



North East Ambulance Service **NHS**  
NHS Foundation Trust

## Quality Report for the year ending 31 March 2015

DRAFT

**Note:** Where the source of data is not stated, the source is internal Trust data systems. Where it is not stated that a national definition has been applied, then the definition has been agreed locally.

Data in the consultation draft is presented as at the end of Quarter 3 unless specified.

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## Jargon buster

Term	Definition
AP	Advanced Practitioner providing advanced primary care skills. May be a paramedic or a nurse.
AQIs	Ambulance Quality Indicators
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	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 A8	A life-threatening 999 call that must be responded to within eight minutes for 75% of these cases.
Category A19	If a category-A patient needs transport, this should arrive, 95% of the time, within 19 minutes of the request for transport being made.
CCG	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 (CQUIN) payment framework	The Commissioning for Quality and Innovation (CQUIN) payment framework means that a part of our income depends on us meeting goals for improving quality.

Contact centre	The first point of contact for 999, 111 and Patient Transport Services patients who need frontline medical care or transport.
Control environment	This relates to the system of controls we have in the trust.
Core services	Our core services are accident and emergency, NHS 111, Community First Responders, the patient transport service and emergency planning.
Directory of services	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.
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.
e-PRF	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.
Five Year Forward View	The NHS Five Year Forward View was published on 23 October 2014 and sets out a vision for the future of the NHS. It has been developed by the partner organisations that deliver and oversee health and care services including NHS England, Public Health England, Monitor, Health Education England, the Care Quality Commission and the NHS Trust Development Authority.
Foundation trust boards	These make sure that trusts are effective, run efficiently and 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	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.

	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.
Logistics desk	A logistics desk in our contact centre, which will be a point of contact for A&E crews who need guidance and advice on where to take or send non-emergency patients when the nearest A&E department is not appropriate.
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
NANA	National Ambulance Non-conveyance Audit
National ambulance quality indicators	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 and 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	Sets out the guidance on the legal requirements for NHS foundation trusts' annual report and accounts.

2014/15	
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 the out-of-hours service, visit the local minor injury unit or walk-in centre or self-care at home.
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 measured by patient experience measures (PREMS).
Patient report forms	An up-to-the-minute record of a patient's history, assessment and treatment provided by our staff.
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 'seven steps to patient safety'.
Payment by Results	The aim of Payment by Results is to provide an open, rules-based system for paying trusts. It will reward efficiency, support patient choice and diversity and encourage shorter waiting times. The Payment by Result tariffs system means funding is fair and consistent rather than relying on past budgets and the negotiating skills of individual managers.
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 keep 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.
Red 1 Call	Red 1 calls are the most time critical and cover cardiac arrest patients who are not breathing and do not have a pulse, and other severe conditions such as airway

	obstruction.
Red 2 Call	Red 2 calls are serious but less immediately time critical and cover conditions such as stroke and fits.
Red 1 Performance	The number of Category A (Red 1) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes.
Red 2 Performance	The number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes.
Red 19 Performance	The number of Category A (Red 1) and Category A (Red 2) calls resulting in an ambulance arriving at the scene of the incident within 19 minutes.
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.
Rural performance	Measuring the Red response performance in all rural areas, as agreed at a local level.
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.

## Part 1

### Introduction to NEAS and the services we provide

The North East Ambulance Service NHS Foundation Trust (NEAS) covers the counties of Northumberland, Tyne and Wear, Durham and Teesside – an area of around 3,230 square miles. We employ over 2,700 people including our valued volunteers and serve a population of more than 2.71 million.

We provide emergency ambulance services and non-emergency transport and respond to 999 calls for people in the North East of England. Since 2013 the Trust has been successfully delivering NHS 111 for the region and has been able to demonstrate how this service can run alongside the provision of the 999 service to provide a seamless access point for patients.

Our headquarters is based at Newburn Riverside Business Park, to the west of Newcastle upon Tyne city centre. These headquarters house the Patient Transport Service (PTS) contact centre and a large number of our support services staff. We split our 999 and NHS 111 contact centre between our headquarters site and our site at Russell House in South Tyneside. We can also take calls at Scotswood House in Newcastle, where our training department is based.

We currently have 61 locations, including 56 emergency-care ambulance stations. A number of these stations also house non-emergency Patient Transport Service employees and vehicles and, to save public money, we share some of our sites with fire and rescue services. This approach is something we are encouraging for the future.

We have a fleet of various vehicles to cover the different areas we serve in terms of population and geography. We can adapt to road conditions in urban and rural areas and can respond in all weather situations. Our fleet of emergency-care vehicles is made up of 190 vehicles and we have 223 non-emergency vehicles within PTS.

Along with other ambulance services, our performance during 2014/2015 has been quite challenging as we have faced system wide pressures as a front line emergency service and for the first year we had to plan for a financial deficit. We have met some, but not all of our performance targets during the year and have plans in place to improve performance, a priority being recruitment to the frontline. We delivered in accordance with our financial plans including achievement of our cost improvement target, though we recognise there is more to do to achieve recurrent savings.

As a Foundation Trust, we are rated on how we are performing by our regulator Monitor. Throughout the year we have been rated as 'Green' in our governance risk rating (meeting the relevant standards) and we received a Continuity of Service Risk Rating 4 (where 1 represents the highest risk and 5 the lowest) for 2014/2015. To be updated with EOY position

Patients remain at the heart of everything that we do and we uphold our mission to ensure patients receive the *right care in the right place at the right time*. We have a strong track record of delivering high-quality patient care but have recognised in changing times we need to work differently and work with others in the wider system to ensure all of our patients have the best experience we can offer.



We are extremely proud of our skilled workforce and are heartened to see that others in the health economy are seeing their value too, so patients can be treated at home or somewhere close to it. Transforming our service is key and we are working closely with our Commissioners across the region to provide the best patient care. The winter of 2014/15 has been especially challenging across the entire system with a particular impact on urgent and emergency care providers.

### Introduction to quality within NEAS

Patients are our top priority and we will strive to be the top performing ambulance trust nationally both in performance and also to be rated as good to outstanding in our Care Quality Commission inspections.

We have a strong track record and have been improving our foundations significantly over the last year, so we can secure a safer platform from which to build success and harness and progress every opportunity. The drive to provide positive outcomes, improved response times, ensuring the patient is cared for in the most appropriate setting for their needs as well as making NEAS a great place to work for our people, is all at the heart of what we do.

The Trust has made good progress this year against our Quality Strategy and has delivered the following:

- Improved data analysis and quality metrics through the development of a quality dashboard to allow quality and performance measures to be reviewed in real time and any early warning indicators to be highlighted quickly
- Revised governance arrangements under the new 'Well Led' framework to streamline processes and committee structures including improving Quality Governance
- Using patient stories to play a key role in service redesign and development and ensure lessons are identified but also learned from.
- Improved processes and controls and governance in medicines management
- Strengthened engagement with stakeholders to enhance safeguarding process and refined internal reporting mechanisms
- Improvement of processes around incident reporting and management, developing an open and honest culture and ensure learning from themes and trends are identified
- Risk management processes improved from board level to service lines.
- Improved processes around quality impact assessments to ensure all CIPs are initially assessed and also monitored through the lifetime of the project.
- Improved clinical audits and reporting and clinical record keeping processes, ensuring the use of e-prf and improving policies
- Training and development of paramedics to provide enhanced skills to provide better patient care at or closer to home
- Expanded the work of the patient experience team to maximise learning from patient feedback and ensure complaints and compliments are managed effectively in line with Clwyd recommendations
- Infection Prevention and control policies and processes reviewed
- Improved governance for medical devices
- The introduction of a patient safety alert system, where all national alerts and NICE guidance are cascaded to front line staff and an audit trail of actions taken as a result

The Trust welcomes the work from the recent Urgent and Emergency Care Review striving for patients to get the right care, in the right place, first time. Ambulance services have a fundamental

part to play as a mobile clinical workforce to make real the vision of care closer to home for people with urgent but non-life threatening needs, particularly those with long term conditions.

It is important to us that we identify priorities that are going to make a real difference in the service we provide to patients. We have developed a list of potential 'quality priorities', covering patient safety, patient experience and clinical effectiveness and have based them on the needs of our local population.

In setting our strategy, we have also considered the potential priorities of the Clinical Commissioning Groups (CCGs) and national guidance such as the Five Year Forward View which sets out the future direction of delivery of services and recognises the enhanced role ambulance services can play in providing care closer to home.

To help develop the priorities, we have the benefit of a Quality Report Task and Finish Group made up of public and staff governors and other employees who share their views and those of the people they represent. We consult with local Healthwatch teams, the regional Overview and Scrutiny Committees (OSC) and our Commissioners when deciding on the final list and ensure those views are shared with the Trust Board. It is important that priorities are measurable and fit with our business plans and can help deliver true improvements to services for patients.

This year has seen some changes in the way we govern quality. One of the outcomes of a trust-wide governance review was recognition that that the committee structure required streamlining and refining to be more effective and provide more timely assurance over key issues. From April 2015 a new structure has been put in place with a more focussed Quality Committee which is underpinned by a fewer number of effective sub-groups including the Quality Governance Group that will monitor the progress of our plan to deliver against the Quality Priorities.

In addition to our internal assurance mechanisms, the Quality Review Group was formed with our commissioners which has embedded over the last year. This provides an external scrutiny of the quality of care we deliver. This group has clinical membership and supports relationship development to influence commissioning of high quality services.

Performance this year has been challenging and we have also reported progress into the Quality Surveillance Group who has sought assurances from the Trust regarding performance recovery and the quality of services provided.

Although we do not have national targets for our Patient Transport Service, we monitor performance in accordance with our own internal standards and regularly report on key metrics such as time spent travelling to appointments.

The Patient Transport Service has played another important role this winter providing additional support to Emergency Care and helping our acute partners with short notice discharges to help increase bed capacity when it was most needed.

## Statement of quality from our Chief Executive: our senior employee

Having joined the Trust during the reporting period, this is my first Quality Report for NEAS. I am proud to say we have fantastic people working for the organisation who are passionate about our patients. We provide great patient care and recognise we could do even better.

There have been significant shortfalls in staffing and we are currently reviewing the skill mix to optimise patient care. This is an area where we are focussing a lot of effort and is reflected in our priorities. There are also other challenges around culture, our financial position and meeting our key performance targets.

There is work to do on our infrastructure and this again is reflected in the priorities – we need the right systems in place to support our staff and patients and good facilities to deliver the best services we can.

Communication with all of our stakeholders is key and in sharing this report we hope that it generates a helpful dialogue about the work of the Trust and the quality of the care we provide.

The report has been prepared under the National Health Service (Quality Accounts) Regulations 2010. We have reviewed all the information available on the quality of care in all core services and, as far as we know, the information in this report is accurate.

This quality report includes a quality review which tells you how we did in 2014/2015 and sets out how we will continue to deliver high-quality healthcare services in 2015/2016.

To the best of my knowledge, the information in this document is accurate.

### **SIGNATURE**

Yvonne Ormston  
Chief Executive

## Part 2

### Introduction to our quality report

In 2009, the Department of Health (DH) ruled that all NHS provider trusts must publish a quality report every year. The purpose of the report is to show our commitment to quality and for others to hold us to account. Quality is broken down into three areas.

- Patient safety
- Clinical effectiveness
- Patient experience

This report reviews our performance for 2014/2015 and sets out our main priorities for 2015/2016.



### Reporting on our progress for 2014/15

In our last report we identified five quality improvement priorities to focus on in 2014/15. This section of the report highlights the progress we have made against these.

Key:

- ✓ We achieved our aim
- We partially achieved our aim or improved our processes for further improvement
- ✗ We did not achieve our aim

### Clinical Effectiveness

#### Priority 1 - Where appropriate, drive up the use of treatment other than conveyance to an Emergency Department ○

##### *What did we say we would do?*

A key issue facing the NHS is the increasing demand for emergency care. The rise in demand is unsustainable and the use of more appropriate alternative dispositions is critical at a time when costs and workforce pressures are rising.

We set ourselves a target of reducing the conveyance rate from the 2013/14 baseline of 64.2%

### **Did we achieve it?**

In part. Although at the end of Quarter 3 the conveyance rate was 64.32%, we are treating more patients at home or close to home.

In addition to the reduction in conveyance rate, there are other indicators that can demonstrate use of other treatments which mean somebody does not get transported in an ambulance to an Emergency Department. Providing clinical advice and signposting to callers - known as 'hear and treat' - treating patients at the scene - 'see and treat' - and conveying patients to a wider range of appropriate care destinations other than Emergency Departments where alternative destinations are commissioned and are known to NEAS and can help ease emergency care pressures at hospital.

The non-conveyance data for the year to date is shown in the table below. The increase in volumes for Hear & Treat is particularly positive.

*Over 4,000 people more were dealt with and managed over the phone than the previous year*

*Nearly 2000 people more were dealt with on scene (or in their own home) by our front-line crews*

	<b>2013/14</b>	<b>2014/15</b>	<b>Annual variance</b>	
<b>Hear &amp; Treat volumes</b>	9,049	13,444	+48.57%	
<b>Hear &amp; Treat rate</b>	2.48%	4.04%	+1.56%	<i>This is as a % of calls received</i>
<b>See &amp; Treat volumes</b>	60,089	61,886	+2.99%	
<b>See &amp; Treat rate</b>	20.78%	21.18%	+0.40%	<i>This is as a % of incidents attended</i>

### **What did we do to try and achieve it?**

Throughout the year services continue to be added to the Directory of Services and training has been provided to our Paramedics to increase the number of patients who can be managed on scene or in their own home. 67 paramedics have now received Enhanced CARE training and early evaluations have evidenced that they have a reduced conveyance rate to non-Enhanced CARE trained Paramedic.

The development of Advanced Practitioner (AP) role has been completed and APs have been recruited to support the Trust's Integrated Care and Transport (ICaT) scheme and places the Trust in a good position to further upskill the Paramedic workforce in line with the emerging changes proposed through the Urgent and Emergency Care Review (Keogh).

Some winter resilience funding was targeted at enhancement of the clinical hub where staff further review incidents and seek out appropriate alternatives to an emergency resource. We have a number of initiatives and activities planned in order to increase the use of alternative dispositions, which collectively, should result in an improvement in the use of alternative pathways.

## Patient Experience

### Priority 2 - Improve the average hospital turnaround time at target hospitals

#### *What did we say we would do?*

Delays in transferring the care of a patient from an ambulance crew to hospital staff are unwelcome because there is the potential for harm to patients waiting for an ambulance response in the community and because they waste valuable NHS resources. Historically delays would occur only in times of extreme pressure during the winter months as pressure builds in acute settings from increased levels of activity, however in more recent times there have been delays throughout the year which are yet further exacerbated during the winter.

This indicator is very important to us because at times of increased system pressure, our performance against the 8 minute standard for red calls can be impacted.

We said we would work with the acute hospitals and learn from those success stories across the region and develop best practice for those hospitals that are not achieving the target times for handover.

#### *Did we achieve it?*

Yes we did. (At the end of Quarter 3 we are on target to achieve).

Update with EOY data

#### *How did we achieve it?*

We worked with hospitals to gain a better understanding of the elements of the process that contribute to turnaround, identify best practice and areas for improvement.

As part of winter resilience funding, Hospital Ambulance Liaison Officers (HALOs) were put in place across the region from November 2014 to assist with the patient flow from ambulance arrivals at A&E and have proven to be beneficial to also support the flow of information from the Emergency Department to Control. A flight desk was also set up during the winter months where NEAS staff maintained oversight of the A&E situation across the region. From December a new divert procedure was agreed to ensure that patients were conveyed to the next nearest hospital.

A new handover procedure has been drafted to streamline the process and introduce consistency for our crews who face different procedures and processes at each of the hospitals in our region.

A full evaluation of the HALO role has been undertaken at the end of the winter period and consideration is being given to the future rollout of the role outside of the winter months.

### Priority 3 - Reduce the frequency of extended shifts across all of NEAS to optimise patient care and staff welfare

#### ***What did we say we would do?***

We recognise that our staff are our most important asset and they continually rise to the challenges they are set and are faced with every day. We are committed to achieving a work life balance for all staff, effectively reducing late meal breaks and late finishes and ensuring the creation of opportunities for their engagement in implementing the changes necessary to meet the challenges ahead. We want to ensure that our staff know how important they are in ensuring we deliver high quality patient care and that they always feel valued.

We accepted that there was more work for us to do to support our staff and had already started work on our Team Leader review. The new role of Emergency Care Clinical Manager (ECCM) is being rolled out from 1<sup>st</sup> April 2015 with 16 out of 52 posts being fully operational from this date. The remaining roles are being implemented throughout the early part of the year with 50% of staff time being allocated to leadership activity and the other 50% allocated to paramedic duties.

We set ourselves a target of improving the overall staff engagement score of 2013/14 from 3.25 out of a possible 5.

#### ***Did we achieve it?***

No, the score in the 2014/15 survey dropped to 3.08 out of a possible 5.

#### ***What did we do to try and achieve it?***

This priority was initially progressed by a Late Finishes Working Group, but it was identified that late finishes is just one of the symptoms of the underlying problem of shortages in the workforce so the focus was turned to recruitment and training. Pursuing a workforce to be at establishment by September 2016 is the top priority for the Trust.

Information continues to be made available in our reporting systems and it is expected as the workforce numbers increase, the level of late finishes reduce. Late finishes and other symptoms arising from the pressure being placed on staff are being monitored and addressing the health and wellbeing for all staff is another high priority for the Trust and commitment is being made to achieving the Investors in People Standard.

The Organisational Development Plan is being refreshed and a cultural barometer survey is planned which both will provide useful baselines for measuring organisational health and setting improvement actions in this next year.

## **Patient Safety**

### Priority 4 - Set up systems in NEAS that demonstrate all mandatory requirements are being met that could impact on the safety of patients and staff

### ***What did we say we would do?***

Safeguarding our staff and patients is something we take very seriously indeed and we want to ensure that all relevant checks are being carried out within the Trust. The checks are those that apply to staff, vehicles, buildings and equipment.

We committed to introducing an e-ledger that logs and tracks in one centralised location all checks required across the Trust. The aim of the first phase which was focus on compliance checks relating to staff was to be in place by the end of the financial year.

### ***Did we achieve it?***

In part, as we have created a report that collates staff data for DBS checks and professional registrations for paramedics. There is more work still to be done to incorporate driving licence checks.

Work has also progressed on the ESR, our electronic staff record system, to optimise the functionality and usage of it throughout the Trust. The system itself has been in place for some time, but work is underway to provide greater assurance through the use of a self-serve functionality, more automated reporting and changes in process within the Trust to ensure systems are kept up to date in real time.

### ***How did we achieve it?***

Work was undertaken to bring together improved HR reporting into a centralised location. Future phases of reporting are still to be developed to include compliance requirements in respect of vehicles and buildings. This work will be taken forward as part of a Trust wide compliance review. Monthly Delivering Consistently meetings have been implemented and are being used to provide assurance that checks are being completed and followed up where there are gaps.

## **Priority 5 - Lead the work with those with long term conditions to make sure they get the most appropriate response in the most appropriate place to meet their needs**

### ***What did we say we would do?***

The aim of this priority was twofold - to ensure that resources are targeted at those with long term conditions, but also ensure that frequent users who do not need our services are pointed towards other more appropriate options. The target was to categorise our high intensity users by condition type.

### ***Did we achieve it?***

In part, as we have updated patient records on our systems for frequent users of the service and our Customer Care team have been working closely with other partners in the local health and social care economy to provide solutions for some patients.

### ***How did we achieve it?***



An increase in resource to flag these users on NEAS systems was secured as part of the winter schemes funding. A review of the work needed to deliver this priority is underway as there are improvements needed to capture the data in the most appropriate way.

We have on going work with high intensity users which are mainly managed by the Customer Care Department within NEAS. Current cases are managed on an individual basis following on from a Multi- Disciplinary Team meeting and a care pathway is developed depending on the circumstances of the individuals.

We have also been working with our software providers to develop an online portal for Special Patient Notes which will allow other services to flag patients with the relevant information. This will reduce the need for manual input and ensure the patient information is up to date more quickly.

We are also reviewing with the CCGs the process that is required for elderly care plans to be input onto our systems which will enable us to act on information contained within the plan at the point of an emergency or urgent call to either our 999 or NHS 111 services.

### **Priorities for the Quality Report year ending 31 March 2016**

To make our quality report useful to all readers, we asked a wide range of organisations and others with an interest, including our Board of directors, our staff, the local Healthwatch teams, the regional Overview and Scrutiny Committee and our Commissioners, how we could make the three areas of quality, patient safety, clinical effectiveness and patient experience, meaningful to them.

Our aim is to develop a report which was shaped by patients, the public and our staff so that they had an opportunity to understand, contribute to and promote quality within NEAS. We considered their feedback and agreed on five local priority areas for 2015/2016. **To be finalised post consultation.**

Although there has been progress made against the priorities set in the last report, we feel there is more work to do in these areas and are therefore rolling forward all of the priorities so we can continue to improve in the five key areas identified. Some of the wording has been slightly amended and actions have been updated to reflect the current position and measures have been reviewed.

### **Clinical Effectiveness**

**Priority 1- Where appropriate, drive up the use of treatment other than conveyance to an Emergency Department. We will set out to undertake an increased proportion of hear and treat and see and treat activity. See, Treat and Convey currently accounts for x% of our activity. We will aim to reduce this by 5%.**

#### **What we will do**

We will continue to work with our Commissioners to ensure that facilities other than Emergency Departments are available and are known to patients and staff.

We will further enhance the skillset of our staff to ensure that more patients can be managed at or close to home in line with the Urgent and Emergency Care Review.

We will develop advanced skills to improve outcomes for patients with long term conditions, act on patient plans (i.e. the elderly care plans), improve see and treat rates and therefore ultimately reduce avoidable admissions.

#### **How we will do it**

- Develop intelligent clinical led dispatch to ensure the right vehicle and skill is deployed based on patient need. Continue to roll out the enhanced CArE training for paramedics to allow more see and refer cases
- Develop and embed the Advanced Practitioner role to improve see, treat and discharge options
- Undertake a gap analysis of services across the region to identify where an Emergency Department may be the only option in an area and report this to Commissioners
- Continue to use the Logistics Desk in the Control Room to search for alternative pathways on the Directory of Services (DoS) and ensuring the DoS is regularly updated as new facilities come on stream
- Engage with stakeholders to educate system users about the role of NEAS and the care that can be provided at locations away from hospital

#### **How we will measure it**

Proportion of cases that are conveyance, see & treat and hear & treat. A positive outcome would be a decrease in the proportion of cases conveyed, with a corresponding increase in see & treat and hear & treat.

#### **Patient Experience**

#### **Priority 2 – Improve the average hospital turnaround time at target hospitals.**

#### **What we will do**

We will work with hospitals in our region to reduce the time it takes to hand over a patient

We will reduce the downtime after the patient has been handed over so the crew are ready more quickly to attend the next incident.

#### **How we will do it**

- Reviewing performance across the entire region to fully understand turnaround at all hospitals – this will include handover and downtime
- Review handover reports to incorporate all requirements of the trust
- Identify improvement targets for specific hospitals
- Work with those hospitals performing well to identify practices that are contributing to their success
- Share ideas for improvement with the hospitals finding it difficult to achieve the 15 minute target turnaround time
- Use experience gained through the winter schemes to help inform revised processes
- Undertake stakeholder engagement activity to better understand the issues with other trusts and how we can work together with them to improve the performance for the benefit of the wider system

### **How we will measure it**

Reduction in total turnaround time from the 2014/15 baseline

### **Priority 3 – Put our staff and their welfare at the heart of patient care.**

#### **What we will do**

We will implement the Trust workforce plan to deliver optimum staffing levels

#### **How we will do it**

- Recruitment of staff in all posts up to full establishment levels
- Fully implement the ECCM role to enhance front line leadership role so that it more fully supports the staff delivering care to the patients
- Review the 2014/15 staff survey results to target specific areas for feedback based on issues identified by staff.
- Identify answers to questions in the Friends and Family Test that provide additional insight in how our services are perceived
- Review and revise engagement mechanisms with staff
- Use staff engagement in updating the Trust strategy
- Further development of succession planning so staff can progress within the Trust
- Implement the cultural barometer survey
- Work towards the Investors in People standard
- Develop robust career progression and step down opportunities

#### **How we will measure it**

- Achievement of establishment levels in line with Trust targets
- Increase in the staff satisfaction score as measured through the annual staff survey
- A reduced level of attrition

### **Patient Safety**

### **Priority 4 – Embed systems in the Trust to demonstrate all compliance and regulatory requirements are being met that could impact on the safety of patients and staff.**

#### **What we will do**

We will implement automated solutions to ensure that compliance requirements can be monitored and reported on more easily.

#### **How we will do it**

- Continue with the development and implementation of the eledger for the tracking of checks related to staff
- Further develop the requirements for checks relating to vehicles, buildings and equipment
- Review policies to ensure they are up to date in line with national requirements or internal guidance and update processes where required

- Use monthly metrics reporting to assess compliance
- Continue to use Delivering Consistently ('holding to account') meetings across the Trust to ensure compliance
- Develop and implement updated technical tools to assess and monitor compliance against regulatory standards i.e. CQC and Monitor
- Implement all of the recommendations from the recent governance review and changes to committees
- Continue to implement the actions identified through CQC gap analysis and the Francis/Hard Truths action plans.

#### **How we will measure it**

- Successful implementation of the e-ledger
- Introduction of technical tools using SharePoint in accordance with agreed timetable
- At least good rating at the next CQC inspection

### **Priority 5 – Lead the work with those with long term conditions to make sure they get the most appropriate response in the most appropriate place to meet their needs**

#### **What we will do**

We will introduce an improved service for our frequent callers that better meets their needs recognising they may need to engage with other parts of the health and social care system.

#### **How we will do it**

- Review and embed the work that has been undertaken so far by the Customer Care team
- Determine whether the existing flags on our systems are still appropriate
- Update the actions on the system associated with different types of flag
- Target resources appropriately for regular service users that need the help of our service
- Deploy the AP role to those with long term conditions to prevent avoidable conveyance to hospital
- Continue to work with GPs to signpost and refer users to the most appropriate service for them, within or outside of the health community
- Look to extend the integration of some key care pathways for bariatric, end of life and s136 patients with mental health issues
- Develop business case to increase resource allocation to this work and implement policy and improved process
- Review reporting mechanisms and ensure automated reports are available
- Continue to work with software providers in development of the online portal for Special Patient Notes

#### **How we will measure it**

- Increase in number of patients flagged on the system
- Progress against project plan for Special Patient Notes portal
- Evidence an increase in the number of those patients who frequently access our service are being successfully managed by a multi-disciplinary team

#### **How we will monitor and report on all of our priorities**

We will report to the Quality Governance Group every month and they will provide assurance to the Quality Committee.

Our Board of Directors will monitor the progress of the priorities at meetings twice a year and we will draw up an action plan for the Quality Report, to take action and report on any areas which need to improve. The Performance Team will keep a track of this.

In addition, we will update our Council of Governors, Overview and Scrutiny committees and Healthwatch and members of NEAS as required. We will continue to build our Quality Dashboard that monitors the quality of our service and our quality reporting mechanisms to monitor progress.

### **Involving those with an interest in our work**

We recognise the value of listening to patients, public and staff when setting our quality priorities. When producing this report we have involved everyone who has an interest in our organisation. This has been a continuing process throughout the financial year.

Throughout 2014/2015 we attended regional Healthwatch and Overview and Scrutiny Committee meetings to help us collect views on the priority areas for 2015/2016. We also have a Task and Finish Group which includes both staff and public governors to involve people further.

When reviewing the priority areas we shared our intentions with stakeholders. All of the feedback we received confirmed that the areas we had identified were areas where improving quality would further improve our services.

We have engaged with all of our staff to ensure the emphasis on quality was in the right areas and is clearly linked to the welfare of patients and staff.

### **What we have done as a result of the feedback we have received**

**Update when feedback received from staff & consultation responses**

### **Statements of assurance from the Board**

The Department of Health identifies a number of [mandatory statements \(statements which we have to include by law\)](#) that we must report on. The information also gives assurance that the Board has reviewed and taken part in initiatives which link strongly to improving services.

During 2014/2015 the North East Ambulance Service NHS Foundation Trust (NEAS) provided three relevant health services. NEAS has reviewed all the data available to them on the quality of care in all three of these relevant health services.

The income generated by the relevant health services reviewed in 2014/2015 represents 96.0 per cent of the total income generated from the provision of relevant health services by NEAS for 2014/2015.

Please note where the source of data is not stated, the source is internal Trust data systems. Where it is not stated that a national definition has been applied, then the definition has been agreed locally.

## Clinical Audit

Clinical audit is a way to find out if healthcare is being provided in line with standards and lets care providers and patients know where their service is doing well, and where there could be improvements. The aim is to allow quality improvement to take place where it will be most helpful and will improve outcomes for patients. (NHS England, 2015)

During 2014/15 56 national clinical audits and 0 national confidential enquiries covered relevant health services that NEAS provides.

During 2014/2015 NEAS participated in 100% of national clinical audits and 0% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that NEAS was eligible to participate in during 2014/15 are shown as follows:

**Table 1.** National Clinical Audits and Confidential Enquiries NEAS Participated in.

	Apr 14	May 14	June 14	July 14	Aug 14	Sept 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
<b>National Clinical Performance Indicators</b>												
Asthma			✓						✓			
Single limb fracture				✓						✓		
Febrile convulsion					✓						✓	
Elderly falls						✓						✓
<b>Ambulance Clinical Quality Indicators</b>												
STEMI	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stroke	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cardiac arrest	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Other National Clinical Audit Projects</b>												
National Out-of-hospital Cardiac Arrest Registry	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Source: <http://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/>

Note: Data has been produced in line with standard national definitions

The national clinical audits and national confidential enquiries that NEAS participated in, and for which data collection was completed during 2014/2015, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry. .

**Table 2.** National Clinical Audits and Confidential Enquiries NEAS Participated in with number of cases submitted

	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
<b>National Clinical Performance Indicators</b>												
Asthma			N = 213						N = 198			
Single limb fracture				N = 125						TBC		
Febrile convulsion					N = 57						TBC	

Elderly falls						N = 300						TBC
Ambulance Clinical Quality Indicators												
STEMI	N = 61	N = 71	N = 61	N = 68	N = 49	N = 56	N = 57	N = 69	N = 82	TBC	TBC	TBC
Stroke	N = 252	N = 277	N = 291	N = 389	N = 494	N = 400	N = 340	TBC	TBC	TBC	TBC	TBC
Cardiac arrest	N = 149	N = 142	N = 122	N = 128	N = 160	N = 112	N = 157	N = 144	TBC	TBC	TBC	TBC
Other National Clinical Audit Projects												
National Out-of-hospital Cardiac Arrest Registry	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC

Source: NCPI data is sourced from subject specific reports issued by the National Ambulance Service Clinical Quality Group

NB – For NCPIs the sample for NEAS was 100% however the maximum amount of records to be included in each audit is 300, although NEAS did not have this number of patients.

For the ACQIs the sample size is 100%. Reporting of the ACQIs runs at least three months behind therefore the information for January, February and March 15 is not yet available.

The reports of 44 national clinical audits were reviewed by the provider in 2014/15 and NEAS intends to take the following actions to improve the quality of healthcare provided:

- Any issues of non-compliance identified through audit will be fed back to operational staff in order to continuously improve on the quality of patient care we deliver.
- A clinical newsletter has been produced as a new method of communication between the Clinical Care and Patient Safety directorate and operational staff. The newsletter will target areas where we feel improvements in care are necessary and provide additional clinical literature in order to support the benefits of delivering a complete care bundle.
- We plan to identify more innovative ways to promote best practice and embed a quality improvement culture across the Trust with the introduction of Quality Improvement Workshops in 2015/16.
- We now have a Clinical Audit Dashboard which brings together the results of all of our national audits and how we compare against other Trusts in England. The dashboard is continuously developing, with the aim of providing timely clinical data in line with operational data so that data can be triangulated and themes and trends can be identified.
- We recognise that our operational managers require the national audit results to be drilled down at a more local level to identify which stations or individuals may need additional clinical support or education. With this in mind, we have been working closely with our Informatics team to produce such reports.
- We are currently developing a more efficient way of auditing clinical records with collaboration between our Clinical and Informatics departments. This will increase the capacity for quality improvement activities based on audit findings to further improve the quality of care delivered by NEAS staff.
- The clinical audit and quality improvement team will continue to recommend changes to clinical practice where necessary to improve the care we provide.
- NEAS also participated in a European out-of-hospital cardiac arrest audit by providing data on cardiac arrest incidents along with survival to discharge data. It is hoped that an international comparison of data and practices could identify recommendations for improvement in service delivery.

The reports of 16 local clinical audits were reviewed by the provider in 2014/2015 and NEAS intends to take the following actions to improve the quality of healthcare provided:

- We will continue to audit life-threatening incidents which had a response time of more than 20 minutes to review the clinical care and the potential impact of the delay on patient outcome. We will continue to act on the findings and present them in an open and transparent way.
- We will continue to audit and feedback on the quality of documentation of the paper Patient Report Forms (PRF) not just for NEAS staff but for all third party providers so that we are confident we are delivering consistent care to all patients.
- The volume of paper and electronic PRFs will be reported on a monthly basis and will support operational managers in identifying which stations may be having issues with e-PRF.
- The assessment of a patient's mental capacity will be re-audited in 2015/16 to identify if the issues raised in this year's audit around poor documentation of basic observations and patient signatures are still apparent.
- Children under 2 years not conveyed to a receiving unit has been a key safeguarding audit for NEAS for 3 years and provides assurance that we are managing this vulnerable patient group effectively and safely. We will be using our e-PRF reporting system to produce such reports so that operational managers can drill down to station and individual level to target where feedback or additional training may be required when managing patients at home.
- Quality improvement will be targeted around accurate and complete documentation of patient records. Often it is clear that a clinician has carried out the appropriate assessments in line with clinical guidelines but has just failed to document them. The appropriate use of intra-osseous cannulation will be re-audited to ensure the guidelines have been followed and if records are not clearly documented the individual clinicians will be informed.
- Where the quality of care falls below the national average for the AQIs, we will audit a snapshot of cases to review the clinical care and the potential impact it may have had on patient outcome.
- The airway management audit provided excellent assurance that staff appear to be following the stepwise approach. NEAS plans to audit new areas of clinical practice to provide additional assurance or areas for quality improvement.
- Clinical audit has been used as a tool for providing quality assurance and recommendations for improvement in trauma care. The Major Trauma Paramedics have further developed the Pre-Hospital Knowledge in Trauma (PHKIT) workshops, published case studies in professional journals, evaluated trauma equipment and presented at national conferences on NEAS major trauma and its management. It was highlighted that there is no 24/7 trauma cover in the Control room, but this will be actioned commencing April 2015 and the Northern Trauma Network were also asked to address the possibility of a separate Triage tool for Paediatrics.
- We will continue to audit call-handling in our contact centres so that we know patients are being prioritised correctly and the appropriate triage (assessment) is being given.

## Research and innovation

The number of patients receiving relevant health services provided by NEAS in 2014/15 that were recruited during that period to participate in research approved by our Research Ethics Committees was 61.

NEAS continues to promote Research and Development (R&D) throughout the trust with involvement in national and local studies. The R&D department continues to generate positive publicity and attract studies to the region. The R&D team publish in national journals on a regular basis and have presented and won awards at conferences such as the EMS 999 'Quality Improvement and Innovation Research in Pre-hospital care' Conference and the College of Paramedics National Conference. NEAS is involved in developing research capacity within the trust,



building links with regional partners such as Newcastle University and the Academic Health Sciences Network and is a participant in upcoming national studies looking at improving patient care in areas such as cardiac arrest and stroke.

Research is a key component of the NHS constitution. Involvement in research is essential to promoting effective healthcare and allows staff and patients to influence the direction of future developments. Research allows us to identify new ways of diagnosing and treating our patients, allows us to offer some of the latest medical interventions and allows us to continually test and improve the care we deliver.

One specific example is the current research trial, our ‘cardiac arrest car’ where a Senior Paramedic responds to cardiac and peri arrest incidents within the Newcastle area. This will be evaluated in the coming months.

## CQUIN

A proportion of NEAS income in 2014/2015 was conditional upon achieving quality improvement and innovation goals agreed between NEAS and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. *Further details of the agreed goals for 2014/15 and for the following 12 month period are available electronically at: [insert link](#)*

CQUIN is a national framework for locally agreed quality improvement schemes. It enables our Commissioners to reward us for quality, improvement and excellence by linking a proportion of our income to the achievement of local quality improvement goals. The framework aims to embed quality within commissioner-provider discussions and to create a culture of continuous quality improvement, with stretching goals agreed in contracts on an annual basis.

We agree our CQUIN framework locally with our commissioners based on areas where we feel we can improve quality and increase the number of new working practices.

The Table below includes the monetary total for income in 2014/15 conditional upon achieving quality improvement and innovation goals and a monetary total for the associated payments in the 2 previous years.

CQUIN scheme values			
	2012/2013	2013/2014	2014/2015
CQUIN value (£)	£2.3 million	£2.42 million	£2.35million
CQUIN achieved (£)	£2.3 million	£2.42 million	£2.35million

CQUIN Scheme 2012/2013	
Indicator	
1	Show the measures we have taken to ask patients about their experience and develop improvement plans based on that feedback
2	Increase the number of patients referred or transported to alternative care providers rather than A&E
3	Improve our performance in rural areas

CQUIN Scheme 2013/2014	
Indicator	
1	Involvement in whole system and pathway reviews with CCGs
2	Increase the use of alternative dispositions other than A&E during 2013/14 where alternative pathways are available
3	Demonstrate measures to capture & measure the patient experience, and publish patient stories
4	Improvement in emergency response times for patients outside of national target
5	To improve its responses times to GP urgent transport requests

6	Reduce the number of PTS journeys that are cancelled on the day of travel
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#### CQUIN Scheme 2014/2015

Indicator	
1	Friends and Family test
2	Alternative dispositions other than A&E
3	Improvements in response times to GP Urgents
4	Integrated Care and Transport (ICaT)
5	Improving response times in North Durham & DDES CCGs

In line with the national guidance, the CQUIN scheme for 2015/16 will target funding at improving urgent and emergency care across local health communities and commissioners will select one or more indicators locally from a menu of options. When the indicators have been agreed, performance metrics will be finalised, but this information is not available at the time of producing this report.

#### Care Quality Commission

NEAS is required to register with the Care Quality Commission and its current registration status is registered. NEAS has no conditions on registration.

The Care Quality Commission has not taken enforcement action against NEAS during 2014/2015.

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

Following an inspection of the Trust in February 2014 an action plan was created internally to address the issues identified by the CQC and monitor the Trust's progress against delivery of the actions to ensure attainment of the expected standards. Improvements made as a result of CQC recommendations included:

- An 'End to End' review of medicines management has resulted in the implementation of improved systems and processes
- A full Root Cause Analysis was undertaken into DBS checking within the Trust and revised processes have been introduced to reinforce the rolling programme for 3 yearly checks and the actions required when disclosures are made
- Improved visible clinical leadership and front-line management through introduction of the Emergency Care Clinical Manager (ECCM) role
- A more robust performance review process and updated Essential Annual Training
- Revised sickness absence process to provide better support to staff
- A full review of the complaints process leading to improved reporting and resource allocation
- Reviews of committees, governance and policy development
- Development of dashboards to provide early warning and trending analysis for early detection of problems and enable the Trust to take action promptly
- A full external review of HR processes, systems, procedures, monitoring and reporting systems has been carried out and work is on-going to develop an automated electronic staff record system to allow for more robust checking and monitoring.

#### Quality of information

NEAS did not submit (and is not required to submit) records during 2014/2015 to the Secondary Uses service for inclusion in the Hospital Episode Statistics..

NEAS Information Governance Assessment Report overall score for 2014/2015 was 88% and was graded green. We will continue to strive achieve our local target of 90%.

We have a Data Quality Assurance Group which aims to provide an open forum to discuss quality across our main systems. They share knowledge and expertise in the quality of information and deal with any issues related to the quality of the information.

The group reports directly to the Information Governance Working Group and also makes sure we keep to all our legal and regulatory responsibilities in terms of what we do.

NEAS was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.

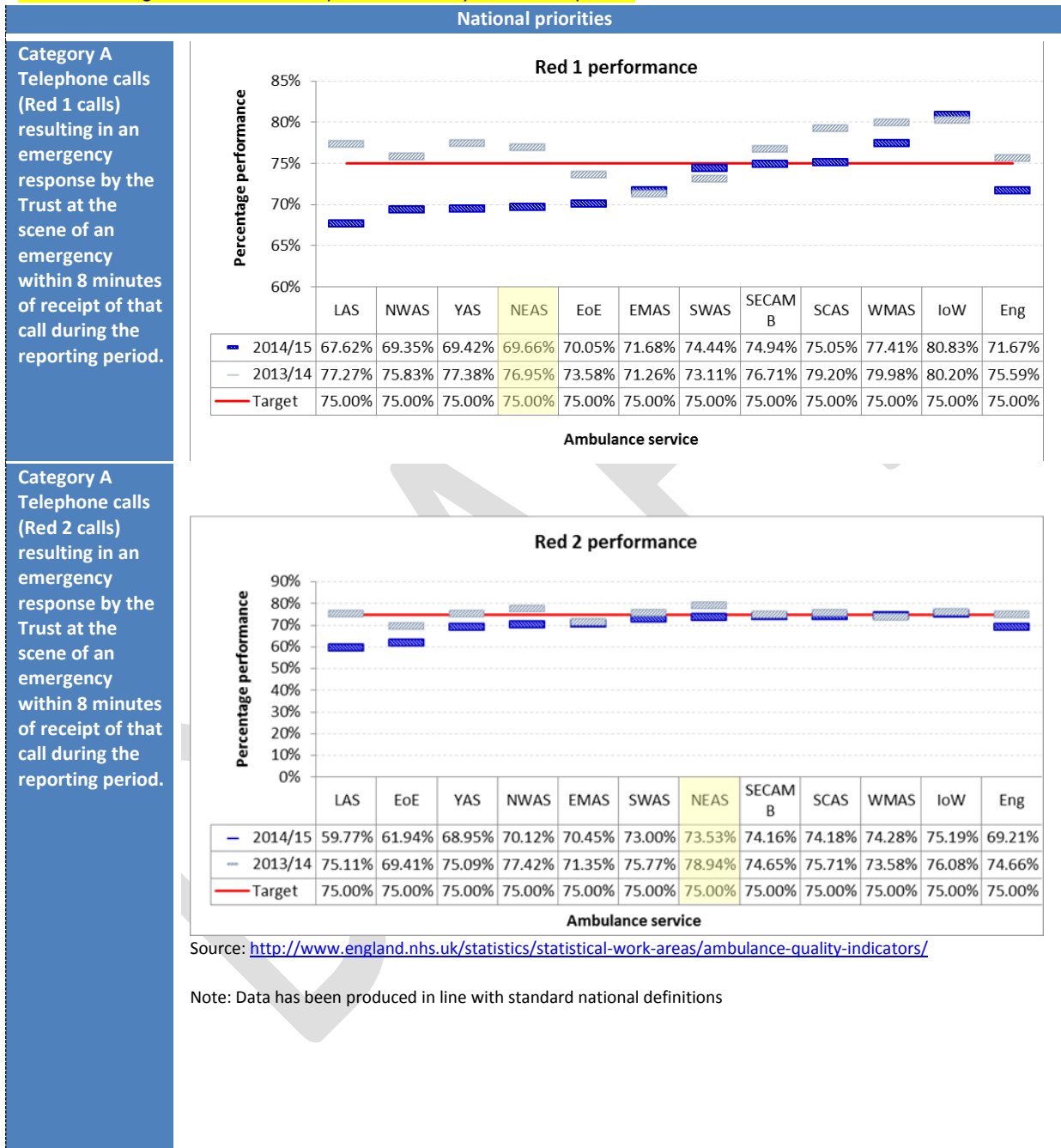
NEAS will be taking the following actions to improve data quality:

- The Informatics Department has created Data Quality Dashboards for our three main operational systems to ensure accuracy of data for Payment by Results (PbR). Staff in Contact Centre check these for missing data, non-consecutive times, and incorrect flags and correct the data at source.
- Monthly Data Quality Assurance Meetings take place with Information Owners and Administrators to discuss any issues which impact on reporting or that impact on service provision. Actions are formulated and risks escalated if necessary.
- An update is due to place regarding the Trusts Information Asset Register. This exercise will remind Information Asset Owners and Administrators of their role in ensuring good data quality.
- A Data Quality presentation is incorporated into the Management Essentials Training to inform managers of their responsibility to ensure good data quality such as providing adequate education and training for staff with regards to input of data.
- Make sure all clinical systems keep to the NHS Number Strategy and connect to the NHS Demographic Batch Service (DBS) and Summary Care Records (SCR) to check a patient's personal information, such as name and date of birth. Work is in progress to capture NHS numbers.

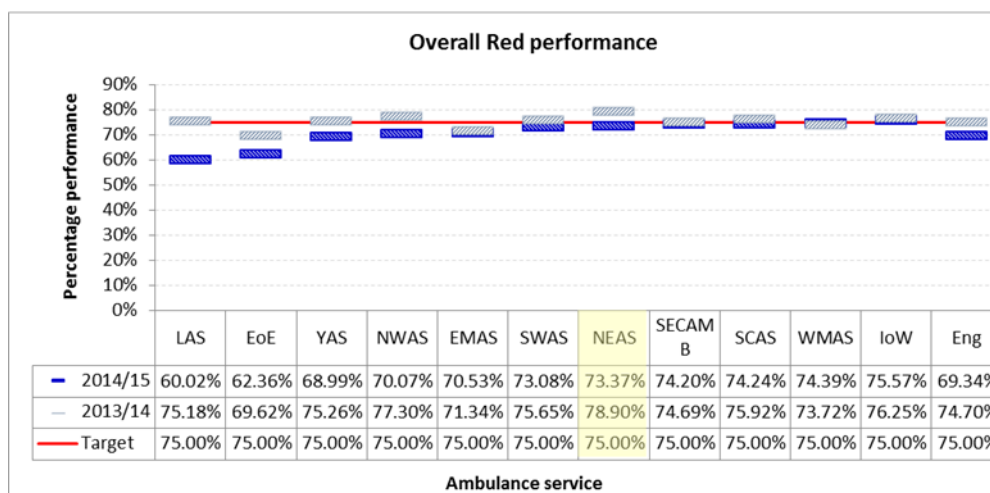
## Reporting Against Core Indicators

The following section sets out how we have improved, measured against the six mandatory indicators given to us by Monitor. This allows us to compare ourselves with other providers and to help you assess whether our performance was good or bad.

Performance figures below are for April 14 to January 15 – to be updated

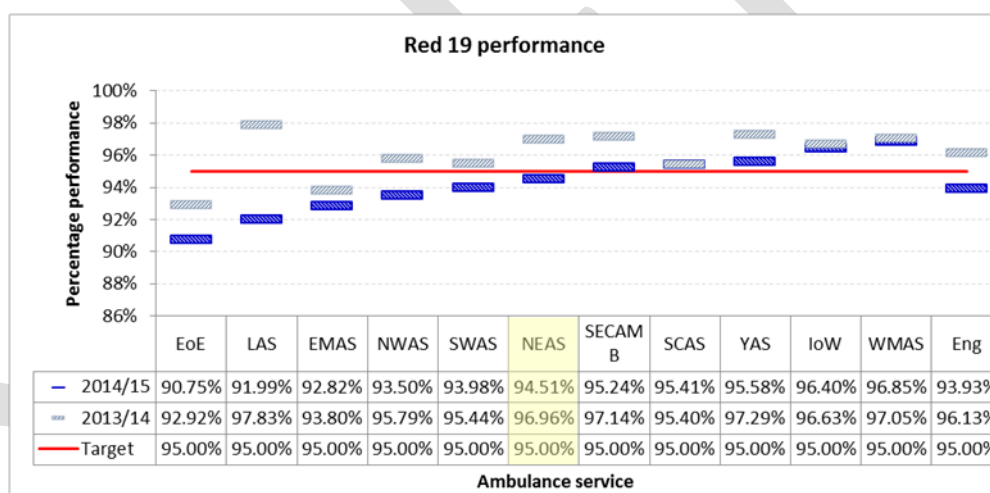


Category A Telephone calls resulting in an emergency response by the Trust at the scene of an emergency within 19 minutes of receipt of that call during the reporting period.



Source: <http://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/>

Note: Data has been produced in line with standard national definitions and performance is subject to assurance.



Source: <http://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/>

Note: Data has been produced in line with standard national definitions and performance is subject to assurance.

The North East Ambulance Service considers that this data is as described for the following reasons:

- We follow national guidance and definitions for KA34 submissions to the NHS Information Centre when producing category-performance information. This information is published every month on the DH statistics web pages as part of the AQIs. Ambulance trusts review each other's 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 there are some variances in the way other Trusts are reporting.

The North East Ambulance Service has taken the following actions to improve performance and the quality of its services, by:

- Twice weekly trust-wide meetings to monitor performance led by the Chief Operating Officer.

- Continues usage of performance dashboards through our online reporting centre that allow all parts of the business to access performance information that is updated every 15 minutes. This information is also displayed in the contact centre for call takers and dispatch staff to view at all times.
- Root cause analysis events during times of pressure to better understand performance issues including detailed mapping of the patient journey
- Development of detailed action plans under three overarching themes:
  - Improve the management of demand and outcomes for patients, through both the 999 and NHS 111 services, to reduce pressure on the ambulance service and emergency departments.
  - Increase the level of capacity available through recruitment and better use of existing resources
  - Become more efficient in the delivery of our services, to improve patient care, increase productivity and eliminate waste.
- Use of winter funding to assist in delivery of the action plans above.

	2013/2014	2014/2015*	National average 2014/2015	Trust with lowest 2014/2015	Trust with highest 2014/2015
Care bundle delivered to patients presenting with signs or symptoms of a suspected heart attack (average)	85.9%	90.7%	80.9%	70.8% South Central Ambulance Service	90.7% North East Ambulance Service
Care bundle delivered to patients presenting with signs or symptoms of a stroke (average)	98.5%	98.8%	97.1%	93.6% West Midlands Ambulance Service	99.4% North West Ambulance Service

\* Data for April-14 to October -14 inclusive.

Note: Information has been produced in line with standard national definitions

Source: <http://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/>

The North East Ambulance Service considers that this data is as described for the following reasons:

- We follow national guidance and definitions for clinical AQIs when producing performance information for care bundles delivered to patients. This information is published every month on the DH statistics web pages.

The North East Ambulance Service has taken the following actions to improve this score and so the quality of its services, by:

- carrying out monthly audits for patients who have a pre-hospital diagnosis of suspected ST elevation myocardial infarction (STEMI) confirmed on electrocardiogram, or new suspected stroke or transient ischaemic attack;
- Utilising a Quality Improvement Officer to carry out audits for 100% of the cases associated with these clinical indicators and reviewing the clinical element of each record to assess whether the 'care bundle' (a set of interventions that, when used together, significantly improve patient outcome) had been delivered;

- feeding back to those individuals who have missed a care element of the care bundle to encourage reflection and learning;
- introducing a Clinical Audit Dashboard which clearly illustrates themes and trends in performance and highlights which divisions (and stations) failed to deliver the full care bundle each month;
- working closely with our Informatics team to produce reports which drill the clinical audit data down at a more local level to identify which stations or individuals may need additional clinical support or education to support operational managers;
- developing a more efficient way of auditing clinical records with collaboration between our Clinical and Informatics departments. This will increase the capacity for quality improvement activities based on audit findings to further improve the quality of care delivered by NEAS staff.

#### Reported Patient Safety Incidents for 2014/14 **to be updated with EOY position**

Degree of Harm	None	Low	Moderate	Severe	Death	Total
Incident Numbers	405	304	230	39	37	1015
Incident %	39.90	29.95	22.66	3.84	3.64	100%

The North East Ambulance Service considers that this data is as described for the following reasons: We use the Ulysses Safeguard system for reporting and managing all adverse events. We use the system to create reports and add data to the National Risk Learning System (NRLS) and other external agencies such as NHS Protect and the Health and Safety Executive (HSE).

The North East Ambulance Service has taken the following actions to improve this number, and so the quality of its services, by:

**Need to source national comparator info – not currently available on NRLS**

Having reviewed the Patient Safety Incidents, the reported incidents vary from Slips/Trips/Falls and Manual Handling; however we can still see an increase in the number of reported incidents from 111 Contact Centre via the Health Professional Feedback Forms and external agencies such as Acute Trusts. It is envisaged that this trend shall continue to increase with the launch of online reporting being made available to external partners, specifically Acute Hospitals in 2015/16.

The actual impact of reported patient safety incidents remains constant with the lower acuity impact being the most likely outcome. This trend is consistent and is reflected in previous year's reports. Overall the Trust continues to increase the reporting of patient safety incidents via the National Reporting Learning System (NRLS).

Current corporate themes for incidents and complaints show that ambulance delays are causing the highest number of adverse events.

## Part 3

### Quality review – Local Indicators

**Note:** Where the source of data is not stated, the source is internal Trust data systems. Where it is not stated that a national definition has been applied, then the definition has been agreed locally.

The indicators listed below were selected by the Board in consultation with stakeholders. Review of priorities from the last 12 months year suggested that although there has been progress in a number of areas, there is still work to be done to deliver improvements for staff and patients in these key areas.

The indicators selected for reporting are show below with benchmarking information where available.

	2013/14	2014/15	Comments
<b>Clinical Effectiveness</b>			
Drive up use of conveyance	64.2%	64.32%	
<b>Patient Experience</b>			
Improve turnaround times - delays over 60 mins - delays over 120 mins	4,818 448	3,612 232	Projected to achieve
Reduce extended shifts	3.25 out of 5	3.08 out of 5	Measured through staff engagement score
<b>Patient Safety</b>			
Set up systems re mandatory requirements	Did not apply		Started implementation in 2014/15
Lead the work with those with long term conditions	338 high intensity users identified	tbc	

### Review of Quality Performance

Throughout the year we review the quality of the service provision and look for opportunities to continually improve the care we deliver to patients. There are many examples of improvements and information sharing that enables us to engage more fully with our stakeholders.

We have created a clinical audit leaflet that allows us to share information about the clinical audit process, but also provides the opportunity to provide feedback on what our clinical audit priorities should be. This has initially been shared with the regional Healthwatch teams, but can be distributed more widely and enable others to have more of a say in where we might target resources.

We have also introduced performance reporting at a local level that is shared with Healthwatch teams through the regional Healthwatch stakeholder group. This has enables them to understand more fully the challenges and successes in their own local areas.



It is relatively easy to focus on ambulance response times as being the measure of the services we provide, but that is only part of what we do. In addition to the other services we deliver, sometimes that quality of the service provided on scene is overlooked. Our performance as demonstrated through the AQIs shows the value of our clinical expertise.

Update with visuals re care bundles etc.

## Patient Experience

Patient experience and the feedback patients provide us about their care are important to help develop our services. To understand what our patients think of our services the Trust uses a variety of collection methods to enable patients to easily give feedback on the services that we provide.

Friends and Family Test is a new method we have introduced whereby patients that have used our services are asked a single question, 'Would you recommend this service to friends or family if they needed similar care or treatment?'. We ask subsequent questions and give patients the opportunity to provide further comments.

We collect and analyse more comprehensive data on a quarterly basis for services asking a wider range of questions about staff attitude and behaviours, timeliness, vehicles and the care we provided.

Our 2014 patient survey conducted by Ipsos Mori collected 1,932 responses and considered feedback from a range of real time data. Feedback was good with most areas scoring over 90% when rating our services very or fairly good and several questions scored over 95%. The report suggests we have more work to do to improve the comfort of the vehicle and timeliness. Data collected following this report is positive indicating improvements to service provision.

The Trust monitors and responds to feedback on websites such as NHS Choices, our own website and we use Facebook and Twitter to communicate with patients.

We have well established links with local Healthwatch groups through our Ambulance Healthwatch Forum and liaise with Commissioners, Overview and Scrutiny Committees and a range of other local community stakeholders to listen to people that use our services and their representatives.

Patient Feedback has led to several improvements across the Trust, these include:

- Introducing an appointment based Patient Transport Service
- Decommissioning Iveco vehicles due to comfort and ride issues
- Introducing free phones in hospitals so patients can ring when ready for collection
- Setting up a co-responder scheme in Durham Dales with Durham and Darlington Fire Service to improve response times
- Reviewing and upgrading our falls process
- Implementing a more structured ring back process for emergency calls

We listen carefully to the views of patients and their carers and are always looking to improve our services and the level of care we can provide. An example of a recent change in process is where we have reviewed the questions asked of callers when requesting the PTS service. We identified that the introduction of the eligibility criteria had resulted in some patients not being able to access our service when they were eligible for transport. A key question has therefore been amended to ensure these patients can continue to use the services provided by the Trust.

## Complaints and compliments

To ensure we continue to improve the patient experience, one of our most effective ways of improving, learning and actioning changes is through review of our complaints, concerns and compliments. We have recently reviewed our processes in light of the Hard Truths - The Journey to Putting Patients First (October 2013) and the more recent Clwyd Hart review and are in the process of making changes to further improve our approach to complaints handling which will be reflected in our revised Complaints Policy.

*When we receive a complaint, concern or comment we:*

- acknowledge it within three working days, either by phone or in writing; and
- write to the person making the complaint within 25 working days (or longer if agreed), outlining the investigation we have carried out and giving our findings along with any action being taken.
- monitor the volume of agreed extended response times at Trust Board and Executive Team.

*What we do if we get it wrong*

- We will offer an apology
- We will review the care we provided or the way we managed the incident and reflect on what happened in a way that helps us to learn from the experience
- We will use the experience we have gained from the incident to improve our policies and practice
- Where appropriate, we will create a specific care plan, with the involvement and agreement of the patient involved

We do acknowledge that some complaints may highlight serious incidents and potentially lead to disciplinary proceedings. We do take complaints very seriously.

The outcomes of our complaints from last year shows that for 58%, we were at fault, 11% we were partially at fault and for the remaining 31% the complaint was not upheld or not deemed to be our fault.

*What we receive complaints about*

The complaints we received in relation to our Emergency care service were about:

- The time waiting for an ambulance to arrive
- The attitude of our staff
- The quality of care we provided
- The outcome of the triage (the initial assessment in the contact centre)
- The use of sirens on our vehicles

Complaints we received in relation to our Patient Transport Service were about:

- The vehicle being late to pick up patient for appointment
- Patient having to wait for transport after their appointment
- The vehicle not arriving
- The attitude of our staff and the care provided

Changes we have made as a direct result of learning from complaints and investigations undertaken include the following:

- Introduction of a new procedure for elderly patients over 65 years old, when the main reason for the call is due to a fall to ensure the call is upgraded where appropriate

- Change to NHS Pathways (national system) for diabetic patients

### *Compliments*

We receive compliments about both operational staff (for the care and treatment provided to patients) and call handlers in our Accident and Emergency Control and NHS 111 Urgent Care Service. We pass on all compliments to the staff concerned.

We need to take account of the number of calls we actually receive and incidents we respond to when assessing complaints and compliments received.

	2011/2012	2012/2013	2013/14	2014/15
Complaints received	289	410	444	Xx
Compliments received	271	337	389	xx

### *Duty of Candour*

The Duty of Candour was enacted into legislation in November 2014 and this places an obligation on all Trusts to be open and honest with patients if things go wrong. From this date the Trust has reported patient safety incidents where the actual impact is deemed to result in ‘moderate harm’ or something more serious.

Family Liaison Officers (FLOs) have been trained within the Trust to fulfil the requirements of working with patients and families, though there is still some work to do to ensure all of the required visits are undertaken as quickly as possible. Pending the training of additional FLOs, managers within the Trust are fulfilling the actions required. Our software systems have also recently been updated to ensure the Duty of Candour required actions are triggered at the point of notification of the incident where appropriate.

### **Other Performance Information**

Although this report includes information specifically on the quality of services provided by NEAS, other performance information is available on our website at [insert link](#). Each month we publish our Performance Report as part of our Board papers. This includes our response to non-life threatening emergencies (Green calls) and requests for GP urgent transfers as well as performance for the 111 service.

## Patient experiences are an important aspect to our learning



### Joint-trial between NEAS and GNAAS saves man's life

Marc Reed's life was hanging in the balance after being struck by a car at high speed as he walked home following a night out in Bishop Auckland. He sustained injuries that medics treating him thought would be fatal.

A year later, Marc met the doctor and paramedic team that his family claim saved his life. Marc was hit by a taxi leaving him unconscious and with widespread and severe injuries. A NEAS road ambulance crew was first on scene, joined shortly afterwards by a team from the Great North Air Ambulance Service (GNAAS) as part of a joint trial with air ambulance paramedics on board a road vehicle.

The charity brought two paramedics and emergency department consultant Mike Davison to the scene, all of whom were working on a voluntary basis.

Mr Reed would have had to wait until he was at hospital before he was seen by a doctor, a journey he is unlikely to have survived.

Instead, he was given life-saving care at the roadside by Dr Davison, who is also an Army doctor, and who was able to administer advanced level drugs and treatments on scene.



### **Hero Adam saves mum with 999 call**

A quick-thinking seven-year-old with autism was praised for making a potentially life-saving 999 call after witnessing his mother have an epileptic fit at home.

Despite having a speech and language impediment, Adam Carnaffin from Hadston held his nerve to dial the emergency services and alert them to the seizure his mum Sarah was having in the living room.

Amazingly, Adam did not know that the 43-year-old is registered epileptic, as she had not had a fit for 10 years.

She had, however, told him the importance of calling 999, and the youngster put what he has been taught into action when his mum collapsed.

In honour of his efforts, Adam was presented with a North East Ambulance Service certificate of commendation.

Felton's Bryan Stephenson, who is paramedic team leader at Amble, attended the scene. He praised Adam's heroics.

He said: "Adam did a wonderful job. He should be an inspiration to all children".

## Annex 1 - Feedback from our stakeholders

In line with the quality report guidance, we have asked for comments on the draft quality report from our lead commissioning primary care trusts, the Health and Wellbeing Boards and regional OSC. These comments are set out below and we have not edited them in any way.

### Statement from our lead commissioner

Paste in comments

### Statement From **xxx** Overview and Scrutiny Committee

Paste in comments

### Statement from **xxx** Healthwatch

Paste in comments

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

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.

Monitor 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 2014/15 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 2014 to [the date of this statement]
  - papers relating to Quality reported to the board over the period April 2014 to [the date of this statement]
  - feedback from commissioners dated XX/XX/20XX
  - feedback from governors dated XX/XX/20XX
  - feedback from local Healthwatch organisations dated XX/XX/20XX
  - feedback from Overview and Scrutiny Committee dated XX/XX/20XX
  - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated XX/XX/20XX
  - the [latest] national patient survey XX/XX/20XX
  - the [latest] national staff survey XX/XX/20XX
  - the Head of Internal Audit's annual opinion over the trust's control environment dated XX/XX/20XX
  - CQC Intelligent Monitoring Report dated XX/XX/20XX
- 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 Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at [www.monitor.gov.uk/annualreportingmanual](http://www.monitor.gov.uk/annualreportingmanual)) as well as the standards to support data quality for the preparation of the Quality Report (available at [www.monitor.gov.uk/annualreportingmanual](http://www.monitor.gov.uk/annualreportingmanual)).

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

NB: sign and date in any colour ink except black

.....Date.....Chairman

.....Date.....Chief Executive

DRAFT



## Contact Details

If you would like a copy of this report in another format such as in Braille, on audio tape, in large print, in another language or any other format, please contact the following.

Email:

susan.coldron@neas.nhs.uk

Address:

North East Ambulance Service NHS Foundation Trust  
Ambulance Headquarters  
Bernicia House  
Goldcrest Way  
Newburn Riverside  
Newcastle upon Tyne  
NE15 8NY

We welcome feedback on this report. You can provide your comments and suggestions in writing.

Email:

nicola.thackray@neas.nhs.uk

Address:

Nicola Thackray  
North East Ambulance Service NHS Foundation Trust  
Ambulance Headquarters  
Bernicia House  
Goldcrest Way  
Newburn Riverside  
Newcastle upon Tyne  
NE15 8NY

Or, visit the NHS Choices website to leave feedback at:

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