North West Ambulance Service NHS
NHS Trust

NORTH WEST AMBULANCE SERVICE NHS TRUST

"Right Care, Right Time, Right Place"

QUALITY ACCOUNT

2009/2010

TABLE OF CONTENTS

1 Chief Executive's Statement

I have great pleasure in presenting the North West Ambulance Service (NWAS) NHS Trust's first Quality Account. This is my opportunity to share with you the work that we have done to make sure that we are delivering the "Right Care" in the "Right Time" and the "Right Place", and our plans to make sure that we continue to do so.

In providing an Ambulance service for the people of the North West, patient safety and experience is our first and most important principle. I am committed to providing a prompt response for patients, and to delivering safe and effective patient care.

NWAS has taken the lead in developing national measures of clinical performance (CPI's) for ambulance services. The Trust is also actively involved in national programmes to improve the safety and experience of patients. These include making sure that the wishes of those patients nearing the end of their lives are met, and safeguarding the most vulnerable children and adults in our Region.

2009/10 was a year full of challenges and events. In particular, the floods in Cumbria and the severe winter weather in December and January created difficulties for both our Emergency Ambulance and Patient Transport Services. Both occasions highlighted the strong commitment of our staff to delivering the service, and the important contribution made by our Community First Responders. The strength of our partnership with voluntary and charitable organisations such as the Mountain Rescue service was also clearly illustrated.

An important part of what we do is to work with local community groups, Overview and Scrutiny Committees and MPs to improve the services that we provide. During this year we have hosted a number of events for the public, and participated in other regional and local events.

There were some important lessons learned during the year about quality of care. The Care Quality Commission report on cleanliness in August 2009 showed that we needed to improve training for staff and cleaning of our ambulances. We acted swiftly to put this right and I am pleased to say that we were found to be meeting the national cleanliness standards following an unannounced inspection in January 2010.

In the year ahead I will be making sure that we meet, and continue to meet, the quality standards set out by the Department of Health, the National Patient Safety Agency and the Care Quality Commission. In doing this, we will seek and act on the views of patients and communities across the North West.

I welcome your comments on our first Quality Account.

Darren Hurrell
May 2010

2 Looking Forward to Improving Care

During 2010/11, we will be improving care in five areas:

2.1 End of Life Care (Emergency and Patient Transport Services)

We know that some people do not have a good experience of health services when they are nearing the end of their lives. The Department of Health's End of Life Care Strategy and NHS North West's Healthier Horizons set out clear expectations of care for people reaching the end of their life. Our aim is to provide a service that helps people to receive the right care at the right time and to achieve a dignified death in the right setting.

Our services can contribute to this in three main areas;

- timely transfer
- providing the right transport for patients and carers
- making sure that the wishes of patients are known and met.

Our success will be measured on the following quality markers:

1. A plan for end of life care that is part of PCT locality plans.
2. A system to identify people who are nearing the end of life, making sure that their care plans are taken into account.
3. Completion of transfers within locally agreed timescales.
4. Processes in place to identify people who have requested and signed a Do No Attempt Resuscitation (DNAR) order and to inform GPs where they are taken to hospital by ambulance.
5. Training for staff.
6. Audit and review of the quality of end of life care.

During 2010/11 we are determined to make the experience of our services as good as possible for those people nearing the end of their lives.

2.2 Frequent Callers (Emergency Services)

We know that some people and some locations generate a very high number of 999 calls compared to others. There are a number of reasons why this happens and we are working with Primary Care Trusts to address these.

During 2010/11 we will take the first steps towards a "Single Point of Access" for urgent and emergency care.

We will put in place better and safer signposting to the full range of available services using a system called "NHS Pathways". The system will provide valuable information for local Primary Care Trusts on the range of community based services being used by callers, and areas where services could be put in place that will both improve services for patients and reduce unnecessary demand on hospital Accident and Emergency departments.

2.3 Chain of Survival and Complementary Resources (Emergency and Patient Transport Services)

We know that quick access to a defibrillator (AED) and someone who is trained to use it can save lives. The Chain of Survival Partnership is a partnership between NWAS, the British Heart Foundation and some other organisations to build a network to improve access to defibrillation for patients in cardiac arrest.

There are many trained volunteers and voluntary organisations already supporting the scheme such as Voluntary Ambulance Services and our own Community First Responders (CFR).

During 2010/11 we will expand the Chain of Survival scheme further to cover more areas in the North West.

During 2010/11 we will expand our network of volunteers in line with emerging health policy.

2.4 Acute Stroke Care (Emergency Services)

We know that quick access to an Acute Stroke service can both save lives and radically improve outcomes for people who have had a stroke.

Progress has already been made in making sure that people are taken to the right hospital as quickly as possible, in partnership with Primary Care Trusts and Acute Hospitals.

During 2010/11 we will introduce "hyper acute pathways" for patients who could benefit from thrombolysis (clot busting) therapy in the early stages of thrombolytic stroke (stroke caused by a blood clot) at a specialist hospital.

We will provide a rapid response, clinical assessment and direct transportation to nominated specialist treatment centres where needed.

2.5 Heart Attack (Emergency Services)

We know that people who have a heart attack have better outcomes when they are given thrombolysis (clot busting) therapy at an early stage.

Where appropriate, we administer thrombolysis to patients following a heart attack and a report on our performance in this area can be found in Section 3.

New developments in the treatment and care of people following a heart attack include an option for some people of a surgical procedure called Primary Percutaneous Coronary Intervention (PPCI) in the early stages.

During 2010/11 we will to provide a rapid response, clinical assessment and direct transportation for eligible patients to nominated specialist treatment centres.

In instances where pre-hospital thrombolysis is the best option, NWAS will continue to support its delivery by Paramedic practitioners. Quality statements

3 Looking back to 2009/2010

3.1 Formal Statements on Quality

The North West Ambulance Service NHS Trust provides Paramedic Emergency Services and Patient Transport Services. The following statements apply to these services:

3.1.1 Review of Services

The Trust has reviewed all the data available on the quality of care in the services provided by us in 2009/10. The income generated by the NHS services reviewed in 2009/10 represents 100 per cent of the total income generated from the provision of NHS services by the Trust for 2009/2010.

3.1.2 Participation in Clinical Audits

During 2009/10, the Trust participated in two national clinical audits and no national confidential enquiries relevant to NHS services that the Trust provides. During that period the Trust participated in 100% of national clinical audits that it was eligible to participate in.

The national clinical audits and national confidential enquiries that NWAS NHS Trust was eligible to participate in during 2009/2010 were:

- MINAP (Myocardial Ischaemia National Audit Project) a national audit of the care of patients suffering a heart attack.
- TARN: (Trauma Audit and Research Network) a national audit of the care of patients suffering acute trauma.

Ambulance services are not required to register cases for these audits, but provide appropriate information on request.

The reports of no national clinical audits were reviewed by the Trust in 2009/2010
The reports of no local clinical audits were reviewed by the Trust in 2009/2010

3.1.3 Research

The number of patients receiving NHS services provided or sub-contracted by the Trust in 2009/10 that were recruited during that period to participate in research approved by a research ethics committee was nil.

3.1.4 Use of CQUIN Payment Framework

A proportion of Trust income in 2009/2010 was conditional on achieving quality improvement and innovation goals agreed between the Trust and NHS Bury acting as lead Commissioner for North West Primary Care Trusts, through the Commissioning for Quality and Innovation payment framework. Details are available on request from the Trust.

3.1.5 Statements from the Care Quality Commission (CQC)

The Trust is required to register with the Care Quality Commission and its current registration status is registered without conditions.

The Care Quality Commission took enforcement action against the Trust during 2009/10. In July 2009 the CQC carried out an unannounced inspection of ambulance premises and vehicles. On inspection, they "found evidence that the trust has breached the regulation to protect patients, workers and others from the risks of acquiring a healthcare associated infection". A recovery plan was implemented immediately, and on re-inspection the CQC were satisfied that the Trust had provided assurance that it had addressed the areas for improvement

The Trust is subject to periodic reviews by the Care Quality Commission and the last review was the Annual Health Check rating for 2008/09. This was the final occasion when this approach was used. . The CQC's assessment of the NWAS NHS Trust following that review was:

Quality of Services		Fair
	Meeting Core Standards	Almost met
	Existing Commitments	Partly met
	National Priorities	Fair
Use of Resources		Good

Full details of the CQC's findings are available on www.cqc.org.uk

The Trust has made the following progress to 31st March 2010:

- Declaring full compliance with all Standards for Better Health, including two areas previously identified as having insufficient assurance; staff appraisal and cleanliness of vehicles.

The Trust has not been subject to special reviews or investigations by the Care Quality Commission during 2009/2010

3.1.6 Data Quality

The Trust is not required to submit records during 2009/2010 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The Trust score for 2009/2010 for Information Quality and Records Management, assessed using the Information Governance Toolkit, was 73%.

NWAS NHS Trust was not subject to the Payment by Results clinical coding audit during 2009/2010 by the Audit Commission.

3.2 Review of Quality Performance

The Trust uses a range of indicators to report on the quality of care. These have been agreed with stakeholders and have been grouped under the three aspects of clinical quality: Patient Safety, Clinical Effectiveness and Patient Experience.

3.2.1 Indicators of Quality – Patient Safety

3.2.1.1 Safeguarding Services (Emergency Services and Patient Transport Services)

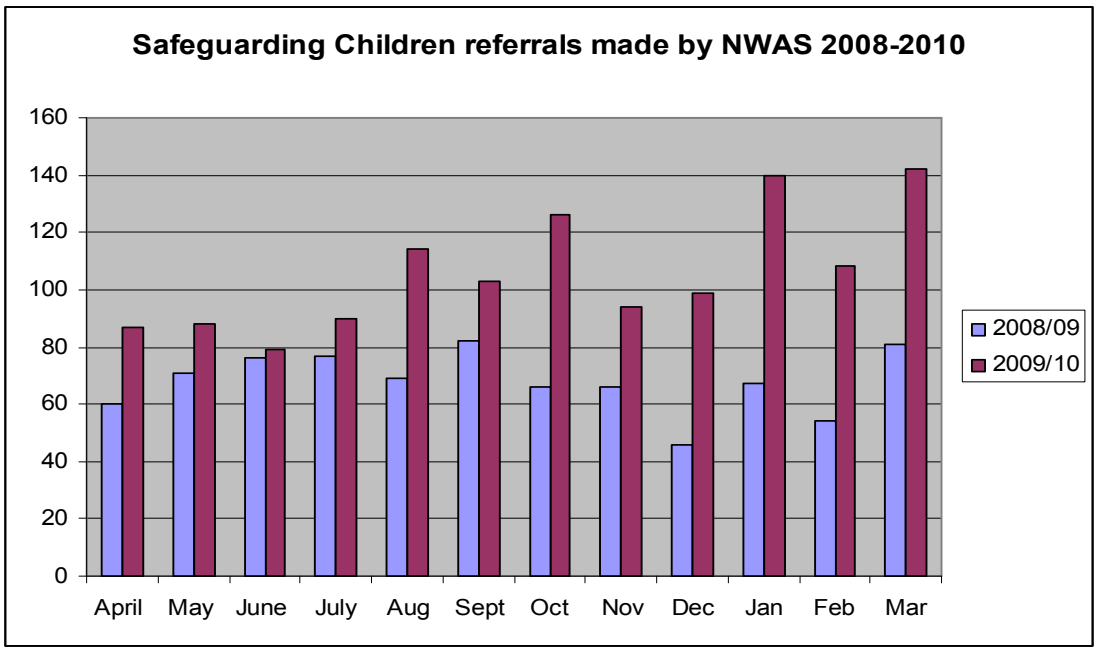
The Trust takes its safeguarding responsibilities seriously and has reviewed what needs to be done to make sure that arrangements are in place to safeguard the most vulnerable people. We work with Safeguarding bodies across the region to support local arrangements.

During 2009/10 the Safeguarding Policy and associated procedures were updated and approved by the Board of Directors. The Trust has a part time Safeguarding Practice Manager. A full time Safeguarding Practitioner post has been approved and is being recruited to and a full time Safeguarding Administrator. The team provide training and support for staff, review and manage referrals and support serious case reviews.

Following the review of the Trust's current and developing safeguarding arrangements, a declaration of CQC Registration compliance was approved by the Board of Directors during February 2010.

The Trust's safeguarding activity reporting is currently supported by secure safeguarding electronic databases. The development of information systems to support centralised reporting is an identified priority for the year ahead.

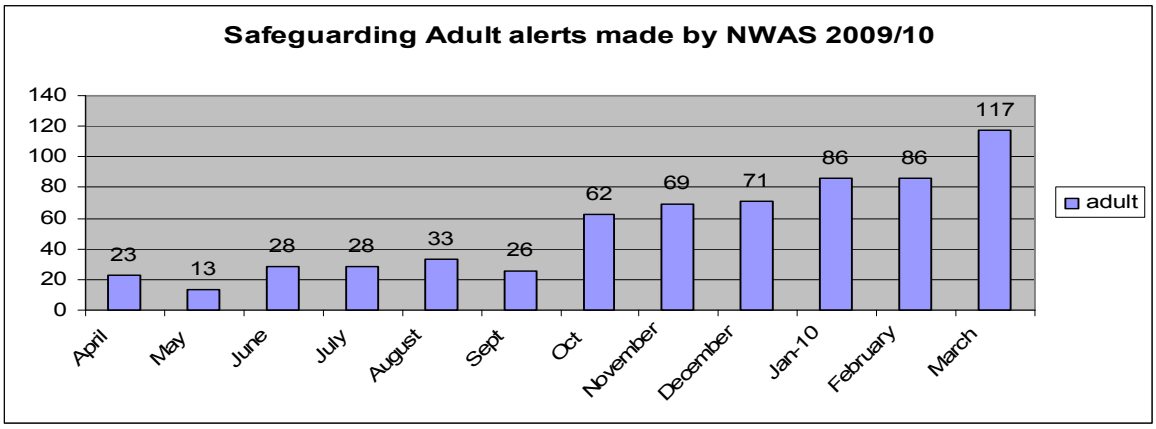
Child Referrals



Comparative information (April to March 2008/09 and 2009/10) shows an increased rate of child referrals per month compared to the previous year.

The majority of referrals relate to parental incapacity due to alcohol, drug and/or attempted overdose.

Adult Referrals

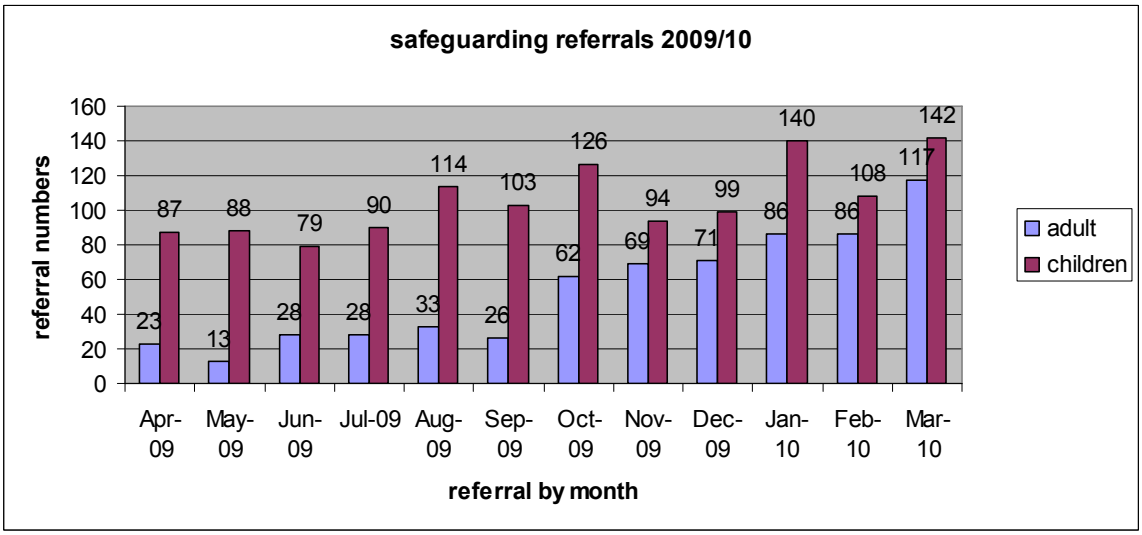


Vulnerable Adult Referrals were in two broad categories of safeguarding concerns:

(i) **Concern for welfare** involving health and/or social care needs assessment. Within this group, themes of neglect and mental health or emotional concerns predominate;

(ii) **Third Party incidents of abuse** involving themes of carer support, domestic violence and care home standards.

While the majority of the referral relate to category (i), the issues represented are on the increase in both categories.



Referrals in both categories have risen during the year.

3.2.1.2 Infection Prevention and Control (Emergency Services and Patient Transport Services)

In May 2009 the Care Quality Commission carried out an inspection of Infection Prevention and Control in the Trust that identified a number of shortcomings in terms of procedures and the cleaning of vehicles. Steps were taken immediately to

address these concerns and at the second inspection in October the Trust was found to be fully compliant with the relevant regulations.

Infection Prevention and Control Structure

The Trust's Medical Director fulfils the role of Director of Infection Prevention and Control (DIPC). The role is supported by the Head of Clinical Safety and the Clinical Safety and Governance Manager. This year, three full time Specialist Paramedics in Infection Prevention and Control (SPIPC) were appointed. The team are responsible for training and supporting staff and providing assurance that stations and vehicles are clean.

The Trust has more than 120 staff acting as Infection Control Champions, supporting the Specialist Paramedics.

During 2009/10 the Infection Prevention and Control Policy and associated procedures were updated and approved by the Board of Directors.

Deep Cleaning arrangements for all vehicles are in place.

Healthcare Associated Infection (HCAI) Incident Reporting

During 2009/10 there were 116 incidents reported.

HCAI Incidents 2009/10

Number	Reported Theme
49	Inoculation/ Sharps / needlestick incidents
14	Contacts with bodily fluids
9	Not notified of patient infection status
2	Infestations
13	Contaminated equipment
13	Contaminated vehicle
4	Crew contact with known infectious disease
5	Lack of PPE
6	Staff welfare (IPC concerns)
1	Equipment issue

The Trust has learnt a number of useful lessons from this process. Examples are:

- Following the reporting of sharps injuries by non clinical staff new 'Grab sticks' and gloves were purchased for workshop and deep clean staff to prevent needlestick injuries when cleaning vehicles.
- New Information cards have been introduced for all staff showing guidance on general Infection prevention, hand hygiene, and inoculation injury procedures.
- New E-Learning modules on aspects of Infection Prevention and Control have been made available on the intranet for staff to complete.
- Bulletins and posters have been produced to highlight information on correct waste management and sharps disposal following several incidents of poor practice identified.
- Following incidents involving 'faulty' cannulas a review was completed which identified a training need so training information and supporting documentation have been produced and disseminated.

Audit

The Trust has introduced the following programme of Infection prevention and control audits, reportable to the Board of Directors.

- Quarterly Service Delivery audits of the cleanliness of vehicles (including the deep clean process) and stations.

- Quarterly independent Specialist Paramedic audits of the cleanliness of vehicles and stations.

- Random manager spot check audits of the cleanliness of vehicles and stations.

3.2.1.3 Emergency Preparedness (Civil Contingencies Act 2004)

The Trust is defined as a Category One Responder Agency under the Civil Contingencies Act 2004 (CCA). The duties provided by the CCA relate to the Trusts responsibilities for ensuring and maintaining civil protection in the event of an emergency situation (as defined under the Act). The Trust worked alongside and cooperated with multi agency partners in undertaking effective risk assessments, emergency planning, warning and informing the public and has its own business continuity management arrangements in place to protect core services during disruptive challenges.

All major emergency plans were audited and reviewed during 2009/10 and the re-structure within the Trusts EP Team, in addition to the introduction of the Hazardous Area Response Team (HART) enabled quality enhancements to the delivery and sustainability of contingency and resilience capabilities.

NWAS is committed to ensuring it is able to demonstrate compliance with the duties of the CCA and developed robust contingency arrangements throughout 2009/10 and remains at the forefront of Emergency Preparedness, which is thoroughly embedded across the organisation thus providing a strong strategic direction which supports quality patient care, whatever major emergency situation it may face.

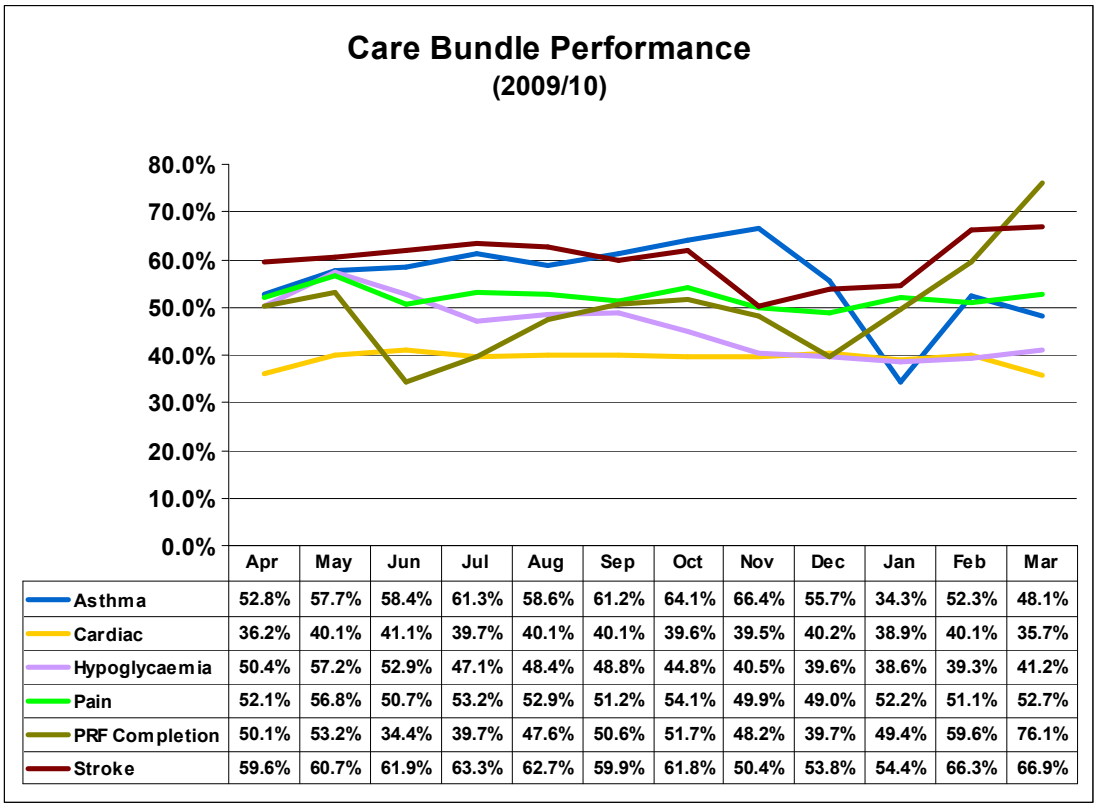
3.2.2 Indicators of Quality – Clinical Effectiveness (Emergency Services)

3.2.2.1 Clinical Performance Indicators

For Ambulance Trusts, clinical effectiveness is measured in terms of expected interventions for a range of presenting clinical conditions. These are: Asthma, Cardiac Arrest Management, Hypoglycaemia Management, Pain Management, PRF (Patient Report Form) Completion and Stroke Management.

The expected interventions for each clinical condition are known as “Care Bundles”, and clinical effectiveness is measured in terms of <u>all</u> the interventions in the care bundle being carried out on each patient. A score of 50% means that half of all patients seen with a condition have received the complete bundle of interventions required. The remaining patients will have had a proportion but not all the interventions specified for that clinical condition. As the needs of patients vary, a score of 100% would not necessarily be expected at all times.

Performance against the six care bundles is reported to the Trust's Board of Directors each month, and the pattern over the year is shown below:



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Asthma	52.8%	57.7%	58.4%	61.3%	58.6%	61.2%	64.1%	66.4%	55.7%	34.3%	52.3%	48.1%
Cardiac	36.2%	40.1%	41.1%	39.7%	40.1%	40.1%	39.6%	39.5%	40.2%	38.9%	40.1%	35.7%
Hypoglycaemia	50.4%	57.2%	52.9%	47.1%	48.4%	48.8%	44.8%	40.5%	39.6%	38.6%	39.3%	41.2%
Pain	52.1%	56.8%	50.7%	53.2%	52.9%	51.2%	54.1%	49.9%	49.0%	52.2%	51.1%	52.7%
PRF Completion	50.1%	53.2%	34.4%	39.7%	47.6%	50.6%	51.7%	48.2%	39.7%	49.4%	59.6%	76.1%
Stroke	59.6%	60.7%	61.9%	63.3%	62.7%	59.9%	61.8%	50.4%	53.8%	54.4%	66.3%	66.9%

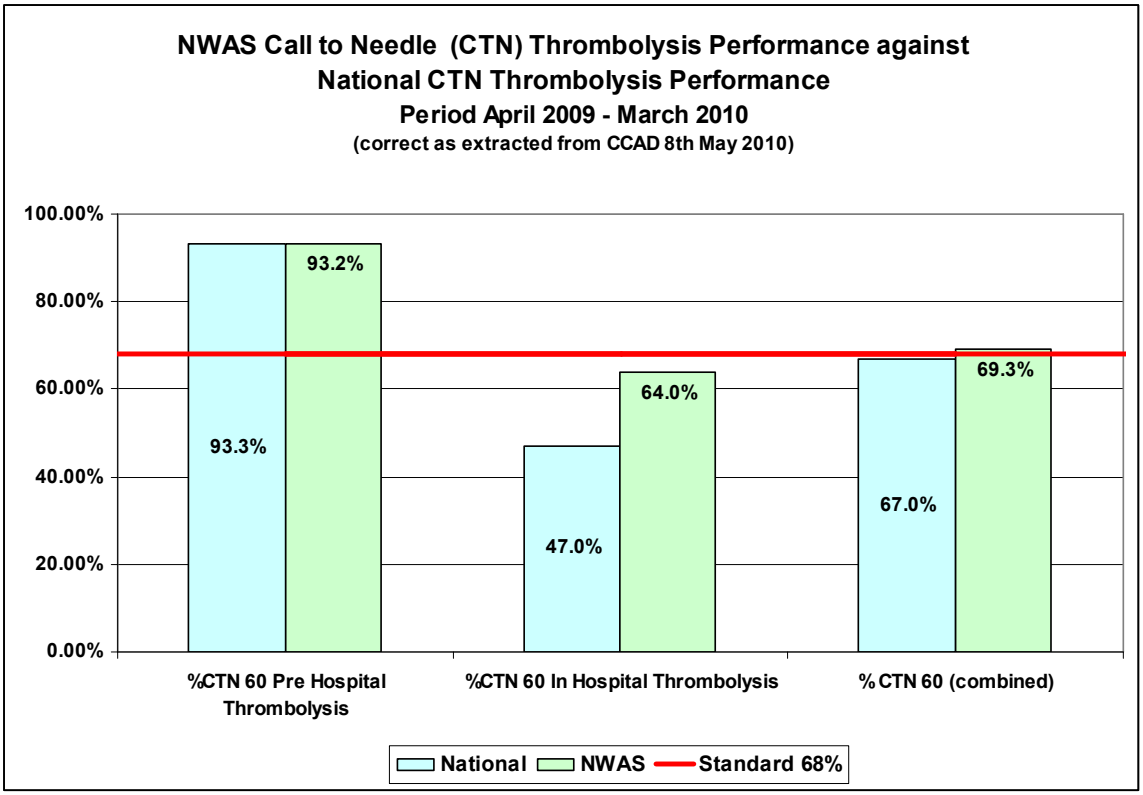
The Trust has taken a number of steps over the last year to ensure that staff are supported to deliver continuous improvement in these indicators. This advancement of skills is linked to a programme to modernise the ambulance workforce. Steps taken include:

- Agreeing a Trust-wide target of 10% improvement in all CPI performance over 2010/11.
- Appointment of 65 Advanced Paramedics with specific responsibility for supporting clinical staff in their areas to deliver the required improvements
- Inclusion of CPI awareness in the mandatory training programme for all operational staff in 2010/11
- Establishment of Clinical Quality Improvement Forums in each Area.
- A programme for paramedics to undertake University based Diplomas to develop their knowledge and skills.

3.2.2.2 Thrombolysis

This is a national standard for patients suffering from an Acute Myocardial Infarction (AMI). These patients should receive thrombolysis within 60 minutes of calling for help. The standard to be met is a combined target involving both pre and in hospital thrombolysis and a minimum of 68% combined performance should be achieved.

The current position for 2009/10 (correct as at 8th May 2010) is described in the chart below.



We are proud of a significant achievement in this area which demonstrates not only over achievement of the Trust's thrombolysis targets but also performance above the national average, which indicates our position as a leader in this field.

3.2.3 Indicators of Quality – Patient Experience (Emergency Services and Patient Transport Services)

3.2.3.1 Responsiveness (Emergency Services only)

For a patient waiting for a response to a 999 call, the time taken to respond is of paramount importance.

Ambulance trusts have to meet three national response time targets. All 999 calls are categorised using an internationally accepted system into three headings. These are:

Category A (RED): Immediately life-threatening
Category B (AMBER): Serious but not immediately life-threatening
Category C (GREEN): Other calls

The national targets are that we provide a response to:

75% of Category A calls within 8 minutes (A8)
95% of Category A calls within 19 minutes (A19)
95% of Category B calls within 19 minutes (B19)

There is also a best practice standard to answer 95% of 999 calls within 5 seconds.

The trust's performance in recent years has been:

Indicator	Target	Performance 07/08	Performance 08/09	Performance 09/10
Response time (A8)	75%	75.61%	74.32%	73.04%
Response time (A19)	95%	97.54%	96.47%	95.44%
Response time (B19)	95%	90.99%	87.62%	85.89%
Call pick-up			94.72%	95.2%

The Trust missed the A8 target in 2009/10, and is currently working to maintain the performance above 75%. A8 performance is significantly affected by levels of demand, which continue to increase year on year. 2009/10 saw a 3% increase in activity over the previous year. The Trust also faced major challenges with the severe weather conditions experienced over the winter which inevitably affected the final position. The floods in Cumbria in November and the severest snow in the region for thirty years stretched our resources to the limit. On 6th January the Trust was obliged to call a Major Incident because of the impact of the snow fall. Our staff responded magnificently to these challenges. It is pleasing to note that the Trust has succeeded in meeting the A8 target in February, March, April and May 2010.

3.2.3.2 Patient and Public Engagement (Emergency Services and Patient Transport Services)

Feedback

The Trust takes the collection of feedback from patients on their experience of care very seriously and in 2009/10 established a new Director of Performance and Patient Experience post, a Patient Experience Sub Committee and a Patient Experience Team to strengthen its commitment. Stakeholder engagement is profiled in our Communications and Engagement Strategy 2009–2012.

Valuable patient experience feedback is provided via numerous channels including:

- Complaints
- PALS concerns
- Comments cards
- Compliments
- Website

The Trust actively engages with patients and communities through:

- Surveys
- New technologies
- LINks, OSCs and community groups
- Focus groups
- Critical Friends Network (CFN) and Core Group

Feedback is captured, analysed and shared with Service Management Teams, the Patient Experience Sub Committee, Incident Learning Forum and Board to improve services and aid organizational learning.

Examples include:

- The Liverpool Somalian community perceived employment barriers. Working together, this resulted in the recruitment of Somalian staff to Patient Transport.

- The Manchester Deafness Support Network highlighted issues accessing 999. Working together, this resulted in an SMS text trial.

The CFN has increased by 100% and has over 800 members, five of whom have been recruited to the Core Group, playing active roles in local communities and Local Involvement Networks (LINks).

The Trust has worked hard building relationships with its 24 LINks and hosted the first Regional LINk event, attended by 16 LINK organisations. Event feedback is being used to inform Trust and LINk communication and working practices.

Nationally, the results of the CQC survey of Category C service users demonstrated high positivity in our services, including:

- 73% of callers rating the advice given over the phone 'excellent' (53% nationally).

- 90% felt the service 'definitely' understood their needs, (84% average for other ambulance trusts).

Patient Transport Service satisfaction surveys are carried out on a yearly basis. Of 1400 patients surveyed, 1000 patients replied (71%) and the data used to produce individual area reports and to inform improvements for the wider Patient Transport function. Online surveys have also confirmed high levels of satisfaction on Patient Transport and Paramedic Emergency Services.

Identification of common trends is another way of improving services. Over 250 people have taken part in access, perception and understanding surveys resulting in further promotion of our pictorial handbook, language line and multi-lingual emergency phrase book. Our application and recruitment procedures have also been revised as a result of feedback on perceived barriers.

Working with Communities

The emphasis on community engagement has continued and the Trust has both delivered and ensured representation at numerous community events across the region including:

- Hosting a major Celebration of Community Diversity event directly involving 16 community groups and engaging with 350 people – our biggest amount of feedback received from one event so far.

- Meetings with groups from the Polish and Chinese Communities in Liverpool, Lancashire Mosques, Somalian Community Group, Deafness Support Network and Older People's Forum.

- Leading Manchester PRIDE, attending the Annual Disability Awareness Day and the Preston, Bolton and Manchester Health Melas.

Needs identified from these events have resulted in further work undertaken to help support these groups and improve their experiences and relationship with the Trust. Specific actions include:

- Informing the booking form review of the Patient Transport Service.

- Discussion on induction loops and other digital systems to be used in A&E vehicles

- Basic first aid/AED training provided in a Hindu temple.

The Trust shares and celebrates improvements using mediums such as the 'Listening to You' and Survey Results sections of our website, Ambulance Matters (stakeholder newsletter), Critical Friends (newsletter for friends of the ambulance service) and press releases. Patient feedback is also shared with key stakeholders and commissioners.

3.2.3.3 Complaints and PALS (Emergency Services and Patient Transport Services)

In December 2009 the management of Complaints and the Patient Advice and Liaison Service (PALS) was brought together within the Performance and Patient Experience Directorate. A review of the Complaints Policy and Procedure was undertaken to ensure that the Trust complies fully with the NHS Complaint Regulations 2009 and the Care Quality Commission registration requirements.

Following consultation, in February 2010 the Trust Board approved the new policy and procedures. The main focus is to ensure that all complaints are thoroughly investigated and that lessons learned are used to drive improvement in services. Another crucial element is to ensure that members of the public can share their views, concerns and experiences in an easy and accessible way.

Complaints and PALS data and trends are scrutinised and reported regularly to the Trust's Executive Management Team, Patient Experience Committee and Board of Directors. The Trust has an Incident Learning Forum which monitors the lessons learned from complaints, PALS contacts and reported adverse incidents.

We are working with our operational managers to make changes where needed and to prevent avoidable problems happening again.

The Trust has a "You Said We Did" section of its website to show how we have improved our services in response to concerns and we plan to produce a six monthly publication entitled You Said We Did during 2010/11. A satisfaction survey of complaints and PALS users is also planned for 2010/11.

The Trust provided 3 million patient journeys in 2009/10. We received 553 formal complaints and 1,810 enquiries to the PALS in the same period.

The tables provide a comparison with complaints and PALS contacts received in 2008/09. These show a 48.7% increase in complaints and a 19.5% increase in PALS. Increases have primarily been in the latter part of 2009/10.

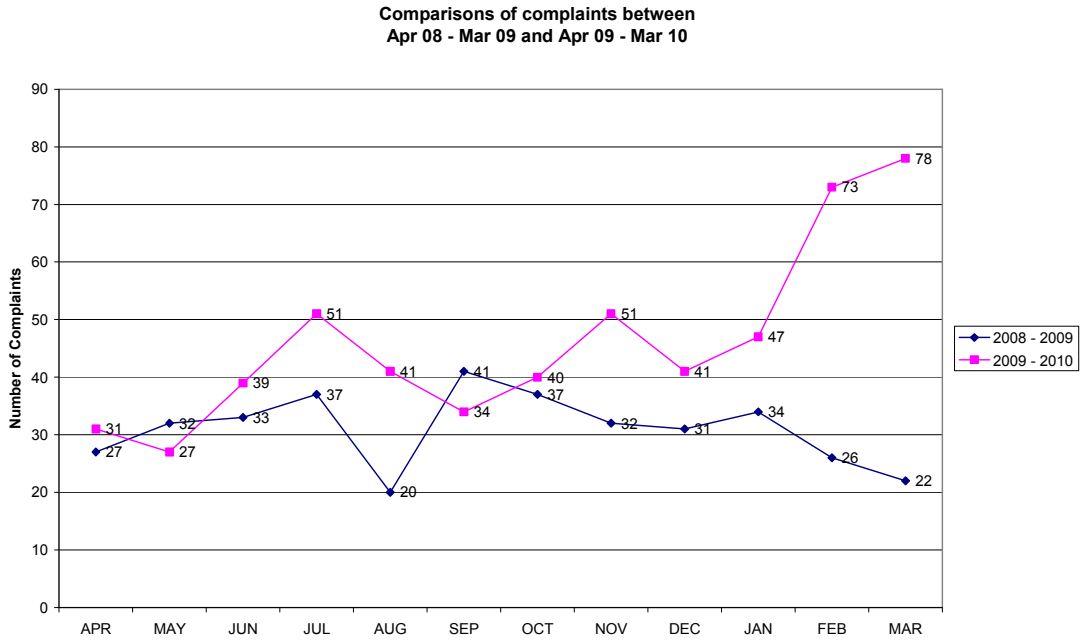
There has been a significant increase in the number of complaints. Activity has grown and there have also been several factors this year which have affected our performance namely the prolonged period of adverse weather during the winter, the floods in Cumbria and the Swine Flu pandemic. The Department of Health have emphasised the importance of the quality of complaint handling and lessons learnt from outcomes rather than the number of complaints rising for Trusts generally.

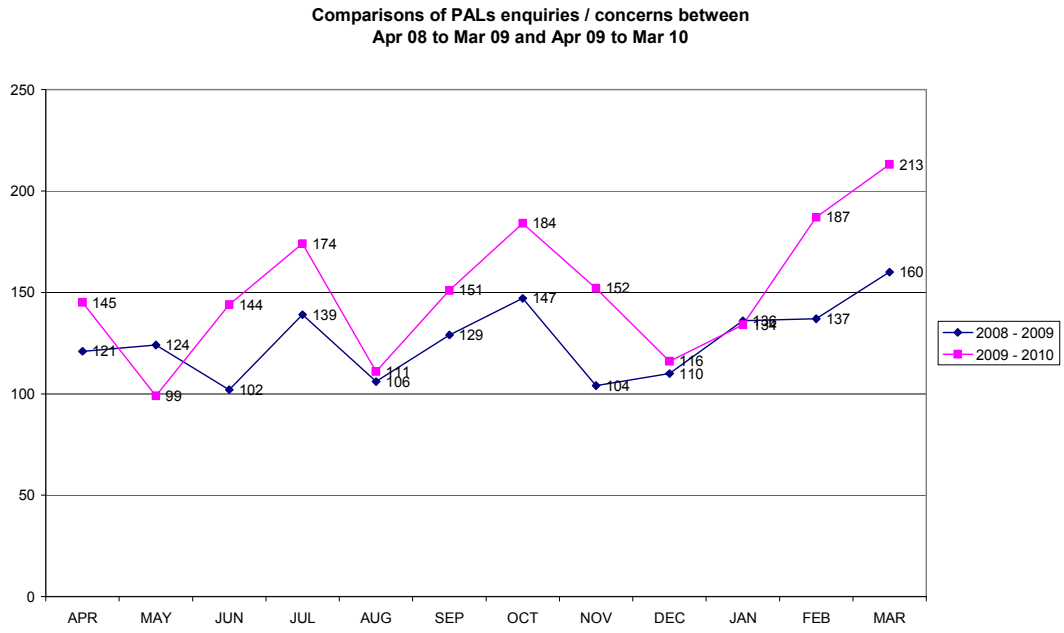
We are constantly working towards improving services which in turn should result in fewer recurrent complaints. New procedures have been implemented in the Emergency Control Rooms to ensure efficient vehicles allocation. Short term additional resources have been targeted to areas where there is a high level of Category A activity. Planned Care Service has experienced an increase in activity above contracted levels, and particularly with regard to on the day bookings. Work is underway to cap activity and work with Commissioners on contract specifications to decrease the level of on the day bookings. The Control Rooms for Greater Manchester will be centralised and new computer and telephone systems will also improve customer service.

Of the 553 formal complaints received by the Trust, 312 were upheld, 162 were not upheld and 79 are still in the investigation process.

Seven complaints were referred to the Ombudsman for a further independent review. All were upheld and there are none still being reviewed. All recommendations made by the Ombudsman in relation to these 7 upheld complaints have been addressed by the Trust.

Of the 1,810 PALS contacts received by the Trust, 1,619 were resolved and 110 were referred to the formal complaints process.





Key themes

A number of themes have been identified from both complaints and PALS which provided valuable information to improve services. These key themes are analysed in tables below.

Complaints

Transportation delays were the most significant area of concern for our service users. 212 formal complaints received related to transportation delays particularly for 999 responses within the Cheshire and Merseyside area and for Patient Transport Services within the Greater Manchester area. 76 (14%) of the 551 formal complaints received related to perceived staff attitude/conduct issues.

PALS

Of the 1,810 PALS received, the most common themes related to communication (22.5%) and patient transport service issues (particularly in GM area) (53.5%).

Main Complaint Themes 2009/10				
	Paramedic Emergency Service	Emergency Control Centre	Planned Care	Other
Delays in Emergency Service			2	
Delay in Emergency Services		4		
Delays in transport			73	
Staff Attitude	54	5	16	1
DEL 999	39	98		1

Inappropriate Care	36	3	16	
Staff Conduct	26		12	
Staff Comments	14	3	5	
Communication	12	12	15	
Other	11		2	
Failure to convey	7	11	31	1
Transport Other	7	1	6	
Driving Skills	4		5	
Policy / Procedure	3	1	1	
Medical Records	3			1
Delays in emergency transfer	3			
Lost Property	2		1	
Discrimination	1			
Equipment problem or failure	2		1	
Sirens	1			
TOTAL :	225	138	186	4

Main PALS Themes 2009/10				
	Paramedic Emergency Service	Emergency Control Centre	Planned Care	Other
Staff Attitude	105	7	66	5
Care / Treatment given	62	5	37	6
Communication / Information	62	85	194	66
Confidentiality			2	1
Delays into hospital			135	
Delays out of hospital			242	4
Discrimination				1
Driving Standards	52	3	18	
Early arrival of ambulance			12	
Expression of concern	30	15	26	9
Lost Property	68		9	2

Non arrival of ambulance		1	93	5
Non provision of ambulance		10	29	6
Problems with transporting patients	9	4	94	3
Vehicle Issues	2		10	
Response Times	2	180		
Other	10	1	3	19
TOTAL	402	311	970	127

Learning and Service Improvement

Individual complaints and PALS enquiries, when appropriate, have documented recommendations and actions which are actively managed and monitored. The Incident Learning Forum has the key role in ensuring there is learning to drive the service improvement.

Key themes from complaints and PALS are discussed with service delivery managers with plans for improvement identified. In particular, issues relating to PTS delays have been fed into the work being undertaken by the Planned Care Service for this year to improve access for patients to the control centres. The ability to track vehicle locations is being introduced and there are plans to improve the information provided to patients and the public about patient transport services.

In terms of reducing 999 response delays, the Trust is working closely with its commissioners and local hospitals to ensure that the Trust has ambulances available and can respond within an appropriate time. We have made progress in improving response times and also reducing delays at hospitals, to free up ambulances.

Feedback has also been provided to our emergency control centres to ensure procedures have been strengthened, particularly in relation to patients who suffer incidents in public places or are exposed to the elements.

Feedback from complaints, particularly relating to staff attitude and communication, is provided to individual managers and staff to ensure there are opportunities to reflect on concerns that have been raised and prevent a reoccurrence. Staff undertake additional development and training when appropriate.

The Directorate continues to work hard in ensuring that all staff understand the importance and value of having good systems to capture all types of patient views. Learning using examples provides more clarity and a greater level of understanding for staff. The importance of good communication as well as clinical ability is critical in ensuring that the public receive a good overall experience when using our service.

3.3 Statements from commissioning PCT, LINk and OSC

To follow following consultation