visits (QAV)

NWAS has conducted QAVs across service lines since 2012. The purpose of QAVs is to provide assurance to the trust about the quality and safety of our operational premises, vehicles and services at sector level. QAVs include a number of health and safety focussed assessments in parallel to other audits such as the Health and Safety Snapshot (HSS) audit and the Covid-19 risk assessment.

QAVs currently should be carried out at least once a year by a team comprised of a lead who has been nominated by the Head of Service, and an accompanying team of people who usually work in a different sector to the one being visited.

After the QAV takes place, the nominated QAV lead produces a report comprising a summary of the key findings and an action log, which is then submitted to the Head of Service for sign off.

A central repository of all QAV reports and actions is held on the trust's knowledge management system, SharePoint.

- The overall position for QAV compliance across the trust (as at 01/04/2021) is quite strong with 98% of all operational sites having received a QAV in the last 12 months, despite Covid-19 operational pressures
- Each sector has their own Integrated Action Tracker (IAT) which is stored on an Excel spreadsheet, which is centrally located in the trust's knowledge management system, SharePoint. The IATs are managed locally by area administrators and contain actions from various audits (e.g. QAVs, Covid-19 risk assessments and HSS snapshot audits)
- As at the 1st April 2021, the current action completion position was very strong with each area averaging at over 90% compliance for closure of QAV, HSS and Covid-19 risk assessment actions

The QAV process has been reviewed and ideas to improve the process have been tested during 20/21. Using the trust's improvement approach and the Model of Improvement, 4 main areas of testing have been underway:

Preparation of the visit
Sector Managers collate information into a pre-visit report however this can be time consuming and relevant information must be acquired from different systems. To improve this area the teams have collated a selection of available pre-visit information into a centralised area on SharePoint and tested this at the South Lancs QAV. This approach provided a proof of concept for the future development of a QAV dashboard relevant across service lines and supported further integration within the QAV team. Understanding of data required and associated quality standards were also strengthened, and standard assessment framework has been developed and tested within the Fylde QAV on 8/3/201.

During the visit
A data collection template for the day has been developed to improve consistency 'on the day' and to support lay involvement within the assurance visits. This was tested within the QAV in the Fylde. The inspection team should use a blank note taking template to record their findings during the QAV and the team indicated that this supported a risk-based approach to assurance and supported multi-disciplinary working. The use of the template was also reported to reduce the post-assurance visit time taken to produce the QAV report.

Scope of the visit

The QAV has historically focused mainly on the safe domain of the CQC inspection framework, as these areas are easily observable in a physical inspection of the site however this does not provide a high level of assurance against the other KLOEs across the CQC framework. Therefore, a two-stage process involving desktop review and a visit was tested at the Salkeld Hall (EOC) QAV. The learning from this test indicated that the expanded scope helped to provide assurance against all 5 CQC domains within the inspection framework and the pre-visit desktop review was helpful. In addition, the team learnt that it would be helpful to develop a 'how to' guide for new team members within QAVs and for new QAV team leaders.

Digitisation

The QAV assessment framework is a paper-based process, which can be inefficient, time consuming and manual. Therefore, a digital version of the QAV assessment framework was tested within the Estuary Point QAV. The team learn that a paper-based approach can still be helpful during staff interviews with the digital forms completed after the visit. In addition, different platforms were tested and learning from that process has indicated a database system will need to be designed to move QAVs fully into the digital space but that this will lead to time saving benefits particular for the post-visit report generation process and to ensure a robust audit trail.

8. Looking Forward to Improving Care

8.1. 2021/22 Priority areas for improvement

Safety

- Continue to progress safety culture and organisational culture via refreshed values and 'Treat Me Right' campaign Implement the patient safety incident response framework and the national patient safety strategy
- Deliver improvements in infection prevention and control & outbreak management to contain wide spread infections
- Continue to adhere to our safety 'Pillars of Quality' improvement trajectories

Effectiveness

- Two deep dives of safeguarding performance are completed in year
- Establish improved auditing and reporting processes for front line IPC processes
- Ensure Face Fit tests are completed every 2 years and recording systems are robust
- All nationally mandated clinical data collections for the 999 service ("clinical audit") are completed on time in full each month
- Create the conditions for innovation, improvement and learning to improve wellbeing, quality, productivity & efficiency
- Delivery the Covid-19 recovery plans

Patient Centred

- Continue to expand the PPP to give patients a 'louder voice' in the organisation
- Embed patient and public engagement into the delivery of the Right Care strategy objectives

Governance

- Ensure the trust maintains a 'Good' CQC rating
- Ensure the trust is able to deliver safe systems of work for staff in line with HSE regulatory standards

- Continue to review governance assurance structures and create the conditions for improvement and learning to support the implementation of the Right Care strategy
- Deliver the requirements of Year 4 of the Right Care strategy and co-design a draft 2023-8 ambition for Quality in a revised Right Care strategy

Equality, Diversity and Inclusion

- Increase focus and integrate equality, diversity and inclusion into all aspects of the quality strategy; work with staff networks to encourage involvement in quality programmes of work and to strengthen visibility, and advocacy
- Establish systems for the measurement, monitoring and reduction of inequalities within programmes and across service lines where possible
- Ensure recruitment, training and development opportunities are fair, open and transparent and open to all
- Ensure the use of equality impact assessments to support decision making
- Review the data on 999 response times for patients presenting with mental health conditions, develop and deliver improvement plans to address parity of esteem issues
- Review the ACQI data on cardiac outcomes to understand the impact of deprivation on outcome
- Explore the impact of English as a second language on access to NWAS services

9. Formal Statements on Quality

9.1. Review of Services

The trust has reviewed all the data available on the quality of care in the services provided by us in 2020/21. The income generated by the NHS services reviewed in 2020/21 represents 100% of the total income generated from the provision of NHS services by the trust.

9.2. Participation in Clinical Audits

NHS England Ambulance Quality Outcome Indicators

English ambulance services are required to undertake specific ambulance clinical audit and submit the data according to a prefixed schedule directly to NHS England. The list of mandated audits are:

Outcome from cardiac arrest – return of spontaneous circulation (ROSC):

- Overall
- Utstein comparator group

Outcome from cardiac arrest – survival to discharge:

- Overall
- Utstein comparator group

Post ROSC Care Bundle:

- The number of patients who received the appropriate care bundle after sustaining ROSC for 10 minutes or longer after an out-of-hospital cardiac arrest where resuscitation (advanced or basic life support) was commenced/continued by ambulance service.

Outcome from acute ST-elevation myocardial infarction (STEMI):

- Time from call to angiography
- The number of patients with a pre-hospital diagnosis of suspected ST elevation myocardial infarction confirmed on ECG who received the appropriate care bundle

Outcome from stroke:

- Time from call to hospital arrival
- The number of Face Arm Speech Test (FAST)- positive or suspected stroke patients assessed face-to-face who received the stroke diagnostic bundle

Outcome from sepsis:

- The number of patients with suspected sepsis with a NEWS of 7 or above assessed face-to-face who received an appropriate care bundle.

9.3. Participation in Clinical Research

The trust provides high quality care to our patients by meeting not only their immediate healthcare needs, but also having a positive impact on their future health and wellbeing. As an NHS organisation, the trust has a responsibility to provide our patients, staff and the public with the opportunity to participate in health care research.

In October 2020 the trust launched its new Research Strategy which expressed commitment to host and develop research that will not only enhance the quality of the urgent and emergency care we deliver but will ensure that the communities we serve have equitable access to our clinical services, improving health outcomes for all of our patients.

The trust's mission is to embed a culture of research excellence and to be at the vanguard of generating new evidence that supports the delivery of first-rate, urgent and emergency care. Trust's vision is to enhance the health and wellbeing of the communities we serve by translating high quality research into exceptional service provision and outstanding clinical practice.

For a third consecutive year, the trust has successfully attracted additional income from the National Institute for Health Research Clinical Research Network (NIHR CRN). These monies have permitted the appointment of a full-time, NIHR Research Paramedic who delivers and promotes NIHR research throughout the organisation.

For the first time, the trust successfully triggered NIHR Research Capability Funding (RCF) by recruiting at least 500 individuals to non-commercial research studies conducted through the NIHR CRN. The purpose of NIHR RCF is to help research-active NHS organisations to act flexibly and strategically to maintain research capacity and capability and to support the appointment, development and retention of key staff undertaking or supporting people and patient-based research.

Staff took on the roles of Principal Investigator and Local Collaborator for NIHR CRN Portfolio studies and as project leads for their own research that they were undertaking as part educational qualifications.

The trust continues to offer support for researcher development. The trust's research paramedic successfully completed the Early Career Researcher Development Pathway Programme hosted by NIHR CRN North West Coast and another staff member has been accepted to the scheme which is now delivered in conjunction with NIHR CRN Greater Manchester.

Research opportunities are published, successes and achievements both internally and externally through regular communications bulletins, social media and via dedicated pages on both the trust internet and intranet. With the support of the Communications team, the trust has developed a research icon on the trust's Staff App that allows for subscribers to be notified of new research studies that staff can be involved in delivering or participating in.

The trust maintains partnerships with two, local NIHR Applied Research Collaborations (ARCS) in Greater Manchester and North West Coast, through which we engage with health and social care providers, academia and other external stakeholders to cultivate research collaborations.

The trust has remained an active member of the National Ambulance Research Steering Group through which we access opportunities to be involved in grant applications and upcoming research studies, enhancing our reputation as a research-active organisation.

9.3.1. Performance in Clinical Research

In 2020/21, the trust opened ten new research studies that were approved by a research ethics committee. Five of the newly approved research projects were National Institute for Health Research Clinical Research Network (NIHR CRN) Portfolio studies to which we successfully recruited 606 research participants including staff, patients and the public (see table below).

We also moved up the NHS ambulance service rankings in England.

National Institute for Health Research Clinical Research Network Portfolio Performance			
	2018-19	**2019-20**	**2020-21**
	4	7	6
Participants in Studies	65	645	606
Ranking (NHS Ambulance Services in England = 10)	10	8	9

Table 27: NIHR CRM Portfolio Performance at the trust

The NIHR CRN Portfolio research studies we sanctioned in 2020/21 included:

1. ***A cross-sectional survey evaluating the effects of the Covid-19 pandemic on the wellbeing of ambulance personnel in the United Kingdom (The CARA Study):***
   Covid-19 put a great deal of pressure on health services and the staff responsible for providing care and could possibly impact on their health and wellbeing. This study recruited UK ambulance personnel to complete a short online questionnaire assessing their current perceived preparedness and wellbeing during the current accelerative phase of Covid-19 outbreak.

2. ***Platform Randomised trial of INterventions against Covid-19 In older peoPLE (PRINCIPLE):***
   This was an NIHR Urgent Public Health study that was prioritised in response to the Covid-19 pandemic, with participant recruitment supported by our NHS 111 Service. The risk of complications from suspected Covid-19 is generally greater in people aged 50 years and older with underlying health conditions, and in those aged 65 years and older. At the time of the trial, no treatments for Covid-19 had been proven to be effective with most cases of probable Covid-19 managed in the community. An ideal treatment for patients with suspected Covid-19 in the community is one that is safe, with few side-effects, can be provided by existing NHS services, helps patients recover quicker, and prevents hospital admissions.

   This platform, randomised controlled trial rapidly tested low-risk treatments for people at higher risk of complications from the illness with the overall aim being to find treatments suitable for widespread use in the community that will help affected people recover sooner, and prevent hospital admissions.

3. ***A phase 2/3 study to determine the efficacy, safety and immunogenicity of the candidate Covid-19 vaccine ChAdOx1 nCoV-19:***
   This was an NIHR Urgent Public Health study that was prioritised in response to the Covid-19 pandemic which was advertised to staff.

   This study aimed to assess how well people across a broad range of ages may be protected from Covid-19 with the vaccine called ChAdOx1 nCoV-19 and provided valuable information on safety aspects of the vaccine and how well participants' immune systems respond to immunisation with the vaccine.

4. ***Psychological impact of Covid-19 pandemic and experience: An international survey:***
   The purpose of this study was to investigate and explore the psychological impact of Covid-19, the resultant restrictions and impact on behaviours and changes in mental wellbeing across the global population. The study explored what factors and behaviours may support people's wellbeing and what might have a negative impact.

5. ***The impact of Covid-19 on paramedic led out of hospital cardiac arrest resuscitation: A Qualitative study (The COMPARE Study):***
   Given the unexpected, rapid and immediate risk of Covid-19, the impact of the pandemic on out of hospital cardiac arrest (OHCA) resuscitation is yet to be explored. Understanding how Covid-19 impacts on OHCA resuscitation would be helpful to identify the challenges faced by emergency service staff. This study explored the views of emergency service staff on the impacts of Covid-19 on resuscitation during OHCA, including the effect on communication during resuscitation, undertaking resuscitation procedures and the perception of risk to clinical staff.

The delivery of the NIHR CRN Portfolio studies was supported by a number of clinical and non-clinical staff and volunteers from various directorates and departments across the trust.

Our continued aim is to ensure that research is visible and supported throughout the whole organisation.

9.3.2. Research Grants

NWAS was a co-applicant for a successful £2m NIHR Programme Grant for Applied Research titled OPTimising IMplementation of Ischaemic Stroke Thrombectomy (OPTIMIST). The aim of this research is to see whether ambulance practitioners can trigger a standardised remote assessment by a thrombectomy centre team member to identify and accept patients who are very likely to be suitable for thrombectomy and reduce delays before treatment when compared current pathways via a local stroke unit.

9.3.3. Research Publications

The following research publications were either authored or co-authored by staff during 2020/21 and are listed in the Ambulance Research Repository (AMBER) which is maintained by the Library and Knowledge Service for NHS Ambulance Services in England:

- Ashton, C., Sammut-Powell, C., Birleson, E., **Mayoh, D.,** Sperrin, M. and Parry-Jones, A.R. (2020). Implementation of a pre-alert to improve in-hospital treatment of anticoagulant-associated strokes: analysis of a prehospital pathway change in a large UK centralised acute stroke system. *BMJ Open Quality*, 9(2), pp.1-3.
- Blodgett, J.M., Robertson, D.J., **Pennington, E**., Ratcliffe, D. and Rockwood, K, (2021). Alternatives to direct emergency department conveyance of ambulance patients: a scoping review of the evidence. *Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine*, 29(1), p.4.
- **Forster, C.** (2020). Could mindfulness activity improve occupational health in UK paramedics? *Journal of Paramedic Practice*, 12(5), pp.186-192.
- **Hayden, C.**, Moat, C. and Newbury-Birch, D. (2021). Analysing ambulance data to ascertain the prevalence and demographics of individuals who have died by suicide. *Emergency nurse*, 29(1), pp.35–40.
- **Holland, M**., Dutton, M. and Glover, S. (2021). Where to now? Searching beyond Medline. *Journal of paramedic* practice*: the clinical monthly for emergency care professionals*, 13(2), pp.81–83.
- **Master, S.** and **Gerrard, M**. (2020). Challenges of SARS-CoV-2 and conflicting PPE guidelines. *Journal of Paramedic Practice*, 12(11), pp.436-442.
- **Master, S.** (2021). Understanding right ventricular myocardial infarction in prehospital care*. Journal of Paramedic Practice*, 13(2), pp.69-75.
- Mathieson, A., Marson, A.G., **Jackson, M.**, Ridsdale, L., Goodacre, S., Dickson, J.M. and Noble, A.J. (2020). Clinically unnecessary and avoidable emergency health service use for epilepsy: A survey of what English services are doing to reduce it. *Seizure*, 76, pp.156-160.
- O'Grady, N., Shaw, D., Boaden, R., Bealt, J., Fattoum, A., & **Furnival, J.** (2020). Recovering from Covid-19: The key issues. Journal of Safety Science and Resilience, 1(2), pp. 67-69.
- Whitley, G.A., Hemingway, P., Law, G.R., **Wilson, C.** and Siriwardena, A.N. (2020). Predictors of effective management of acute pain in children within a UK ambulance service: A cross-sectional study. *American Journal of Emergency Medicine*, 38(7), pp.1424-1430.

❖ **Wilson, C**., Harley, C. and Steels, S. (2020). How accurate is the prehospital diagnosis of hyperventilation syndrome? *Journal of Paramedic Practice*, 12(11), pp.445-454.

9.4. Use of the CQUIN Payment Framework

The trust has not been involved in any Commissioning for Quality and Innovation (CQUIN) payment schemes during 2020/21 as the national NHS contracting process was halted due to Covid-19. During this recovery period there are national discussions underway relating to the future contracting and commissioning process which may impact on the CQUIN payment framework. The National Tariff payment system (NTPS) consultation document and NHS Standard Contract propose that CQUIN will be brought within the scope of the NTPS.

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

North West Ambulance Service NHS Trust will be taking the following actions to improve data quality;

❖ **NHS Number and General Medical Practice Code Validity**
North West Ambulance Service NHS Trust did not submit records during 2020/21 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. This requirement did not apply to ambulance trusts during 2020/21.

❖ **Data Security and Protection Toolkit (DSPT) attainment levels**
North West Ambulance Service NHS Trust DSPT submission assessment provided an overall score for 2020/21 was 99.09% (109 of the 110 compliance standards were met) with a published status of 'standards not met'. The area of non-compliance relates to annual mandatory training for data security awareness, which was impacted due to the pandemic response.

❖ **Clinical coding error rate**
North West Ambulance Service NHS Trust was not subject to the Payment by Results clinical coding audit during 2020/21 by the Audit Commission.

11. Commissioner, Clinical Commissioning Groups, Healthwatch and Health Scrutiny Committee Statements

The trust received information in April 2021 that indicated that statements would not be required in 2020/21 due to the ongoing pressures created by Covid-19 and changing timeframes for assurance and finalisation of the report.

Nevertheless, the trust aims to work collaboratively with all partners and working draft versions of this Quality Account have been shared with external partners including commissioners and Healthwatch groups during development of the account. Comments were received from some partners during this process, and we have incorporated their

feedback, where appropriate, into the final version of this report. The final version of the report will be available for all partners for scrutiny. No statements have been received in advance of the final report being developed.

Appendix 1: Glossary of Terms

ABBREVIATION	DESCRIPTION
AACE	The Association of Ambulance Chief Executives provides ambulance services with a central organisation that supports, coordinates, and implements nationally agreed policy.
Advanced Paramedics	Advanced paramedics offer a high level of clinical skills and leadership. They co-ordinate and provide clinical advice for some of the more complex incidents we attend, whilst also being responsible for a team of senior paramedics.
AGM	Annual general meeting is a yearly gathering between the NWAS board of directors, staff, patients and public to discuss performance, service delivery and strategic direction.
AGP	Airway generated procedures produce aerosols of respiratory secretions.
AHC	Advance Health Care.
AMBER	Ambulance Research Repository.
AVAYA	Telephony platform.
BAF	Board assurance framework is used to record and report an organisational key strategic objectives, risks, controls and assurances to the board.
C1	An immediate response to a life-threatening condition, such as cardiac or respiratory arrest. Response time to 90% of all incidents is 15 minutes.
C2	Category 2: A serious condition, such as stroke or chest pain, which may require rapid assessment and/or urgent transport. Response time to 90% of all incidents is 40 minutes.
C3	Category 3: An urgent problem, such as an uncomplicated diabetic issue, which requires treatment and transport to an acute setting. Response time to 90% of all incidents is 2 hours.
C4	Category 4: A non-urgent problem, such as stable clinical cases, which requires transportation to a hospital ward or clinic. Response time to 90% of all incidents is 3 hours.
Cardiac arrest	A medical condition wherein the heart stops beating effectively, requiring CPR and sometimes requiring defibrillation.
Care Bundle	A set of actions expected of ambulance staff in specific clinical circumstances. The completeness of the response is measured as a Clinical Performance Indicator (CPI).
CAS	A Clinical Assessment Service can operate within primary care or secondary care and be directly bookable or indirectly bookable.
CCG	Clinical Commissioning Groups (CCGs) were created following the Health and Social Care Act in 2012 and replaced Primary Care Trusts on 1 April 2013. They are clinically led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.
CEO	Chief Executive Officer.
CH	The Clinical Hub is a department within the NWAS emergency operations centres that is made up of a multidisciplinary team including clinicians, dispatchers, navigators and managers.
Chain of survival	The process to ensure the optimum care and treatment of cardiac arrest and heart attack patients at every stage of the pathway.
CISCO	Telephony platform.
Cleric	Ambulance software solution.

Community First Responder (CFR)	A member of the public who volunteers to provide an immediate response and first aid to patients requesting ambulance assistance.
Complementary Resources	Non ambulance trust providers of potentially life-saving care, e.g. CFRs St John Ambulance, Red Cross, Mountain Rescue, Air Ambulance.
CPR	Cardiopulmonary Resuscitation.
CQC	Care Quality Commission is the independent regulator of all health and social care services in England.
CQUIN	The Commissioning for Quality and Innovation (CQUIN) framework supports improvements in the quality of services and the creation of new, improved patterns of care.
CTB	Call to Balloon – the time taken from receipt of the 999 call to the administration of PPCI.
CTD	Call to Door - the time taken from receipt of the 999 call to the arrival at a definitive care department such as a Stoke unit.
CTN	Call to needle – the time taken from receipt of the 999 call to the administration of thrombolytic clot busting drugs.
DCA	Dual Crewed Ambulance
Defibrillator (also AED)	Medical equipment to provide an electric shock to a patient's heart which is not functioning properly.
DSPT	The Data Security and Protection Toolkit is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards. All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly.
E&UC	Emergency and Urgent Care are 999 and Urgent Care services.
ELC	Executive Leadership Committee meets weekly and consists of NWAS Executive Directors.
EOC	Emergency Operational Control receives and responds to 999 calls and other calls for ambulance service assistance.
EPR	Electronic Patient Record is a periodic health care record of a single individual, provided mainly by one healthcare organisation.
ERISS	ERISS is a web-based application, designed to enhance information sharing and collaborative working between the North West Ambulance Service (NWAS) and its key stakeholders. The system supports the transfer of referral information to external organisations in the North West and provides a secure portal for organisations to inform NWAS of care planning arrangements for specific patient groups.
FAST	A simple test for the presence of a stroke – Face, Arms, Speech, Time.
FFT	The NHS Friends and Family Test was created to help service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way to give your views after receiving NHS care or treatment.
FTSU	Freedom to speak up.
Green room	Internal digital communication area for NWAS staff.
HSE	Health & Safety Executive is a regulatory body to ensure safe working practices are adhered to.
ICS	Integrated care systems (ICSs) are new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.

IED	Improvised explosive device is a bomb constructed and deployed in ways other than in conventional military action.
IPC	Infection Prevention and Control.
KLOE	Key line of enquiry is part of the CQC's inspection structure, which help establish whether services are Safe, Caring, Responsive, Effective and Well-led.
LADO	Local Authority Designated Officers is a mandated safeguarding role in the Council.
MIU	Minor injury unit.
Myocardial infarction (MI) or Heart attack	A medical condition wherein the coronary arteries of the heart are blocked leading to (acute pain and) an immediate risk to life.
NACQI/ACQI/AQI	National Ambulance Clinical Quality Indicator.
NARU	National Ambulance Resilience Unit is part of the NHS, funded by the Emergency Preparedness, Resilience and Response Department of NHS England
NGO	The National Guardian's Office and the role of the Freedom to Speak Up guardian were created in response to recommendations made in Sir Robert Francis QC's report "The Freedom to Speak Up" 2015.
NHSE I	NHS Improvement and NHS England have worked together as a single organisation since 1 April 2019, to help improve care for patients and provide leadership and support to the wider NHS.
NHSLA	The NHS Litigation Authority (NHSLA) manages negligence and other claims against the NHS in England on behalf of its member organisations.
NIHR Applied Research Collaborations	The National Institute for Health Research (NIHR) is the nation's largest funder of health and care research and provides the people, facilities and technology that enables research to thrive. NIHR Applied Research Collaborations (ARCs) support applied health and care research that responds to, and meets, the needs of local populations and local health and care systems.
NIHR CRN	National Institute for Health Research Clinical Research Network.
NMCRR	National Mortality Case Record Review toolkit used in acute hospital trusts.
NOS	National Occupational Standards are statements of the standards of performance individuals must achieve to be competent when carrying out functions in the workplace, together with specifications of the underpinning knowledge and understanding.
NQB	National Quality Board.
NRLS	National Reporting and Learning System.
NTPS	National Tariff payment system is a set of prices and rules to help commissioners and providers of NHS care provide best value to their patients.
NWAS	North West Ambulance Service NHS Trust.
OHCA	Out of hospital cardiac arrest.
OPTIMIST	OPTimising IMplementation of Ischaemic Stroke Thrombectomy
Paramedic	A state registered ambulance healthcare professional.
PES	Paramedic Emergency Service responds to 999 emergency ambulance calls.
PHE	Public Health England exist to protect and improve the nation's health and wellbeing and reduce health inequalities.

PHSO	Parliamentary and Health Service Ombudsman investigate complaints independently and impartially about government departments and the NHS in England.
PPCI	Primary Percutaneous Coronary Intervention – treatment of a MI through immediate surgical intervention.
PPE	Personal protective equipment protects the user against health or safety risks at work.
PPP	Trust's Patient and Public Panel consists of volunteers who live in the North West of England and are involved in public and patient engagement activities e.g. Responding to surveys, giving feedback on publications, focus groups activities, attending committees or formal meetings.
PSI	Patient safety incidents.
PTS	Patient Transport Service - Non-emergency transport service that provides for hospital transfers, discharges and outpatients appointments for those patients unable to make their own travel arrangements.
Q&S	Quality and Safety Group meeting which is part of NWAS's governance structure.
QI	The term 'quality improvement' refers to the systematic use of methods and tools to try to continuously improve quality of care and outcomes for patients. There are a range of different methods and tools, such as Lean, Six Sigma and the Institute for Healthcare Improvement's Model for Improvement.
RCF	Research capability funding.
RCQAC	Regional Clinical Quality Assurance Committee.
ROSC	Return of Spontaneous Circulation.
ROSE	Review of Serious Events (ROSE) group oversees the reporting, actions and learning drawn from serious incidents.
RPE	Respiratory Protective Equipment is a particular type of Personal Protective Equipment, used to protect the individual wearer against the inhalation of hazardous substances in the workplace air.
SafeCheck	SafeCheck is an electronic database which was originally designed to replace paper process checks e.g. vehicle, equipment and medicine check book. SafeCheck is now being used captured routine audit work e.g. Infection Prevention and Control.
SJR	Structured judgement reviews are a methodology used for investigations.
SMS	Short messaging service- text messaging service component of most telephone, Internet, and mobile device systems.
SPMS	Single Patient Management System.
SPTLs	Senior paramedic team leader working as part of a crew or as a solo responder to attend urgent and critical emergency situations in a variety of environments. They use advanced clinical skills and manage a clinical team.
Standard Contract	The NHS Standard Contract is mandated by NHS England for use by commissioners for all contracts for healthcare services other than primary care.
StEIS	Strategic Executive Information System.
STEMI	ST Elevation Myocardial Infarction – A life threatening heart attack.
Stroke	Blockage or bleeding of the blood vessels in the brain that can lead to death or disability.
Thrombolysis	Medical treatment to break up blood clots in the case of MI or stroke.

TMA	CQC are evolving their approach to regulation as the risks from Covid-19 change. They are using a transitional monitoring approach to services, which focuses on safety, how effectively a service is led and how easily people can access the service.
TNA	Training needs analysis.
TRA	Transitional regulatory approach is a new CQC inspection way of working which has emerged during Covid-19. Inspectors will now review the information they hold about a service, and they will then either have a conversation with a provider online or by telephone. During the conversation, inspectors will ask providers 'monitoring questions' which will focus on specific KLOEs.
UTC	Urgent Treatment Centre.
Utstein	Cardiac arrest and CPR outcome reporting process.
WIC	Walk in Centre.
WTS	Working Time Solution is an independent external supplier supporting the NWAS building better rota's programme.

Table 28: Glossary of terms and abbreviations

Appendix 2: Contact Details

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

We can be contacted at:

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For enquiries specific to the Quality Account, please contact Joy Furnival Chief of Regulatory Compliance and Improvement on:

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E-mail: joy.furnival@nwas.nhs.uk

Should you wish to access any of the trust publications mentioned in this Quality Account they can be accessed on the trust website at www.nwas.nhs.uk.