NHS
North East
Ambulance Service
NHS Foundation Trust

# QUALITY REPORT

April 2019 – March 2020

Unmatched quality of care, every time we touch lives. For Life

## Contents

# Part 1: Statement of Quality from our Chief Executive

I am pleased to introduce our Quality Report for 2019/20 which demonstrates how we have continued to deliver high quality, cost effective care for patients over the past year. In addition we set out our key quality priorities for delivery throughout 2020/21.

In my first twelve months I have worked with staff to develop my understanding of where we are with our key priorities and I know you will see some really great examples of this work throughout this report.

Delivering the highest possible quality of care remains of paramount importance to us, particularly when faced with the challenges that COVID-19 has brought to us all.

We experienced an 11% reduction in complaints compared to the previous year and improved our compliance with incident investigation timescales.

A number of service improvements were made during the year to improve our responsiveness to patient need, including the launch of our extremely successful community paramedic schemes in some rural areas.

The feedback from patients on these services has been excellent and our community paramedics work closely with local GPs and other services to keep patients at home if that is possible for their needs.

Like many areas there has been a slowing down of inspection regimes, but we have continued to work hard to enhance our compliance with Care Quality Commission standards. Our ambition remains that NEAS moves towards a rating of 'outstanding'.

The world, including the landscape in which we operate, has changed during this short time and, that has meant that my first few months have been unique and challenging but also extremely rewarding and it is a privilege to be part of this amazing service.

Of course, at the end of this reporting year, the pandemic of COVID-19 had affected us all and this became quite rightly the key focus of our attention. COVID-19 has had a big impact on the way in which we deliver our services and how we provide care to patients. Alongside this it has also provided challenges for us in making sure we do all we can to support and care for our biggest asset - our highly skilled and hugely committed staff.

I am extremely proud of the way our dedicated teams quickly adapted to changing conditions and requirements, going the extra mile and beyond, to ensure that we remained as responsive as possible to the needs and requirements of our patients, partners and the wider North East.

I would like to extend my heartfelt thanks to all of our staff and to our NEASUS colleagues, governors, volunteers, partners and all of you for the support you have shown us during 2019/20. This support has helped us to keep our services safe and it has been truly inspiring to see how the commitment shown by our staff and volunteers continues to ensure we are able to do the very best we can for the people of the North East.

COVID–19 is set to be with us for some time to come, and although we hope that the spread is slowed and contained quickly, realistically the road ahead will still be challenging for us all. We continue to plan and prepare for this and will reshape as we learn about the best way to tackle this together.

Our ongoing commitment is that our patients and staff will always be our highest priorities. We will stand in partnership with local and national NHS and social care colleagues to work collaboratively to support the North East through these challenging times. We are committed to continuing to play a key role in the integrated care system and integrated care partnerships within the region as we firmly believe that we are stronger together.

To the best of my knowledge, the information in this document is accurate in its coverage of outcomes and achievement.

I hope you will enjoy reading this report which demonstrates our achievements and challenges in 2019/20.

**Helen Ray**
**Chief Executive**

## About our Quality Report

**Our Quality Report is produced annually for the public, to outline the quality of healthcare services we provide. It demonstrates how we strive continually to improve the quality of our services by providing a range of information regarding patient safety, patient experience and clinical effectiveness, what has been achieved in 2019/20 and our quality priorities for 2020/21.**

# Part 2: Priorities for improvement and statements of assurance from the Board of Directors

We are pleased to outline the progress we have made in delivering the quality priorities in 2019/20, which demonstrates the Trust's commitment to striving continuously to improve patient safety, patient experience and clinical effectiveness. We have also identified the quality priorities for 2020/21.

Monitoring the progress made against each quality priority is through our Quality Governance Framework and is reported to the Clinical Quality Governance Group and Quality Committee.

Our Mission at North East Ambulance Service (NEAS) is to provide safe, effective and responsive care for all, and our Quality Strategy 2017–2020 has five overarching aims:

1. No preventable deaths (patient safety)
2. Continuously seeking out and reducing patient harm (patient safety)
3. Achieving the highest level of reliability for clinical care (clinical effectiveness)
4. Deliver what matters most: work in partnership with patients, carers, and families to meet their needs (patient experience)
5. Deliver innovative and integrated care at or closer to home, which supports and improves health, well-being and independence (patient safety, clinical effectiveness and patient experience)

For each of the three domains of patient safety, clinical effectiveness and patient experience there are a number of ambitious development plans to improve the quality of care we provide patients. There are 16 plans covering the following areas:

**Patient safety:**

- 'Sign up to Safety' campaign
- Improving early recognition of sepsis
- Keeping vulnerable children, young people and adults safe
- Frailty
- Improving infection prevention and control
- Pressure ulcer prevention
- Improving medicines governance and reducing errors

**Clinical effectiveness:**

- Improve delivery of our clinical ambulance quality indicators
- Improve outcomes for patients suffering cardiac arrest
- Introducing learning from deaths
- National audits and confidential enquiries
- Ensure compliance with the National Institute for Health and Care Excellence (NICE) guidance and quality standards
- Improve our research and development

**Patient experience:**

- Ensure learning from complaints
- Improve patient experience of those experiencing ambulance delays
- Improve end of life care by working collaboratively with Macmillan Cancer Support

## 2.1 Quality priorities for improvement 2020/21

We are delighted to outline the quality priorities which have been agreed by the Trust Board for 2020/21. These were identified through internal and some external consultation. It is recognised that we had reduced external consultation due to the focused efforts required to respond to the COVID-19 pandemic.

Patient Safety - Managing the deteriorating patient in the Emergency Operations Centre

Clinical Effectiveness - Improving cardiac arrest care

Patient Experience - Improving end of life care

| Patient Safety | Managing the deteriorating patient in the Emergency Operations Centre (EOC) |
|---|---|

**Why is this a priority?**

The Trust has experienced several incidents and complaints where not effectively identifying the deterioration of the patient has had a negative impact on the patient outcome. This quality priority is focused on calls to the EOC and the management of these calls and patients prior to the arrival on scene by a crew.

Common themes identified are:

- Breathing difficulties and peri-arrest actions - upgrading the ambulance response outside NHS Pathways clinical triage and the Ambulance Response Programme
- Estimated Time of Arrival (ETA) calls – repeated calls and callers' expectations
- When is an ETA call about the wait and when is it about unspecific deterioration?
- Long waits for appropriate response
- Management of deterioration for patients using the scheduled care service

**Aim**

The aim of this priority is to ensure we have robust processes to manage the identification of deteriorating patients in the care of the EOC efficiently and effectively.
This challenge is especially pertinent when resource levels or rapid peaks in demand mean we are unable to meet our ambulance response standards, set out nationally, and where the clinical performance standards for our 111 or clinical assessment service are challenged.

**Key Actions**

1. Determine what factors identify possible deterioration in these circumstances, such as frequency of ETA calls/certain symptoms/specific presentations.
2. Review all current processes and procedures and determine if they support the timely identification of these factors.
3. Change processes and procedures that do not support identification of the factors.
4. Explore any systems changes which could be made that can support these processes and reduce cognitive load on system users and mitigate human error where ever possible.
5. Work with clinicians to understand the actions taken if they identify a patient is in peri arrest.

**How will we know if we have achieved this priority?**

- Process in place in EOC service lines to manage deteriorating patient and audited
- Process in place in scheduled care to manage deteriorating patient and audited
- Thematic analysis of patient safety incidents relating to managing deterioration
- Thematic analysis of learning from deaths where deteriorating patient is identified
- Reduced patient safety incidents relating to deterioration reported in EOC
- Reduced number of serious incidents (SIs) relating to deterioration relating to EOC
- All findings and action plans to be monitored regularly through Clinical Quality Governance Group and Quality Committee

**Board Sponsor:**
Executive Lead: Paul Liversidge, Chief Operating Officer

**Implementation Lead:**
Sue Tucker, Head of EOC – Clinical Governance and Safety

| Clinical Effectiveness | Improving cardiac arrest care |
|---|---|

**Why is this a priority?**

It is well known that survival for patients experiencing a cardiac arrest is dependent on their receiving treatment within a very short timeframe. Early recognition and access to treatment, early cardiopulmonary resuscitation (CPR) and early defibrillation are all key to survival. The ambulance service plays a key part in the chain of survival through the timeliness and quality of interventions provided.

**Aim**

The aim of this quality priority is to build on the work undertaken in 2019/20 and to ensure the care post cardiac arrest is of a high standard to support a positive outcome for the patient.

**Key actions**

1. Continue to support the purchasing of community public access defibrillators (CPADs), through our NEAS Trust Fund to place in areas we feel would benefit most, based on our local intelligence.
2. Review the impact of the specialist paramedics in emergency care dispatch desk in deploying dedicated resource to patients who have had a cardiac arrest.
3. Use smart technologies to activate the public and clinical staff to a nearby cardiac arrest.
4. Review the care provided post cardiac arrest and onward conveyance to the emergency department.
5. Review the clinical care and pre alert information to ensure this enables the teams to prepare for the patient at hospital.

**How will we know if we have achieved this priority?**

- More patients' lives will be saved following witnessed cardiac arrest year on year (survival to discharge)
- More patients will survive following a witnessed cardiac arrest return of spontaneous circulation (following the Utstein style set of guidelines for uniform reporting of cardiac arrest) compared to 2017/18
- There will be an increased number of CPADs available in the community
- There will be an increase in patients receiving a public response to a cardiac arrest
- There will be an increase in specialist support through effective deployment of the specialist dispatch desk
- Care delivered post cardiac arrest will be in line with Joint Royal Colleges Ambulance Liaison Committee guidelines
- Pre alert information will be of a high standard so that hospitals are prepared for the patient to arrive there
- All findings and action plans to be monitored regularly through Clinical Quality Governance Group and Quality Committee

**Board Sponsor:**

Mathew Beattie, Medical Director

**Implementation Lead:**

Dan Haworth, Consultant Paramedic

| Patient Experience | Improving end of life care |
|---|---|

**Why is this a priority?**

We recognise the important part we play in striving to ensure patients who are at the end of their life have a calm and peaceful death, in their preferred place of care, wherever possible.

We must recognise the wishes of individuals and their family in supporting the person who has reached the end of their life, whether this is through the natural process of dying or where a sudden event had occurred such as a cardiac arrest, so that patients who do not wish to be resuscitated in those circumstances have their wishes respected.

We know that taking a patient into hospital can create additional distress in these circumstances. The journey into hospital, clinical assessment and interventions within an acute hospital environment are often not conducive to a peaceful and dignified death.

Respect and compassion are two of the Trust's values and our quality strategy outlines the need to improve the patient's experience of care provided by the Trust. We know we can learn from feedback through patient safety, patient and carer feedback and the learning from deaths process to further improve the care we provide to patients at the end of their lives and to provide support to carers at this difficult time.

**Aim**

The aim of this priority is to ensure patients receive end of life care and a calm and peaceful death, in their preferred place of care, wherever possible.

In order to fulfil this priority, we need to have skilled staff within our EOC and throughout the operations department to support high quality assessment and care when caring for a patient at the end of their life and providing support to their loved ones by having access to information to support clinical decision making.

**Key actions**

- Implementation of year three of the Palliative Care and End of Life Education Strategy with a focus on recognising the dying patient, pain and symptom control and accessing information digitally to support decision making
- Develop a process to triangulate learning from patient safety incidents, feedback from carers, feedback from acute providers and themes identified from the learning from deaths process to better understand what we need to do within NEAS and across the system to support end of life care
- Continue to collect data on Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) information shared with NEAS, broken down to Clinical Commissioning Group level and report the findings to identify where information sharing gaps occur
- Work with North Tyneside to evaluate the impact of local engagement and provision of information on emergency health care plans to support preferred place of care
- Work with Gateshead care home sector to review conveyance rates to hospital of patients who die within 24 hours
- Evaluate the changes made in 2019/20 to the dedicated end of life transport service, through deployment by the specialist dispatch desk and review the key performance indicator (KPI) metrics
- Develop a business case for fully funded end of life transport service

**How will we know if we have achieved this priority?**

- Year 3 Palliative Care and End of Life education strategy implemented
- Process to triangulate information to identify themes and trends from patient safety incidents, carer feedback and acute provider feedback with learning from deaths is in place, themes identified and actions evident
- Compliance data regarding information sharing regarding DNACPR
- Evaluation of North Tyneside pilot
- Evaluation of Gateshead care home project – conveyance rates
- Improvement in KPIs for dedicated end of life vehicle in meeting the needs of patients at the end of their life

- All findings and action plans to be monitored regularly through Clinical Quality Governance Group and Quality Committee

**Board Sponsor**

Paul Liversidge, Chief Operating Officer

**Implementation Lead**

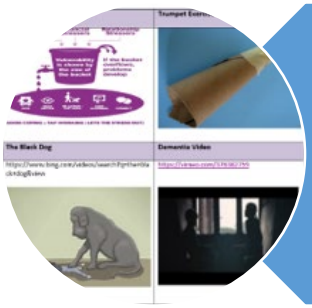
Sarah Turnbull, MacMillan Nurse Specialist / End of Life Care Facilitator

# Quality priorities for improvement 2019/20

The quality priorities which we identified in 2019/20 for delivery were as follows:

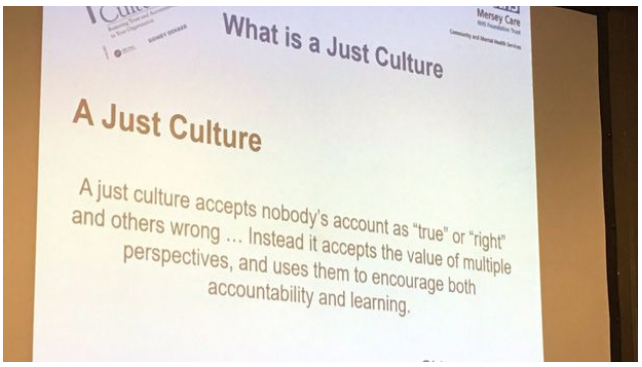

**Patient Safety - Continue to develop a just and restorative culture to improve patient safety**

**Clinical Effectiveness - Cardiac arrest early interventions**



**Clinical Effectiveness - To develop our mental health implementation plan, working in partnership with others to improve the experience and care provided**

| Patient Safety | **Continue to develop a just and restorative culture to improve patient safety**<br>**✓ Achieved** |
|---|---|




Patient safety is the avoidance of unintended or unexpected harm to people during the provision of healthcare. It is one of three core components of quality in healthcare alongside clinical effectiveness and patient experience.

The NHS Long Term Plan is designed in part to address well-known pressures on the healthcare system that impact on patient safety. Evidence from across other industries and countries tells us that punishing people when they make mistakes will not mean they make fewer mistakes. It is wrong to believe that if people simply try hard enough, they will not make any errors. Blaming people for error does not improve safety. We should instead focus on changing systems and processes to make it easier for people to do their jobs safely.

Where people are deliberately malicious or wilfully negligent, individuals do need to be accountable and action should be taken to protect patients and wider society. The safety response is separate from any sanction against the individual however and should focus on how to improve systems and processes to reduce the chances of these rare individuals harming patients.

We recognise that staff reporting patient safety incidents is the most important factor in enabling the organisation to understand where improvements can be made. We have made great progress in supporting staff to report incidents and improve our safety culture and this is evidenced in the annual staff survey. The next step for us is to embrace the recently published NHS Improvement 'Just Culture' framework to continue this journey to improving patient safety.

We know that things do go wrong whilst caring for patients and while our primary concern is to keep patients safe, we also have a duty to recognise the impact of making an honest mistake can have on our staff. There has been a lot of research which has identified such staff as the 'second victim'. By understanding that our staff are the key to making our systems safer we need them to be part of the system solution, rather than fear blame and retribution as individuals.

The aim of this priority was to begin the work to ensure a just culture is developed within the organisation. A just culture will balance an open and honest reporting environment with a quality orientated learning culture, focused on ensuring safe systems are in place.

This will require a change in emphasis from focusing on errors and outcomes to system design and understanding how people behave at work (human factors). In order to do this we need to provide a supportive environment that enables openness and honesty and encourages responsibility and accountability with the clear aim of improving patient safety.

The actions we have taken are as follows:

**Sign up to patient safety**

A ‘Sign Up to Safety’ event was held in March 2020, where staff across the trust were encouraged to look at patient safety in their area.


We took feedback as to how we should report patient safety incidents, so we are better able to theme these and focus our actions on systems changes which make a difference. This information helped to shape how we will develop our Incident reporting system, Ulysses.

**Excellence Reporting**

We were keen to promote and embed Excellence Reporting to ensure our staff know when they are doing things well, which promotes a sense of pride in knowing a colleague has taken the trouble to complete an excellence report about them or their team.


Since the soft launch in September 2018 we had **148** Excellence Reports up to March 2019.

From April 2019 – March 2020 we have had **518** Excellence Reports submitted, with a total of **926** staff recognised for their work. These were for the following categories:

- Going the extra mile – 197 reports, with 329 staff identified
- Team work/peer support – 175 reports, with 405 staff identified
- Communication – 61 reports, with 68 staff identified
- Attention to detail – 49 reports, with 69 staff identified
- Knowledge – 22 reports, with 29 staff identified
- Innovation and growth – 13 reports, with 26 staff identified

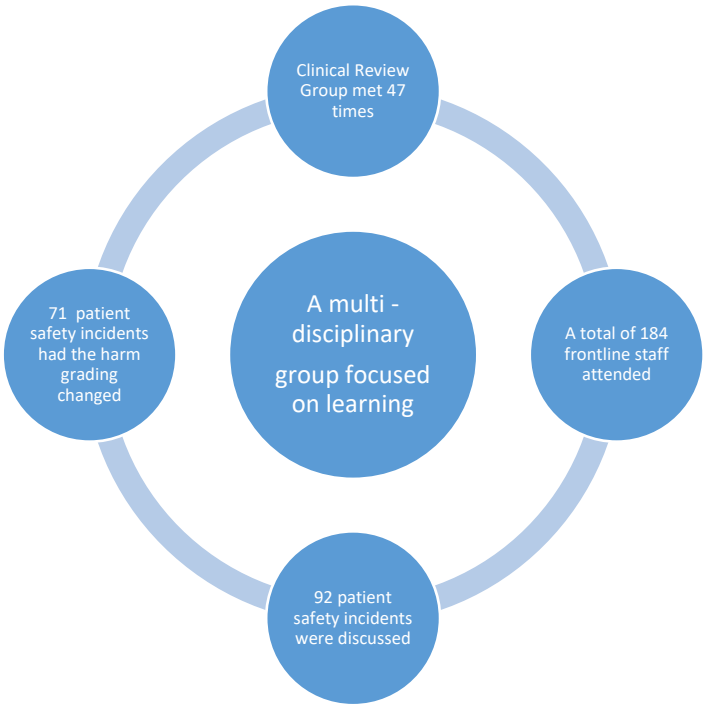
The top 5 areas to receive Excellence Reports are:

1. Unscheduled Care – North Division
2. Unscheduled Care – South Division
3. Support Services
4. Emergency Operations Centre – 111 service
5. Scheduled Care – North Division


**Patient safety investigations**

We have reviewed the documents used when undertaking a patient safety investigation, in line with the National Patient Safety Strategy published in July 2019. We have actively engaged front line clinicians to attend the Clinical Review Group, where patient safety incidents requiring further investigation are discussed and learning identified.
When each investigation is presented consideration of human factors is integral to the meeting and how this leads to system learning and change. This has been led by our Head of Patient Safety and Patient Experience.

**Clinical Review Group activity: April 2019 – March 2020**

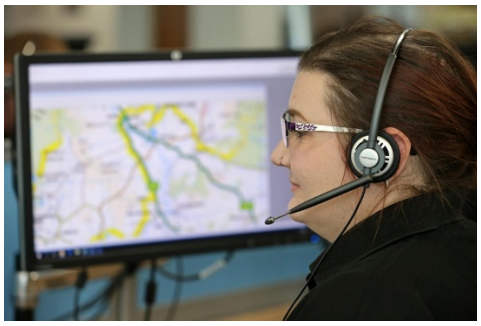


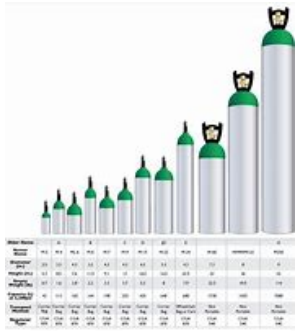

**Example of learning**

**Improving the safety of healthcare professional calls**

We have looked at the process when assessing patients for the appropriate transport needs when a healthcare professional requests this.

One of the areas of learning centred around the introduction of changes to healthcare professional call scripts to ensure that the correct resource is dispatched for the patient's needs, these changes have included questions regarding, administration of oxygen, the need for pain relief administration and the mobility levels of the patient.



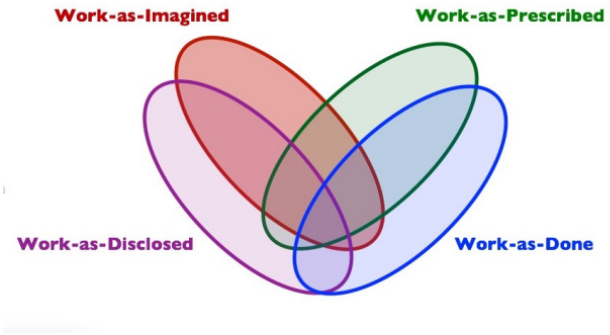



**Just culture – the varieties of human work**

We have looked at how we develop our policies and procedures to support staff to do the right thing and recognised that through our human factors learning that we need to ensure we engage our frontline staff in developing our systems, processes and policies to support evidence-based practices.

We know through our work in looking at patient safety incidents that complicated policies or processes are less likely to be followed. This is work as imagined by those writing these documents, defined as the 'work as prescribed' and this compares to what is actually done in practice.

We are on a journey to support our staff telling us openly and honestly what works and what doesn't and engaging them in ensuring we design this into our systems of work to keep patients safe.




**Human Factors and Ergonomics in Practice: Improving System Performance and Human Well-Being in the Real World** Steven Shorrock, Claire Williams

**Just Culture Champions**

We recognise the work we need to undertake to make the cultural shift in supporting our staff, particularly when care delivered does not have the outcome we had hoped. We have worked with Mersey Care NHS Trust to understand their Just Culture journey and supported 15 Just Culture champions to attend a 4 day course ran jointly by Northumbria University and Mersey Care NHS Trust.

This was an enlightening programme and had representation from Operations, Human Resources, Patient Safety, Risk Management, Medical Directorate including Executive sponsors. The course also had 15 participants from Gateshead NHS Foundation Trust, where we could collaborate and share ideas.

**Investigations involving our staff**

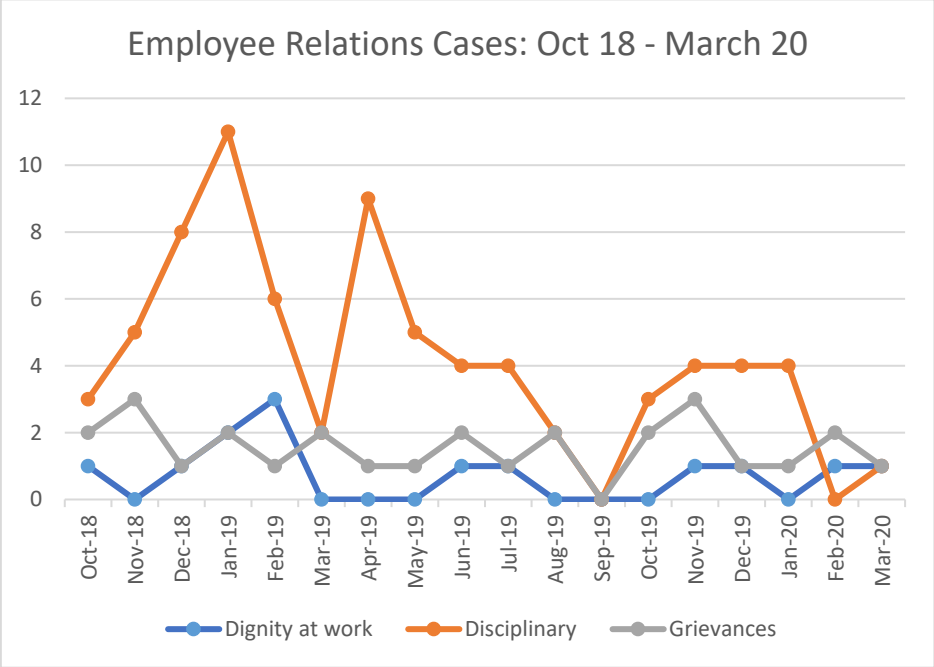
As a result of the tragic death of Amin Abdullah in 2016 all NHS Trusts were asked to look at how they deal with investigations and disciplinary procedures to ensure it was in line with best practice.

In NEAS it was suggested that there were times the Trust had lengthy investigations and that there may be occasions the issue could be dealt with in a less formal way, if this was deemed appropriate.

Where staff did find themselves the subject of an investigation it was routine that a welfare officer was identified to provide support to them. Following the 'Just and Restorative Culture' training the focus on the staff member under investigation as second victim was considered far more, alongside the impact on others either directly or indirectly involved in the issue.

A review of the volume of investigations was tracked to see if the introduction of 'Just and Restorative Culture' principles were being translated into practice.

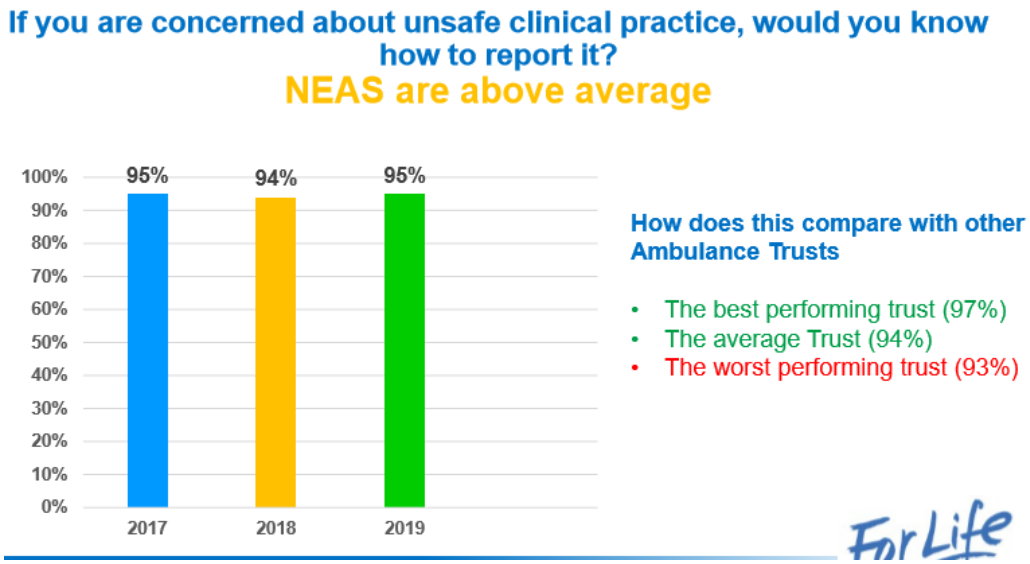
A review of the Disciplinary Policy was also undertaken, working closely with Mersey Care NHS Trust to gain insight into their work. The new policy remained in draft for review by the Joint Consultative Committee by March 2020.



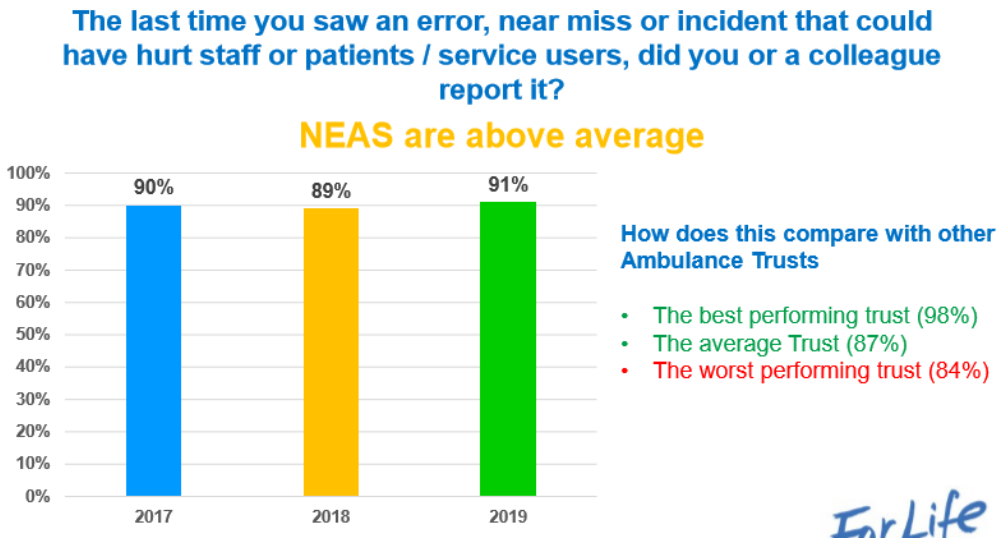

It can be seen that there has been a downward trend in cases going through a formal disciplinary route during this time.

**Staff survey information**

As part of the Just Culture journey we recognise that staff should feel safe in reporting when things do not go as planned. Our staff survey results in 2019/20 show that 95% of staff would know how to report unsafe clinical practice. We have maintained our position but want to strive to be the best.




We also want staff to actually report a patient safety incident if they see this and we can see a 2% improvement from 2018 to 2019, though at 91% we have further work to do to be the best in the ambulance sector.



| Clinical Effectiveness | Quality Priority – Improving cardiac arrest care and outcomes ✓ Achieved |
|---|---|

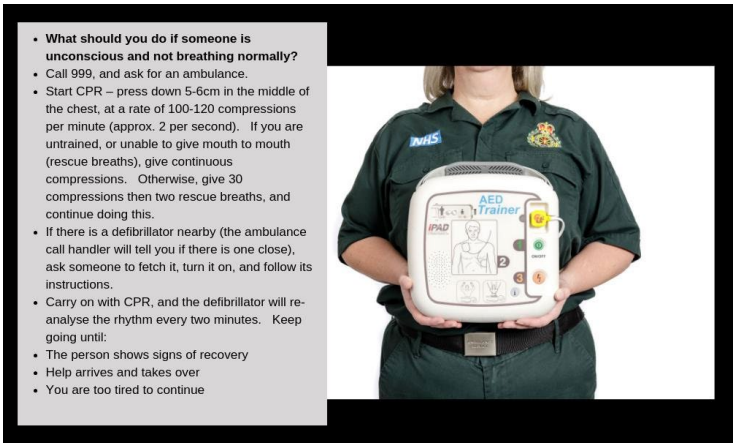
The NHS Long Term Plan sets out the NHS's priorities for care quality and outcomes improvement for the decade ahead. Whilst it recognises that deaths from cardiovascular disease have halved since 1990 there remains unexplained variation and opportunities for further medical advance.
Within the field of emergency and urgent care it is acknowledged that survival for patients experiencing a cardiac arrest is dependent on their receiving treatment within a very short time frame. Early recognition and access to treatment, early cardiopulmonary resuscitation (CPR) and early defibrillation are all key to survival. The ambulance service plays a key part in the chain of survival through the timeliness and quality of interventions provided.

The aim of this quality priority is to improve the support provided to clinicians on resuscitation and therefore improve the quality and outcomes for patients.

The actions we have taken to improve care to patients who have suffered a cardiac arrest are:

**Increased availability of Community Public Access Defibrillators (CPADs)**

We recognise the importance of early defibrillation, where this is appropriate, and we have continued to part fund the purchase of CPADs from NEAS Charitable funds. We have outlined where we believe the placement of the CPADs would benefit most, based on our local intelligence.
We have **228** more CPADs across our region in **2019/20** than we had in the previous year. The table below identifies the number of CPADs by Clinical Commissioning Group areas which we hold on our systems.




| Clinical Commissioning Group area | Number of CPADS 2018/19 | Number of CPADS 2019/20 |
|---|---|---|
| Darlington | 4 | 7 |
| Durham Dales Easington and Sedgefield (DDES) | 112 | 157 |
| Hartlepool and Stockton | 39 | 50 |
| Newcastle and Gateshead | 36 | 65 |
| North Durham | 29 | 59 |
| North Tyneside | 17 | 25 |
| Northumberland | 230 | 292 |
| South Tees | 51 | 73 |
| South Tyneside | 3 | 5 |
| Sunderland | 19 | 31 |
| Other | 1 | 5 |
| **Total** | **541** | **769** |

**Getting help early – Using the GoodSAM (Good Smartphone Activated Medics) app**

The Trust has rolled out the GoodSAM app to first responders and clinical staff at NEAS to enable a prompt response to cardiac arrest by those trained to provide basic life support. There are currently over 200 people registered. When a member of the public dials 999 in the North East to report a suspected cardiac arrest this triggers an alert via the GoodSAM app to those who have this enabled, and when they accept the alert details of the location are then provided. Whilst this occurs an ambulance is dispatched simultaneously and arrangements to access a CPAD if there is one within 500 metres is undertaken.

We have around 100 Community First Responders who are everyday members of the general public trained by NEAS in basic first aid and life support. They are provided with oxygen and a defibrillator and are deployed by NEAS to life threatening emergencies, such as chest pain, breathing difficulties, cardiac arrest, and unconsciousness, if they are the nearest resource, followed by the next nearest emergency care crew.

We have also worked with Newcastle Medical School to enlist the support of 25 medical students who are responding to cardiac arrest via the GoodSAM app.



**Rapid dispatch function**

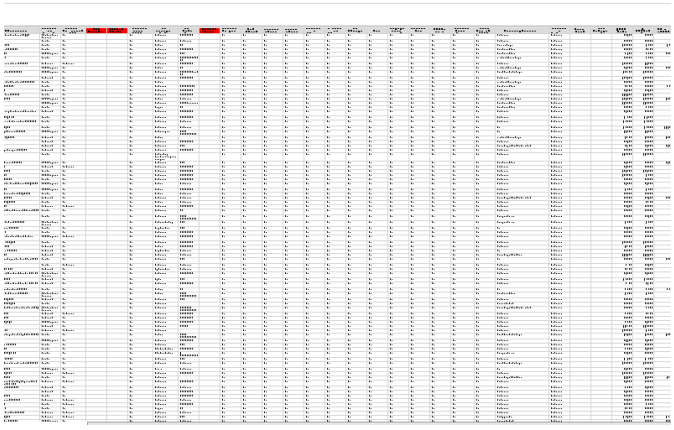
Whilst we recognise we do very well at dispatching an ambulance to our most seriously ill patients quickly, consistently meeting the national standard for arriving on scene, we have looked at the functionality in our dispatch desks to see if we can improve this further
.
We have piloted a system of auto dispatch for those cases identified as a cardiac arrest and will review the impact of this on our response.

**A focus on training staff**

We have reviewed the content of cardiopulmonary resuscitation (CPR) workshops to ensure we include learning from incidents and the learning from deaths process and have also looked at the training we provide our health advisors and clinicians in the Emergency Operations Centre.

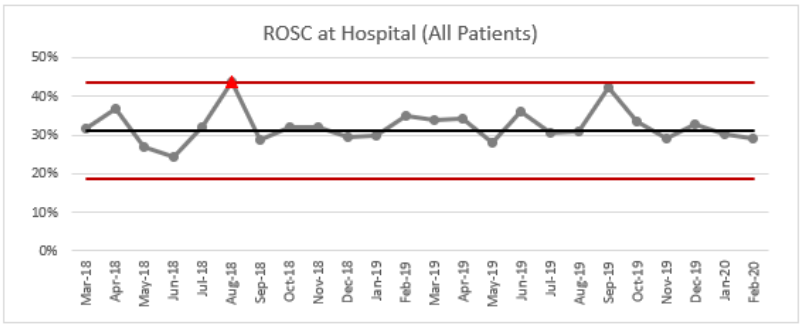
**Cardiac arrest registry**

We have further developed our cardiac arrest registry with more data being gathered to support learning and improving.



This work has enabled more focus on training around paediatric cardiac arrest and feedback to clinicians regarding the care provided on scene – including positive areas of practice and areas of learning.

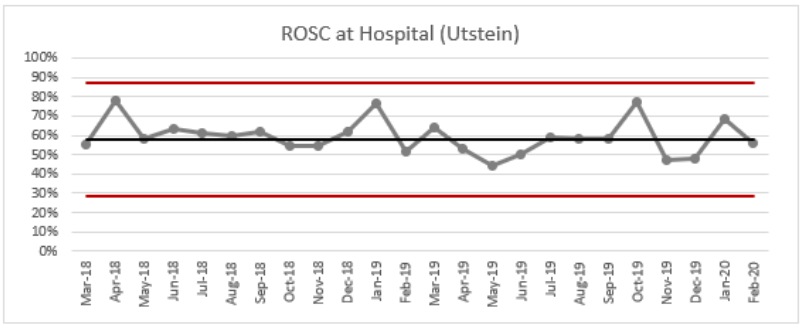
**Cardiac arrest survival**




No Action Required

NEAS attempted resuscitation on 169 patients, with ROSC at hospital achieved for 49 patients.

| | |
|---|---|
| **NEAS** | **29.0%** |
| Nat Avg | England |
| Range | 23.6% - 34.0% |
| Nat Pos | 5th |




No Action Required

14 of the 25 patients fulfilled the Utstein criteria achieved ROSC.

| | |
|---|---|
| **NEAS** | **56.0%** |
| Nat Avg | England |
| Range | 22.2% - 59.3% |
| Nat Pos | 3rd |

We have achieved 97% in appropriate conveying cardiac arrests - when we first explored this in 2018 we were at 71%. Only transporting those patients with reversible causes that cannot be managed on scene ensures that we are providing the higher quality uninterrupted CPR.

In terms of inappropriate resuscitations we previously encountered 15 per month on average and in the last 4 months of 2019/20 we didn't have any inappropriate resuscitations identified.

We are proactively feeding back to staff now through learning from deaths and continue to lead the way nationally with this work.

We have focused on those patients with reversible causes, drug overdose and airway management. As a result of this focused work we have implemented local guidance and provided feedback on a national level. We have also started working alongside Middlesbrough Council to identify drug overdoses and support early intervention to prevent drug overdose arrests occurring.

| Patient Experience | Quality Priority: Mental Health – improving care and experience<br>✓ Achieved |
|---|---|

The NHS Long Term Plan clearly outlines the need to ensure people with mental health needs are able to access care and support, which is in parity with the care provided for people with physical health needs. As an ambulance trust we have recognised the need to ensure we work with key partners to improve mental health care within the emergency and urgent care arena and as such are engaged in the integrated care system transformation across our regional footprint.

We recognise that currently it is difficult to understand the extent of pre-hospital emergency care use by patients who have mental health needs. Available evidence suggests that 6% of service calls are mental health related, and this rises to 10% when including those who have a physical problem also identified.

However, we do know that patients can have complex mental health needs, which paramedics are often not equipped to deal with. Feedback from our frontline staff identifies that we need to do more to support them when caring for patients with mental health issues, including a clearer understanding of what mental health services are available to support patients and reduce unnecessary conveyance to hospital.

We will work collaboratively with our two regional mental health trusts to improve urgent and emergency care pathways and transport for people suffering mental health crisis.

The aim of this priority is to develop and implement year 1 of our Mental Health Strategy to improve the care of patients with mental health needs.

The actions we have taken to improve care to patients with mental health needs are:

**Investing in training for our staff**

We delivered year 2 of our mental health education programme to **95%** of our frontline staff. The Trust funded bespoke training delivered by external subject matter experts, which was well evaluated.

The training included areas such as mental health and the law, the Mental Capacity Act and its application in practice, depression and how this can manifest, dementia care, and stress and vulnerability.

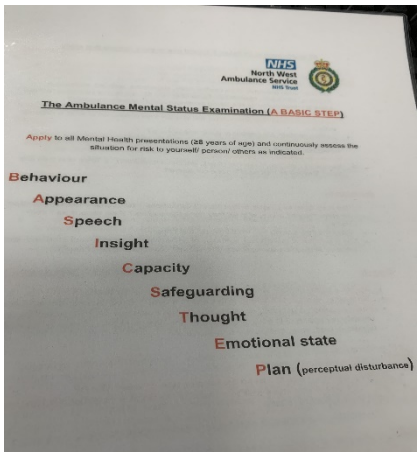
**Mental Health Act and Mental Capacity Act training materials**

| The Mental Health Act 1984 | Definition of a Mental Disorder – MH Act | MHA Section 2 Criteria |
|---|---|---|
| Purpose:<br>To compel people who are mentally unwell and a risk to themselves or others to have treatment without their consent. | Mental Disorder means:<br>"any disorder or disability of MIND"<br>NB not mind or brain as in MCA<br>Those with learning disability must also display "abnormally aggressive or seriously irresponsible conduct". | P is suffering from a mental disorder of a **nature** or **degree** which warrants the detention of P… in a hospital for assessment…for up to 28 days. Patient must also be a risk to their own health, own safety or health and safety of others… |
| **MHA Section 3 Criteria** | **MHA Medical Recommendations** | **Role of an Approved Mental Health Professional (AMHP)** |
| P is suffering from a mental disorder of a nature or degree which makes it appropriate for P to receive medical treatment in a hospital… in the interests of P's own health, own safety or the Health and Safety of others…for 6,6 then 12 months | Two recommendations from;<br>A GP/Psychiatrist with previous acquaintance with P and one Section 12 Approved Doctor (GP or psychiatrist with training in Mental Health) or If no previous acquaintance, 2 x Section 12 approved. | Usually a Social Worker with additional qualification.<br>Has a duty to make an application where they feel it is necessary (having explored viable options). Must have interviewed P and must consult Nearest Relative if S3 |
| **Nearest Relative** | **MHA Section 135 (1 & 2)** | **MHA Section 136** |
| Defined in law (unlike N of Kin). Section 26 sets out a hierarchy (husband or wife, then son and daughter etc) with the eldest relative of each level counted as Nearest Relative (NR). NRs can make an application & apply for discharge. | A Warrant granted by a magistrate to enter private premises to assess or remove P to be assessed in a place of safety. S135 (1) AMHP applies for entry to assess. S135 (2) Police Officer can retake a P who is AWOL. | Police power to remove P to a place of safety from a 'place to which the public have access'. Before using S136 Officers must consult a mental health professional (including paramedics) as to its appropriateness. |
| **MHA Section 137** | **MHA Section 4** | **Treatment under MHA** |
| P can be detained and conveyed to a place of safety by anyone with the authority of a constable or with delegated authority. AMHP should delegate to ambulance staff via conveyance plan. NEAS then have powers of a constable. | In cases of "urgent necessity" patients can be detained for 72 hours with only one medical recommendation. It can then be converted to Section 2 following a second medical recommendation. | If P is detained under the MHA they can be given treatment for their mental disorder without consent. Consent is required for ECT/ Psychosurgery. Physical treatment can only be forcibly given if ancillary/connected to mental disorder. |

| Mental Capacity Act 2005 | Definition of Mental Disorder – Diagnostic Test | Causal Nexus |
|---|---|---|
| **Purpose**:<br>To ensure patients have the right to make their own decisions where possible or where the patient lacks capacity, there is a process around making decisions in the Patient's *Best Interests*. | **Mental Disorder means**:<br>Does the Patient have '*a disturbance in the functioning of the Mind OR Brain*?' This can be a permanent or temporary condition. | Is there a reason to believe the Patient's mental disorder is impacting on their ability to make this decision at the time it needs to be made. For temporary conditions, can the decision wait until the Patient regains mental capacity? If not, Best Interest applies. |
| **MCA Principles - Assumption** | **MCA Principles - Support** | **MCA Principles – Unwise Decisions** |
| **First Principle**:<br>The Patient has the right to make their own decision unless it can be proved they lack the mental capacity to make that decision at the time it needs to be made | **Second Principle**:<br>Have we as professional taken all practicable steps to support the patient to make this decision? Have we made salient information accessible and considered the best method of communication. | **Third Principle**:<br>The patient has a right to make their own decision, even if we deem their decision to be unwise. We cannot justify overriding the decision of a patient on the grounds of best interest if they have the mental capacity to make that decision. |
| **MCA Principles – Best Interest** | **MCA Principles – Less Restrictive** | **Best Interest Checklist** |
| **Fourth Principle**:<br>If a patient lacks capacity the person who will provide that treatment needs to follow the *Best Interest Checklist*.<br>Decision makers must do what they reasonably believe is in the Best Interests of the patient. | **Fifth Principle**:<br>Where a decision maker makes a decision, they must consider whether the aim can be achieved in a less restrictive manner. | **Factors to consider**:<br>Equal consideration other views<br>Non Discrimination on disability<br>Consider all Options<br>Wishes and Feelings of Patient<br>Can P regain Mental Capacity?<br>Views of relevant parties<br>Involve P as much as possible. |
| **Restraint** | **Protection from Liability** | **Section 44 Offence** |
| **Section 6**:<br>Can use/ threaten to use restraint if;<br>It is necessary to prevent *Harm* to the Patient and<br>You use a *Proportionate* amount of restraint for;<br>The minimum effective *Duration*. | **Section 5** offers practitioners protection from liability if they genuinely feels the patient lacks capacity and the decision made if in the best interests of the patient in the view of the decision-maker. | It is a criminal offence for someone to '***wilfully neglect or mistreat***' a patient whom they know to lack mental capacity. Can carry up to 5 years imprisonment and/or a fine. |

## NEAS Mental Health Strategy

The Trust's mental health lead worked with internal and external partners to develop the first Mental Health Strategy for the organisation. This included development of a three-year implementation plan. The plan includes:





## Improving risk assessment of patients with mental health crisis

Our staff tell us they would value greater skills and support in clinically assessing patients who are in a mental health crisis in order that they can refer onwards to appropriate services.

In order to address this we have introduced a risk assessment tool which has been developed by North West Ambulance Service to be completed as part of the clinical assessment of patients in mental health distress.

This tool enables the paramedic on scene to more easily assess the patient and discuss the situation in a structured way with mental health colleagues, with the aim of ensuring the right care and support is provided.

A six months pilot of the 'A BASIC STEP' tool developed commenced in February and will be evaluated in September 2020. There will be the opportunity for clinicians in the Emergency Operations Centre to be involved in the pilot too. The pilot will be evaluated and then considered for full roll out.

## Safeguarding referrals relating to mental health

In 2019/20 the Trust made 13,331 safeguarding referrals. There were 3,117 relating to children and of those almost 35% related to mental health, self harm or emotional harm. It is recognised that these referrals made to the Local Authority are more appropriately channelled to mental health services.

We have reviewed our safeguarding referral documents to align them with the agreed categories of abuse for children and adults to assist staff to make appropriate referrals.

The Safeguarding Team and Mental Health Lead have discussed other ways these concerns could be dealt with and discussions have been held at a strategic and operational level with both mental health trusts within NEAS's footprint. Training sessions regarding services available such as Durham Children's Crisis and Home Treatment Services and Cumbria, Northumberland, Tyne and Wear (CNTW) services around Crisis, Home Treatment and Psychiatric Liaison have been delivered to ensure staff are more aware of referral pathways for children, young people and adults who may need a mental health response rather than a safeguarding one. This is also addressed in the statutory and mandatory training for staff.

**Working with the voluntary sector**

We have undertaken some joint working to signpost support available to families who have been bereaved due to suicide. We have worked with suicide prevention leads from 'A life worth living' which is part of a public health campaign around suicide prevention.

We have worked with Newcastle MIND to provide mental health training for staff and managers about how to support staff with mental health issues and how to build resilience.

Our Mental Health Lead, Stephen Down, is an active member of the RESPOND steering group. This is a nationally award-winning multi-agency training programme in partnership with Police, Local Authorities, Mental Health Trusts and Third Sector providers and Experts by Experience, which will soon be available nationally.

**Supporting staff with their mental health**

It is recognised that the one of the highest reasons for staff absence is stress, some of which can be related to work situations.

TRiM is a trauma-focused peer support system designed to help people who have experienced a traumatic, or potentially traumatic event. TRiM practitioners have specific training allowing them to understand the effects that traumatic events can have upon people. They enable early signposting to appropriate services to support staff where this is needed.

A business case has been developed and supported by the Trust which will enable 40 staff to attend TRiM practitioner training.

# Statements of assurance from the Board

This section of the report is common to all healthcare providers and ensures that all quality accounts are comparable.

High level indicators of quality and safety are routinely reported to the Board and Council of Governors and our quality report gives information under the headings of patient safety, clinical effectiveness and patient experience, measuring areas of compliance, progress and improvement throughout the financial year. Performance is also compared to local and national standards where these are available.

All members of the Board regularly undertake quality walkarounds and report issues and concerns into individual directorates as and when necessary.

1. During 2019/20 the North East Ambulance Service NHS Foundation Trust (NEAS) provided and/or sub-contracted three relevant health services. For NEAS relevant health services are defined as Emergency Care (Unscheduled care), Patient Transport Services (Scheduled care), NHS111, including our Clinical Assessment Service and GP Out of Hours services.

1.1 NEAS has reviewed all the data available to them on the quality of care in all three of these relevant health services.

1.2 The income generated by the relevant health services reviewed in 2019/20 represents 99.42% of the total income generated from the provision of relevant health services by NEAS for 2019/20. This represents a minimal change with just over £800k of reported £243 million coming from non NHS partners, mainly around event cover and local authority funding

2 During 2019/20, 28 national clinical audits and clinical outcome review programmes that covered the relevant health services that NEAS provides. There were 0 national confidential enquiries that NEAS were eligible to take part in this financial year.

2.1 During that period NEAS participated in 100% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries it was eligible to participate in.

2.2 The national clinical audits and enquiries that NEAS was eligible to participate in during 2019/20 are shown in the table below.

2.3/2.4 The national clinical audits NEAS participated in, and for which data collection was completed during 2019/20, are listed below alongside the number of cases submitted to each audit as a percentage of the number of registered cases required by the terms of that audit.

| National Clinical Audits eligible to participate in | National Clinical Audits participated in | Number of cases submitted |
|---|---|---|
| **Ambulance Clinical Quality Indicators (ACQIs)** | | |
| **STEMI** | □ | **100%** |
| **Stroke** | □ | **100%** |
| **Cardiac Arrest (OHCAO)** | □ | **100%** |

| | | |
|---|---|---|
| **Post- ROSC** | □ | **100%** |
| **Sepsis** | □ | **100%** |
| **Myocardial Ischaemia National Audit Project (MINAP)** | □ | |
| **Sentinel Stroke National Audit Project (SSNAP)** | □ | |

**Audit sample sizes :**

For the ACQIs the sample size is 100% of eligible cases. ACQI data is reported to NHS England four months in arrears.

For the OHCAO study the sample size is 100% of eligible cases. Reporting of ACQI changed from April 2018 to quarterly submissions instead of monthly submissions to accommodate the additional audits introduced.

2.5/2.6 The reports of the 28 national audits and clinical outcomes programmes were reviewed by NEAS in 2018/19 and NEAS intends to take the following actions to improve the quality of healthcare provided:

- Continue to embed the use of the Clinical Audit Dashboard.
- Review the local clinical performance indicators and ensure these reflect contemporaneous practice.
- Implement version 2 of the ePCR and update the clinical records policy, introducing a new document standards procedure to improve the data quality.
- Explore local governance and embedding the learning from clinical audit throughout operations.
- Ensure consistency in access to clinical guidelines and clinical related information through the use of JRCALC+.
- Further develop the clinical audit training programme for the Trust
- Further develop the clinical audit capacity within the Trust
- Provide feedback to individuals about the positive aspects of care provided as well as any areas for improvement.
- Maximise the use of clinical audit data that Clinical Operations Managers and Clinical Care Managers have with the roll out of the CARE project.
- Continue to monitor clinical practice via clinical audit processes and recommend changes to clinical practice where necessary to improve the care we provide.

2.7/2.8 The reports of twenty-three local clinical audits were reviewed by NEAS in 2019/20 and we intend to take the following actions to improve the quality of healthcare provided.

| Local Clinical Audits completed | Number of cases reviewed | Summary and Actions to improve practice |
|---|---|---|
| **Non convey** | **158** | Clinical assessment and rationale for non-conveying patients was reported at 98.1%. NEWS reporting, 63.9%, requires improvement and this will be automatic on the new version of ePCR expected in summer 2020. Advice and 2 sets of observations both require improvement and the appropriate care pathway is currently being reviewed and re-circulated to all staff. This will be re-audited in 2020/21. The ability to capture senior clinical review before NQP |

| | | |
|---|---|---|
| | | discharge will also be factored into the new ePCR. |
| **Data quality** | **951** | Overall assurances in the high quality of documentation being recorded with 10/16 standards exceeding 90% compliance. Consent requires further work and the QI team are actioning this. |
| **NHS Pathways: Health Advisors** | **6977** | All health advisors are receiving 5 call audits per month in line with the NHS Pathways license requirements. We are exploring live auditing and have worked with EOC to improve the feedback process. Feedback and coaching is well established to address any individual learning needs and feedback to the national Pathways team should this be required. |
| **NHS Pathways: Clinicians** | **895** | All NHS Pathways clinicians from December 2019 are receiving 2 audits each month with most are receiving 3. Feedback and coaching is well established to address any individual learning needs and team education, feedback to the national Pathways team should this be required. |
| **Adrenaline 1:1000** | **148** | 64.5% of Adrenaline administrations were given when indicated. Communication has been sent out via multiple methods and this has been included in the CCM ride outs. The appropriate indication will be covered in the 2020/21 Essential Annual Training (EAT). The correct dose and route were high and addressed the initial risk that this was being administered via the incorrect route. |
| **Maternity** | **168** | This audit was published as part of national research/audit. Compliance in the assessment of newborns was concerningly low. The maternity course has been restructured to further emphasise this. Evening CPD sessions have been held and a video of this added to Siren. This will be included on the 20/21 EAT and a specific page with ePCR rules will be included on version 2 of the ePCR which is being rolled out in Autumn 2020 |
| **Mental Health** | **250** | Assessment again BASIC STEP tool. Mental Health lead to incorporate into strategy and associated actions for training. |
| **Paediatric shortness of breath** | **390** | Overall assessment is high. Circulation and abdominal assessments are the outliers for low compliance. Circulation is due to the availability and reliability of the current equipment. Education is required to ensure that we are documentation other methods of assessing circulation. |

| | | |
|---|---|---|
| **Falls injury/ non injury >65 years** | **348** | Overall good compliance requires improvement with referral. Action to standardise reporting on ePCR. |
| **Abdominal pain >65 years** | **296** | Overall assessment and history good, action plan to ensure safe non-conveyance and appropriate referral. |
| **Shortness of breath** | **422** | Further work is required to ensure the availability of steroids for all asthmatic patients that are being non-conveyed. Assessment of lung function using PERF was low but this is consistent with national evidence and findings from other trusts. Education will be provided as part of EAT 20/21. |
| **Learning from Deaths: Paediatric cardiac arrest** | **63** | There has been significant improvement in the care provided to paediatric arrests compared to last year. This was included in the 19/20 EAT and this re-audit demonstrate sustained improvement. This will continue to be monitored through OHCAO/LFD. |
| **Learning from deaths: Conveyed with Advanced Life Support ongoing** | **15** | Compliance has been sustained through the year exceeding 95% compliance since the issue of the medical directorate notice. This will continue to be monitored through OHCAO/LFD. |
| **Learning from Deaths: Drug overdose** | **25** | Compliance was low against this metric. A literature review has been undertaken and this has been factored in to the LFD work plan. We are also awaiting the release of an updated national guideline. |
| **Learning from Deaths: Deteriorating Patient** | **189** | Overall this demonstrate the high quality of care provided to patient. Work to ensure initial observations are recorded in a timely manner will be circulated as part of other work. |
| **Recognition of Life Extinct** | **655** | Overall compliance with 91.7% for full compliance. Non-compliance related to expected deaths rather than unexpected deaths. There were no patient safety or adverse incidents identified. ROLE criteria will be included on EAT 20/21 to reduce the small number of inappropriate resuscitations and improve the underutilised ROLE criteria for a sub set of patients. |
| **Amiodorone administration and defibrillation sequence** | **207** | National groups have been contacted and have taken concerns on board for national guidance update in 2020. A training notice has been issued alongside medicines management and feedback has been provided via CCMs. This has continued to improve and will be monitored as part of OHCAO/LFD. |

| | | |
|---|---|---|
| **National Early Warning Score (NEWS) calculation** | **235** | National groups have been contacted and have taken concerns on board for national guidance update in 2020. A training notice has been issued alongside medicines management and feedback has been provided via CCMs. This has continued to improve and will be monitored as part of OHCAO/LFD. |
| **End of Life Care*** | **30** | No internal issues noted but identified a lack of information being provided from primary care to NEAS which EOLC team are raising as part of regional network. |
| **Safeguarding under 2 years not conveyed*** | **108** | 68% had next of kin documented and work is ongoing from safeguarding to improve compliance with this. |
| **Safeguarding under 18 years not conveyed*** | **89** | 77% had next of kin of kin documented and work is ongoing from safeguarding to improve compliance with this. |
| **Paramedic intubation** | **373** | Paramedic intubation attempts has been assessed overall successful intubation and confirmation was in line with guidelines. This is to be re-evaluated after the Specialist Paramedic Emergency Care (SPEC) have been introduced. |
| **Diazepam Patient Group Direction (PGD) back pain** | **50** | 94% compliance with PGD administration |

1. NEAS will continue to audit and feedback on the quality of documentation on both paper Patient Report Forms (PRF) and Electronic Patient Care Records (ePCR) completed by front line staff. Audits have also been undertaken of the PRFs completed by third party service providers, to seek assurance that they are delivering consistent care to all patients. These audits aim to support the quality improvement of data capture.

2. We have a programme of clinical audit reviewing infection prevention and control practice across clinical services. This provides assurance that the trust is compliant with the Health and Social Care Act (2015). Clinical practice audits for hand hygiene, use of personal protective equipment, bare below elbows and intravenous cannulation are audited monthly.

3. The number of patients receiving relevant health services provided and sub-contracted by NEAS in 2019/20 recruited during that period to participate in research approved by a research ethics committee was 924.

4. The Commissioning for Quality and Innovation (CQUIN) payment framework is designed to support the cultural shift to put quality at the heart of the NHS. Local CQUIN schemes contain goals for quality and innovation that have been agreed between the Trust and our Commissioners across the region.

   4.1 North East Ambulance Service income in 2018/19 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because the Commissioners agreed to reinvest any unachieved schemes.

The CQUIN schemes for 2018/19 are:

- Improving staff health and well-being (national indicator);
- Improving the uptake of the flu vaccinations for frontline staff (national indicator);
- A reduction in the proportion of ambulance 999 calls that result in transportation to a type 1 or type 2 A&E Department (local indicator).

The following proposals were agreed by commissioners for re-investment, where CQUIN funding had not been achieved:

- Rollout of Urgent Care Pathways Team – formerly known as Paramedic Pathfinder scheme. This project will seek to identify key clinical pathways across the region, to ensure patients receive care right place, right time, right care. This project commenced in September 2018 and will run for 12 months into 2019/20.
- Clinical (SDG/DX code) outcome mapping – funding has been made available to look at data available, such as HES data, RAIDR data and disposition code mapping to review pathways, patient outcomes and potential revised delivery models for mobile treatment.

4.2 The CQUIN value for 2018/19 was 2.5% of the trust's core contract value which is £2.681 million and in 2017/18 the CQUIN value was 2.5% of the trust's core contract value which is £2.545 million

The CQUIN value for 2019/20 will be 1.25% of the trust's core contract value which is £1.379 million.

The national ambulance indicators will include:

- Improving the uptake of the flu vaccinations for frontline staff
- Access to patient information (digital information) at scene – in line with the Digital Strategy
- A locally defined indicator – discussions are underway with Commissioners regarding this.

Further details of the agreed goals for 2019/20 are available electronically at:

- https://www.england.nhs.uk/wp-content/uploads/2019/03/CQUIN-Guidance-1920-080319.pdf

5. NEAS is required to register with the Care Quality Commission and its current registration status is Registered Without Conditions.

5.1 The Care Quality Commission has not taken enforcement action against the Trust during 2019/20.

6. Removed from the legislation by the 2011 amendments.

7. The Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

8. NEAS did not submit (and is not required to submit) records during 2019/20 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

9. NEAS submitted the Data Security and Protection Toolkit assessment for the period 2019-2020 with an overall score of 112/116 mandatory evidence items provided and 32/44 assertions confirmed. An improvement plan to meet and comply with the incomplete 4 mandatory evidence requirement will be submitted to NHS Digital before 13/10/2020, this work is scheduled to be completed within six months of submission. Current status of the Trust is ''Standards not met''

10. NEAS was not subject to the Payment by Results clinical coding audit during 2018/19 by the Audit Commission.

11. NEAS will be taking the following actions to improve data quality:
    - The establishment of Change Approval Boards across the organisation, with data quality being a standard agenda item on each of these.
    - Continue the training Information Assets Owners and Administrators, to ensure they are equipped for the role
    - In the Emergency Operations Centre a new combined 999 and 111 CLERIC system is now completed to improve processes in the Emergency Operations Centre and Clinical Assessment Service, which has improved data quality
    - A detailed review has been undertaken of the electronic Patient Care Record and how data fields are used to promote high quality record keeping
    - A review of the Ulysses Safeguard incident reporting system has been made specifically in relation to patient safety incident reporting
    - The introduction of new modules for the Ulysses Safeguard system e.g. Learning from Deaths and Clinical Audit module, to improve quality of data to support organisation learning and improvement

## 2.3 Reporting against core indicators

NHS Foundation Trusts are required to report performance against a core set of indicators using data available through NHS Digital.

Trusts are required to report only on the indicators that are relevant to the services they provide or sub-contract. For ambulance services these include the speed of response performance and clinical indicators.

**Speed of Response Indicators**

In 2017/18 NHS England announced a new set of performance standards for ambulance services through the national Ambulance Response Programme (ARP). The Trust implemented the new performance standards from 30th October 2017. We are therefore able to provide ARP performance data for 2018/19 and 2019/20 in this Quality Report.

**14/ 14.1 Ambulance Response Programme Indicators**

Category 1 is for those patients that require an immediate response to a life threatening condition and where this requires resuscitation or emergency intervention from the ambulance service.

Category 2 is for those with symptoms linked to a serious condition, for example stroke or chest pain, that may require rapid assessment and/or urgent transport.

Category 3 is for those with urgent problems that require treatment and transport to an acute care provider.

Category 4 is for those that are not urgent and require transportation to a hospital ward or clinic within a given time window.

### Category 1 - Mean Response Time (7 Minute Target)

| Financial Year | NEAS Performance | National Average | Highest Trust Performance | Lowest Trust Performance |
|---|---|---|---|---|
| 2018/19 *(mm:ss)* *Mean response time* | 06:10 | 07:21 | 06:10 | 10:35 |
| 2018/19 (mm:ss) *90th percentile* | 10:36 | 12:48 | 10:36 | 20:06 |
| 2019/20 (mm:ss) *Mean response time* | 06:39 | 07:19 | 06:39 | 11:18 |
| 2019/20 (mm:ss) *90th percentile* | 11:22 | 12:51 | 11:22 | 20:00 |

| **Category 2 - Mean Response Time (18 Minute Target)** | | | | |
|---|---|---|---|---|
| Financial Year | NEAS Performance | National Average | Highest Trust Performance | Lowest Trust Performance |
| 2018/19 *(mm:ss)* *Mean response time* | 21:33 | 21:50 | 12:12 | 30:55 |
| 2018/19 (hr:mm:ss) *90th percentile* | 00:45:18 | 00:44:59 | 00:22:11 | 01:05:11 |
| 2019/20 (mm:ss) *Mean response time* | 29:29 | 23:53 | 17:38 | 30:30 |
| 2019/20 (hr:mm:ss) *90th percentile* | 01:00:32 | 00:49:16 | 00:24:36 | 01:03:12 |

| **Category 3 - 90th Percentile Response Time (2 Hour Target)** | | | | |
|---|---|---|---|---|
| Financial Year | NEAS Performance | National Average | Highest Trust Performance | Lowest Trust Performance |
| 2018/19 *(hr:mm:ss)* | 02:55:50 | 02:26:00 | 01:16:09 | 03:24:52 |
| 2019/20 *(hrs:mm:ss)* | 03:47:41 | 02:50:23 | 01:42:43 | 04:00:26 |

| **Category 4 - 90th Percentile Response Time (3 Hour Target)** |
|---|

| Financial Year | NEAS Performance | National Average | Highest Trust Performance | Lowest Trust Performance |
|---|---|---|---|---|
| 2018/19 *(hr:mm:ss)* | 02:54:23 | 03:09:04 | 02:00:32 | 04:34:51 |
| 2019/20 *(hr:mm:ss)* | 03:09:18 | 03:19:42 | 01:58:25 | 04:45:06 |

NEAS considers that this data is as described for the following reasons:

- National guidance and definitions for Ambulance Quality Indicators (AQI) submissions to NHS Digital when producing category-performance information.
- This information is published every month on the NHS England statistics web pages as part of the AQIs.
- Ambulance trusts review each others AQI definitions interpretations and calculations as part of the yearly workload of the NAIG (National Ambulance Information Group) to make sure that all are measured consistently.
- We are aware through peer review audits that are some variances in the way other Trusts are reporting.
- This information is reported to the Board of Directors monthly in the Integrated Quality and Performance Report.

**Actions for improvement**

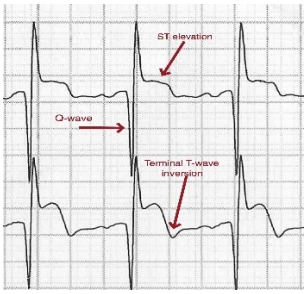
NEAS has taken the following actions to improve response times, and so the quality of its services by focusing implementing the recommendation of the Demand and Capacity Review undertaken by Operational Research in Health (ORH).

Key actions include:

- redesigning and implementing the shift rotas to ensure we align these to better meet the demand for our services;
- developing our fleet model to support new guidance and shift patterns;
- working with our acute trusts to further improve the process for patient handover at hospitals
- reducing the number of patients conveyed to Emergency Departments through increasing ‘hear and treat’ and ‘see and treat’, where it is safe to do so;
- further embedding our strategic approach of aligning and embedding our scheduled and unscheduled services to provide greater flexibility of response to meet patient needs
- focusing on improving the efficiency of our services through reducing waste and maximising time spent delivering patient care;
- rolling out the CARE platform which provides individual feedback to paramedics regarding key performance metrics such as job cycle times to learn and share best practice;
- continued focus on reducing staff sickness levels to bring this in line with other ambulance services nationally;
- working in partnership with GP practices to streamline patient pathways
- working with healthcare professionals to support their decision making when making urgent transport requests and providing written guidance to underpin this; and,
- continuing to focus on staff, and particularly paramedic recruitment.

**Ambulance Clinical Quality Indicators (ACQIs)**

There are a number of national clinical quality indicators for the ambulance sector. Many of them centre around delivery of bundles of care. A bundle of care is a set of actions / interventions when undertaken as a whole have a positive impact on the patient in terms of their assessment / treatment of a condition.



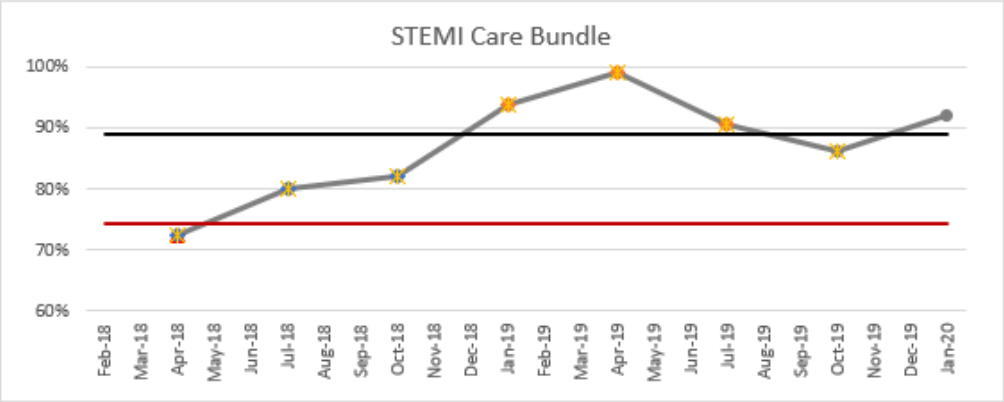


**Myocardial Infarction (Heart Attack) care bundle**

This care bundle is for patients who present with symptoms a heart attack and where there are visible changes on their electrocardiograph, consistent with a heart attack occurring, this is known as a ST Elevation Myocardial Infarction (STEMI). It consists of the following actions:

| Component of STEMI care bundle | Exceptions |
|---|---|
| Aspirin given | Patient refusal<br>Contraindication to drug<br>Cautions if clear reasons provided<br>Doctor (for example GP or cardiologist) advised not to provide aspirin (General Medical Council number provided) |
| Glyceryl trinitrate (GTN) given | Patient refusal<br>Contraindication to drug<br>No chest pain |
| Two pain scores recorded | Patient refusal<br>Patient unable<br>Patient unconscious |
| Appropriate analgesia given – options available are Morphine, Entonox and Paracetamol | Patient refusal<br>Patient not in pain<br>Contraindication to drug(s)<br>Cautions if clear reasons provided |

The percentage of patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction - STEMI who received an appropriate care bundle from NEAS during 2019/20 is between 89% – 100%.



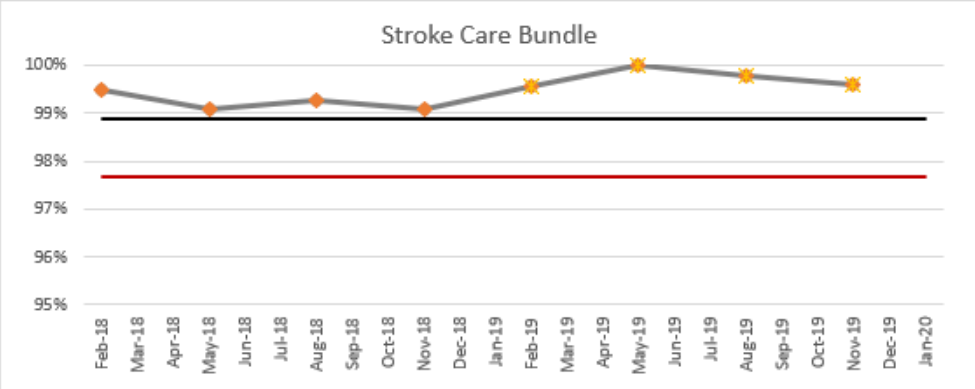

It is noted that significant improvements have been made since 2018/19. Where our performance had dipped in October 2019. This was related to use of third-party organisations providing additional resource to the trust and work has been undertaken to address this.

**Stroke Care Bundle**

This care bundle for suspected stroke patients consists of the following actions:

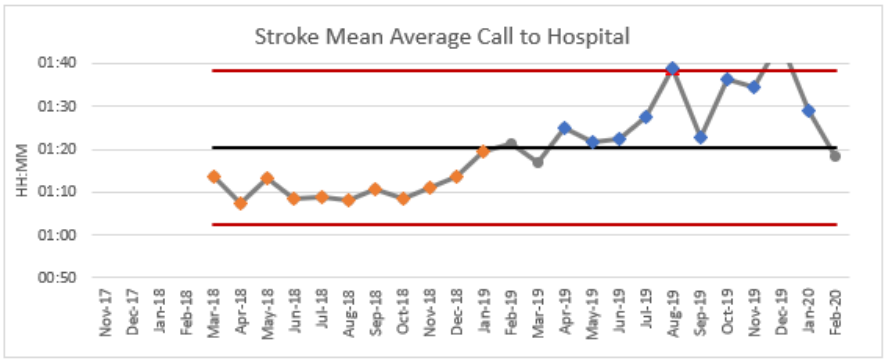
| Component of stroke diagnostic bundle | Exceptions |
|---|---|
| Findings from a FAST assessment recorded | Patient refusal<br>Patient unable |
| Blood glucose recorded | Patient refusal |
| Systolic and diastolic blood pressure recorded | |

The percentage of patients with suspected stroke assessed face to face who received an appropriate care bundle from NEAS during 2019/20 was between 99.5% - 100%. We are consistently the **highest performing trust** in delivering excellent stroke care in the pre hospital setting.




A further clinical quality indicator for stroke is from call to arrival at a hospital who has a hyper acute stroke unit within 60 minutes.

This indicator has been challenging for NEAS to achieve in some cases, and this is in line with the picture nationally. There are no ambulance services meeting this indicator currently, with the range being from 1hr 11 minutes to 1 hr 28 minutes. NEAS currently achieve an average of 1hr 18 minutes.




No Action Required

This reflects the 465 suspected stroke patients

| | |
|---|---|
| **NEAS** | **01:18** |
| Nat Avg | 01:20 |
| Range | 01:11 - 01:28 |
| Nat Pos | 6th |

NEAS considers that this data is as described for the following reasons:

- NEAS considers that the data is as described in line with the standard national definitions. Source: http://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/
- This information is published every month on the DH statistics web pages as part of the ACQIs.
- Ambulance Trusts review the ACQI definitions interpretations and calculations of all Trusts as part of the yearly workload of the NAIG (National Ambulance Information Group) to make sure that all are measured consistently.

**Actions for improvement**

NEAS has taken the following actions to improve these indicators, and so the quality of its services by:

- undertaking a detailed audit of pre hospital stroke care to understand the challenges and actions required to improve performance relating to getting patients suffering from a stroke to the correct unit within an hour;
- providing clear standards relating to ‘time on scene’ for staff when undertaking clinical assessment;
- continuing to embed the process of prompt feedback to clinicians and their clinical care managers where excellent practice is noted and areas for improvement, through greater engagement with the clinical audit and effectiveness team and use of the CARE app.

**Patient Safety Data**

NEAS continues to work hard to improve incident reporting and implement a just and restorative culture. Staff continue to be encouraged to report patient safety incidents and to then be provided with robust responses to these incidents and feedback to encourage further reporting.

In 2019/20 patient safety incident reporting has risen by 8.5%, with 2035 incidents reported in 2019/20 compared with 2208 in 2018/19. All data regardless of harm level is reviewed and work continues to establish themes and trends from all incidents regardless of harm level, enabling implementation of system improvement measures with the aim of preventing future similar incidents.

In the period 2019/20 incidents rated no harm, low harm or near miss or harm not related to NEAS, constituted 98.27% of all incidents, following investigation and closure. Incidents rated as moderate harm in 2019/20 were 34, which is an increase of 11 from 2018/19. Incidents rated as severe or death totalled 4 for the year, showing a decrease of 15 cases when compared to 2018/19.

Each incident reported as a moderate harm is reviewed weekly at a group called SEACARE, this group includes patient **S**afety incidents, patient **E**xperience concerns, **A**dult safeguarding concerns, **C**hildren's safeguarding concerns, **A**udit from the learning from deaths process, **R**isk which incorporates coronial requests and concerns and **E**xternal requests for information related to care provided by NEAS. Incidents determined to have a moderate harm level are further reviewed at Clinical Review Group, which enables a multi-disciplinary discussion to take place, and incidents are reviewed against the NHS England Serious Incident Framework. Incidents identified to potentially met the criteria are then discussed with the Director of Quality & Safety (Executive Nurse) or Medical Director and when confirmed, reported externally. This process ensures the correct level of review and scrutiny occurs and an opportunity for real learning and action to take place, in order to minimise the risk of harming occurring to patients.

All notifiable patient safety incidents where moderate harm or over is determined to have occurred receive a full investigation and review meeting. The methodology and associated paper work have been reviewed considering the NHS England National Patient Safety Strategy (July 2019). This outlines the need to move away from root cause methodology and use of the SEIPS 2.0 model to guide patient safety investigations away from individual error and to assist the organisation to understand where system improvements are required to improve patient safety.

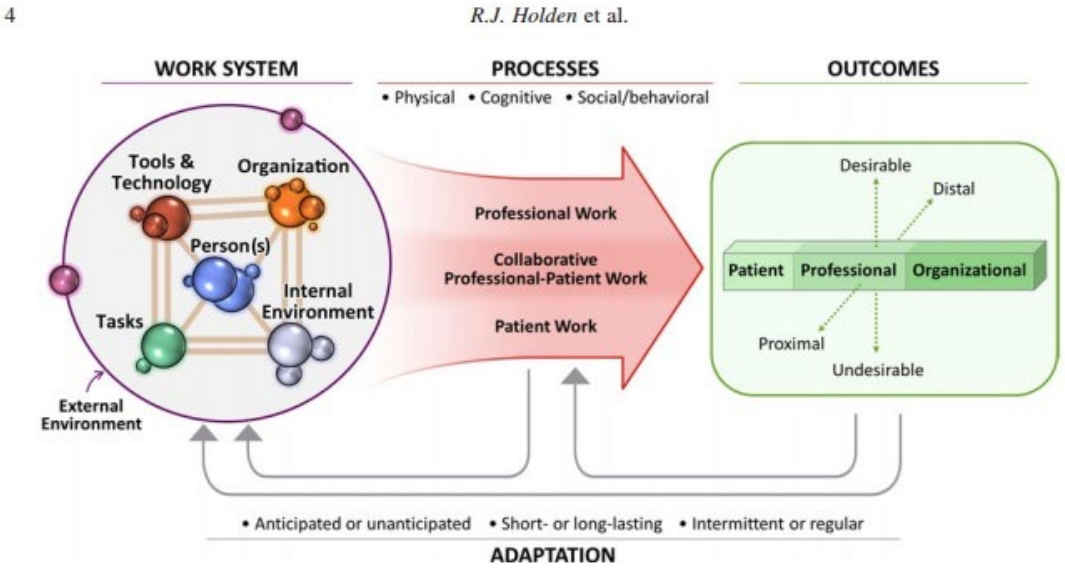



Figure 1. SEIPS 2.0 model.

In 2018 work was undertaken to review the harm levels reported and it was identified that several incidents being reported internally were related to other organisations. This has subsequently led to the introduction of a category reported as 'incident relating to another organisation' thereby enabling that organisation to investigate and feedback.

| Patient Safety Incident (PSI) Reporting | | | | | | |
|---|---|---|---|---|---|---|
| **Indicator** | **NEAS Performance** | | | **National Average** | **Highest Reporting Trust** | **Lowest Reporting Trust** |
| | **2018/19** | **2019/20** | **Feb – July 2020** | | | |
| Number of PSI's | 2035 | 2208 | 1162 | 856 | 3583 | 20 |
| Number of PSI's that resulted in severe harm or death | 19 | 4 | 6 | 20 | 59 | 13 |
| Percentage of PSI's that resulted in severe harm or death | 0.93% | 0.18% | 0.51% | 2.33% | 1.64% | 65% |

*Data Source: Quality Dashboard, National Reporting and Learning System (NRLS). Latest benchmark data available only up to July 2020*

| Serious Incidents | | |
|---|---|---|
| 2017/18 | 2018/19 | 2019/20 |
| 29 | 12 | 10 |

*Data Source: Ulysses Safeguard system*

There has been a similar number of serious incidents in 2019/20 as there were in 2018/19 providing assurance of consistency in application of the NHS England framework. This relates primarily to the internal review of the National Reporting and Learning System reporting definitions and how we apply them. It was apparent that NEAS were reporting Serious Incidents when a patient had sadly died, however the death was not directly attributable to the patient safety incident reported.

The Serious Incident Review Group, which is chaired by the Director of Quality, Patient Safety, Innovation & Improvement (Executive Nurse) or the Medical Director, alongside other executives and senior clinical managers now also reviews all moderate harm and over investigation reports and agrees the final decision regarding the level of harm following a thorough review of the investigation.

In order to gain external assurance that we are reviewing serious incident cases appropriately, that investigation findings are appropriate and action plans are robust, we commissioned an external medical examiner to review the Serious Incidents (SIs) cases reported in 2017/18. The medical examiner is a critical care consultant working in an acute trust in the region and their findings were consistent with the Trust's.

We have commissioned the medical examiner to work with NEAS during 2019/20 to review our SIs and learning from deaths process, to continue to provide external assurance. Unfortunately, the work related to reviewing SIs has been delayed due to the need to focus on responding to the COVID-19 pandemic.

We regularly share with our regulators, the Care Quality Commission, investigation reports and action plans for SIs and other patient safety incident investigations for oversight and challenge, alongside the formal process of Clinical Commissioning Group review of SI reports and action plan development and implementation.

NEAS considers that this data is as described for the following reasons:

- We use the Ulysses Safeguard system for reporting and managing all patient safety incidents;

- We use the system to create reports and add data to the National Risk Learning System (NRLS) and have been a contributor to the DPSIMS beta testing project. We also share information with other external agencies such as NHS Protect and the Health and Safety Executive (HSE);
- We conduct weekly/monthly data quality checks to ensure reporting is as accurate as possible

**Listening, learning, acting**

As a result of investigating and learning from incidents in 2019/20 we have implemented the following:

- Review the incidents relating the management of deteriorating patients to support this quality priority for 2020/21
- Feedback provided to NHS Pathways (our clinical assessment tool) to request a review of the assessment of breathing for patients who fall forwards and cannot be moved, and review of the categorisation of major haemorrhage. The review by the national NHS Pathways team are ongoing due to delays caused by COVID 19
- Increased recognition of good practice identified during investigations continues to be promoted, through Excellence reporting and by using the CARE platform, which has numerous reports to assist paramedics in understanding the quality of care they are providing to patients. This has led to a specific category in our Trust annual awards service
- The remit and membership of Clinical Review Group and Incident Review meetings was widened in 2018/19 with increased attendance, participation and engagement improving consistently throughout 2019/20. This was affected by COVID 19 working arrangements in the latter months of the 2019/20 financial period where a move to a TEAMS format was required. This has now become standard practice and attendance has returned to usual levels
- The organisation has a good open reporting culture, evidenced through consistent levels of reporting, despite the huge effort required to respond to the COVID -9 pandemic in Quarter 4 of 2019/20. The work undertaken to deliver the Just culture priority has been outlined in section 2.1 of the report
- Promoting clinical record keeping standards in line with professional responsibility and accountability continues and work on updating the Electronic Patient Care Record version is well underway.
- A full review of the root cause analysis process, documentation and action planning was undertaken in 2019/20 and further work is required in 2020-2021 to embed this.
- Purchase of the Ulysses system action planning module to enable action plans to be logged enabling monitoring of these to closure with ease.
- Production of monthly patient safety/patient experience bulletins is now in place with these reviewed and agreed at the newly developed Clinical Quality Governance Group
- NEAS has participated in the National Ambulance Risk and Safety Forum in the 2019/20 period, hosting the bi annual meeting at Headquarters in December 2019. Benchmarking processes are underway nationally within this group regarding patient safety incidents reported and Serious Incidents reported.

## Complaints

The financial year 2019/20 recorded 436 complaints, 0.025% of the calls received. 292 complaints were upheld or partially upheld. The Trust received notification that, during 2019/20, 3 complaints were reviewed by the Parliamentary and Health Service Ombudsman.

During 2019/20 the Trust has again seen a reduction in the overall number of complaints received compared to last financial year, 436 against 489 in 2018/19, a reduction of 11%. In addition to the reduction in total complaints received, appreciations have had a slight increase throughout 2019/20.

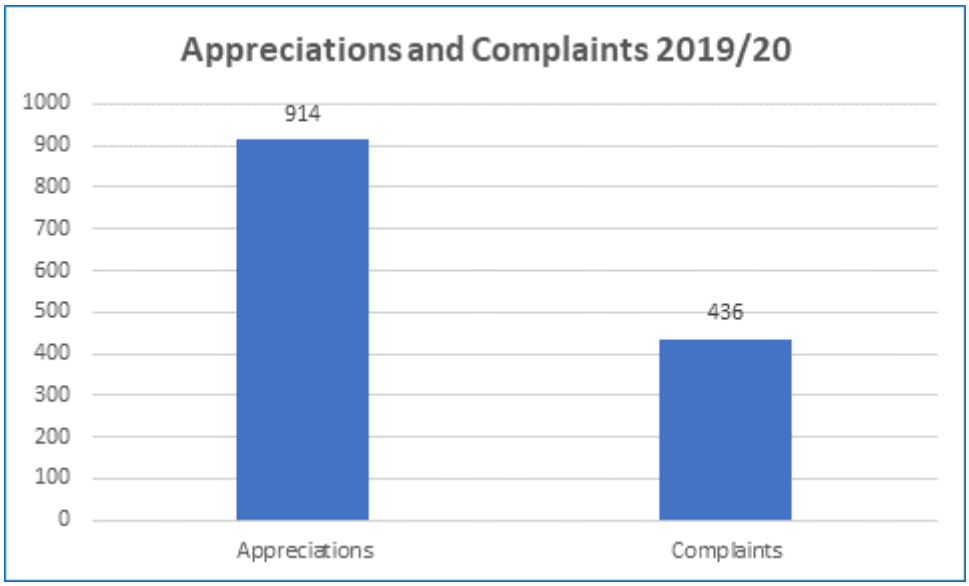
| Complaints | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|
| Total Complaints | 526 | 489 | 436 |
| Complaints as a proportion of call volumes (999 & 111 & PTS) | 0.03% | 0.03% | 0.025% |
| Total upheld complaints | 279 | 193 | 181 |
| Total part upheld complaints | 73 | 90 | 111 |

In line with legislation, 98.9% of the complaints received during 2019/20 have been acknowledged within 3 working days.

94% of the complaints received were responded to within the timeframe initially agreed compared to 90.7% in 2018/19.

The average number of days to respond to complaints stands at 29 days compared to 28 days last year.

The Trust receives appreciations for the service and in 2019/20 we received 914 appreciations, an increase from 883 received in 2018/19.




The top three causes for complaints were:

| Top Three Cause of Complaints | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|
| Timeliness of Response | 42% | 36% | 21% |
| Quality of Care | 42% | 56% | 41% |
| Staff Attitude | 20% | 27% | 22% |

*Note: Cause of complaint is given as a proportion of total complaint elements*

The management of complaints received by the Trust has seen a number of changes which have allowed the Trust to better understand data relating to complaints:

- Full review of complaint procedures and policy undertaken, with engagement from investigators and service lines.
- Capture of complainant demographics to support better understanding of complainant profile.
- Establishment of a Patient Experience and Engagement Group meeting bi-monthly to review complaint themes and data.
- Engagement with the National Ambulance Service Patient Experience Group (NASPEG) and input into national benchmarking project.
- Agreement not to take formal statements for every complaint, and to empower investigating officers to use discretion to deliver a proportionate investigation.
- Increased investigation undertaken within the Patient Experience Team to minimise impact to operations and EOC.
- Revised complaints paperwork to make investigations more straightforward and ensure the concerns are answered fully.

**Lessons learned:**

- Increased recruitment of clinicians and GPs to maximise the availability for timely call backs to patients.
- In response to complaints where the incorrect vehicle assigned initially could not provide pain relief or oxygen, the script for healthcare professional calls now asks directly if any analgesia or oxygen is required. This should ensure the patient is assigned a crew who can give them the right care the first time. There is also a standard operating procedure for Scheduled Care staff to escalate patients who they believe are not appropriate for them to convey.
- Introduction of the use of 'What Three Words' to help Health Advisors locate the patient as quickly as possible. This should help with callers trying to provide locations in rural areas where there are not many landmarks or street names available.
- New guidance to all call handling staff regarding clinical observations provided, regardless of whether this is from a healthcare professional or a patient, and how this must be recorded within the call log.
- Updated 'Failed Contact Procedure' to include searching online to confirm a number for a care home if no answer is received, to ensure every effort is made to make contact.

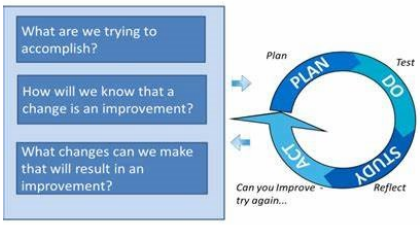
**Quality Improvement Strategy Implementation**

In 2019/20 we have continued to build on our Quality Improvement (QI) Strategy which was introduced in the previous year. We have recruited to a permanent QI Manager post to lead the day to day work and embedding of a QI approach.


In April 2019 a short introduction to QI was included in statutory and mandatory training for the year to support understanding across the Trust. An introduction to QI is also now delivered as part of our induction day for new starters. Delivery of QI to managers has continued through the Compass Programme where a day's training is provided on tools, techniques and creating the right conditions. A summary booklet has also been developed and is provided to all staff undertaking induction or a QI course.

As part of developing capability in the Trust, 16 staff, primarily from front line operational roles, undertook the NHS I/E Quality, Service Improvement and Redesign (QSIR) course. Over 5 days they were taken through the principles and key tools of this methodology. On returning to the Trust, we have worked with this cohort to help them implement their

learning and take on small improvements to build on their knowledge and skills. It is aimed for these individuals to support learning and embedding a QI approach in their areas over the coming years.


A QI virtual hub is under development with the first stage being new pages as part of the new Siren intranet launch. Key tools are available on the site and it will be used for sharing success stories and learning. A new improvement booklet was also launched detailing key deliveries during 2018/19 which is available online.

During 2019/20 we have seen some improvement deliveries completed. One of the QSIR graduates has reviewed the process of recording manning for each shift pattern in the Emergency Operations Centre and by making changes this has saved approx. 2 hours per shift (4 hours a day) which has made a significant difference.

We have reviewed our refurbishment programme for our ambulances and made changes based on quality and cost findings.

NEAS's Hazardous Area Response Team (HART) are now able to complete their drugs audits on a new system which has included improvements in reporting and efficiency.

Significant progress has been made on raising awareness of frequent callers and special patient notes with a further stage of work now being introduced.

We have also undertaken several 'Joy In Work' sessions aimed at improving team and department culture.

As part on our ongoing development of the QI programme, NEAS is involved in regional and national networks with both ambulance partners and the other sectors. The Northern Ambulance Alliance, with Yorkshire, North West and East Midlands Ambulance Services, has a QI workstream which is looking at training, collaborative working and staff engagement.

We attend the Academic Health Science Network North East and Cumbria regional group which is currently focusing on self-sufficiency in local training.
We are part of, and a co-lead of the national Ambulance Q network and are also still involved in the NHS Horizons Project A work. We have also provided buddying to Northern Ireland Ambulance Service QI team in setting up their structure.

**Global Digital Exemplar programme**

In 2017 NEAS was chosen as one of three ambulance services to join the Global Digital Exemplar programme in recognition of its track record of digital delivery. We have been at the forefront of developing technological solutions to support the advancement of urgent and emergency care over some years.
The programme, beginning in March 2018, has provided funding which NEAS will match with the aim of joining up and digitalising health systems to provide clinicians with more timely access to accurate information and support service change.

A number of projects have been completed between April 2019 and March 2020, which include:

- Improving access to shared local and national systems to better support patient care by enhancing clinical decision making and allow for a seamless onward handover to other parts of the health system including;

    - NHS Number matching in 999 and ePCR
    - CPIS retrieval in 999 and ePCR
    - SCR retrieval in 999 and ePCR
    - MIG retrieval in 999 and ePCR
- Expanding the Directory of Services central directory, which was available only in the Emergency Operations Centre (EOC), to frontline staff providing real time information about services available to support patients;
- Developing a way for frontline crews to seek advice from clinicians within the EOC via video link, which could be further expanded to care homes and potentially the public;
- Developing a better way of ambulance systems digitally passing patient information to primary care systems through the Transfer of Care project and DOCMAN system;
- Expanding the successful Pathfinder service, trialled in Sunderland, which allows clinicians to safely refer suitable patients to alternative services other than A&E departments, and developing software which is adaptable for other ambulance services;
- Improving technology to enhance CPR feedback and better manage cardiac patients;
- Improving information sharing internally around Trust-wide and personal performance to better empower and engage employees; with the introduction of our new social media platform; and
- Embedding the CARE app for clinicians to be able to measure the impact their care has made on patients.

**Friends and Family feedback**

We collect data on patients' experience of using our services. These can help us to understand:

• What we are doing well and areas for improvement.
• How we can improve services to better meet the needs of our patients
• How our services are affected by external pressures such as weather and increased demand
• Help give commissioners, CCQ, HealthWatch and our Board assurance

The data we collect is regularly reported to patients, a range of stakeholders, staff, managers and the Board for information, assurance and action.
The data is considered by managers and used to improve our services. We also develop 'you said we did' information highlighting what we have done with the data.

We currently have surveys covering:
• 111
• Unscheduled Care (see and treat)
• Scheduled Care

In 2019/20 **95.4%** of people surveyed said they would recommend our service to family and friends, which is a 5.9% increase from the previous year.

| **111 Service**<br>**% patients who are likely or extremely likely to recommend us to friends or family** | | |
|---|---|---|
| Financial Year | Total responses received | % patients who would recommend the service 'likely' and 'extremely likely' responses |

| | | |
|---|---|---|
| 2017/18 | 1015 | 87.8% |
| 2018/19 | 1120 | 87.2% |
| 2019/20 | 738* | 84.3% - 100% |

**Surveying was not undertaken in June / July 2020*

| **Emergency Care Service (see and treat)**<br>**% patients who are likely or extremely likely to recommend us to friends or family** | | |
|---|---|---|
| Financial Year | Total responses received | % patients who would recommend the service 'likely' and 'extremely likely' responses |
| 2017/18 | 1726 | 97.2% |
| 2018/19 | 1825 | 98.1% |
| 2019/20 | 1,529 | 96.2% - 99.6% |

| **Patient Transport Service**<br>**% patients who are likely or extremely likely to recommend us to friends or family** | | |
|---|---|---|
| Financial Year | Total responses received | % patients who would recommend the service 'likely' and 'extremely likely' responses |
| 2017/18 | 1493 | 95.8% |
| 2018/19 | 944 | 95.6% |
| 2019/20 | 151 | 83.3% - 100% |

We have noted a significant decline in the number of surveys conducted in our patient transport service and have undertaken a review of how we shall conduct the surveys from April 2020.

Monitoring of Friends and Family survey results is conducted via the Trust's governance structure and ultimately into the Trust's Board of Directors via the quality dashboard.

**Engagement with our community**

We have undertaken a significant amount of patient engagement over the last 12 months:

- Engaged 41 schools, colleges and other organisations in our Restart-A-Heart campaign and trained more than 5,600 people this year
- Launched the mini medics outreach programme to link to primary school children and raise awareness and train young people about our services, health and first aid. We delivered more than 130 activities since its launch
- Attended more than 125 events with diverse groups of people from across the region including Pride, Mela, BAME community events, schools, colleges, agricultural shows and defib and CPR awareness
- Held a range of Diverse-i-tea events to talk to stakeholders across the region about services and employment, explore what works and to help identify improvements that could be made

- Supported five regional Pride events in Northumberland, Sunderland, Durham, Darlington and Newcastle with employees and members of the Proud@NEAS group
- Supported the two Mela events in Middlesbrough and Newcastle with employees and members of the Together@NEAS BAME group
- Leaders, employee network members and other employees attended the national ambulance BAME and LGBT conferences
- Worked with stakeholders to review two Equality Delivery System 2 objectives
- Engaged with stakeholders on the Workforce Race Equality Standard, Workforce Disability Equality Standard, Gender Pay Audit and the Accessible Information Standard


**Freedom to Speak Up**

We continued to promote Freedom to Speak Up and the role of the Freedom to Speak Up Guardian to staff across the Trust during 2019/20. During the year the Guardian received nine concerns, which was an increase on the previous year's figure of three.

Most cases raised concerns about staff behaviour, primarily relating to individual staff members. Two cases included broader concerns about cultural issues in relation to bullying and harassment. The Freedom to Speak Up Guardian will be working with colleagues in the Directorate of People and Development to help inform work in addressing behavioural issues.

Only minimal patient safety issues were raised through Freedom to Speak Up and where this had occurred, there was immediate escalation and investigation to identify and act on potential risks.

In some cases it was concluded that there was no case to answer and the person raising the concern received feedback to explain the outcome of the investigation. In other cases elements of the concerns were upheld and this resulted in recommendations being made to either strengthen a process / policy or to support an individual in improving their competency or management skills.

The Trust was named by the National Guardian's Office as one of the most improved trusts in respect of its score on the national Freedom to Speak Up index. The index was developed using the NHS staff survey results from 2018/19.

It is recognised that Freedom to Speak Up is only one mechanism for raising concerns within the Trust. The Trust is also a high reporter of incidents, which again provides assurance that staff feel confident in reporting issues through the formal incident reporting channels.

Staff survey evidence indicates that 67% of staff would feel secure in raising concerns about unsafe clinical practice. This is a slight decline from last year's result of 73% but remains higher than the sector average. In addition, 95.9% of respondents confirmed that they would know how to report unsafe clinical practice. There is scope for further improvement in some areas with 55% of staff being assured that the Trust takes action to ensure that where errors, near misses or incidents are reported they do not

happen again. The Guardian will be reviewing the breakdown of the survey results in more detail to inform the work for 2020/21.

The Workforce Committee and Board of Directors have been apprised of Freedom to Speak Up activity during the year. The Guardian has provided briefings on emerging National Guardian's Office publications and best practice. The Guardian and Freedom to Speak Up Executive Lead jointly delivered training to the Board as part of a Board development session.

# Part 3: Overview of quality of care in 2019/20

**Care Quality Commission (CQC)**

The Care Quality Commission are the regulators of our services and can undertake announced or unannounced inspections of any or all of our services at any time.

The Trust was not subject to a full inspection during 2019/20 and this section therefore refers to the most recent inspections. The Trust was subject to an announced Well Led Inspection by the CQC in October 2018 and the outcome was as follows:

**Ratings for the whole trust**

| Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|
| Good →← Jan 2019 | Good →← Jan 2019 | Good →← Jan 2019 | Good →← Jan 2019 | Good →← Jan 2019 | Good →← Jan 2019 |

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

In addition, as part of its regulatory regime, NEAS was also subject to an Unannounced Inspection during September 2018. The two core services inspected were the Emergency Operations Centre and our NHS111 Service. The outcome of this inspection was as follows:

**Ratings for ambulance services**

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| Emergency and urgent care | Good Nov 2016 | Requires improvement Nov 2016 | Good Nov 2016 | Good Nov 2016 | Good Nov 2016 | Good Nov 2016 |
| Patient transport services | Good Nov 2016 | Good Nov 2016 | Good Nov 2016 | Good Nov 2016 | Good Nov 2016 | Good Nov 2016 |
| Emergency operations centre | Requires improvement →← Jan 2019 | Good →← Jan 2019 | Good →← Jan 2019 | Good →← Jan 2019 | Good ↑ Jan 2019 | Good ↑ Jan 2019 |
| Resilience | Good Nov 2016 | Good Nov 2016 | Good Nov 2016 | Good Nov 2016 | Good Nov 2016 | Good Nov 2016 |
| **Overall** | Good →← Jan 2019 | Good →← Jan 2019 | Good →← Jan 2019 | Good →← Jan 2019 | Good →← Jan 2019 | Good →← Jan 2019 |

The Emergency Operations Centre had significantly improved from the 2016 CQC inspection by being awarded with a 'Good' rating within the Well Led Domain and subsequently a 'Good' rating overall.

The NHS111 service retained its previous rating (2016) of 'Good' overall and 'Good' within each of the five domains.

The CQC issued the Trust with two Requirement Notices:

- Regulation 12 Health and Social Care Act 2014 – Safe Care and Treatment
- Regulation 18 Health and Social Care Act 2014 – Staffing

The Trust developed an improvement action plan in response to the areas identified by the CQC and this is closely monitored by the CQC for completion and close out.

An unannounced responsive inspection of the Emergency Operations Centre was carried out by the CQC on Monday 3rd June 2019. This was in relation to a patient safety concern that they had directly received and which related to the management of medicines, staff competencies, inappropriate triaging, training and poor culture.

The final CQC report noted that the allegations made to the CQC were unfounded. The responsive inspection provided assurance that the service was safe, effective and well-led.

During this inspection the CQC Team found:

- Medicines were managed in line with the Trust's medicines policy.
- Systems were in place to access and monitor each training module and identify any themes or trends relating to training attendance. The training system followed a RAG (red, amber, green) coding system to highlight training that was completed, due or overdue. This allowed the Trust good oversight of training compliance and no issues were found.
- They found that 80% of all call handlers were dual trained and could work with both 111 and 999 calls. Staff operated on the basis that no matter what number the public called, they would be treated according to the most appropriate pathway.
- There were call audits undertaken to monitor the 111 service and the 999 service. The Trust was about to commence call audits for advanced practitioner and doctors' clinical advice calls through a monitoring tool.
- Appropriate induction and assessment processes were in place.
- There were processes in place to monitor competencies and to address competency failings if they occurred.
- North East Ambulance Service had created standards and competencies for advanced practitioners.
- Staff told the CQC inspection team that the culture within the Emergency Operation Centre was very good and supportive.
- The inspection team were advised that culture checks were undertaken through the annual staff survey and quarterly listening events were in place. Nothing of concern was highlighted by managers or staff within the service.
- The Trust had recent instances of bullying and harassment. However, the inspection team observed that the Trust had dealt with these promptly.

However, the following two areas of improvement were identified by the inspection team:

Action the Trust **MUST** take to improve:

- Under the Health and Social Care Act 2008 Regulation 19 1(b), 2:- Fit and Proper Persons the inspection team found that the clinical job descriptions, rotas and clinical staff list did not reflect the new integrated role for GPs and doctors in the Clinical Assessment Service (CAS) due to the incorrect usage of the GP job title. It was requested that the Trust amend the clinical job description and all related documents to reflect the integrated clinical role.

Action the trust **SHOULD** take to improve:

- The Trust should ensure that all staff are following NEAS standards during break periods.

An action plan was developed to address these two areas of concern, and the final close out report was submitted back to the CQC prior to their deadline.

**What do our staff tell us?**

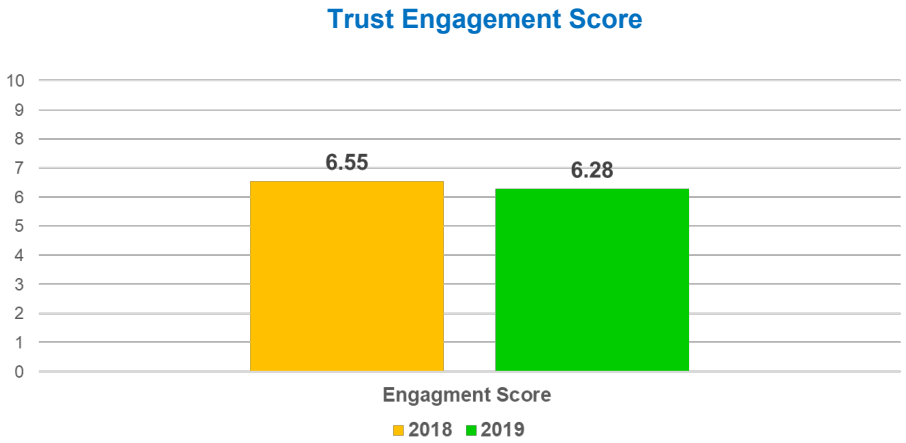
**NHS Staff Survey 2019 Results**

NEAS participate in the NHS Staff Survey every year completing a full staff census and in 2019 1,225 employees completed the survey (47%).

We had improved our staff engagement score to its highest in 2018 at 6.55, though this has reduced to 6.28 in 2019.

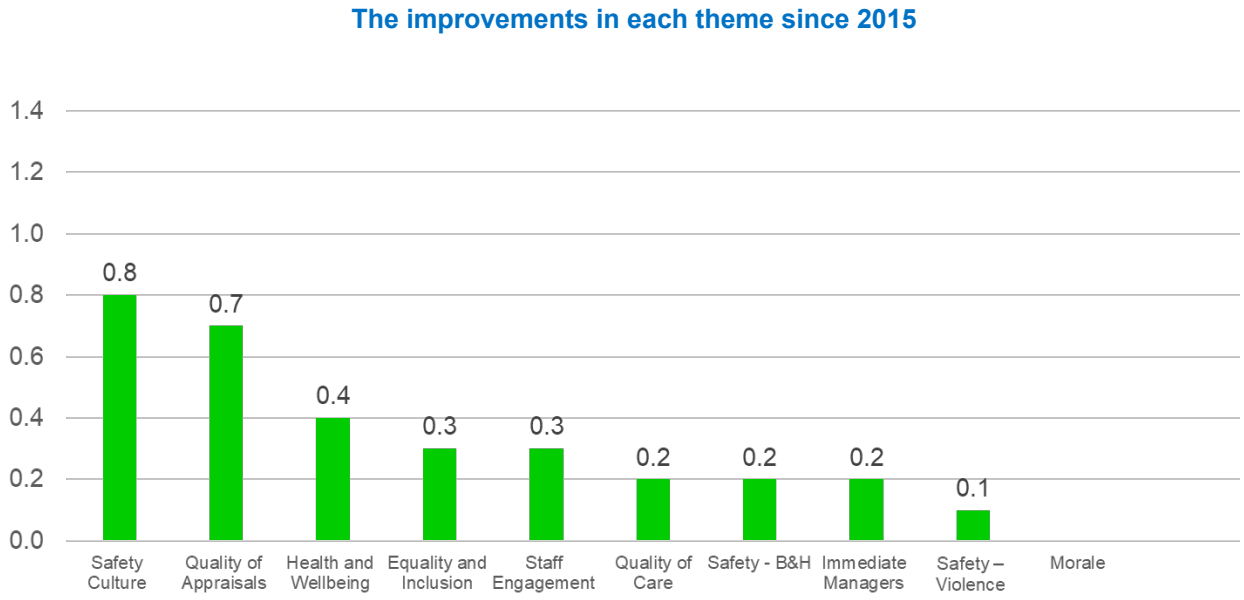
The engagement score is made up of three areas:

- Staff recommendation of the Trust
- Our employees and their motivation at work
- Staff feeling involved in making improvements




We are working hard with staff to ensure they feel engaged and motivated and see the trust as a positive place to work in 2020, whilst recognising the challenges that the pandemic brings for all of our staff, both a work and at home.

When looking at our staff survey feedback since 2015 the following chart shows the improvements we have made in the key themes of the survey:




We are delighted to see that staff feel our safety culture is the area which has improved the most since 2015.

### Results by theme in 2019 with comparison across other Ambulance Trusts

| Themes | Best | Average | Worst | NEAS |
|---|---|---|---|---|
| Equality, diversity and inclusion – Above average | 9.5 | 8.5 | 8.1 | 8.6 |
| Health and Wellbeing – Average | 5.3 | 5.0 | 4.6 | 5.0 |
| Immediate Managers – Below average | 6.9 | 6.3 | 5.4 | 6.2 |
| Morale – Below average | 6.0 | 5.7 | 5.1 | 5.5 |
| Quality of Appraisals – Above average | 5.4 | 4.8 | 4.0 | 5.0 |
| Quality of Care – Above average | 7.7 | 7.4 | 7.0 | 7.5 |
| Safe environment - Bullying and Harassment – Below average | 7.5 | 7.4 | 7.0 | 7.3 |
| Safe environment - Violence – Average | 8.9 | 8.8 | 8.7 | 8.8 |
| Safety Culture – Average | 6.5 | 6.2 | 5.9 | 6.2 |
| Staff Engagement – Below average | 6.6 | 6.3 | 5.8 | 6.2 |
| Team Working – Average | 6.2 | 5.3 | 4.7 | 5.3 |

It can be seen that there are three areas where we are above average, 4 areas where we are average and 4 areas where we are below average.

We are working to look at those areas for improvement in terms of:

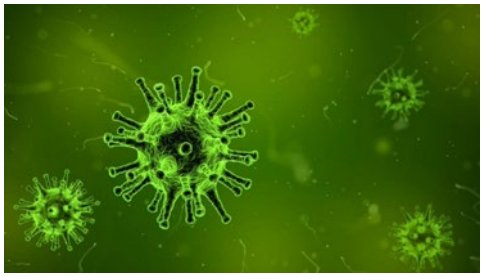
- reviewing and refreshing our management essentials course for managers;
- supporting middle and senior managers to undertake recognised programmes such as the Elizabeth Garrett Anderson or Nye Bevan courses run by the Leadership Academy
- tackling bullying and harassment where this occurs;
- looking at new ways to engage our staff using technology.

The Trust has continued to strive to develop and improve the quality of services for patients and staff during 2019/20.

The following provide details of some of the improvements to quality we have made, which are aligned to patient safety, clinical effectiveness and patient experience.

## Patient safety

**Responding to Covid-19**



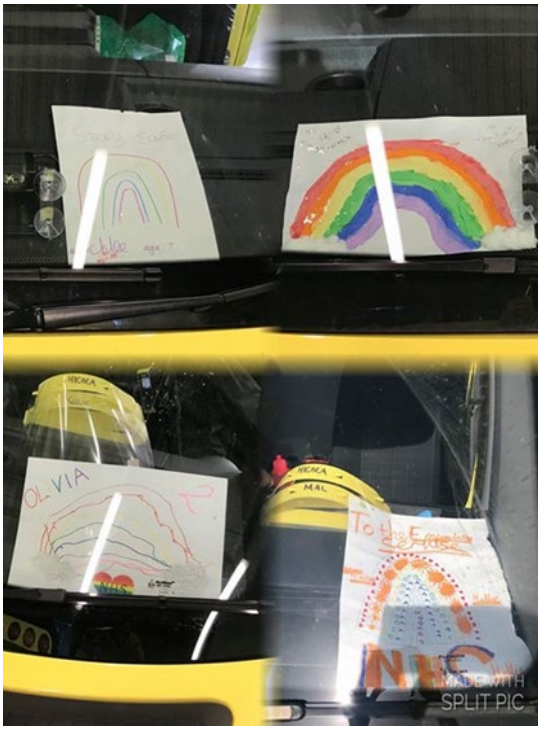
In January 2020 saw the emergence of a novel coronavirus SARS-Cov 2, known as COVID-19 resulting in a global Pandemic that has seriously impacted across the whole UK population and health economy including a UK quarantine lockdown.

North East Ambulance Service Hazardous Area Response Team (HART) were requested to transport the first patients who were diagnosed with COVID -19 to the Royal Victoria Infirmary in Newcastle upon Tyne.

During the first few months of the Pandemic in the United Kingdom, the NHS were required to adopt guidance provided by Public Health England, NHS Improvement / NHS England alongside the National Ambulance Association to protect the public and staff by minimising cross transmission risks. This enabled the Trust to maintain emergency and a reduced level of scheduled care services throughout.
In light of the guidance between February and March 2020 the Infection Prevention and Control team, working with others produced 11 Patient Care Updates and provided 10 Operational Alerts to assist staff in care delivery.

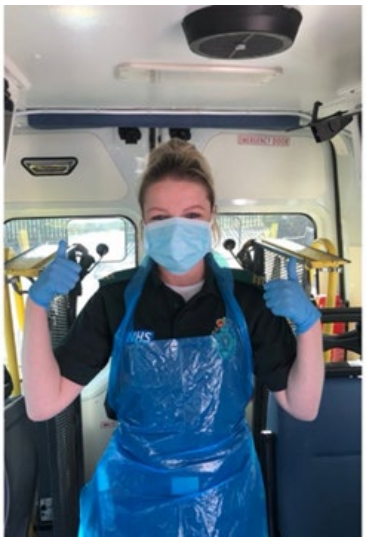
The focus on keeping patients safe, treating people at home, if safe to do so, was essential. Our staff had to very quickly adapt to wearing Personal Protective Equipment (PPE) at all times when providing care to patients and the need for excellent Infection and Prevention Control practice was vital, alongside keeping the environment clean.

We were able to very quickly redeploy our support service staff, based at Trust Headquarters to work from home and began to establish how staff could support our frontline colleagues in a variety of roles, to ensure patient safety was paramount. This enabled us to ensure that staff working in our Emergency Operations Centre were able to socially distance to maintain their health and safety.
We were overwhelmed with responses from the public keen to volunteer to support us or showing their appreciation with kind donations for staff whilst at work or by the wonderful rainbows which popped up everywhere.





*Ambulances being cleaned in line with Infection Prevention and Control requirements*



*Our staff wearing their Personal Protective Equipment (PPE)*

**Operation Ealing (Medi Car) – responding promptly to keep patients safe**

This initiative arose out of pressures on both the police and ambulance services to provide a prompt response for patients when both services have to attend the same incident. Starting in May 2019, this pilot aimed to overcome these issues with the Trust and Cleveland Police providing a joint response, operating out of Hartlepool North, covering the Cleveland Force's whole area. Initially running on a Friday night 1930-0330, a paramedic works on a Cleveland Police vehicle which is dispatched by the police, but with access also to the Trust's dispatch function. The service attends scenes where both services are required, typically road traffic collisions or assaults with the aim of more prompt treatment. Traditionally, police officers attending an incident would contact the Emergency Operations Centre at NEAS to request an ambulance if they believe someone requires further treatment.

Similarly, an ambulance crew may contact the police control room to request police back up if they feel unsafe on scene.

With access to live incidents via the police radio, the team will contact any officer requesting ambulance back up, travelling straight to the scene to begin any necessary treatment immediately and establish what further ambulance assistance, if any, is required.

The two services hope that by working closer together in this way, they can provide a faster response to those involved in an incident while ensuring their resources are used efficiently.

This has resulted in being able to release double crewed ambulances from the scene or stand them

down entirely as the paramedic resource has been able to treat the patient when they are on scene. In June 2019 this won a Gold award for Working in Partnership at the Police ROSE awards and has now been extended to include Saturday nights.


**Berwick community paramedic – responding to the most sick and reducing unnecessary hospital admissions**

In June 2019 a community Paramedic project commenced, as it was identified that there was significant emergency ambulance travel time lost whilst transferring patients to hospital who live in Berwick (with the TD15 postcode). It was felt through discussion that a new model of care could be piloted. This entailed providing an additional three Community Enhanced Care Paramedics, alongside the usual ambulance resource there to provide the following support:

- Responding to Category 1 life threatening emergencies
- Working in partnership with primary care teams and the Minor Injuries Unit
- Providing home visits to patients, where deemed appropriate by the GP
- An expanded range of medications able to provide, under Patient Group Directions

A total of 215 patients were seen by the Community Paramedic team in July and of those 70% were cared for and discharged, with only 11% conveyed to an emergency department. 247 patients were seen in August and of those 71% were discharged by the Community Paramedic and 14% conveyed to an Emergency Department. Our response to Category 1 emergencies in the Berwick area also improved.

Feedback from GPs, pharmacists and the wider health care team was very positive as was feedback from care homes in the area.

The pilot, which was part funded by the Trust (50%) and part funded by the local commissioners was so successful that it has been fully funded by the commissioners and extended for 6 months to evaluate it further. The Trust's Charitable Fund also supported the pilot through the provision of funding for equipment.

Ruth Corbett, the Clinical Operations Manager for NEAS in north Northumberland, said: "*I'm really passionate about supporting local people with our resources in the area and this is an exciting opportunity for us to explore better integration with the primary care teams to try and minimise the number of hospital admissions by treating patients in their home.*

*"The nearest emergency department is almost 60 miles away. That's a long journey for a patient and means an ambulance is unavailable for other incidents in the area for at least three hours. The paramedics are really enthusiastic about this pilot."*


*Ruth Corbett, Clinical Operations Manager and the multi disciplinary team*

**Metro train passenger's response**

During 2018/19, the Trust worked with London North Eastern Railway (LNER) and other ambulance services to develop a process of supporting patients who fall ill on the East Coast Mainline.

In 2019 this has been adapted for the Metro Service that operates in the North East. Working with the Metro service provider, a process is in place whereby they are able to contact the Trust when a patient falls ill and move the passenger onto the platform which is where we respond to them.

Their control centre is able to contact a clinician in the Trust who will then speak to the driver to find out the details of the incident so we can respond appropriately. This process aims to avoid severe disruption to the Metro service as well as enabling the Trust to identify a patient's location and condition quickly. Initial incidents show this is already having a positive impact for all those involved.



**WHAT3WORDS**

NEAS has adapted processes to be able to use the national initiative known as WHAT3WORDS. The function is delivered via an app that can be added to anyone's phone.

If a caller is not sure of their location when they call for help, the Trust can text a message to the person on their mobile. By pressing on a link, the app will take a grid reference from the mobile phone location, generating a three word combination identifying the location of the patient. This enables the Trust to pinpoint their location.

The Trust has worked with Cleric, our computer-aided dispatch provider, to build this into our operating system so that we are able to use this moving forward.


**Duty of Candour**

On 1 April 2013, a contractual Duty of Candour was introduced for all NHS Trusts to report to patients or their next of kin where it is identified that moderate, serious harm or death has resulted from care provided by the Trust. This duty became regulatory on 27 November 2014 and was included within the Health and Social Care Act 2008 (Regulated Activities) as Regulation 20.

The Trust uses an incident reporting system called Ulysses, which captures the potential for Duty of Candour to be required when a moderate harm of above incident is reported. These incidents are reviewed weekly by a multi-disciplinary panel which includes in its membership the Medical Director and Lead Consultants Paramedic, alongside Head of Department and other senior leaders. Once it is determined that an incident meets the notifiable patient safety incident criteria, i.e. that a moderate harm or above has been caused, the responsibility to enact Duty of Candour is assigned to the appropriate person, and an action is set up within Ulysses to enact verbally within 7 days and for this to be followed up in writing within no more than 28 days. There is also a requirement to complete confirmation that a final response has been provided after full investigation should the patient/family/carers wish to receive this.

Where an incident is declared under the current NHS England Serious Incident Framework 2015, a Family Liaison Officer will be allocated, and the details of the Duty of Candour status shared with them. Duty of Candour compliance is reviewed weekly within the patient safety team, and additional support provided where required to staff with responsibility to enact.

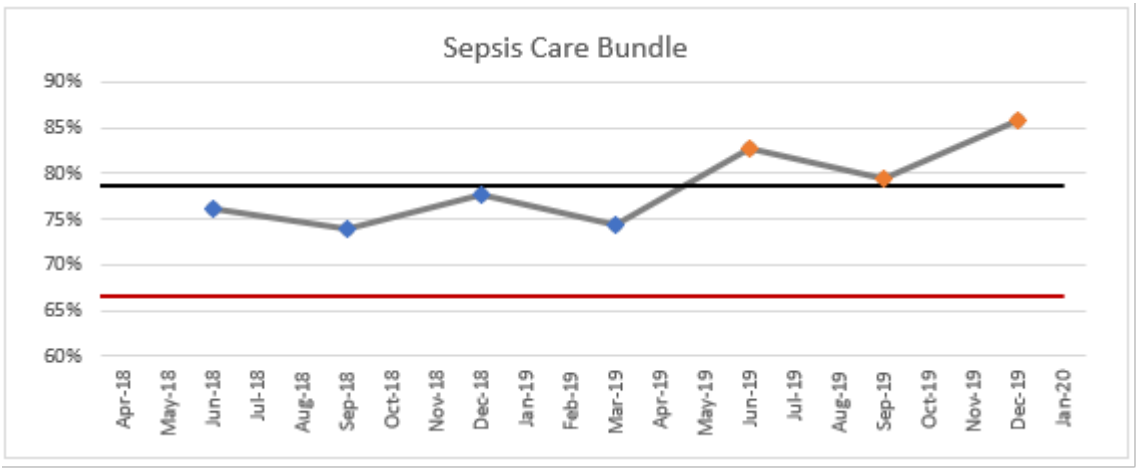
Further assurance is provided via the Quality Dashboard which is produced monthly using data extracted from the Ulysses system. This currently shows enaction within 28 days as a broad measure of compliance, however to strengthen this further, development of the system to capture verbal, written and final report compliance is underway in conjunction with Ulysses and the Quality and Safety Directorate Change Approval Board.

In 2019/20 compliance with enaction for all notifiable incidents was 100%, although in two cases despite best efforts we were unable to trace and contact family members.

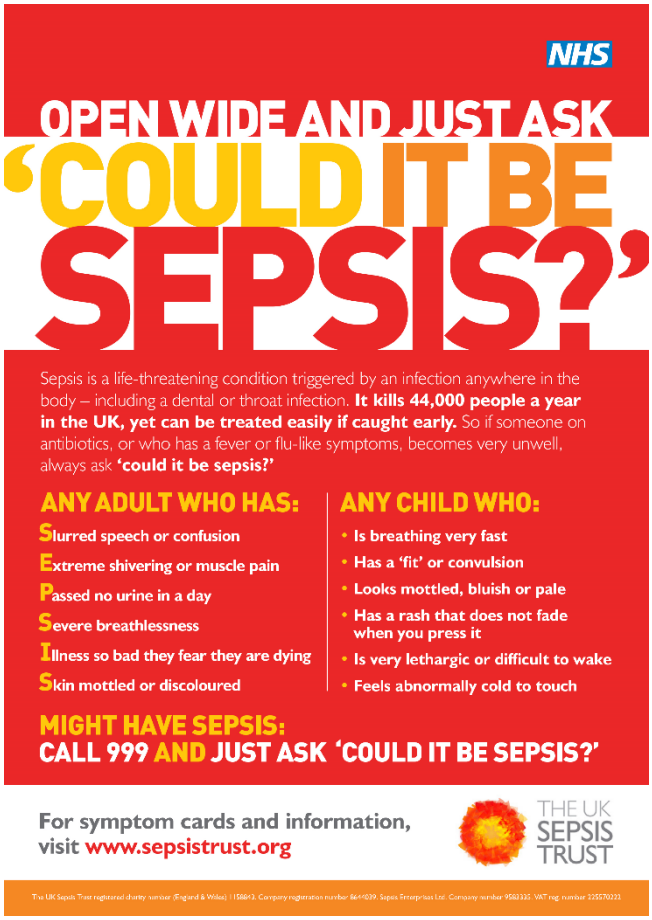
## Clinical Effectiveness

**Sepsis care**

We are aware of the importance of early recognition and treatment of patients who present with sepsis and had identified this as a quality priority in 2017/18 and 2018/19. We have continued to focus on improving the care we provide patients with sepsis, by implementing the care bundle for this.




We can demonstrate improvement in delivery of the sepsis care bundle, and when we apply the regional rather than national audit tool requirements, which relate to our pre alert threshold regionally we would be achieving over 90% compliance with this. In 2017/18 our compliance was between 44 - 57%.




**Learning from Deaths – improving clinical care across a range of areas**

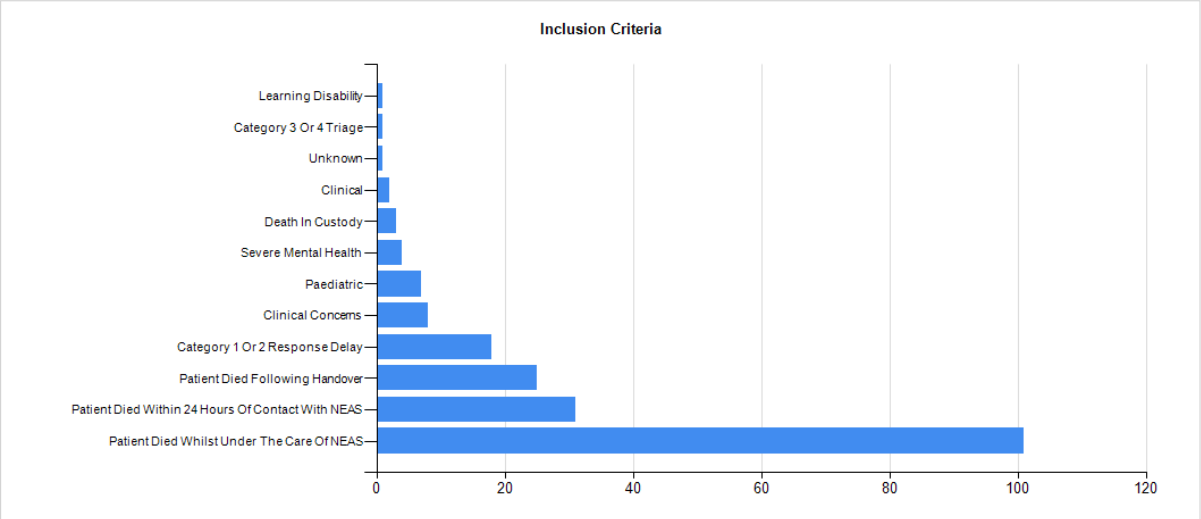
The Trust implemented the learning from deaths process prior to it being a requirement of the ambulance sector and therefore are seen as leaders in this field. National guidance for the Ambulance sector was published in September 2019 and we amended our policy to reflect that, with the first national reporting of this work for quarter 4 of 2019/20.

Our clinical audit and effectiveness team review all patient deaths which have occurred within the last 24 hours in line with our Learning from Deaths Policy, using a structured judgement review approach. An initial review (stage 1) is undertaken and where a further review is required a stage 2 review will be completed by the learning from deaths group.

The following cases were reviewed for Quarter 4 2019/20

| Month | Number Of Attendances | Number Of Deaths Attended | Number Of Crew CPR | Number Of Stage 1 | Number Of Stage 2 |
|---|---|---|---|---|---|
| January 2020 | 415 | 394 | 161 | 67 | 10 |
| February 2020 | 377 | 364 | 151 | 61 | 0 |
| March 2020 | 400 | 361 | 164 | 58 | 6 |
| Total | 1192 | 1119 | 476 | 186 | 16 |

The inclusion criteria for the cases reviewed in Quarter 4 2019/20 are as follows:




To support this work going forward we have invested in a specific module within the Ulysses system, which will integrate this work within our risk management system. This allows for transparency and consistency in reporting throughout the organisation.

We are now represented at the Regional Mortality Network and we have taken this opportunity to develop relationships with acute Trusts allowing for shared learning across the entire patient journey. As a result of this work we have undertaken a range of actions:

- We have updated the clinical records policy with a specific section around the appropriate use of clinical images. This has been beneficial in helping clinical care managers support crews and has subsequently reduced the number of inappropriate images being captured within records.
- We completed an audit of the Recognition of Life Extinct (ROLE) process which provided overall assurances around clinicians' ability to correctly identify and comply with the ROLE criteria. During this work we identified an under-utilised criterion which we have focused learning throughout the year, and this will be included within next year's essential annual training. We have also re-designed the ROLE form to reflect updated clinical practice guidelines and this should be implemented in April 2021.
- In response the theme emerging around the appropriate use of amiodarone, a drug audit was undertaken. Training have used these findings to produce a pharmacology prompt sheet and since the introduction of this we have seen continuous improvement against the administration of this drug.
- We re-audited the paediatric cardiac arrest management and seen significant improvements in

the compliance with this despite the overall number of child deaths increasing. This has demonstrated that the essential annual training, which incorporated child resuscitation instead of adult last year, has been beneficial in improving the quality of care provided to NEAS. A paediatric specific cardiac arrest checklist was also developed to support staff on scene.

- We have sustained improvement in the number of patients transported to cardiac arrest. We are now consistently achieving only patients with reversible causes being transferred to hospital. Transporting cardiac arrest patients with resuscitation ongoing puts staff at risk and reduces the quality of check compressions. By only transporting the small cohort of patients each month that have an identified reversible cause we can provide high quality and consistent resuscitation attempts.
- We began work exploring the drug overdose management which has led to some shared working with Middlesbrough Council and Public Health England. We have undertaken a literature review and are challenging national guidelines based on our findings.

**Paediatric cardiac arrest**

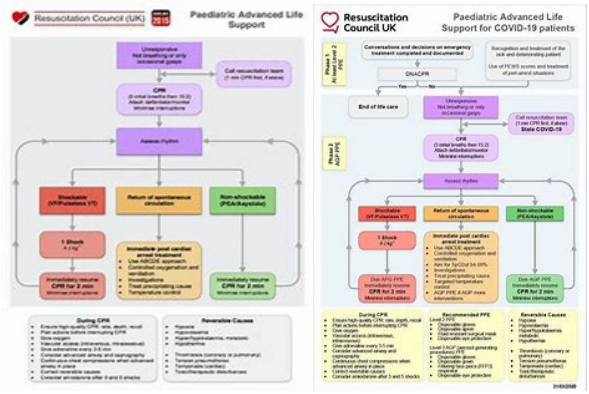
A paediatric cardiac arrest call is the call no one wants to get on their shift and everyone who attends is focused on doing all we can to save a child's life. Sadly, there are some circumstances where that is not possible.

We have reviewed the clinical management of paediatric cardiac arrest cases and looked at the bundle of care provided, our review shows that overall 81% of patients received the full care bundle and a breakdown is below:

- Airway 100%
- Breathing 97%
- Vascular access 81%
- Drug administered 100%
- Correct defibrillation 100%.

We have focused essential annual training during 19/20 to focus on paediatric arrests and have introduced the paediatric cardiac arrest checklist.

We have also changed how we deploy the Specialist Paramedic for Emergency Care and in over 90% of the time there is a specialist on scene.




**Caring for patients – right place**

We have continued to work to improve our ability to assess patients and complete their care through contact with our 111 and Clinical Assessment Service (hear and treat) and to provide clinical assessment and treatment at home or on scene by our paramedic workforce (see and treat) and only

convey those patients who require care at a Urgent Care Centre or Emergency Department if this is necessary.

| Volume | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|
| Hear and Treat | 26,762 | 20,996 | 23,958 |
| | 6.5% | 5.1% | 5.7% |
| See and Treat | 102,223 | 104,697 | 113,465 |
| | 24.7% | 25.20% | 26.80% |
| See, Treat and Convey | 284,510 | 289,009 | 285,846 |
| | 68.8% | 69.70% | 67.50% |
| See and Convey to ED | 238,293 | 242,112 | 242,861 |
| | 57.1% | 58.04% | 57.40% |

- **North Tyneside GP Home visiting**

During 2019 we launched a pilot service with local Commissioners. The service provides home visiting support to GP practices across the North Tyneside area. It operates Monday to Friday, 1000-1800 with services provided by a mix of Advance Practitioners (AP) and paramedics. There is scope for up to 32 home visits daily with home visiting initially screened by the relevant clinician and referred to Care Point as being suitable for a paramedic or AP/Emergency Care Practitioner skill set requiring a same day urgent response. Over the pilot period, data shows that the service has kept circa 90% of patients in the community without the requirement for ongoing ambulance conveyance or attendance at Emergency Department. Extending the pilot into a full service is being explored with Commissioners.

## Patient Experience

**New complex lifting service – improving the patient experience**

We recognised that patients with complex moving and handling needs were often delayed in being

transported to hospital and at times we had to rely on other agencies such as the Fire Service to support us in these situations. This often left the patient with a poor experience of our service.

We have developed a new model for our bariatric patients and those with complex moving and handling needs following the retirement of the previous specialist bariatric support vehicles.

The Trust has invested £350,000 into a 12-month trial, which will see the team of evacuation trained staff working on two specially-adapted vehicles, tasked with responding to bariatric patients and patients who have fallen in hard to reach areas around the home or who are uninjured but require assistance from the floor. We expect the new service to support at least 1,000 patients over the next year.

As well as being dispatched to support frontline operational crews with live incidents, the Evacuation Team will also provide risk assessments for pre-planned admissions, transfers or discharges to ensure the right resources are sent to take the patient into hospital.

Although all ambulance services offer some form of evacuation-capable model, NEAS is the first ambulance service in the country to introduce a specialist team specifically to deal with such incidents.

Clinical operations manager Gareth Campbell, who is leading on the project, said: "*This service is all about providing the best possible care to our patients.*

*"All of our emergency ambulances and patient transport vehicles are equipped and capable of extracting and carrying patients, but in more challenging situations some cases take longer for us to deal with, thereby potentially delaying treatment for the patient and extending the length of time our resources are on scene. We were also often calling upon the services of our fire service colleagues to support us.*

The model also reduces the risk of potential injuries for staff and time on scene for front line crews, increasing availability of ambulance resources for other patients.

**New discharge vehicles Northumbria**

The Trust has seen demand on same day journeys increase during 2019 from Northumbria and North Tyneside but no bespoke same day service was in place to manage this. As the average stay of a patient at Northumbria Specialist Emergency Care Hospital (NSECH) is around 16 hours, this highlighted the need for a dedicated same day discharge support service in this hospital as the ability to book pre planned discharges was limited.

In early 2019 to support winter pressures two additional vehicles were funded to manage activity but analysis showed that the support requirement was not limited to winter. As such an extension to the support was agreed with Commissioners with a formal pilot launched using five vehicles, primarily dedicated to NSECH. These vehicles focus on same day discharges and provide both stretcher and

multi-purpose vehicles. The service will continue to be reviewed to ensure it effectively supports discharges from Northumbria sites.

**Implementing our dementia strategy**

**A joint venture to help people with dementia or learning difficulties in a medical emergency has been launched.**

Lions Clubs International (British Isles) is promoting a scheme named 'Message in a Bottle', in partnership with NEAS.

The scheme encourages people to keep their basic personal and medical details in a specific place where it can be easily found in an emergency.

The information is kept on a form, placed in special plastic bottle. The plastic bottle is kept in the fridge where the emergency services will expect to find it in the event of being called to the home. They will know someone has a bottle by labels visible in the home. One label is put on the fridge door, and one at the front door. This will give those attending vital information on the patient and save valuable time.

Adrian Lazenby from the Lions Clubs International in the North East handed over 1,000 bottles to Mark Johns, the Head of Engagement and Diversity at NEAS. The ambulance service will hand out the bottles at events in the North East throughout the summer.

Adrian said: "It's a simple idea that can really help people who have learning difficulties or suffer from dementia. It's vitally important that ambulance crews have as much information as possible when they are called to a house – and the Message in a Bottle scheme will give them the information they need."

Mark Johns said: "This generous donation by the Lions will help many people who may have difficulties telling our ambulance crews the information they need to treat them if they are called to their home.

"We're delighted to be able to help distribute the bottles to scores of people across the region."

The bottles are free, with money raised for the project by 13 North East Lions clubs: Allendale, Alnwick, City of Durham, Consett, Darlington, Mid Tyne, Morpeth, Peterlee & District, Ponteland, Sunderland, Teesdale & District, Tynedale and Yarm District.

The information within the bottle is:

- Your full name (passport photograph if possible for identification)
- Your doctor's name, surgery address, and telephone number
- A brief description of medical conditions you are suffering from
- Allergies and allergic reaction to any medication
- The names, addresses, and phone numbers of two people who may be contacted in an emergency
- Details of any pets that may be on the premises.

**Dementia friendly ambulances**

As part of the Trust's commitment to improve the care of patients with dementia there has been significant work in looking at the design of our vehicles to ensure, where possible, it meets the needs of people with dementia (and other disabilities).

The vehicle specification developed by the Trust, working in partnership with members of the public with dementia and a range of other disabilities, will now be adopted nationally for future ambulance designs.

In all, 44 ambulances and 43 Patient Transport Service vehicles have been adapted to make them more accessible to disabled people, including people with sight and hearing impairments and people living with dementia. NEAS is the first ambulance service in the country to completely re-design some of their vehicles to meet the needs of all of these patients.

Among the changes are a new look interior, an improved colour scheme, flooring, seat colours, better signs and handrails. The colour contrast between the walls, floor and cabinets has also been changed to improve access for patients.

The work follows an extensive consultation exercise with stakeholder and patient representative groups. The vehicles have been approved by the Alzheimer's Society as dementia friendly vehicles and the outside of the vehicles will display a sign indicating the new vehicles are dementia friendly spaces.

Some patients currently have difficulty seeing handrails and steps, while others have problems seeing or understanding signs in vehicles. Changes to the colour scheme and signage have been made at no cost to the Trust.

*Stakeholders and service users at the unveiling of our new vehicles*

**Out of Hours Dental services**

We have partnered with Dencall to deliver a new dental out-of-hours telephony service which launched on 1 April 2019. The new service offers help and advice to patients who experience dental problems in the evening, through the night and at weekends and is the first service of its kind in the UK.

The service covers Northumberland, Tyne and Wear, County Durham, Teesside and North Cumbria. Patients with dental concerns can ring NHS111, and, where appropriate, will be put in touch with

specialists in the out-of-hours team at Dencall. The telephone-based service is for patients with dental problems who need urgent help.

**Ambulance Mini Medics**

Our Ambulance Mini Medics scheme was developed by Karen Gardner, Head of Training and Education and has proved a huge success in engaging children, through schools partnership working. The Ambulance Mini Medics and Senior Cadet Programme introduces young people to the work and activities of the North East Ambulance Service. It strengthens community engagement, develops skills for young people and links to the Trust's Restart a Heart campaign. The Ambulance Mini Medic scheme is for children aged 9-11.

The scheme was introduced in 2019, with support from the Trust's Charitable Fund, and has proven to be a huge success. We currently have 47 schools engaged and have provided education and training in vital life-saving skills to hundreds of school children aged 9-11.

Our Ambulance Mini Medics have also represented the Trust at our award ceremonies and local events such as the remembrance parades.


The principal aim of the Ambulance Mini Medic programme is to be viewed as a fun and interactive volunteering opportunity for children age 9-11 years old, whereby through positive interaction, children develop and maintain knowledge and trust in the ambulance service, gain skills and represent the Trust at events and ensuring all children have basic life support skills and a fundamental knowledge of the Trust.

The children wear an Ambulance Mini Medic Trust Uniform to perform their duties and each participating school has an Ambulance Mini Medic notice board to promote the work that the children have undertaken. The children decide what to include on the notice board as part of their duties.

We have visited schools across our region, teaching basic life support skills and engaging children about the work we do.

Our Ambulance Mini Medics are proud to wear the uniform and engage with us in activities to promote confidence, develop first aid skills and be fabulous ambassadors for North East Ambulance Service.

'*NEAS AMM are providing such brilliant opportunities for the children to feel proud of their work, represent something bigger than their individual schools, and to raise their aspirations and awareness of fulfilling careers.*
*Not only is this having a hugely positive impact on our 'hidden curriculum' in schools, the pupils and parents are incredibly proud to be ambassadors for your organisation.*
*Keep up the great work Robin and Karen!* '

*AmbulanceMiniMedics from Bowburn Juniors have been really lucky to meet the Mayor of Durham, and her Bodyguards!*


*Ambulance Mini Medics learning first aid skills*

# Annex 1: Feedback from our stakeholders

We continue to hold a quarterly Heathwatch Ambulance Forum to link with local groups, and link with Councils and other agencies through Overview and Scrutiny Committees. There is a range of other regional fora and groups to obtain feedback and input from our stakeholders.

We provide a range of involvement opportunities for patients and our governors and encourage governor participation in quality walkabouts and other activities in their local communities.

We have attended a range of events across the region over the last 12 months including Newcastle, Durham and Sunderland Prides, Melas, Agricultural shows, Sunderland Air Show, community events and school visits to ensure we can reach out to the community and promote ourselves as an employer and service provider.

**Quality Report 2019/20 consultation**

**To be completed**

**Response to stakeholders following consultation**

**To be completed**

# Annex 2: Statement of directors' responsibilities for the Quality Report

**Yet to be completed**

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

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

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2018/19 and supporting guidance;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
    - board minutes and papers for the period April 2019 to December 2020;
    - papers relating to quality reported to the board over the period April 2019 to December2020;
    - feedback from commissioners dated xxxx 2020;
    - feedback from governors dated xxxx2020;
    - feedback from local Healthwatch organisations dated xxxx20;
    - feedback from Overview and Scrutiny Committees dated xxxxx;
    - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 dated xxxx;
    - the latest national staff survey 2019;
    - the Head of Internal Audit's annual opinion over the trust's control environment – not applicable for 2019/20;
    - CQC inspection report dated xxxx.
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, 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 Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report

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

By order of the Board

Peter Strachan — Chair

Helen Ray — Chief Executive

xxxx

# Annex 3: Limited assurance report on the content of the quality report

## and mandated performance indicators

Not required for 2019/20 report

## Annex 4: Abbreviations

| | |
|---|---|
| AED | Automated External Defibrillator |
| AP | Advanced Practitioner |
| ARA | Ambulance Resource Assistant |
| ARP | Ambulance Response Programme |
| ACQIs | Ambulance Clinical Quality Indicators |
| AQIs | Ambulance Quality Indicators |
| BAME | Black, Asian & Minority Ethnic |
| CARe | Care and Referral |
| CQC | Care Quality Commission |
| CCG | Clinical Commissioning Group |
| CPR | Cardiopulmonary Resuscitation |
| CQUIN | The Commissioning for Quality and Innovation payments framework |
| DBS | The Disclosure and Barring Service |
| DoS | Directory of Services |
| ECIP | Emergency Care Improvement Programme |
| CCM | Clinical Care Manager |
| ED | Emergency Department |
| EMR | Emergency Medical Responder |
| EOC | Emergency Operations Centre |
| EoLC | End of life care |
| ESR | Electronic Staff Record |
| EPRF | Electronic Patient Report Form |
| FOT | Forecast Outturn |
| FTE | Full Time Equivalent |
| HENE | Health Education North East. |
| HSE | Health and Safety Executive |
| ICaT | Integrated Care and Transport |
| LGBT | Lesbian, Gay, Bisexual and Transgender |
| NCA | National Clinical Audit |
| NEAS | North East Ambulance Service NHS Foundation Trust |
| NHS | National Health Service |
| NRLS | National Reporting and Learning System |
| PALS | Patient Advice and Liaison Service |
| PbR | Payment by Results |
| PHKiT | Pre-Hospital Knowledge in Trauma |
| QGG | Quality Governance Group |
| RCA | Route Cause Analysis |
| SPN | Special Patient Note |
| UEC | Urgent & Emergency Care |

# Annex 5: Glossary of Terms

| Term | Definition |
|---|---|
| Accessible Information Standard | The Accessible Information Standard aims to make sure that disabled people have access to information that they can understand and any communication support they might need. All organisations must follow this standard in full by 31st July 2016. |
| Advanced Practitioner (AP) | An Advanced Practitioner provides advanced primary care skills. May be a paramedic or a nurse with advanced skills. |
| Ambulance Quality Indicators | These are the Ambulance sector's national quality indicators. |
| Ambulance Response Programme (ARP) | NHS England is conducting a programme of work that is exploring strategies to help ambulance services reduce operational inefficiencies whilst remaining focused on the need to maintain a very rapid response to the most seriously ill patients and improve the quality of care for patients, their relatives and carers. |
| Care bundle | A care bundle is a group of between three and five specific procedures that staff must follow for every single patient. The procedures will have a better outcome for the patient if done together within a certain time limit, rather than separately. |
| Care Quality Commission (CQC) | The independent regulator of all health and social-care services in England. The commission makes sure that the care provided by hospitals, dentists, ambulances, care homes and services in people's own homes and elsewhere meets government standards of quality and safety. |
| Category 1 | For those patients that require an immediate response to a life threatening condition and where this requires resuscitation or emergency intervention from the ambulance service. This requires a 7 minute response, and 90$^{th}$ percentile is measured. |
| Category 2 | For those with symptoms linked to a serious condition, for example stroke or chest pain, that may require rapid assessment and / or urgent transport. This requires an 18 minute response, and 90 percentile is measured. |
| Category 3 | Is for those urgent problems that require treatment and transport to an acute care provider. This requires a 2 hour response (90$^{th}$ percentile) |
| Category 4 | Is for those that are not urgent and require transportation to a hospital ward or clinic within a given time window. This requires a 3 hour response (90$^{th}$ percentile) |
| Clinical Commissioning Groups (CCGs) | Clinical Commissioning Groups are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England. |
| Clinical audit | A clinical audit mainly involves checking whether best practice is being followed and making improvements if there are problems with the way care is being provided. A good clinical audit will find (or confirm) problems and lead to changes that improve patient care. |
| Clinical effectiveness | Clinical effectiveness means understanding success rates from different treatments for different conditions. Methods of assessing this will include death or survival rates, complication rates and measures of clinical improvement. This will be supported by giving staff the opportunity to put forward ways of providing better and safer services for patients and their families as well as identifying best practice that can be shared and spread across the organisation. Just as important is the patient's view of how effective their care has been and we will measure this through patient reported outcomes measures (PROMs). |
| Commissioning for Quality and Innovation | The Commissioning for Quality and Innovation payment framework means that a part of our income depends on us meeting goals for improving quality. |

| | |
|---|---|
| (CQUIN) payment framework | |
| Contact centre | The first point of contact for 999, 111 and Patient Transport Services patients who need frontline medical care or transport. |
| Core services | Our core services are accident and emergency, NHS 111, Community First Responders, the patient transport service and emergency planning. |
| Disclosure and Barring Service | The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) |
| Directory of Services (DoS) | Once we have decided on the appropriate type of service for the patient – so that we can direct them to a service which is available to treat them – we use a system linked to a directory of services. This directory contains details of the services available, their opening times and what conditions and symptoms they can manage, within an area local to the patient. |
| End-of-life patients | Patients approaching the end of their life. |
| Enhanced Clinical Assessment and Referral (CARe) | Enhanced CARe is the name of our training provided to core paramedics to enable them to deliver a higher level of care than a traditionally trained paramedic. This includes using additional skills, patient pathways and in excess of 30 additional drugs. |
| Electronic Staff Record (ESR) system | Electronic staff record system used in the Trust to hold personnel related information. |
| Enforcement action | Action taken against us by the Care Quality Commission if we do not follow regulations or meet defined standards. |
| Electronic Patient Report Form (EPRF) | The Electronic Patient Report Form uses laptops to replace paper patient report forms. Ambulance staff attending calls can now download information on the way, access patients' medical histories, enter information in 'real time' and send information electronically to the accident and emergency department they are taking the patient to and to the patient's GP practice. |
| Foundation Trust Boards | These make sure that trusts are effective, run efficiently, manage resources well and answer to the public. |
| Governors | Foundation Trust members have elected a council of governors. The council is made up of 21 public governors and four staff governors, plus nine appointed governors. |
| Governor Task and Finish Group | A group set up to identify which priority areas and risks should be included in a specific document, such as the annual plan or quality account. |
| Handover and turnaround process | Handover is the point when all the patient's details have been passed, face-to-face, from the ambulance staff to staff at the hospital, the patient is moved from the ambulance trolley or chair into the treatment centre trolley or waiting area and responsibility for the patient has transferred from the ambulance service to the hospital.<br>Turnaround is the period of time from an ambulance arriving at hospital to an ambulance leaving hospital. |
| Health Act 2009 | An Act relating to the NHS Constitution, healthcare, controlling the promotion and sale of tobacco products, and the investigation of complaints about privately arranged or funded adult social care. |
| Hear and Treat | A triage system designed to assess patients over the phone and to provide other options in terms of care, where appropriate, for members of the public who call 999. |
| Health Education North East | Health Education North East supports Health Education England to ensure local workforce requirements are met and there is a competent, compassionate and caring workforce to provide excellent quality health and patient care. |

| | |
|---|---|
| Lamp (The) | This has is a bespoke Microsoft SharePoint site which has been developed for us in our Contact Centre as a communication tool, sharing information, learning and news updates. |
| Major trauma | Major trauma means multiple, serious injuries that could result in death or serious disability. These might include serious head injuries, severe gunshot wounds or road-traffic accidents. |
| Monitor | The independent regulator of NHS Foundation Trusts. |
| National Ambulance Quality Indicators (AQIs) | Measures of the quality of ambulance services in England, including targets for response times, rates when calls are abandoned, rates for patients contacting us again after initial care, time taken to answer calls, time to patients being treated, calls for ambulances dealt with by advice over the phone or managed without transport to A&E, and ambulance emergency journeys. |
| National clinical audit | National clinical audit is designed to improve the outcome for patients across a wide range of medical, surgical and mental health conditions. It involves all healthcare professionals across England and Wales in assessing their clinical practice against standards and supporting and encouraging improvement in the quality of treatment and care. |
| National confidential enquiries | Investigations into the quality of care received by patients to assist in maintaining and improving standards. |
| NHS (Quality Accounts) Regulations 2010 | Set out the detail of how providers of NHS services should publish annual reports – quality accounts – on the quality of their services. In particular, they set out the information that must be included in the accounts, as well as general content, the form the account should take, when the accounts should be published, and arrangements for review and assurance. The regulations also set out exemptions for small providers and primary care and community services. |
| NHS Foundation Trust Annual Reporting Manual 2014/15 | Sets out the guidance on the legal requirements for NHS Foundation Trusts' annual report and accounts. |
| Pathways | A system developed by the NHS which is used to identify the best service for a patient and how quickly the patient needs to be treated, based on their symptoms. This may mean the patient answering a few more questions than previously. All questions need to be answered as we use them to make sure patients are directed to the right service for their needs. Types of service may include an ambulance response, advice to contact the patient's own GP or an out-of-hours service, visit the local minor injury unit or walk-in centre or self-care at home. |
| Patient Advice and Liaison Service (PALS) | The Patient Advice and Liaison Service offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers. |
| Patient experience | This includes the quality of caring. A patient's experience includes how personal care feels, and the compassion, dignity and respect with which they are treated. It can only be improved by analysing and understanding how satisfied patients are, which is assessed by patient reported experience measures (PREMS). |
| Patient safety | Makes sure the environment the patient is being treated in is safe and clean. This then reduces harm from things that could have been avoided, such as mistakes in giving drugs or rates of infections. Patient safety is supported by the National Patient Safety Agency's 'seven steps to patient safety'. |
| Quality Committee | This committee gives the Board an independent review of, and assurances about, all aspects of quality, specifically clinical effectiveness, patient experience and patient safety, and monitors whether the Board keeps to the standards of quality and safety set out in the registration requirements of the Care Quality Commission. |

| | |
|---|---|
| Quality dashboard | An easy-to-read, often single-page report showing the current status and historical trends of our quality measures of performance. |
| Quality Governance Group | This is a core management group which has the primary purpose of operationalising the Trust's Quality Strategy and managing all aspects of safety, excellence and experience. The QGG directs the programmes and performance of the quality working groups that report to it. |
| Quality Strategy | Describes the Trust's responsibilities, approach, governance and systems to enable and promote quality across the Trust whilst carrying out business and planned service improvements. |
| Relevant Health Services | Services provided by the Trust – Emergency Care, Patient Transport and 111. |
| Research Ethics Committee | This committee helps to make sure that any risks of taking part in a research project are kept to a minimum and explained in full. Their approval is a major form of reassurance for people who are considering taking part. All research involving NHS patients has to have this approval before it can start. |
| SharePoint | SharePoint is a software package that can be sued to create websites. This can then be used as a secure place to store, organise, share and access information. |
| See and Treat | A face-to-face assessment by a paramedic that results in a patient being given care somewhere other than an A&E department. |
| Special reviews or investigations | Special reports on how particular areas of health and social care are regulated. |
| Ulysses Safeguarding system | The Incident reporting system used by NEAS |

## Your feedback

We welcome feedback on this report. You can provide your comments and suggestions in writing to the following email address: Email: publicrelations@neas.nhs.uk

Or visit the NHS Choices website at:

http://www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=29237

Support is available to access this 'Quality Account' in in a range of other formats on request including large print, Braille, audio, and other languages.

## Your feedback and further information

If you would like to know more about our Quality Report or plans, please visit our website www.neas.nhs.uk or contact:

Sarah Rushbrooke, Director of Quality, Patient Safety, Innovation and Improvement

North East Ambulance Service NHS Foundation Trust

Email: sarah.rushbrooke@neas.nhs.uk / Tel: 0191 430 2000

## ARABIC

الدعم متوفر للوصول إلى المستند "حساب الجودة" بعدة لغات عند الطلب. هاتف: 0191 430 2099، بريد إلكتروني: publicrelations@neas.nhs.uk ، فاكس: 0191 430 2086

## BENGALI

অনুনরাধক্রনম ভাষার সহায়তায় এই নহিহির জনযঃ টিহ ঃ০১৯১-৪৩০ ২০৯৯। ই-টমই ঃ০

publicrelations@neas.nhs.uk, ফাক্সঃ ০১৯১-৪৩০ ২০৮৬।

## CZECH

Podpora pro přístup k tomuto ‚Účtu kvality' je k dispozici v celé řadě jazyků na požádání. Tel: 0191 430 2099, E-mail: publicrelations@neas.nhs.uk, Fax: 0191 430 2086

## MANDARIN

依您的要求，我们可以各种语言提供您此份「质量报告」传单，请洽Tel: 0191 430 2099, Email: publicrelations@neas.nhs.uk, Fax: 0191 430 2086

## POLISH

Dokument pod tytułem 'Rejestr jakości' jest dostępny w różnych językach - aby go otrzymać należy zadzwonić na numer: 0191 430 2099, wysłać telefaks na numer 0191 430 2086, lub wysłać email na adres: publicrelations@neas.nhs.uk