



North West Ambulance Service **NHS**  
NHS Trust

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



# Good2Great

The Five Year Business Plan

“As a Trust, we place patients and staff at the centre of everything we do. We are here to serve the community of the North West of England and provide care to those patients that need us by delivering the right care, at the right time and in the right place..”



## Foreword

In the context of the significant change that the NHS is undertaking currently, it is important that North West Ambulance Service NHS Trust has a clear vision on what we are trying to achieve. More importantly, we need to ensure we have a simple, consistent message driving our behaviours that we are here to do our best for patients in a caring and compassionate manner. I would welcome you taking the opportunity to engage with us and discuss further how the changes outlined can be realised.



Bob Williams, Chief Executive

## Introduction

The North West Ambulance Service (NWAS) NHS Trust is the second largest ambulance service in England, covering a total area of 5,400 sq m and serving a population of over seven million people.

Formed from the five legacy ambulance services of Cumbria, Lancashire, Greater Manchester, Cheshire and Merseyside, NWAS has made great strides since its inception in 2006 to establish a cohesive, first class urgent, emergency and patient transport service which is responsive to people's needs across the North West.

As a Trust, we place patients and staff at the centre of everything we do. We are here to serve the community of the North West

of England and provide care to those patients that need us by delivering the right care, at the right time and in the right place - either via the physical presence of an emergency vehicle or by referral to another health care provider.

In all, NWAS is what could be considered a successful 'good' Trust with good staff and a good reputation. Over the last few years, we have achieved our response time targets, balanced our books, had a low staff turnover, implemented a number of new ways of working and continued to meet local and national quality standards. It would be easy to just stay with this and keep doing it, but that would be wrong.

Just being 'good' isn't good enough, we believe we should strive to be great. To help us achieve this we have consulted with staff and Trust governors to devise a five year business plan that will enable NWAS to move from 'being good to being great'.

## Case for Change

### NHS Culture of Caring

In the current media climate, it isn't often we hear the word 'good' when referring to an NHS organisation. It's probably even rarer to hear the word 'great'. But if the NHS and its staff weren't any of these, it wouldn't be one of the world's largest employers with eight out of ten British people believing it is one of the best healthcare providers in the world.

The publication of the Francis Report of the Mid Staffordshire Public Inquiry has highlighted the need for organisations to create and maintain the right culture to deliver high-quality care that is responsive to patients' needs and preferences. His emphasis on developing the right culture of care within the NHS, through better leadership, training, information and transparency is unquestionably the right approach and one which all NHS organisations need to adopt.

Now more than ever, we need to reassure patients that we will listen and respond to their concerns, and we need to listen to staff who see first-hand how our procedures and policies affect them and those in our care – They are the guiding principles of the Trust's five year plan to move from 'being good to being great'. A strategy which will also ensure that the following key elements of an NHS culture of caring underpins all that we do:

- Working together for patients
- Respect and dignity

- Commitment to quality of care
- Compassion
- Improving lives
- Everyone counts

### Economic Climate

The NHS is in the middle of the greatest funding pressure it has ever had to face in its 66 year history. There have already been changes to make savings and improve productivity, both centrally and by individual trusts, meaning the NHS is on track to find £20 billion of efficiency savings by 2015. However, without further changes to how services are delivered the high-quality, yet free at the point of use, health service we so often take for granted will not be available to future generations.

Each year, the NHS deals with 24 million calls to NHS urgent and emergency care telephone services<sup>1</sup> and carries out 7 million emergency ambulance journeys nationally<sup>2</sup>. A demand which continues to rise year-on-year with the number of calls received by the ambulance service nationally, over the last decade, rising from 4.9million to over 9 million<sup>3</sup> and emergency admissions to hospitals in England rising 31 percent between 2002/03 to 2012/13.<sup>4</sup>

Statistics also show that growth in demand is set to continue as people live longer with increasingly complex, and often multiple, long-term conditions and as lifestyle risk factors, such as excessive use of alcohol, increase. Combined with rising

costs and constrained financial resources, these facts have led to the general consensus that our current health services are unsustainable.

It is clear that the NHS needs to change and it needs to change now if we are to meet the quality and efficiency challenges ahead. Yet, with budget constraints getting ever tighter, it is also clear that the only way we can meet those challenges is to rethink how we provide our existing healthcare services and how and where they are accessed. We must respond, not just to increasing demand, but also to cultural change.

Over the course of the past decade, with advances in technology, the NHS has modernised considerably, but the way we run our lives has also changed considerably. The rise of social media, increase in online transactions and access to information at the click of a button, means we live in a world of rapid knowledge transfer and rising expectations. NHS trusts need to adapt accordingly; it is time to do things differently.

## Future Focus

As we strive to develop from a good organisation into a great organisation, there are three aims which the Trust will aspire to achieve along that journey:

### Delivering Safe Care Closer to Home

We know we already have some very successful clinical care pathways in place to ensure patients get the right treatment in the right place, but we also know that there is more to be done. Patients, by definition, are either ill or injured and we need to make sure that they receive the best possible care from us, whether that is face-to-face from an emergency crew, support from Patient Transport Service staff in being able to attend outpatient appointments and continue their treatment, helpful advice from a clinician over the phone or referral to a GP for further treatment.

The ways we are striving to achieve this aim are to:

- Empower and support staff to make decisions
- Increase integrated working with other services
- Maximise use of technology as a lever for change

### A Great Place to Work

When people join NWAS, they tend to stay. Our staff turnover is well below the national average for both ambulance services and the NHS as a whole, so we are well on the way to achieving this aim. Each year, we see staff receiving long service awards

for 20, 30 and even 40 years' service – which has to count for something.

Recently, the Trust has seen national recognition in achieving the Investors in People Gold award, one of only a handful of organisations to achieve such an accolade. We have also become an Investors in People Champion, which means other organisations are now learning from us.

However, we are not complacent - there is always room for improvement. The Trust is currently looking at ways in which it can further help staff feel empowered and supported in the decisions they make and give them the confidence to make those decisions as well as improve engagement and staff health and wellbeing.

The actions we see as key to achieving this aim are:

- Organisational culture change
- Promote best practice and behaviours
- Remove historical barriers to improvement

### Cause No Harm

Like all other NHS trusts, patient and staff safety must be at the heart of everything we do - The public come to us in need and look to us for our help and compassion. Thankfully, a patient coming to harm while under the care of NWAS is a very rare occurrence, but it does happen and, like all other NHS trusts, we must seek ways to minimise the risk as much as possible.

The key actions and assurances for achieving this aim are:

- Issues reviewed under a principle of learning
- Delivering best practice education, training and equipment
- Continually review policies and procedures for best care

### How Will This Be Measured?

Our success in achieving these aspirational aims will be determined by realising the following:

- Improved/ Increased staff and patient satisfaction - NHS organisations are best placed to foster a culture of compassionate care through motivating their teams, creating an open environment in which mistakes are learnt from, and ensuring that candour permeates from the Board to the frontline.
- Reductions in accidents and injuries
- Reduction in sickness absence and in industrial-related sickness
- Reduction in serious incidents and complaints
- Higher use of alternative pathways
- Benchmark against NHS and external companies

<sup>1, 2, 3, 4</sup> -Ref. Transforming urgent and emergency care services in England, Urgent and Emergency Care Review, End of Phase 1 Report. Urgent and Emergency Care Review Team, 2013

# Putting Plans into Action

In addition to helping us achieve our aspirational aims, our five year strategy to go from good to great marks a pivotal change for the organisation and a fundamental shift in how we deliver our services. Our plans include a number of key developments which are well underway.

## Changes to Emergency and Urgent Care

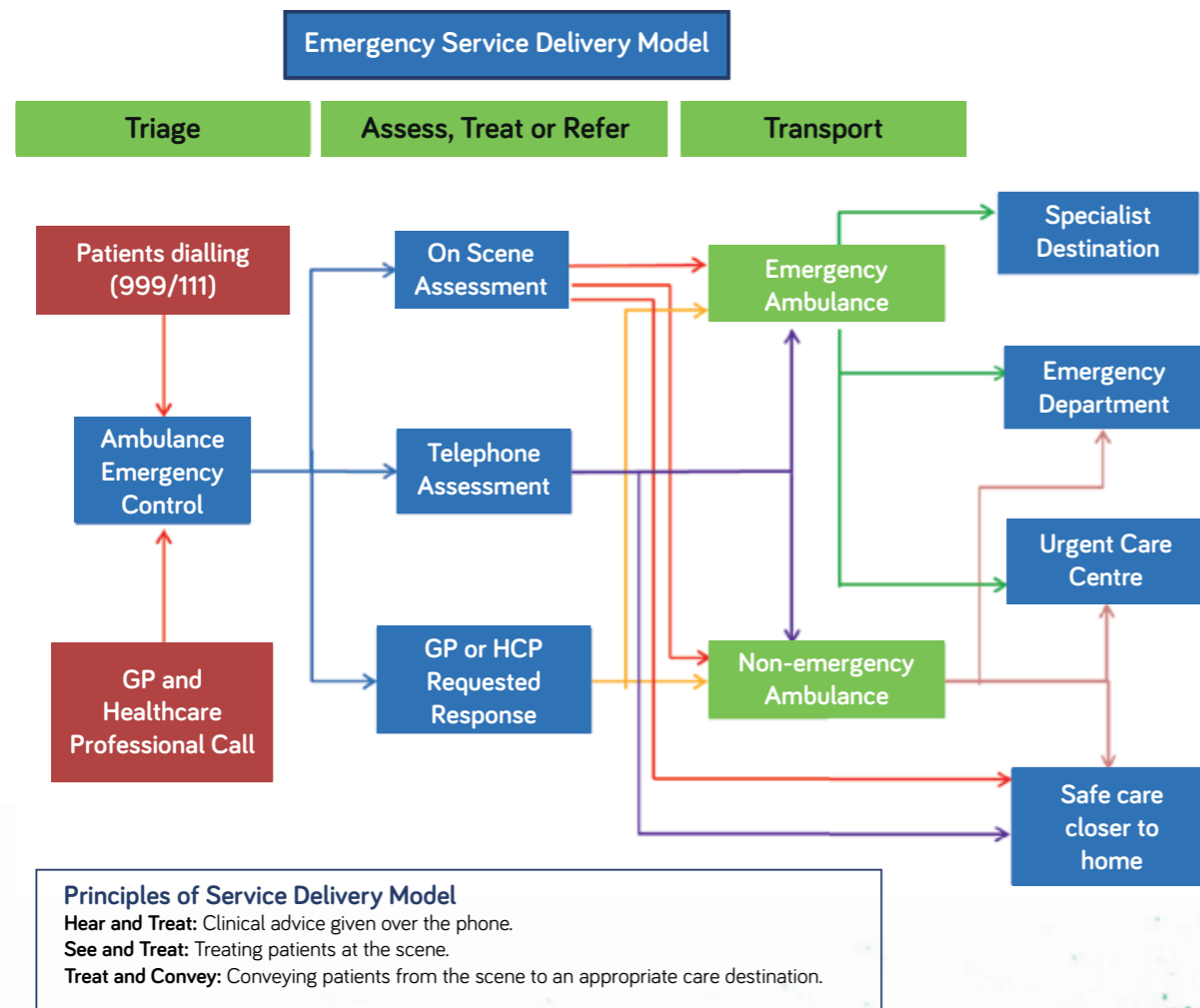
As highlighted in the Keogh review, there needs to be a critical change in how and where we meet the urgent care needs of people in this country. It is essential that we transform the whole urgent and emergency

care pathway from end to end if we are to create a service that is more responsive and personalised for patients and delivers even better clinical outcomes.

The current local and national discussions on the future of Urgent and Emergency Care are critical to the position and future role of the ambulance service. NWAS is engaged in the conversations at both levels and it is clear that there is the opportunity and a willingness to make significant change to the overall system as well as our part in it.

For several years now NWAS has communicated its desire to change the service delivery model, with a particular emphasis on providing a robust urgent care service for those who call 999 but who do not necessarily need an ambulance or to go to hospital.

The objective is to reduce the numbers of patients who attend emergency departments and ensure patients receive the right care at the right time and in the right place. The reality is that millions of patients every year seek or receive help for their urgent care needs in hospital who could have been helped much closer to home.



“We believe that by providing a robust urgent care service, supported by NHS 111 and other community services, the extension of clinical referral options and an effective education programme for our paramedic workforce, we can greatly alleviate pressure on our 999 service, reduce attendance at Emergency Departments and improve efficiencies.”



Through our ongoing initiatives of Hear and Treat, See and Treat and Treat and Convey we can ensure that those patients who need alternative care pathways can be signposted to them and those who really need to be in hospital can arrive there in a timely fashion. Our Red 1 – life-threatening calls only account for 38% of our overall activity so we need to effectively respond to the remaining patients in a manner which fits their needs and enables emergency ambulances to remain available for those who really need them.

To assist with this, we have invested approximately £500,000 in providing more appropriate responses to non-life-threatening emergencies, such as our Urgent Care service, which provides telephone advice and triage and can direct patients to more appropriate services.

The North West Ambulance Service stepped in as a stability partner for the NHS 111 service in the North West in October 2013 after the previous provider, NHS Direct, withdrew from their contract. Since that time, the NWAS NHS 111 service has gone from strength to strength in delivering a reliable and efficient service against a backdrop of negative media attention nationally and ever increasing demands on the service. The service continues to perform to a high standard, it is fast becoming a vital asset in the Urgent Care Strategy for the North West community and we see it as a key part of that strategy moving forward.

We believe that by providing a robust urgent care service, supported by NHS 111 and other community services, the extension of clinical referral options and an effective education programme for our

paramedic workforce, we can greatly alleviate pressure on our 999 service, reduce attendance at Emergency Departments and improve efficiencies. This system-wide approach is the best way to create a sustainable solution and ensure that we will be able to continue to provide a rapid, high quality and responsive service which puts patients first.

## Achieving Foundation Trust Status

We have submitted our two-year and five-year business plans to the Trust Development Authority. With a new Trust Board in place, we are continuing to provide quality assurance and maintain performance and remain on track to reapply for Foundation Trust (FT) status this summer.

Gaining FT status will be a key enabler to the Trust going from 'good to great'. It will provide

us with greater control over our future - we will have greater financial stability with longer contracts with our commissioners which will support longer term planning for our future; staff will benefit from better access to training and development opportunities through longer term investment; governors and members will have a greater say in how the Service is run and it will help us to further strengthen our local partnerships, as FTs have a duty in law to work with local organisations and communities to provide better services for patients.

### Maintaining Delivery of Patient Transport Service Contract Standards

Since 1 April 2013, NWS has been the provider of non-emergency ambulance transport in the four counties of Lancashire, Cumbria, Cheshire and Merseyside. Won under commercially competitive conditions, the current contract runs for three years and will be going back out to tender in 2016.

The contract focusses on the quality of service for all patients - an enhanced patient experience, delivered through increased quality standards, particularly around the journey waiting and collection times and the provision of a flexible service that meets the needs of patients.

The quality and performance of our Patient Transport Service (PTS) is closely monitored and, over the past year, we have seen significant improvements in performance against the contracted quality standards. This is due to a number of quality improvements which have been built into the service as a result of feedback from

patients and other stakeholders – improvements which harness advanced technology and have seen the introduction of a number of new initiatives which include:

- Improvements to the online booking processes for Healthcare Professionals and the introduction of new Freephone telephone numbers.
- A more flexible service with a range of transport providers.
- Full and consistent use of eligibility criteria to ensure those who need the service have access to it, together with signposting information to transport solutions for those who do not meet the criteria.
- Text message booking reminders to patients/carers
- Use of mobile data systems to ensure availability of information on patient progress times
- An improved service for haemodialysis and cancer patients - e.g. transport will be provided for haemodialysis appointments up until 19:30hrs and collection until 01:00hrs.

As part of the Trust's continued effort to improve a patient's experience, we also have a PTS Patient Charter in place, which explains the rights and responsibilities of service users and have introduced a handy Patient Information Card which explains the level of service a patient can expect, useful contact numbers and a step-by-step guide to their PTS journey.

We believe that continual engagement, both with patients and staff, is key to ensuring PTS quality standards are maintained and improved upon which will enable the Trust to be in a

strong position when it comes to rebidding for the contracts in the future. We will continue to regularly ask patients for feedback on their experience of using the service and meet with PTS staff to discuss service developments and performance and ask their opinion on ways the service can further improve.

### Resilience – Planning Expertise

As a Category One Responder under the Civil Contingencies Act 2004 (CCA) NWS has a vital role to perform in respect of developing, maintaining and delivering civil protection duties to the public. In addition to the CCA, the NHS Emergency Preparedness, Resilience and Response (NHS EPRR) Framework sets out the standards expected of the NHS to ensure suitable arrangements and capabilities are in place to deal with major incidents and events, whatever the cause is, and be able to respond and recover from the consequences. This includes the ability to ensure the business continuity of essential services is delivered during disruptive challenges.

The Trust has an extremely well recognised Resilience team capability that is highly respected as leaders on a national basis. Through this Team, we are able to demonstrate that we work intrinsically with all multi-agency partners in developing contingency plans and capabilities to deal with the risks, hazards and threats identified under the CCA programmes.

NWS remains committed to working to improve the NHS and multi-agency response arrangements, using exercises, lessons identified and best

practice models to shape and influence quality based capabilities for the public in respect of major incidents.

### Cost Improvement Programme – Achieving Efficiencies

NWS is funded by the British tax payer and every penny we spend is accountable. We are a responsible public sector organisation and, like everyone else in today's financial climate, we have to use our money wisely.

The Trust needs to save £48.6m over the next four years and has a number of initiatives in place to help achieve this. We know by introducing the planned changes to our emergency and urgent care service, we will be able to reduce the need for more emergency ambulances in some areas and at times of low activity which, in the longer term, will go some way to achieving the savings we are required to make as part of our cost improvement plan.

We can also make significant savings without affecting patient care, by reviewing our property portfolio for example. In December 2012, we launched our Estates Review - an extensive project involving all Trust stations throughout the region and our corporate sites.

Many Trust stations have been in operation since the 1960s and since then, have been enveloped by new road infrastructure, developments and increased traffic. Some are also in a poor state of repair. Our entire estates portfolio costs approximately £1.8m to maintain. Considering that ambulances are on the road for the majority of their

shift, this means that the Trust is paying for utilities, rates, security, groundskeeping and maintenance for properties which, for a great proportion of the time, are vacant.

We have been looking at a range of options which include refurbishment, relocation, a 'hub and spoke' model (where larger strategically placed stations act as a base for ambulances which are then deployed out to areas) and the sharing of facilities with emergency and NHS colleagues. The Trust has also undertaken a review of its corporate services and last year we appointed Deloitte to carry out the review. The review identified that savings could be achieved through short-term efficiency gains by improving staff productivity, creating a leaner staff profile, minimising the use of agency staff and lowering non-pay costs.

Following the review, the Trust Board cited that £4.38m of the Trust-wide cost-savings to be achieved by 2016/17 should be delivered through a reduction of 20% of corporate staffing costs and non-pay costs.

As such, all directors have been tasked to examine their team portfolios to see where efficiencies can be made. As part of this, the Executive team has been reduced from seven to five and, it is likely that we will see a reduction in the number of posts within our corporate teams.

### Implementing the Corporate Services Review

The corporate services review is being undertaken to effectively meet the needs of the organisation, particularly

frontline services and to deliver cost savings.

Corporate services are largely efficient and have little scope for any more department level cost efficiency savings. But there is, however, scope for further efficiency savings and effectiveness by going to a very different model of operating which could deliver efficient and effective services, achieve cost reductions as well as build capability and capacity to meet organisational needs in the future. These include:

- A focus on structure, people, technology and processes to create a modern and sustainable corporate services to enable the Trust to meet statutory obligations, day-to-day operational needs and wider strategic and development priorities.
- Corporate services to be organised into four tiers around: self-service, transactional processing; professional centres of excellence and strategy, to help embed strategic planning.
- Improving staff productivity

This transformation of our corporate services will be carried out in full consultation with staff. It has been agreed to undertake a staged approach to implementing the recommendations of the review with the anticipation that the recommendations will be fully implemented by 2016/17.

## What Will This Mean For You?

Going from 'good to great' and implementing our five year plan is no small feat and there will be challenges along the way, but these changes are essential if we are to continue to be a financially viable, quality service

which is robust, fit-for-purpose and responsive to the needs of the people of the North West.

All NWAS staff, partner organisations, patients and external stakeholders have

a part to play in helping to implement and support the changes that lie ahead and we are confident that, by working closely together, we will be able to realise our aims.

## Message from the Trust Chair and Chief Executive



Mary Whyham, Chair



Bob Williams, Chief Executive

Thank you for taking the time to read this document and learn more about our plans to go from good to great. The Trust prides itself on being an open and honest organisation and the views of all our stakeholders – staff, members, health and social care partners – are very important to us. Throughout the implementation of our

five year plan, we have made a commitment to keep you informed and listen to your views.

In addition to a programme of meetings with staff, MPs, healthcare and patient representative groups across the North West, we have created a dedicated Good to Great

microsite to keep you up-to-date on key developments and allow you to submit any comments, questions or queries you may have on the planned developments. Please visit: [www.goodtgreat.nwas.nhs.uk](http://www.goodtgreat.nwas.nhs.uk) or email your query to: [g2g@nwas.nhs.uk](mailto:g2g@nwas.nhs.uk)

“All NWAS staff, partner organisations, patients and external stakeholders have a part to play in helping to implement and support the changes that lie ahead... by working closely together, we will be able to realise our aims.”



Your opinions are important to us. If you have any views about this Good2Great document or if you would like to receive this document in large print, braille, on audio tape, or in an alternative language, please contact us.

#### Arabic

إذا كنت تحتاج لهذه الوثيقة بلغة أخرى أو بشكل آخر يرجى الاتصال بنا

#### Chinese

如果您需要本文件任何其它语言或格式的文本，请直接与我们联系。

#### Gujarati

જો તમને આ દસ્તાવેજ બીજા કોઈ ભાષા કે સ્વરૂપમાં જોઈતો હોય, તો કૃપા કરીને અમને સંપર્ક કરો.

#### Polish

W celu odczymania niniejszego dokumentu w innym języku lub formacie, należy się z nami skontaktować.

#### Somali

Haddii aad ku rabto xaashadan luqad ama qaab kasta oo kale fadlan nala soo xidhiidh.

#### Urdu

اگر آپ کو اس دستاویز کی زبان یا اس کی شکل میں تبدیلی کی ضرورت ہے تو براہ کرم ہم سے رابطہ کریں۔

## Trust Headquarters

Ladybridge Hall, Chorley New Road, Bolton, BL1 5DD

Tel: 0845 112 0 999 (local rate)

Minicom: 0151 260 8628

Email: [communications@nwas.nhs.uk](mailto:communications@nwas.nhs.uk)

Website: [www.nwas.nhs.uk](http://www.nwas.nhs.uk)



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