North East Ambulance Service
NHS Foundation Trust

Quality Report 2017/18
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I am pleased to introduce our Quality Report for 2017/18 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 2018/19.

Throughout the report there are examples of high quality of care and our commitment to continuously drive up quality, placing patients at the centre of all that we do.

2017/18 has been another very challenging year where we have continued to experience high demand, increased acuity of patients and system pressures set against the backdrop of a difficult economic climate. This has meant we have not achieved all of the national targets set. However in October 2017 we implemented the national Ambulance Response Programme (ARP), which ensures that our response for all categories of patients is based on clinical need with a focus on meeting the needs of all patients requiring our service, not just those experiencing life threatening conditions. I am delighted that we are consistently top of all ambulance services in the country for responding to the new category 1 life threatening conditions.

I have continued to be impressed with the efforts of our workforce in providing the best possible care to our patients, often in extremely challenging circumstances and have witnessed many examples of staff going the extra mile, such as during the extreme weather conditions we experienced over an extended winter period.

What is clear is that we have had many achievements.

Our staff survey results this year have been excellent, with particular improvements seen in quality and safety, these results have increased year on year. Staff engagement in the trust is the highest of all ambulance trusts nationally and we are recognised as a Stonewall top 100 organisation, being the best in the health and social care sector in the country for recognising and appreciating our diverse workforce. We recently undertook an Investors in People assessment and are continuing to build on this work.

We also remain confident in the care that is provided as we receive feedback from our patients through the Friends and Family survey, which tells us they would recommend the care and treatment delivered by our staff to their friends and family. Our results are well above the national threshold of 85% for our see and treat, patient transport service (now known as scheduled care service) and 111 service and our clinical outcomes for patients are consistently above the national average and 1st in some categories.

We have made significant progress on our paramedic vacancies, building on the solid alliances with our local universities, which has seen vacancies fall during the year through our active recruitment plans. We have developed a robust career framework and continued to support a range of apprenticeships, whilst also investing in more training and opportunities to make NEAS a better place to work.

We were delighted to host Professor Keith Willett, national Director for Acute Care at an event in September 2017 to outline how we are transforming the organisation from a predominantly transport service to one which provides clinical care and transport, supporting patients closer to home and is a key partner in the delivery of high quality patient care in the emergency and urgent care setting.

I truly believe that we provide one of the best 111 services in the country and were successful in being awarded a new five year contract in March 2018 to continue to provide and further enhance the service across the region. The 111 service provides a gateway to more than 3,000 alternative places for care and treatment, reserving valuable ambulance and A&E departments for those who need them most. Our innovative work in introducing direct booking of appointments into GP practices was recognised nationally and we have continued to develop our clinical assessment service to access a broader range of professionals. This includes our newly funded Palliative and End of Life Care specialist team funded by
Macmillan, this service is only one of two within an ambulance service. As a result of the work we had undertaken in developing a dedicated end of life transport service we were delighted to be awarded a national Nursing Times dignity in care award in December 2017.

We were pleased to be awarded Digital Exemplar site status, which enables us to invest, develop and refine the technologies we use to ensure we provide safe, sustainable and innovative services.

As a Board we recognised the need to strengthen clinical leadership and we have introduced a new clinical management structure, alongside investment in our Quality and Safety Directorate to support patient safety, clinical effectiveness and improve patient experience, wherever possible. We launched our new three year Quality Strategy and are committed to develop a Quality Improvement hub which will support staff at all levels to make a difference, day in and day out, ensuring we maximise our resources well.

This quality report for 2017/18 serves as an assessment of how we have improved as an organisation culturally, building on our solid foundations to further improve the care we provide to patients and make NEAS a better place to work for all of our employees and volunteers.

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

Y. A. Ormston
Chief Executive
North East Ambulance Service NHS Foundation Trust
About our Quality Report

Quality Accounts are annual reports to the public from us about the quality of the healthcare services that we provide. They are both retrospective and forward looking as they look back on the previous year’s data, explaining our outcomes and achievements, look forward to define our priorities for the next year to indicate how we plan to achieve these, and quantify their outcomes.
Part 2: Priorities for Improvement and Statements of Assurance from the Board of Directors

Following discussion with the Board of Directors, the Council of Governors, patient representatives, and clinicians, the following priorities for 2018/19 have been set. We have also given consideration to the feedback received from patients, staff and the public. Presentations have been provided at a range of fora with the opportunity to comment on the priority topics.

Progress against our priorities will be monitored through our Quality Governance Framework and reported to our Quality Governance Group and Quality Committee.

Quality Priorities for improvement 2018/19

Clinical Effectiveness

Priority 1 – Early recognition of treatment of sepsis

Why is this a Priority?

Sepsis is a life-threatening condition which can occur as part of the body's response to infection. It was estimated in 2016 that there are around 150,000 cases of sepsis every year resulting in 44,000 deaths, claiming more lives than bowel, breast and prostate cancer combined. The ambulance service can play a key role in improving outcomes for patients with sepsis through accurate, early identification and appropriate treatment.

Aims

The aim of this priority is to build on the progress made as part of the 2017/18 sepsis quality priority to improve the early recognition of sepsis; particularly in children and pregnant women and to continue to improve awareness amongst clinical staff of the signs of sepsis and enhance the clinical effectiveness of care provided through adherence to the sepsis care bundle.

Initiatives

- Sepsis training to continue to be developed and delivered as part of core Statutory and Mandatory training programme for 2018/19.
- Determine the sensitivity and specificity of the adult sepsis recognition tool
- Develop a paediatric sepsis recognition tool
- Develop a maternity sepsis recognition tool
- Audit our compliance with the national early warning score
- Take part in the national sepsis audit

Board Sponsor

Medical Director

Implementation Lead

Lead Consultant Paramedic
How will we know if we have achieved this priority?

- 95% of all clinical staff will have received sepsis training
- The Trust will achieve 80% compliance with full care bundle
- The trust will undertake a validation exercise to demonstrate the validity and reliability of the current adult sepsis recognition tool
- The Trust will develop a paediatric sepsis recognition tool
- The Trust will develop a maternity sepsis recognition tool
- We will have contributed to the national sepsis audit and act on report findings
- All findings and action plans to be monitored regularly through Quality Governance Group and Clinical Effectiveness Group.

Clinical Effectiveness  Priority 2 – Cardiac Arrest

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 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.

Aims

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.

Initiatives

- Develop and implement a cardiac arrest strategy
- Evaluate the Resuscitation Academy’s ‘10 steps’ action plan and agree and develop an new action plan aligned to the Cardiac Arrest Strategy
- Roll out the new defibrillator technology to a wider group of clinicians, which provides live feedback on the quality of CPR delivered.
- Audit the resuscitation checklists used by staff to determine their benefit
- Strengthen the mortality review process for cardiac arrest deaths whilst patients are under our care
- Purchasing Community Public Access Defibrillators, through our NEAS Trust Fund to place in areas we feel would benefit most, based on our local intelligence

Board Sponsor:

Medical Director

Implementation Lead

Lead Consultant Paramedic

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 ROSC (UTSTEIN) compared to 17/18.
The Trust will have an approved Cardiac Arrest Strategy document with implementation plan.
There will be an increased number of specialist defibrillators being used across the Trust.
An evaluation report on the Resuscitation Academy ’10 steps’ action plan.
Mortality Review Process Policy in place with reports to Board of learning and actions taken.
CPADs in place to support early defibrillation.
All findings and action plans to be monitored regularly through Quality Governance Group and Clinical Effectiveness Group.

Patient Experience

Priority 3 – Longest Waits for patients who fall

Why is this a priority?
There has been significant pressures on ambulance trusts and the wider urgent and emergency care system, which has led to a deterioration in national ambulance response times due to a range of factors such as increasing demand, staffing pressures, increased travel time and delays.
The introduction of the Ambulance Response Programme (ARP) ensures that an appropriate clinical response is identified, the right type of vehicle is dispatched so that patients who need prompt conveyance to hospital have their needs met. Performance standards have been identified for all categories of patients not just those who have or potentially have life threatening conditions. This has however meant that patients who have fallen are often categorised as requiring a 120 or 180 minute response.
There are occasions where patients who have fallen have experienced an extensive delay for a response and when our crews arrive the patient does not require conveyance to hospital. This lengthy delay is not only distressing for the patient and their family but also for the crew dealing with this situation.
As a Trust we wish to work with a range of partners to ensure a broader response to those patients over 65 years who fall, without an obvious injury to ensure we provide care which meets to needs of the patient, so their experience of the service is positive.

Aims
The aim of this priority is to ensure that those patients over 65 years, who have fallen and are in the C4T response category do not come to harm as a result of the wait and their experience of the service is positive.

Initiatives
- Enhance the use of real time performance feedback in EOC through use of a dashboard, pulling a range of information together to really focus on those patients with a long delay who have fallen.
- Review the process for managing patients who fall and are over 65yrs old and are in the C4T category who experience long delays.
- Pilot and evaluate a range of pathway and service developments, working with partner organisations to determine what has the greatest impact on patient safety and patient experience for patients who fall and are over 65 years of age, without an obvious injury, including those who fall outside.
- Lead an event with key stakeholders to look at how we can develop a regional approach to patient who are over 65 years and fall without obvious injury to improve patient experience.

Board Sponsor
Chief Operating Officer
**Implementation Lead**
Deputy Chief Operating Officer / Advanced Practice and Pathway Manager

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

- Evidence that the real time dashboard is being used operationally to inform decisions relating to long delays for patients who fall
- Process review completed and Standard Operating Procedure in place for patients in the C4 category
- Improvement in C4T response relating to patients over 65 years who have fallen
- Reduction in complaints received relating to ambulance delays for patients over 65 years, who have fallen and initially required a C4T response
- Evaluation reports to review impact of pilots and improved response to patients over 65 years who have fallen
- Increased pathways / services available to support patients over 65 years who have fallen
- All findings and action plans to be monitored regularly through Quality Governance Group and relevant sub-groups.

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**Patient Safety**

**Priority 4 – Improving the care of patients with mental health needs, through improving staff knowledge and skills**

**Why is this a priority?**

We recognise that currently it is difficult to understand the extent of pre-hospital emergency care use by patients who have mental health needs, with available evidence suggesting that 6% of service calls are mental health related, 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, for 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 more clear understanding of what mental health services are available to support patients and reduce unnecessary conveyance to hospital.

**Aims**

The aim of this priority is to improve the knowledge and skills of frontline paramedics when dealing with mental health issues by providing high quality education and information to support them in practice.

**Initiatives**

- Introduce a three year Mental Health education programme to enhance the knowledge and skills of our frontline workforce to meet the care for patients with mental health needs
- Develop a Mental Health Strategy for the Trust
- Develop a mental health screening tool for paramedics to support clinical decision making and referral on to appropriate services
- To work with pathway and service development leads in the two Mental Health trusts to ensure we have clear referral processes into mental health services for our crews in and out of hours

**Board Sponsor**

Medical Director

**Implementation Lead**

Strategic Head - Emergency Operations Centre / Mental Health Lead
How will we know if we have achieved this priority?

- Three year Mental Health Programme approved
- 95% compliance with Mental Health training for frontline staff in 2018/19
- Screening tool developed and approved by the Trust
- Improved clarity of Mental Health Services and their remit across our two Mental Health trusts for in hours and out of hours referrals, through partnership meetings
- Updated Directory of Services across the trust’s regional footprint
- All findings and action plans to be monitored regularly through Quality Governance Group and Strategic Safeguarding Group.
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 2017/18 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, Patient Transport Services, NHS111 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 2017/18 represents 98.9% of the total income generated from the provision of relevant health services by NEAS for 2017/18.

2. During 2017/18, 28 national clinical audits 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 enquiries that NEAS was eligible to participate in during 2017/18 are shown below.

2.3 The national clinical audits and national confidential enquiries that NEAS participated in during 2017/18 are shown below.

2.4 The national clinical audits NEAS participated in, and for which data collection was completed during 2017/18, 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 (April – Oct 2017)
---|---|---

**Ambulance Clinical Quality Indicators (ACQIs)**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Participated</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>STEMI</td>
<td>✓</td>
<td>537</td>
</tr>
<tr>
<td>Stroke</td>
<td>✓</td>
<td>2174</td>
</tr>
<tr>
<td>Cardiac Arrest</td>
<td>✓</td>
<td>1072</td>
</tr>
</tbody>
</table>

**Other National Clinical Audit**

<table>
<thead>
<tr>
<th>Other Indicator</th>
<th>Participated</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Out of Hospital Cardiac Arrest Outcomes Registry (OHCAO)</td>
<td>✓</td>
<td>1781</td>
</tr>
</tbody>
</table>

**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.

2.5/2.6 The reports of the 28 national audits were reviewed by NEAS in 2017/18 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.
- Further develop the clinical audit training programme for the Trust
- Further develop the clinical audit capacity within the Trust
- Work with Clinical Operations Managers, Clinical Care Managers and Section Managers to provide information to identify areas where additional clinical support and education is needed.
- 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.
- Plan to identify innovative ways to promote best practice, aligned to current national clinical guidelines and embed a quality improvement culture across the Trust with the introduction of the Quality Improvement hub and through Quality Improvement Workshops in 2018/19.
- Continue to improve the processes for auditing clinical records, making best use of our electronic record system to promote excellence in clinical record keeping standards.
- Continue to monitor clinical practice via clinical audit processes and recommend changes to clinical practice where necessary to improve the care we provide.
- In addition to the ACQI audits, NEAS will continue to actively participate in the national Out-of-Hospital Cardiac Arrest Outcome registry (OHCAO) to optimise joint, national learning.

2.7/2.8 The reports of seven local clinical audits were reviewed by NEAS in 2017/2018 and we intend to take the following actions to improve the quality of healthcare provided.

<table>
<thead>
<tr>
<th>Local Clinical Audits completed</th>
<th>Number of cases reviewed</th>
<th>Actions to improve practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sepsis care bundle compliance</td>
<td>953</td>
<td>Education on deteriorating patients</td>
</tr>
<tr>
<td>111 calls – NHS Pathways</td>
<td>2322</td>
<td>Individual Feedback Monthly summary report to</td>
</tr>
<tr>
<td>Category</td>
<td>Count</td>
<td>Description</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>999 calls – NHS Pathways</td>
<td>115</td>
<td>Individual Feedback Monthly summary report to EDG Clinical Section Managers highlighting good practice, improvement and issues of concern at an individual level.</td>
</tr>
<tr>
<td>Dual trained – NHS Pathways</td>
<td>1479</td>
<td>Individual Feedback Monthly summary report to EDG Clinical Section Managers highlighting good practice, improvement and issues of concern at an individual level.</td>
</tr>
<tr>
<td>Airway management</td>
<td>133</td>
<td>Increased education on waveform capnography</td>
</tr>
<tr>
<td>Hyper acute stroke unit – appropriateness of referral</td>
<td>75</td>
<td>Education on benefits of limiting on scene time through Statutory and Mandatory</td>
</tr>
<tr>
<td>Use of Tranexamic acid in Major trauma</td>
<td>82</td>
<td>Share positive information with Colleagues (internal and external)</td>
</tr>
<tr>
<td>Use of Amiodorone in ventricular tachycardia / fibrillation</td>
<td>53</td>
<td>Education through Statutory and Mandatory on importance of accurate documentation and administration</td>
</tr>
<tr>
<td>Safeguarding – appropriate referral and standards of record keeping</td>
<td>280</td>
<td>All referrals were deemed appropriate. Safeguarding training has been revised to ensure the standards of referral are improved. An electronic referral form has been developed.</td>
</tr>
<tr>
<td>National Early Warning Score</td>
<td>368,000</td>
<td>Education on deteriorating patients and NEW2. Improved functionality on ePCR.</td>
</tr>
</tbody>
</table>

- 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.
- We have a programme of clinical audit reviewing infection prevention and control practice across clinical services. This provides assurance that the trust is complaint with the Health
& 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 2017/18 recruited during that period to participate in research approved by a research ethics committee was 331.

4. A proportion of NEAS’s income in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between NEAS and its commissioners, for the provision of relevant health services, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

Full payment of £2,380,000 was allocated in 2016/2017.

The 2017/18 and 2018/19 national CQUIN scheme includes:

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

In 2017/18 we achieved £869,310 of the total of the CQUIN scheme a total of £1,545,437. Local discussions are underway with Commissioners regarding the final settlement for 2017/18. The CQUIN scheme in 2018/19 equates to £1,563,085. Further details of the agreed goals for 2017/18 and for the following 12 month period are available electronically at:


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 2017/18.

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 2017/18 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

9. NEAS’s Information Governance Assessment Report overall score for 2017/2018 is 86% and is graded GREEN. Level 2 was achieved for all of the requirements with the exception of two elements and we are working towards compliance against those:

14.1-112 Information Governance awareness and mandatory training procedures are in place and all staff are appropriately trained.

14.1-305 Operating and application information systems (under the organisation’s control) support appropriate access control functionality and documented and managed access rights are in place for all users of these systems.

10. NEAS was not subject to the Payment by Results clinical coding audit during 2017/18 by the Audit Commission.

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

- continuing migration of data from source systems to our Trust Data Warehouse;
- training workshops for Information Asset Owners and Information Asset Administrators regarding their responsibilities;
- hold regular meetings of the Change Approval Board (CAB) which oversees any changes to recording of data;
- hold regular meetings of the Data Quality Assurance Group to continue to provide a focus on this area;
• creation of Business Intelligence Forum to tackle Data Quality issues that impacts on accuracy of reporting;

• addition of Data Quality ‘kite marks’ to reports to provide assurance on accuracy of information;

• continue to promote and support the use of bespoke Data Quality reports to identify any issues in a timely manner so they can be corrected at source;

• further development and refinement of our Data Quality Dashboards to identify erroneous data and correct at source.
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, including NEAS, these include the speed of response performance and clinical indicators.

Speed of Response Indicators

During 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 and these have superseded the Category A Red 1 and Red 2 standards.

Reporting for 2017/18 reflects both sets of standards, with the previous categories used for 1st April 2017 to 29th October 2017 inclusive and the new categories for 30th October 2017 to 31st March 2018 inclusive.

Pre-Ambulance Response Programme Indicators

Category A incidents are those involving patients with a presenting condition which may be immediately life threatening and who should receive an emergency response within 8 minutes, in 75% of cases.

Red 1 calls are those requiring the most time critical response 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 calls are those which are serious but less immediately time critical and cover conditions such as stroke and fits. Category A patients should receive an ambulance response at the scene within 19 minutes in 95% of cases. A 19 performance is based on the combination of both Red 1 and Red 2 categories of call.

Post-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.

The national year to date positions for each of our targets, prior to and since the ARP, are shown in the tables below.

The continued pressure that is placed on urgent and emergency care systems across the country is evident in the new and old national ambulance benchmarking data, with few ambulance services achieving any of its national year to date targets during 2017/18.

<table>
<thead>
<tr>
<th>Category A – Red 1 (75% Target)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Financial Year</strong></td>
</tr>
<tr>
<td>2015/16</td>
</tr>
<tr>
<td>2016/17</td>
</tr>
<tr>
<td>2017/18*</td>
</tr>
</tbody>
</table>
### Category A – Red 2 (75% Target)

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>NEAS Performance</th>
<th>National Average</th>
<th>Highest Trust Performance</th>
<th>Lowest Trust Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/16</td>
<td>68.4%</td>
<td>67.2%</td>
<td>75.1%</td>
<td>60.4%</td>
</tr>
<tr>
<td>2016/17</td>
<td>62.2%</td>
<td>62.4%</td>
<td>72.9%</td>
<td>52.5%</td>
</tr>
<tr>
<td>2017/18*</td>
<td>55.46%</td>
<td>61.91%</td>
<td>70.63%</td>
<td>46.77%</td>
</tr>
</tbody>
</table>

### Category A – 19 Minutes (95% Target)

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>NEAS Performance</th>
<th>National Average</th>
<th>Highest Trust Performance</th>
<th>Lowest Trust Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/16</td>
<td>92.3%</td>
<td>92.6%</td>
<td>97.2%</td>
<td>87.4%</td>
</tr>
<tr>
<td>2016/17</td>
<td>89.3%</td>
<td>90.3%</td>
<td>94.6%</td>
<td>84.3%</td>
</tr>
<tr>
<td>2017/18*</td>
<td>87.14%</td>
<td>90.34%</td>
<td>94.57%</td>
<td>85.09%</td>
</tr>
</tbody>
</table>

*1st April – 29th October 2017

Data Source: NHS England, Ambulance Quality Indicators

South West Ambulance Service, Yorkshire Ambulance Service and West Midlands Ambulance Service are not required to report against these indicators due to their involvement in the Ambulance Response Programme trial, and therefore are not included in the benchmarking data.

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

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>NEAS Performance (mm:ss)</th>
<th>National Average</th>
<th>Highest Trust Performance</th>
<th>Lowest Trust Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017/18*</td>
<td>06:40</td>
<td>08:20</td>
<td>06:40</td>
<td>9:42</td>
</tr>
<tr>
<td><em>Mean response time</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Category 2 - Mean Response Time (18 Minute Target)

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>NEAS Performance (mm:ss)</th>
<th>National Average</th>
<th>Highest Trust Performance</th>
<th>Lowest Trust Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017/18*</td>
<td>23:07</td>
<td>26:05</td>
<td>12:49</td>
<td>37:38</td>
</tr>
<tr>
<td><em>90th percentile</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Category 3 - 90<sup>th</sup> Percentile Response Time (2 Hour Target)

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>NEAS Performance</th>
<th>National Average</th>
<th>Highest Trust Performance</th>
<th>Lowest Trust Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017/18*</td>
<td>03:50:17</td>
<td>02:36:32</td>
<td>01:23:58</td>
<td>03:50:17</td>
</tr>
</tbody>
</table>

### Category 4 - 90<sup>th</sup> Percentile Response Time (3 Hour Target)

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>NEAS Performance</th>
<th>National Average</th>
<th>Highest Trust Performance</th>
<th>Lowest Trust Performance</th>
</tr>
</thead>
</table>

* data above is from 30<sup>th</sup> October 17 to 31<sup>st</sup> March 18 inclusive (latest national benchmark data)

All ambulance trusts are included in the data with the exception of Isle of Wight NHS Trust and November 2017 South East Coast NHS FT which went live with ARP in December 2017

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

- National guidance and definitions for AQI submissions to NHS Digital 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 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**

The North East Ambulance Service has taken the following actions to improve response times, and so the quality of its services by focusing on three key aspects which impact on response performance - Managing Demand, Improving Efficiency, and Maximising Capacity.

Key actions include:

- commissioning a demand and capacity exercise, working with our commissioners to understand how we can best use resources to meet the new ARP standards, and use the findings of this is as a basis for discussions regarding further investment required;
- undertaking a review of shift rotas to ensure we align these to better meet the demand for our services;
- working with our acute trusts to develop a regionally agreed process for patient handover at hospitals, with the introduction of a single PIN;
• 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;
• introducing 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)
Our national targets are set to report on:
• patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction who received an appropriate care bundle from the Trust during the reporting period;
• patients with suspected stroke assessed face to face who received an appropriate care bundle from the trust during the reporting period
• patients who are FAST positive, potentially eligible for stroke thrombolysis arriving at a hyper acute stroke unit within 60 minutes

<table>
<thead>
<tr>
<th>STEMI - % of patients suffering a suspected ST elevation myocardial infarction and who receive an appropriate care bundle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Year</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>2015/16</td>
</tr>
<tr>
<td>2016/17</td>
</tr>
<tr>
<td>2017/18*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stroke - % of suspected stroke patients (assessed face to face) who receive an appropriate care bundle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Year</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>2015/16</td>
</tr>
<tr>
<td>2016/17</td>
</tr>
<tr>
<td>2017/18*</td>
</tr>
</tbody>
</table>

*April 17 to December 17 (latest data available)
Data Source: NHS England, Ambulance Quality Indicators

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>NEAS Performance</th>
<th>National Average</th>
<th>Highest Trust Performance</th>
<th>Lowest Trust Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/16</td>
<td>63.65%</td>
<td>56.48%</td>
<td>64.81%</td>
<td>44.55%</td>
</tr>
<tr>
<td>2016/17</td>
<td>56.39%</td>
<td>53.62%</td>
<td>67.44%</td>
<td>36.94%</td>
</tr>
<tr>
<td>2017/18*</td>
<td>47.67%</td>
<td>54.19%</td>
<td>65.54%</td>
<td>37.30%</td>
</tr>
</tbody>
</table>

*April 17 – Oct 17 (latest figures available)

It is noted that due to reconfiguration of stroke services, based on national best practice guidance has had an impact in extending travelling times across our region.

We have demonstrated improvement in clinical performance for both STEMI and stroke care bundle implementation, being the best nationally for STEMI (year to date figure).

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:

- Embedding a new electronic patient care record that will promote better documentation of care bundles;
- Embedding the process of prompt feedback to clinicians and their clinical care managers where excellent practice is noted and areas for improvement
- Ensuring statutory and mandatory training includes a refresher on STEMI and stroke to promote good practice

Patient Safety Data

The Trust has continued to work hard to develop an open and honest culture where staff are encouraged to report incidents and adverse events. This is evidenced by a 32% increase in patient safety incidents between 2016/2017 and 2017/2018. Through analysis of this data it enables themes and trends to be identified and actions put in place to prevent reoccurrence.

The data below evidences the increase in patient safety reported incidents from 1520 in 2016/17, to 2008 in 2017/18. Of those reported in 2017/18 97.2% were identified as causing low harm, no harm or were a near miss. It is noted that there has been an increase in the number of patients where severe harm or death has occurred, and whilst this is extremely concerning, when this is reviewed in line with increased volume of incidents reported the actual increase is 0.02%. Each incident which is deemed moderate harm or above is reviewed and a root cause analysis undertaken. Those cases which require a more in depth review are presented to the Clinical Review Group which enables a multi-disciplinary discussion to take place and where the incident meets the Serious Incident framework definition these are 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. We proactively review our systems, processes, training and culture to improve patient safety.
### Patient Safety Incident Reporting

<table>
<thead>
<tr>
<th>Indicator</th>
<th>NEAS Performance</th>
<th>National Average</th>
<th>Highest Reporting Trust</th>
<th>Lowest Reporting Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2016/17</td>
<td>2017/18</td>
<td>April – September 2017</td>
<td></td>
</tr>
<tr>
<td>Number of Patient Safety Incidents</td>
<td>1520</td>
<td>2008</td>
<td>843</td>
<td>609</td>
</tr>
<tr>
<td>Number of Patient Safety Incidents that resulted in severe harm or death</td>
<td>24</td>
<td>27</td>
<td>13</td>
<td>6.3</td>
</tr>
<tr>
<td>Percentage of Patient Safety Incidents that resulted in severe harm or death</td>
<td>1.57%</td>
<td>1.34%</td>
<td>1.54%</td>
<td>1.03%</td>
</tr>
</tbody>
</table>

Data Source: Quality Dashboard, National Reporting and Learning System (NRLS). Latest benchmark data available only up to September 2017

### Serious Incidents

<table>
<thead>
<tr>
<th></th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>31</td>
<td>29</td>
<td></td>
</tr>
</tbody>
</table>

Data Source: Ulysses Safeguard system

A number of the incidents reported during 2017/18 remain under investigation and therefore the harm level is yet to be finally determined.

NEAS 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);
- We conduct weekly data quality checks to ensure reporting is as accurate as possible.

### Actions for improvement

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

- Ulysses Safeguard developments and annual essential update by supplier to improve the system;
- engagement with staff and management teams to raise awareness of reporting and the benefits;
- delivering complaints investigation and root cause analysis training to improve outputs and learning from incidents;
- improving reporting and monitoring of trends/themes;
- introducing a quarterly learning poster identifying key actions / improvements made as a result of patient safety and non-patient safety incidents;
• continuing to produce a quarterly learning bulletin, featured within our Pulse publication focusing on patient safety, clinical effectiveness and patient experience where we have acted on incidents raised;
• developing and publishing our new Quality Strategy 2017 - 2020.

In addition, improvement actions have been implemented following all Serious Incidents which cover providing individual level feedback and training to system wide process changes. Key actions implemented during 2017/18 include:

• additional recruitment of 76 clinicians providing frontline care, following investment by Commissioners;
• updated escalation plans within the Emergency Operations Centre to ensure we maintain patient safety when we have a surge of activity;
• updated procedures to increase the call back by clinicians to assess patients, when there is a delay in ambulance response;
• the introduction of call back and clinical reassessment of patients by our clinicians, where GP’s have requested we transport patients to hospital and we are delayed in doing so;
• introduction of bespoke safeguarding training for call handlers, to ensure they are skilled in identifying potential safeguarding concerns;
• embedding the THRIVE (Threat, Harm, Risk, Investigation, Vulnerability, Engagement) risk assessment tool which assists call handlers to assess the nature of the emergency response required. The tool enables operatives to decide whether it may be necessary for another agency to become involved. NEAS Call Handlers and Dispatch staff have been trained in this model;
• refreshing and redesigning of the Joint Operating Procedure between NEAS, Durham Constabulary, Northumbria Police and Cleveland Police. The aim is to provide information to police officers, police staff and partners in respect of the medical care options that are available through NEAS and the NHS. The procedure provides guidance to staff on what action to take in the event of clinical care not being available. The procedure also informs NEAS of the powers and responsibilities the police service has in response to incidents involving medical matters. This joint procedure enables our staff to directly contact our respective control rooms to seek advice and assistance whilst relaying information directly from the scene;
• reviewed the process for call handlers to ensure rapid access to information regarding most appropriate access to Community Public Access Defibrillators;
• improved the frequency that we update our systems to ensure location of new housing estates / roads are available within our Emergency Operations Centre in order to dispatch ambulances promptly to the correct location;
• influence change nationally on sepsis recognition within the NHS Pathways clinical assessment tool, used by call handlers and clinicians to improve patient safety;
• we have undertaken a retrospective look at all action plans generated as a result of Serious Incident over the previous 12 months to ensure we have embedded changes in practice, and where this has not happened have reviewed and actioned these appropriately.

Friends and Family

Our Friends and Family Test survey mechanism is now embedded into Trust practices and our wider patient experience survey collection takes place across Patient Transport Services (PTS), 111 and Emergency Care Services (ECS) to ‘see and treat’ patients.

We undertake monthly analysis of Friends and Family Test data and share it with service line managers and staff.
Emergency Care Service (see and treat)
% patients who are likely or extremely likely to recommend us to friends or family

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>Total responses received</th>
<th>Number of 'likely' and 'extremely likely' responses</th>
<th>% patients who would recommend</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/16</td>
<td>331</td>
<td>314</td>
<td>94.9%</td>
</tr>
<tr>
<td>2016/17</td>
<td>812</td>
<td>786</td>
<td>96.8%</td>
</tr>
<tr>
<td>2017/18*</td>
<td>1596</td>
<td>1536</td>
<td>97.3%</td>
</tr>
</tbody>
</table>

Patient Transport Service
% patients who are likely or extremely likely to recommend us to friends or family

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>Total responses received</th>
<th>Number of 'likely' and 'extremely likely' responses</th>
<th>% patients who would recommend</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/16</td>
<td>2679</td>
<td>1062</td>
<td>85.9%</td>
</tr>
<tr>
<td>2016/17</td>
<td>4782</td>
<td>4405</td>
<td>92.1%</td>
</tr>
<tr>
<td>2017/18*</td>
<td>1302</td>
<td>1243</td>
<td>95.5%</td>
</tr>
</tbody>
</table>

111 Service
% patients who are likely or extremely likely to recommend us to friends or family

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>Total responses received</th>
<th>Number of 'likely' and 'extremely likely' responses</th>
<th>% patients who would recommend</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/16</td>
<td>788</td>
<td>693</td>
<td>87.9%</td>
</tr>
<tr>
<td>2016/17</td>
<td>1014</td>
<td>878</td>
<td>86.6%</td>
</tr>
<tr>
<td>2017/18*</td>
<td>941</td>
<td>812</td>
<td>87.6%</td>
</tr>
</tbody>
</table>

*data up to 18th February 2018
We have also undertaken an extensive patient experience survey, which was reported on in December 2017 involving over 6,500 patients. This identified that 93% of patients were extremely likely / likely to recommend the emergency care services (see and treat) to friends and family, 95% of patients receiving our patient transport service and 88% of patients who had received our 111 service.
Monitoring of Friends and Family results is conducted via the Trust’s governance structure and ultimately into the Trust Board of Directors via the quality dashboard.

**NHS Staff Survey**

The 2017 Staff Survey was completed by 54% of staff, an improvement of 5% compared with 2016, and 17.1% compared with 2015.

Overall this year’s staff survey results are really positive for us and give us plenty to be proud of. There is still work to do to improve and we are already working on those areas for improvement to help us make NEAS an even better place to work.

Of the 32 key findings we had only 1 response which was below the national average response for ambulance services and only one area which had deteriorated since the 2016 survey, which was number of people who had received an appraisal within the previous 12 months. Our indicators relating to quality and patient safety have all improved.

<table>
<thead>
<tr>
<th>Overall staff engagement score (out of 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Year</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>2015</td>
</tr>
<tr>
<td>2016</td>
</tr>
<tr>
<td>2017</td>
</tr>
</tbody>
</table>

We are now the leading Ambulance Trust for the Staff Engagement Score, which is worked out using the average results of the following questions:

- KF1 – staff recommendation of the Trust as a place to work or receive treatment
- KF4 – staff motivation at work
- KF7 – staff ability to contribute towards improvements at work

<table>
<thead>
<tr>
<th>KF21 Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Year</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>2015</td>
</tr>
<tr>
<td>2016</td>
</tr>
<tr>
<td>2017</td>
</tr>
<tr>
<td>Financial Year</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>2015</td>
</tr>
<tr>
<td>2016</td>
</tr>
<tr>
<td>2017</td>
</tr>
</tbody>
</table>

The 2017 survey demonstrated significant improvement compared with 2016 for the three indicators above, the Trust also achieving above the national average for Ambulance Services for two of these indicators.

North East Ambulance Service is taking the following actions to improve staff engagement, and so the quality of its services by:

- a commitment to achieve the highest levels of Investors in People accreditation, beginning with the first assessment in June 2017;
- development of a new values-based behaviours’ framework to be embedded within recruitment, appraisal, reward and recognition processes;
- implementation of the new leadership and management development strategic plan, beginning with the launch of a new internal leadership programme, Compass;
- continued improvements by Occupational Health and HR colleagues to support staff well-being at work, including increased psychological and counselling services, access to fast-track physiotherapy services and ongoing roll out of improvements via the MIND Blue Light Programme;
- continuation of senior leader walkarounds across our diverse patch taking every opportunity to engage directly with staff by attending roadshows, Q&A sessions and facilitating key sessions within our new leadership programmes.
Part 3: Overview of quality of care in 2017/18

The information provided in Part 3 is a presentation of the information that has been monitored throughout 2017/18 by the Trust Board, Quality Committee, Council of Governors and Quality Governance Group, which has included a regular review of progress against the agreed Quality Priorities set for 2017/18.

The majority of this report represents information from across the organisation that has been reported and monitored in a variety of forums. It includes five Quality Priorities that were selected for 2017/18 after discussion by the Trust Board following a consultation with members of the public and local committees to ensure that the focus of the indicators was what the public expected.

They cover the areas of clinical effectiveness, patient experience and patient safety.

Care Quality Commission (CQC)

As part of its regulatory regime, NEAS was subject to a comprehensive inspection by the Care Quality Commission (CQC) held during 18-23 April 2016.

The inspection resulted in a ‘good’ rating for the Trust with some minor areas for improvement.

The CQC found that there is generally a culture of passion and enthusiasm with a focus on patients, although noted differences in culture across the geographical area.

Patients are happy with care received and staff attitude towards them and the CQC observed staff engaging with patients in a respectful and caring manner.

Care is provided in clean, hygienic and maintained environments.

Improvements have been noted in a shift in emphasis towards patient engagement and staff wellbeing, the relationship between the executive team and union representatives and support for frontline staff through Emergency Care Clinical Managers.

The CQC found areas of outstanding practice including:

- enrolment in the Mind Blue Light mental health programme;
- smart use of mobile phone application technology for locating motorcyclists;
- innovative approaches to improving medical safety at stadia events;
- Advanced Paramedic (AP) programme;
- research and development trials and programmes (eg Paramedic Acute Stroke Treatment Assessment (PASTA) – using a device to regulate intrathoracic pressure during resuscitation aimed to speed up access to stroke patients);
- Flight Deck capacity management system;
- ‘The Lamp’ electronic communication newsletter system.

However, there were also areas for which the Trust has been asked to make improvements.
The Trust has developed an improvement plan in response to the areas raised which will be closely monitored by the CQC for completion and close out. The plan has been fully implemented and closed out apart from ongoing actions to further improve dispatch resilience.

An update on key areas of the improvement plan are outlined as follows:

- **Improvements to dispatch resilience;**
  We have completed a review of options to improve dispatch resilience and made great progress in reducing the time it takes to establish a new dispatch function within minutes of a situation occurring. The Board and the CQC have received regular progress briefings and are satisfied with the improvements made to date.

- **Strengthening arrangements for Community First Responders;**
  We have strengthened the infrastructure to support Community First Responders, including the appointment of a Clinical Operational Manager leading this service.

- **Completion of the EPRF project;**
  The Electronic Patient Care Record is now well established across the service and our use of paper records has now reduced to 17% of overall records.

- **Dealing with complaints and incidents more effectively;**
  Our excellent performance in 2016/17 has been challenging to sustain in 2017/18, predominantly due to large scale organisational restructure and significant operational pressures across the whole urgent and emergency care system regionally. We have however made progress in training our new managers in complaints and investigation training and this is evident in our improving position at the end of March 2018.

- **Introducing a standardised approach to learning across the organisation;**
  We have introduced a quarterly learning poster, which is placed in all stations and trust buildings to identify learning and actions as a result of patient safety and non-patient safety incidents reported. We have also introduced a learning bulletin to be included in the Trust Pulse publication.

- **Recruiting staff;**
  We have undertaken a significant programme of recruitment and currently have a vacancy rate of 7.66%, compared to 20% in 2016. We have worked hard with our HEI partners to ensure a good supply of newly qualified paramedics over the coming year and are using the apprenticeship framework to develop our existing workforce.

- **Reviewing training arrangements;**
  We have undertaken a review of the statutory and mandatory training programme. We have completed the work to determine clinical skills of our workforce and developed training programmes to support this.

- **Strengthening staff support and improving IPC audits by June 2017;**
  We have introduced a new organisational structure which strengthens clinical leadership, closer to the frontline, where care is delivered to patients. We have undertaken a number of IPC clinical audits, which includes 2,067 observations of infection prevention and control measures over the year. We have been challenged with delivering the aspirational number of audits outlined in the IPC plan. We have recently benchmarked our IPC audit plan with other ambulance trusts and aligned it to our service size to inform the 2018/19 audit plan.

- **Tackling operational performance from a number of standpoints with an aim to hit targets by June 2019;**
  We have introduced the new national Ambulance Response Programme on 30th October 2017, performance reporting is in shadow format whilst the new standards bed in. To date we have been first in the country consistently in terms of our response to life threatening category 1 emergencies.

Since the CQC visit we have developed a route map to ‘Outstanding’ with service line plans to continuously improve patient safety, clinical effectiveness and experience. We have also undertaken a self-assessment exercise to determine where our strengths and development needs are in light of the new Well – Led inspection process. We are confident that through our recent organisational restructure we have strengthened our clinical leadership capacity and capability to support strong leadership across all levels of the organisation.
Our Mission at North East Ambulance service is to provide safe, effective and responsive care for all and our newly published 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
- Improving early recognition of sepsis
- Keeping vulnerable children, young people and adults at risk safe
- Frailty
- Infection prevention & control
- Pressure ulcer prevention
- Medicines governance

**Clinical effectiveness:**
- Clinical Ambulance Quality Indicators
- Cardiac arrest
- Learning form Deaths
- National Audits & Confidential Enquiries
- NICE guidance & Quality Standards
- Research & Development

**Patient experience:**
- Learning from complaints
- Longest waits
- End of Life care

We report progress with delivery of the Quality Strategy Implementation Plans through the Quality Governance Group and Quality Committee.

To support our Quality Improvement (QI) journey in 2017/18 we have visited leading organisations who have had great success in engaging the workforce in quality improvement. As a result of this work we have developed a model of quality improvement and aim to establish a Quality Improvement Hub in 2018/19. We want to start a QI movement in NEAS, where staff are engaged and empowered to make small and large scale changes to improve the quality of our services for patients, working as teams to achieve this. The QI Hub will equip frontline staff with the skills and methodology to support this work. We will embrace the Plan Do Study Act (PDSA) approach and use Institute for Healthcare Improvement (IHI) tools to progress this work.
Transforming our Services

We recognise that nationally there has been a call for a fundamental shift in the way urgent and emergency care services are provided to all ages, improving out of hospital services so that we can deliver more care at or closer to home and reduce unnecessary hospital attendances and admissions.

With this focus on urgent and emergency care services it has enabled us to look at the services we provide and those we are best placed to offer our patients. We have progressed on our transformational journey to develop our Clinical Care and Transport operational model which has enabled us to review and develop our scheduled (planned) and unscheduled (unplanned) services to better meet the needs of our patients in a more responsive way. We deliver a host of services from NHS 111 and 999, to providing a multi professional clinical advisory service, GP Out of Hours services, and have developed a number of specialist and advanced roles for paramedics, nurses and support staff to meet the needs of our patients.

We have developed a clinical skills framework outlining the educational and technical skills required for our workforce to ensure there is a focus on effective clinical assessment and appropriate care delivered by our 111 and clinical assessment service and those delivering care on scene.

We are improving our skill mix ratio of clinician to technical support staff in order to support advanced practice on scene, though there is more work to do over the coming year to progress this, with the support of our commissioners.

We have a key role to play in providing a range of services which include self-care advice to patients through to providing specialist critical care, such as our Hazardous Area Response Team (HART) and working in partnership with our colleagues in Great North Air Ambulance, the Police, Coastguard and Fire & Rescue Services.

We recognise that our staff are our most important asset and we are committed to invest in our people. We undertook an Investors in People (IIP) assessment which commenced in June 2017 and we achieved the ‘developed’ level status of the award. Feedback from the assessors further demonstrates our commitment to improve the care we provide patients:

“The assessment has revealed a number of key strengths within the organisation…and that the business is advanced in respect of how it seeks to improve through using both internal and external sources, and understands the external context within which it operates. Leaders within the organisation look to the outside world and utilise external knowledge and thought leadership to improve the organisation. Furthermore people consistently understand and value the relationship between the organisation and the communities it serves, providing strong evidence of the patient-centric ethos of the organisation and its people.”

IIP report, October 2017

Clinical Effectiveness

Priority 1. To improve the early recognition of Sepsis

During 2017/18 we have been embedding the sepsis screening tool, which was launched in November 2016, based on the NICE guidance for sepsis published earlier that year.

In order to support staff recognising and delivering initial treatment for sepsis a module dedicated to sepsis was included in the Trust Statutory and Mandatory training throughout 2017/18 with attendance compliance of 95%, this equates to 1822 frontline staff. Our target was 95% of staff attending this module.

The sepsis care bundle is a number of actions to take when we suspect a patient has sepsis to provide the optimum care in the pre hospital setting. Whilst each action is important the impact on the clinical outcome of the patient is maximised when all care within the bundle is delivered.

A baseline audit in November 2016 started with a 7% compliance for the full sepsis care bundle. We have audited compliance with the sepsis care bundle throughout the year, with a target to achieve 40% compliance with the full care bundle. This target has been exceeded since July 2017.
The results of the sepsis care bundle audit are as follows:

<table>
<thead>
<tr>
<th>Sepsis Care Full Bundle Audit</th>
<th>% compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline (November 2016)</td>
<td>7%</td>
</tr>
<tr>
<td>April 2017</td>
<td>27.2%</td>
</tr>
<tr>
<td>July 2017</td>
<td>38.9%</td>
</tr>
<tr>
<td>September 2017</td>
<td>46.7%</td>
</tr>
<tr>
<td>February 2018</td>
<td>57%</td>
</tr>
<tr>
<td>March 2018</td>
<td>44%</td>
</tr>
</tbody>
</table>

We have continued to be a key partner in the regional work in sepsis, led by the Academic Healthcare Science Network.

There has been significant progress made with early identification and initial treatment of sepsis there is further work to do, recognising the specific needs of children and in pregnancy with suspected sepsis and the screening and interventions required. For this reason it was agreed that we would retain this as one of our Quality Priorities in 2018/19.

**Priority 2. Cardiac Arrest**  

Partially achieved

During 2017/18 we have made progress in improving the survival of patients who have had a cardiac arrest, more patients have benefitted from positive outcomes. Our performance measure was to improve survival by 5% Return of Spontaneous Circulation, (ROSC) in witnessed and unwitnessed cardiac arrest, using Dec 2015 – Nov 2016 as a baseline. We have achieved 27.54% in ROSC in 2017/18 an improvement of 3%. For ROSC Utstein we achieved 53.6%, which was a reduction of 9.2%. However it should be noted that there has been a 24.6% volume increase for ROSC’s and 52% increase for ROSC Utstein.

There are 9 more patients per month where we have achieved a ROSC in 2017/18 compared with the previous year.
In 2016/17 the trust replaced all existing defibrillators in Double Crew Ambulances (DCA’s) with a new, enhanced Zoll Defibrillator. We have been embedding this technology throughout 2017/18.

The key benefits of the Zoll defibrillators are:

- crews receive instant feedback on the depth, speed and release from the chest whilst carrying out cardiopulmonary resuscitation (CPR), allowing instant change to the management of compressions, leading to improvements in survival to discharge rates;
- data can be sent from the defibrillator to the EPCR as well as to hospitals, allowing timely sharing of information as well as the ability to review data historically for both quality improvement and individual training and feedback.

In 2017/18 we have truly recognised the value that the Zoll defibrillators bring and we will be purchasing more in 2018/19, so they are available in or rapid response vehicles too.

We have reviewed the Resuscitation Academy’s ‘10 steps’ framework and have implemented a number of key actions, which includes areas such as education and skills training, equipment, deployment to a cardiac arrest and policies to underpin practice.

We have implemented the resuscitation checklists to support clinicians when managing cardiac arrest, with positive feedback from them and have reviewed the cardiac arrest data set to ensure any learning is identified to inform future training needs.

We acknowledge the progress we have made in improving the survival rates of patients who have a cardiac arrest, but feel there is more we can do. For this reason it was agreed to retain this as one of our Quality Priorities in 2018/19.

**Paramedic Pathfinder**

The Paramedic Pathfinder pilot was launched in September 2016 in Sunderland and is designed to enable the assessing clinician to confidently and accurately determine the suitability of an alternate care pathway, based on the clinical need of the patient. Paramedics have been trained to use a new clinical triage tool which helps them to make accurate face-to-face patient assessments and confidently choose the most appropriate place for treatment. This pilot is aimed at reducing the burden on Emergency Departments and ensuring that patients receive the right care, in the right place at the right time.
The pilot continued until May 2017 and it identified that 1157 patients were considered for alternative paramedic pathfinder pathways and of those 946 were successful (81.69%).

The model has continued in Sunderland and data up to January 2018 has shown that there are four main alternative referral pathways, which are:

- General Practitioner (GP) – 33.5%
- Recovery at Home service – 24.8%
- Urgent Care Centre – 15.3%
- Out of hours GP service – 11.3%

Of the referrals made to the top three service 74% were accepted. This demonstrates the value of the paramedic pathway model in safely referring patients into alternative services, when they would have otherwise attended the Emergency Department.

Paramedic Pathfinder continues in Sunderland and is being considered in other geographical areas following the successful evaluation in 2017/18.

**Newly qualified paramedic preceptorship programme**

We were delighted to implement the new career framework to support the skills development for our newly qualified paramedic workforce, to ensure progression from a band 5 to band 6 practitioner. To support this two year programme we have reviewed the clinical assessment and skills development required to support this higher level of practice, ensuring it meets the needs of our patients and is aligned to our the new clinical care and transport model.

**Leading the way in research**

Evidence based practice in pre hospital care is an emerging field and the trust is at the forefront in leading and undertaking research trials in the ambulance sector in England.

Involvement in research activity is a key building block to assist NEAS in ensuring that we provide the best care to the patients we serve. We are aware that current evidence suggest that there is an association between the engagement of individuals and healthcare organisations in research and improvements in the overall quality of care provided.

NEAS staff are active engaged members of study management and steering groups in research trials such as PASTA (Stroke Study), PRISM (Study), VAN and DFRID. We also have a number of staff undertaking Higher Education in Research.

In 2017/18 NEAS staff have authored or co-authored 6 peer reviewed publications.

**Clinical Ambulance Quality Indicators – evidence based care**

We recognise the importance of our national clinical ambulance quality indicators, to provide evidence based care to patients. We undertake a programme of audit of the following:

- Cardiac arrest – Return of Spontaneous Circulation (ROSC)
- Cardiac arrest – ROSC (Utstein)
- Cardiac arrest – survival to discharge
- Cardiac arrest – survival to discharge (Utstein)
- Stroke – FAST 60 minutes
- Stroke – care bundle
- ST elevation Myocardial infarction (STEMI) – PPCI within 150 minutes
- STEMI - care bundle
- Cardiac arrest (survival to discharge / UTSTEIN)
Stroke care – care bundle and arrival at hyper acute stroke unit

In 2017/18 we have improved our performance in five of the eight (63%) clinical AQI’s compared with the previous year.

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 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.

We have a number of projects to progress which include:

- improving access to shared local and national systems to better support patient care and allow for a seamless onward handover to other parts of the health system;
- improving information sharing internally around Trust-wide and personal performance to better empower and engage employees;
- developing a simulator which allows NEAS and other ambulance services to be able to model impacts of planned system changes;
- expanding the successful Pathfinder service, trialled in Sunderland, which allows clinicians to safely refer suitable patients to alternative services to A&E, and develop software which is adaptable for other ambulance services;
- improving technology within the electronic patient record systems to improve CPR feedback and better manage medicines;
- developing a better way of ambulance systems digitally passing patient information to hospital and urgent care systems;
- developing a way for frontline crews to seek advice from clinicians within the Emergency Operations Centre via video link, which could be further expanded to care homes and potentially the public; and
- developing an app for clinicians to be able to measure the impact their care has made on patients

Medicines Management

We have recruited a new Medicines Optimisation Team, with increased pharmacy advisor input and a newly formed Medicines Optimisation Group covering the following areas:

- Medicine policy and procedures oversight
- Management and audit of controlled drugs
- Antimicrobial stewardship
- Prescribing patterns of clinicians
- Use of Patient Group Directions
- Non-medical prescribing
- Medicines procurement
- Oversight of medication drug errors and learning
- Management of Central Advisory Service (CAS) alerts relating to medicines
- Review NICE guidance in relation to medicines and assess compliance or actions required
- Review of NHS protect guidance in relation to medicines and assess compliance or actions required
We recognise the need to develop a robust commissioning arrangement to enable the funding of drugs used by our paramedic workforce to be considered. This framework was approved in December 2017 and provides a means to enable paramedics to safely treat patients at home, without the need for onward conveyance to hospital.

We have begun planning for the change in legislation to enable paramedics to independently prescribe medicines, which will initially enable those in specialist roles to complete additional qualifications in preparation for this landmark change.

**Patient Safety**

**Priority 4. Safeguarding referrals**

Partially achieved

During 2017/18 we have looked at our safeguarding referrals to ensure they are appropriate and completed to a high standard. We have made a total of 13,053 safeguarding referrals in the year, with 10,524 regarding adults and 2,529 regarding children.

The most common type of referrals made relate to general welfare concerns for adults and neglect for children.

We have undertaken two types of safeguarding referral audit, one is a high level audit looking at essential information included in the referral in order for the relevant safeguarding local authority to progress with organising a safeguarding strategy meeting, if this was indicated. The other being a ‘deep dive’ audit looking critically at the information provided within the whole safeguarding referral. The results of the audits are identified below:

<table>
<thead>
<tr>
<th>Safeguarding Audit results</th>
<th>Latest reported position</th>
<th>Target Improvement baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriateness of referral</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Accuracy of referral</td>
<td>Q2 - 55%</td>
<td>60%</td>
</tr>
<tr>
<td>Deep dive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High level audit</td>
<td>Q3 - 85%</td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>Q4 - 87%</td>
<td></td>
</tr>
</tbody>
</table>

The findings of the audits have been acted upon, ranging from individual feedback to reviewing referral processes and procedures. We have also developed a bespoke safeguarding training programme for our call handling team to ensure they are aware of their key role in recognising potential safeguarding issues as part of their clinical assessment process.

We have developed a safeguarding tool to support clinician’s decision making, with the aim of including this safeguarding referral within the electronic Patient Care Record (ePCR) there has been a delay in implementation due to software development constraints. This will be resolved and the tool will be implemented in 2018/19.

We have also looked at the safeguarding referral process within the Trust and implemented direct referral routes, which are electronic, for staff in our Call Handling team and Clinical Assessment Service. This means individual staff members can complete the safeguarding referral themselves for onward referral to the relevant local authority service rather than having to convey the information to a member of the team in...
the Logistics desk in the Emergency Operations Centre. This improves the accuracy of the information, reduces the time spent on making a referral and improves the timeliness of the onward referral.

We have reviewed our safeguarding policies to ensure they reflect best practice and have developed a draft chaperone policy, which will be ratified in 2018.

We have also ensured that we are complaint with national guidance on staff training on the PREVENT agenda, which is to stop people becoming terrorists or supporting terrorism.

We will continue with these improvements in safeguarding with developments outlined in the annual Safeguarding Forward Plan for 2018/19, which is approved at Board.

**Patient Safety Incident reporting and learning**

NEAS puts patient safety first. We want to continue to develop an open and honest culture and ensure we learn when things go wrong. We also want to ensure we learn from excellence and that best practice is shared in order to improve services.

Staff are encouraged to be open and honest and report incidents so that we may learn from them and improve patient safety. We believe this demonstrates integrity and professionalism and we have worked hard to ensure staff who are involved in an incident are treated fairly and consistently, looking at the root cause of the incident and supporting staff through this.

Our NHS staff survey highlighted that in 2014 only 40% of our staff felt that the care of patients and service users is the organisations top priority and in 2017 this has increased to 68%, which is very positive, though we want to achieve more. We have continued the programme 'Sign up to Safety' beyond the three year term as the underlying aim of this national campaign is to make the NHS the safest healthcare system in the world. The ambition was to reduce avoidable harm in the NHS over a three year period and save 6,000 lives as a result.

By continuing with this campaign NEAS has committed to listening to patients, carers and staff, learning from what they say when things go wrong and taking action to improve patient's safety, helping ensure patients get harm free care every time, everywhere.

The focus of the campaign over the next three years is to achieve the following by 2020:

- 80% of our staff to say patient safety is a top priority for the Trust
- Reduction in patient safety incidents, where moderate harm or above has reduced to 5% of overall incidents
- Increase near miss, low harm and no harm reporting
- Establish excellence reporting, to learn and share best practice

**Improving the reporting culture within the Trust**

The Trust is actively taking steps to increase incident reporting. NEAS supports all staff, including all front line staff, support services and call handlers working within the Emergency Operations Centre (EOC) to report incidents and there has been a focus on increasing the reporting of incidents across the Trust.

NEAS uses a web based system reporting tool that allows staff to directly report incidents. The feedback to staff section is now a mandatory field with the aim of encouraging the reporting of incidents.

Following the introduction of the new organisational structure we have undertaken bespoke training for new managers to understand their role in managing incidents occurring in their area to ensure actions and shared learning takes place and in 2017/18 we have included in Incident reporting and duty of candour e-learning as part of Statutory and Mandatory training.

Our Clinical Operations Managers have structured meetings which they attend weekly to support discussion and exploration of managing incidents to ensure consistency and shared learning takes place. They have mechanisms to cascade this to their wider team.

We have developed service line dashboards which supports monthly review of incidents, including serious incidents and other data such as complaints, performance, workforce and finance to enable triangulation of information to highlight where targeted support may be required or identify where areas are managing well and recognise that achievement.

Through an increased awareness of patient safety incidents we aim to continuously encourage safe patient care. The NEAS staff survey 2017 results have captured this journey and demonstrate an
increase of 11%, from the previous year when staff were asked if my organisation treats staff who are involved in an error, near miss or incident fairly, and have maintained our position when staff were asked if they were confident their organisation would address their concerns, this places NEAS above the national ambulance average for both elements.

| KF29 Percentage of staff reporting errors, near misses or incidents witnessed in the last month |
|---------------------------------|-----------------|-----------------|-----------------|
| Financial Year | NEAS Performance | National Ambulance Average | Highest Trust Performance |
| 2015 | 78% | 79% | 85% |
| 2016 | 83% | 81% | 86% |
| 2017 | 85% | 82% | 91% |

| KF30 Fairness and effectiveness of procedures for reporting errors, near misses and incidents (scale summary score) |
|---------------------------------|-----------------|-----------------|-----------------|
| Financial Year | NEAS Performance | National Ambulance Average | Highest Trust Performance |
| 2015 | 3.13 | 3.28 | 3.48 |
| 2016 | 3.42 | 3.46 | 3.62 |
| 2017 | 3.52 | 3.41 | 3.59 |

| KF31 Staff confidence and security in reporting unsafe clinical practice (scale summary score) |
|---------------------------------|-----------------|-----------------|-----------------|
| Financial Year | NEAS Performance | National Ambulance Average | Highest Trust Performance |
| 2015 | 3.36 | 3.38 | 3.50 |
| 2016 | 3.61 | 3.46 | 3.62 |
| 2017 | 3.61 | 3.49 | 3.68 |

- Learning from themes and trends to reduce potential for harm.

NEAS fully embraces the Root Cause Analysis (RCA) process and actively encourages all staff involved in an incident to attend RCA. Operational staff are released to attend and other stakeholders are also invited to contribute. This open and inclusive approach contributes to the dissemination of learning across the Trust and overcomes the traditional barriers of communication. Those incidents recorded as moderate and above that have been declared as a Serious Incident (SI) follow the RCA process and are then subject to further review by the Serious Incident Review Group (SIRG). NEAS continues to work with a number of stakeholders to support joint learning from SIs declared by NEAS and by other organisations where NEAS was a part of the patient journey.
We have reviewed the process for clinical review, root cause analysis and the governance to support this. This has ensured additional senior clinical input to look at these cases.

NEAS is working closely with commissioners and meets monthly thus ensuring robust systems and processes are in place to comply with the Serious Incident Framework March 2015.

The learning posters and bulletins continue to be shared on a quarterly basis. Learning is shared from complaints and incidents as well as highlighting some of the key work that is being undertaken across the Trust and passing key messages to staff.

- **Work collaboratively to reduce incidence of pressure ulcers.**

The trust took part in a pilot, working collaboratively with City Hospital Sunderland to proactively identify those patients over 65 years who were at risk of developing a pressure ulcer. A short screening tool was used by paramedics when they were conveying the patient to the Emergency Department and if the patient was deemed at risk of developing a pressure ulcer, for example if they had fallen and been lying for a period of time or if they had a previous pressure ulcer then the paramedic would place a green wristband on the patient, with their consent. This would act as a visual prompt alongside the handover so that the nursing staff could proactively deliver the appropriate level of care.

An evaluation of this 3 month pilot, which was undertaken between October – December 2017 identified that:

- 112 paramedics had received training on the pressure ulcer pilot and their role in preventing pressure ulcers
- 130 patients were conveyed to the Emergency Department, who were deemed to be at risk of developing pressure ulcers by the paramedic
- There was increased awareness to complete the pressure ulcer section of the electronic patient record was noted, with improved record keeping identified
- Feedback from paramedics and Emergency Department and Assessment Unit staff indicated they felt this project would improve patient safety.

As a result of the pilot the evaluation report will be considered at the regional Director of Nursing forum in April 2018.

- **Infection Prevention and Control (IPC)**

As an NHS Trust we must comply with the Health and Social Care Act (2012) in relation to Infection Prevention and Control requirements.

We conduct monthly audits of staff hand hygiene practice, premises and vehicle cleanliness across all stations and sites where operational staff work. We have also undertaken audits on clinical practice, such as intravenous cannulation.

The IPC lead for NEAS undertakes additional audits and inspections to provide assurance that review local audit findings and work closely with operational teams to implement best practice.

As our vehicles can be seen as equivalent of a room in the Emergency department we have procedures in place to clean equipment and devices following a patient care episode and vehicles are subject to a six weekly clean and a full deep clean of vehicles is undertaken at least every twelve weeks.

Infection Prevention and Control updates are included as part of induction to the Trust and in the annual statutory and mandatory training.

Audit results for 2017/18 are as follows:

- Hand hygiene compliance 94%
- Bare below elbows compliance 97.5%
- Personal Protective Equipment compliance 86%
- Intravenous cannulation compliance 100%

We also work with our cleaning contract providers to ensure stations are clean, appropriate cleaning materials are available and staff ensure medical equipment is stored correctly.

**Antimicrobial stewardship**

Our Trust plays a part in ensuring good antimicrobial stewardship, with antibiotics used appropriately by our prescribing clinicians and those who can use Patient Group Directions. We work with colleagues...
across the region to ensure our approach to antimicrobial prescribing is in line with best practice and this
topic forms part of our new Medicines Optimisation Group agenda.

- **Developing our CARE application**

  We recognise the vital role operational staff have in providing high quality care to ensure patient
  safety is maintained. One of our Clinical Care Managers along with the Informatics team have
developed an electronic application titled 'Clinical Annual Record of Excellence' which enables
paramedics to receive almost real time feedback on their clinical interventions on the care bundles
linked to the national Ambulance Quality Indicators. This enables good practice to be notes and areas
of improvement addressed in a timely way. The CARE app also includes a self-assessment
framework to enable individual clinicians to identify where they may have training needs relating to
clinical practice skills, which can be addressed at an individual level or results can be aggregated to
inform the skills training programme at station, cluster, division or trust level.

  The CARE app has been piloted in the South of our region from December 2017, with roll out planned
throughout 2018.

- **Improving the care of patients with complex moving and handling need**

  During 2017/18 we have worked hard to improve the care we provide patients with complex needs.
  We have worked with the Fire Service to provide support to our crews to ensure a more prompt
  response to patients when additional resource has been identified and have invested £xxx in the
  purchase of Manger Elk moving and handling equipment for all Double Crew Ambulances (DCA’s) to
  ensure staff are able to assist patients off the floor.

- **Improving the care of patients who fall in nursing and residential care settings**

  As part of the 2016/17 Urgent and Emergency Care (UEC) Vanguard, North East Ambulance Service
  (NEAS) was funded to deliver Falls and Initial Response Skills Training (FIRST). The funding enabled
  us to develop an innovative project to primarily improve the experience of older people in residential
  and care homes, ensure older people receive the best possible care, increase skills and confidence of
care home staff and reduce overall pressure on healthcare services - especially colleagues in the
  acute and secondary care sector.

  The results from the training, showed a positive impact from the training:

  - The total number of 999 calls from the care homes reduced by 32%. Numerically this was 453
calls in 2016, down to 308 calls in 2017.
  - The total number of A&E admissions from the care homes reduced by 25%.*
  - Due to the reduced demand on 999 service there was a calculated saving of 25% over a two
  month period. The projected savings are estimated to be around £200,000 per annum which
  would see a ROI of around 178%.

  *999 calls and A&E admissions from the care homes in February and March 2016, and February and
  March 2017 as a direct comparator.

  As this approach was so successful we have provided further training into care homes across the
  North East region during 2017/18 and have also presented this work at the Enhancing Care in care
  Homes conferences across the North East & Cumbria.

  A Senior Carer at a residential care home in Cullercoats, took part in the training and after concluded:

  "We have regular training but this course was a great refresher - it was intense and detailed. More
  often than not, when an elderly person in a care home has a fall, at the moment the immediate
  reaction is to call 999. However, this may not always be the best option for the patient. It also puts an
  unnecessary strain on A&E departments and ambulance services.

  Elderly patients, particularly those with dementia, can get disorientated when they leave their familiar
  surroundings. So if the fall can be treated at the care home, and it’s in the best interest of the patient,
  we should encourage this to happen on a more regular basis."
It's all about giving the best care to our residents and also giving staff the confidence to deal with trips and falls themselves if appropriate.

**Patient Experience**

**Priority 3. Longest waits**

In 2017/18 we have continued to be challenged, as have all ambulance trusts in meeting the national response times due to increased demand, staffing pressures, increased travel times and waits resulting from pressure across the health system.

We developed a process to undertake a high level clinical review of the clinical record of patients who had a long wait for an ambulance, using locally agreed thresholds. From April – October 2017 there were 11 near misses identified. There was no specific clinical themes identified on the near misses, however we did review processes in the Emergency Operations Centre.

We have developed an escalation plan, which highlights those patients experiencing waits and ensures these are passed to a clinician in the Clinical Assessment Service (CAS) for review. This process has also been adopted for those patients who have been referred into our service by a healthcare professional and classed as our ‘urgent’ work.

A pilot internally has been carried out to improve clinician input into the allocation of vehicles to support the efficient use of resources available and further enhance our Clinical Care and Transport model. This process has now been adopted.

Our Medical Director has been working with GP’s across the region to develop further guidance regarding our clinical care and transport model to ensure we use the most appropriate member of staff, with the right skills and type of transport to meet the needs of the patient when transporting the patient to hospital.

Following the implementation of the Ambulance Response Programme (ARP) on 30th October 2017 and whilst this has ensured that those patients with life threatening emergencies are prioritised and responded to it has also meant that some patients continued to wait an unacceptable length of time for an ambulance response. The way in which performance is measured now means that those waiting a long time in each category of response are considered, enabling greater scrutiny across each element of response.

We reviewed the thresholds for delays and introduced these across all 4 categories of ambulance response.

As part of the ARP implementation plan a multi-disciplinary huddle would meet daily initially and then weekly to discuss any clinical issues with delays alongside operational issues. Any clinical issues resulting in delays are discussed by the Strategic Head of the Emergency Operations Centre and Head of Patient Safety and incidents are reported and investigated by operational managers.

In November 2017 the Lead Consultant paramedic reviewed the delays above the threshold for category 1 and category 2 cases and found no harms or near misses.

In December 2017 as a result of looking at delays affecting patients who have fallen a review of processes and management plans was undertaken.

We also undertook a deep dive review of a proportion of delays in the first week of January 2018, across all categories (C1-C4). Of the 116 cases reviewed there were no harms identified and 3 near misses.

In February and March 2018 there were 56 cases reviewed in total across all categories of response. No harms were identified, however one delay impacted negatively on patient experience for an end of life patient.

During 2017/18 we received 222 number of complaints relating to delays, which equates to 42% of overall complaints received. This compares with 358 in 2016/17 of which equates to 51%.

We recognise the impact on patients and their carers when delays occur and have reviewed our systems and processes to ensure where delays occur that we acknowledge the impact on patient experience but also focus on patient safety. We feel we need a more targeted approach to reviewing delays. This is why we have identified as a Quality Priority for 18/19 a focus on delays for those patients over 65 years, who fall and are uninjured.
We will also be undertaking further work to review delays in 2018/19 focussing on patients who are short of breath and are categorised as a C2 response. Our work through 2017/18 has identified those patients with breathing difficulties do not wait well, we are therefore looking at our systems and processes to ensure clinicians in the Emergency Operations Centre are sighted on these, alongside undertaking further clinical review where we have had to upgrade our response as a result of a patient deteriorating.

Introducing our Clinical Assessment Service (CAS) *6 support for healthcare professionals working in nursing homes

We recognise there are times when clinical staff working in nursing homes would benefit additional support in determining how best to care for their resident who may become unwell, though not sufficiently so as to require a 999 ambulance. Our *6 service enables healthcare professionals to contact a clinician in our Clinical Assessment Service to provide additional advice and guidance to ensure residents remain in their home with support from other services, when it is safe to do so. We have launched a pilot in the South Tyneside area, involving 10 care homes in February 2018 and will evaluate this.

Improving care for patients with palliative and end of life care needs

We are committed to improving the care for cancer, palliative and end of life care patients, relatives and their carers and in July 2016 we worked in partnership with an acute trust to engage the specialist knowledge and skills of their Macmillan End of Life Care Facilitator working on secondment with NEAS. During this time we developed a Palliative Care and End of Life Care Education Strategy to increase the knowledge and skills of our frontline teams in recognising and meeting the care needs of palliative and end of life care patients.

We were delighted that our dedicated end of life care transport service was recognised nationally, as a winner in the Nursing Times Award ‘Enhancing Patient Dignity’ in December 2017.

In order to build on this work and develop a Supportive, Palliative and End of Life Care Strategy with plans to make a real difference to patients we have been successful in bidding for funds to establish a specialist team in the trust, which will include a Macmillan nurse facilitator, an engagement officer with administration support. This team is one of only two in ambulance services across the country and recruitment to the team is underway in March 2018.

Improving Mental Health Care

Building on the work we have undertaken in 2016/17 to improve mental health care for patients accessing our services we supported a secondment of a senior mental health practitioner from Northumberland, Tyne & Wear Mental Health Trust to work with us in developing a Mental Health Clinical Strategy for the trust.

We have reviewed the national framework for mental health education for healthcare professionals and have a three year implementation plan for this.

We have also continued to review the mental health pathways within our clinical triage system NHS Pathways and worked with our colleagues delivering specialist mental health services to see how we can improve the care and experience for patients.

Care closer to home

As a trust which provides 999 / 111 and GP out of hours services we understand the importance of working with others to provide care closer to home for patients, when it is safe to do so.

We recognise how important providing prompt and appropriate services for patients, which not only met but exceeds their expectations.

We therefore ensure that we review and monitor our ‘Hear and Treat’ and ‘See and Treat’ rates and report them externally to the commissioners of our service. Not only does this provide a positive patient experience it reduces the use of other resources such as the Emergency Department, when this is not required.
From Oct 2017 – March 2018 our hear and treat rate is 6.81%

As you can see from the table above we have increased the number of cases of Hear and Treat and See and Treat, whilst reducing the conveyance to other services over the past three years.

In order to provide this level of service to patients we have:

- reviewed the training and clinical skills across our frontline workforce and mapped out the progression for a band 5 to band 6 paramedic role to further prepare them to deliver care at or closer to home;
- continued to embed our new Advanced Practitioner (AP) role with an increased scope of autonomous practice, for example in cardiac arrest response and trauma care response;
- further embedding our model of Clinical Care and Transport and outlining our scheduled and unscheduled care provision to more efficiently respond to patient need;
- working with a broader range of specialists in our Clinical Assessment Service / 999 service to improve patient care and experience

Direct bookings into GP surgeries

The Trust were winners of the national Bright Ideas in Healthcare 2017 – Primary and Community Care category for GP Direct Booking via NHS111

This project enabled our call handlers in the 111 service to arrange a GP appointment for a patient, whilst the patient remained on the call, when this was appropriate for their clinical condition disposition.

Patient and Practice Manager feed back was gained:

“\textit{When I rang 111, I thought I would be told to ring my own doctor so something like that so I was very surprised when the call handler told me they could book me an appointment. I think this is a brilliant idea and means we don’t have to wait on the phone for ages trying to get through to our surgery.}” A patient.

“For the patient it is consistency of care that they are seen here and 111 are able to provide that service. It also takes the pressure away out of hours and A&E departments.” A practice manager.

This project has been rolled out to involve all GP practices across the region, with work continuing in the Sunderland area to complete the coverage of this service.

Feedback on our services

We have undertaken a large independent patient survey in 2017, verified by IPSOS Mori to gain feedback on the services we provide. This involved 6,593 patients and an overview of the results is provided:
ECS (Emergency Care Service):
- Postal survey • 2,108 ECS questionnaires returned • 29th August - 23rd October 2017 • Boost with ‘urgent’ ECS patients to compare with ‘emergency’.  
93% either ‘extremely likely’ or ‘likely’ to recommend the service.
Top 5 reasons for advocacy:
- Staff are helpful/attentive/caring/considerate/friendly
- Service is good/excellent
- Staff were reassuring/inspired confidence/made me feel safe
- Fast/quick/prompt service
- Staff are professional/competent/skilful

PTS (Patient Transport Service):
- Data collected in ‘real time’ from patients using PTS service using tablets • 3,400 responses from between 1st August 2016 and 31st July 2017.
95% either ‘extremely likely’ or ‘likely’ to recommend the service.
Top 5 reasons for advocacy:
- Service is good/excellent
- Staff were helpful/attentive/caring/considerate/friendly
- Staff are professional/competent/skilful
- Staff were friendly/pleasant
- Service is essential, important & necessary

NHS 111:
- Data collected by NEAS via postal and text surveys • 1,085 responses from between 1st August 2016 and 31st July 2017.
88% either ‘extremely likely’ or ‘likely’ to recommend the service.
Top 5 reasons for advocacy:
- Staff were helpful/attentive/caring/considerate
- Good or helpful/clear advice/communication
- Fast/prompt/quick service
- Was given prompt/immediate attention/treatment/diagnosis
- Good out of hours service (weekends/when GP is closed/24 hours)

Complaints

The financial year 2017/18 recorded 526 complaints, 0.033% of the overall activity. 352 complaints were upheld or partially upheld. The Trust received notification that, during 2017/18, 7 complaints were referred to the Parliamentary and Health Service Ombudsman.

This financial year the Trust has again seen a reduction in the overall number of complaints received compared to last financial year, 526 against 618 in 2016/17, a reduction of 14.8%. In addition to the reduction in total complaints received, appreciations have a slight decrease throughout 2017/18.
### Complaints

<table>
<thead>
<tr>
<th></th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Complaints</td>
<td>674</td>
<td>618</td>
<td>526</td>
</tr>
<tr>
<td>Complaints per 1,000 Calls (999 &amp; 111) &amp; PTS Journeys</td>
<td>0.36</td>
<td>0.33</td>
<td>0.03</td>
</tr>
<tr>
<td>Total upheld complaints</td>
<td>344</td>
<td>377</td>
<td>279</td>
</tr>
<tr>
<td>Total part upheld complaints</td>
<td>82</td>
<td>62</td>
<td>73</td>
</tr>
</tbody>
</table>

In line with legislation, 99.2% of the complaints received during 2017/18 have been acknowledged within 3 working days.

88.7% of the complaints received were responded to within the timeframe initially agreed compared to 93.2% 2016/17. When we have been unable to achieve a response the complainants have been contacted by the Patient Experience Team and new dates agreed. This deterioration in response time has partly been due to the organisational restructure and appointment of new managers in post, who have required support to undertake the complaints investigation process. In 2018/19 we are committed to improve our response to complaints.

The average number for days to respond to complaints stands at 25 days compared to 19 days last year. The Trust receives appreciations for the service and in 2017/18 we received 773 appreciations.
The analysis conducted by NEAS’s Experience, Complaints, Litigation, Incidents, Patient Advice and Liaison Services (ECLIPS) Group has highlighted that the top 3 causes for complaints were:

<table>
<thead>
<tr>
<th>Top 3 Cause of Complaints</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timeliness of Response</td>
<td>49%</td>
<td>51%</td>
<td>42%</td>
</tr>
<tr>
<td>Quality of Care</td>
<td>30%</td>
<td>23%</td>
<td>42%</td>
</tr>
<tr>
<td>Staff Attitude</td>
<td>13%</td>
<td>16%</td>
<td>20%</td>
</tr>
</tbody>
</table>

Note: Cause of complaint is given as a proportion of total complaints

*April 17 – Mar 18

The management of complaints received by the Trust has seen a number of changes which have allowed the ECLIPS Group, and the Trust as a result, to better triangulate and understand data relating to complaints:

- On receipt, all complaints continue to be rated in line with the National Patient Safety Agency (NPSA) risk rating matrix. Harm to the patient is thus more rapidly identified and a proportionate investigation initiated
- The Patient Experience Team have had specific training in recognising safeguarding concerns within complaints and referring this to our Safeguarding leads
- The Patient Experience Team continues to be proactive in organising local resolution meetings to address complainants’ concerns and involving other agencies, care providers and trusts in the process
- Dedicated complaints investigation training has been provided to new managers following the organisational restructure to support them in this important element of the role
- Embedding of the Complaints Handling Policy, with bimonthly reporting of compliance at the Quality Committee
- The links with our local Patient Advice and Liaison Services (PALS) team have continued to develop which have supported the overall patient experience.

Lessons learned

The Trust has taken the following actions based on learning from complaints:

- Urgent ring back Standard Operating Procedure within Emergency Operations Centre has been reviewed and updated;
- THRIVE training (Threat Harm Risk Investigative Vulnerability Engagement) has been delivered to the Emergency Operations Centre (EOC);
- As a result of reported complaints and incidents linked with 111 triage, we have increased the number of clinicians in the Emergency Operations Centre to attempt to cope with the surge in demand. This will increase levels of ‘hear and treat’ and ensure only those patients who require an ambulance disposition are managed in this way;
- As a result of reported complaints and incidents linked with 999 Triage, call scripts have been initiated for the support of patients in making decisions about waiting for transport during periods of high demand. This was supported by the clinical hub;
- To try and tackle demand, a team of Accident and Emergency consultants have been working with the EOC and provide additional support to those patients out of hours. They work between the hours of 1600 and 2200 in the evening and at weekends;
- Developed a communications support guide using NHS easy read images to assist staff when communicating with patient encountering communications difficulties;
• A new process was developed to ensure that the batch trace on each service line (emergency care, patient transport and 111) is now matched to all the other service lines;

• Secondment of a Mental Health Lead ensured NEAS has a 3 year Trust strategy, training and education plan and a sustainable model in relation to the management and support of patients with mental ill health and enabled NEAS to continue to improve the support provided to patients and staff on an ongoing basis;

• Improved complaints handling awareness for managers via essential management training;

• A new “ Complaints Handling Policy” has been developed which is much shorter and streamlined than the old one, clearly sets out what the intent and objectives behind the policy are and how we plan to achieve them. The new policy, which was implemented in June 2017, is supported by a single, clear and user–friendly procedure which has substituted the numerous procedures in force in the past;

• Proactive cooperation between the Trust and the Patient Advisory and Liaison Service (PALS);

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 or serious harm 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 has robust systems and processes to comply with the obligations required under Duty of Candour. These include the use of the Ulysses Safeguard system for recording and managing all incidents falling within the category. Once identified the individual case is assigned to a dedicated person who will review and ensure that the duty is fulfilled. In the event that the case is classified as a Serious Incident, the Trust has a number of specialist Family Liaison Officers (FLOs). In these cases the FLO will act as a single point of contact for the patient or family, offering additional support and guidance.

In 2017/18 we have trained a further 20 members of staff to undertake FLO duties and they have undergone a five day education programme to prepare them for this important role. During 2017/2018 we have supported NHS Resolution to showcase the FLO role and presented at 2 national events in Manchester and Newcastle. We have also worked with other Trusts to share our experience and processes to share best practice.

We have sought feedback from managers in relation to enacting the Duty of Candour requirements and have undertaken initial training of our frontline clinical managers during 2017/18 to support new managers coming into post. We recognise there is further work to undertake in 2018/19 to provide additional support and coaching to further improve our being open approach with patients and their carers.

Reporting and compliance with Duty of Candour is conducted via the Trust’s governance structure and ultimately up into the Trust Board of Directors via the quality dashboard. Overall compliance during 2017/2018 is positive.
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 2017/18 consultation

In line with NHS England’s quality report guidance, we have asked for comments on our draft Quality Report.

We conducted an online survey to capture feedback on our draft 2018/19 Quality Priorities between 26 February and 20 March 2018 which was circulated to a wide group of stakeholders through internal employee bulletins, direct mail outs and social media. In total 183 responses were captured with the greatest proportion of responses received from NEAS employees (46%) members of the public (23%) and external organisations (20%). Overall the survey responses showed a positive view of the draft quality priorities which identified that cardiac arrest was the highest response (50.42%), followed by sepsis (44.92%), delays focussed on falls (37.07%) and then mental health (29.09%).

We sent our Quality Report consultation to a range of stakeholders including NHS commissioners and providers, North East MPs and all North East local authorities and Healthwatch groups.

Of the 607 emails sent to stakeholders, 594 were delivered and 13 bounced back. Our consultation email was opened by 152 stakeholder groups (25.6%) and read by 482 people (i.e. some groups like Healthwatch and OSC shared with their wider membership in consulting on our Quality Report). We have received a formal response from:

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Tyneside Overview and Scrutiny Committee</td>
<td>30 April 2018</td>
</tr>
<tr>
<td>Newcastle City Council Overview and Scrutiny Committee - response</td>
<td>9 May 2018</td>
</tr>
<tr>
<td>Durham Overview and Scrutiny Committee - attended</td>
<td>9 May 2018</td>
</tr>
<tr>
<td>Sunderland Council Health &amp; Well being Committee</td>
<td>11 May 2018</td>
</tr>
<tr>
<td>Durham County Council Adults Wellbeing and Health overview and scrutiny Committee</td>
<td>16 May 2018</td>
</tr>
<tr>
<td>Northumberland County Council Health and Wellbeing Overview and Scrutiny Committee</td>
<td>18 May 2018</td>
</tr>
<tr>
<td>North East Joint Healthcare Scrutiny Committee</td>
<td>18 May 2018</td>
</tr>
<tr>
<td>Lead North East Commissioner – DDES</td>
<td>18 May 2018</td>
</tr>
<tr>
<td>Healthwatch Newcastle, Gateshead and North Tyneside</td>
<td>18 May 2018</td>
</tr>
<tr>
<td>Healthwatch Northumberland</td>
<td>18 May 2018</td>
</tr>
</tbody>
</table>
Response to stakeholders following consultation

We would like to thank all of our stakeholders for taking the time to feedback their views on our draft Quality Report. Although we cannot address all questions raised, the following points highlight how our final report has been changed to address some of the main comments raised.

<table>
<thead>
<tr>
<th>Comment</th>
<th>NEAS Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are too many patients who have fallen and waiting too long for an ambulance</td>
<td>We have focused our work on reviewing ambulance delays to improve the care of patients who fall and are not injured. This is reflected in the quality priority regarding delays.</td>
</tr>
<tr>
<td>The report would flow better if it started with 17/18 priorities and performance, then achievements and then 18/19 priorities</td>
<td>The report content headings and format is determined by NHS England / NHS Improvement, therefore we are unable to change this.</td>
</tr>
<tr>
<td>I would expect to see something regarding the reduction in waiting times and handover</td>
<td>We have detailed operational plans to improve ambulance response and delays experienced due to handover at hospital. We are working with commissioners and other stakeholders on this and whilst it is not identified as a quality priority for 2018/19 there will be continued focus on this working with stakeholders across the urgent and emergency care network.</td>
</tr>
<tr>
<td>Long waits for ambulances is a concern and these need to be addressed</td>
<td>The Trust is working with Commissioners following the production of a report looking at capacity and demand to meet the new national Ambulance Response Programme performance standards.</td>
</tr>
<tr>
<td>The initial draft report outlined compliance with the Sepsis Care bundle was 67%, target set for 2017/18 was 40%</td>
<td>This figure was inaccurate in the draft Quality Report. To ensure transparency the sepsis care bundle results are outlined for each audit completed throughout the year. We were unable to complete audits in quarter 3 due to resource constraints. We have exceeded the 40% target since September 2017.</td>
</tr>
<tr>
<td>It is difficult to determine from the report which performance indicators the ROSC data refers to as it is not labelled and doesn’t have supporting narrative</td>
<td>Additional information has been added to the report.</td>
</tr>
<tr>
<td>The commissioners wish to see data relating to ROSC where the arrest was bystander witnessed and initial rhythm was ventricular fibrillation or ventricular tachycardia</td>
<td>Additional information has been added to the report.</td>
</tr>
<tr>
<td>Performance data relating to Stroke FAST indicators is not included</td>
<td>Additional information regarding this has been added to the report.</td>
</tr>
<tr>
<td>Commissioners would like to see priorities which relate to 111 and patient transport services included in local priorities for improvement</td>
<td>The quality priorities relating to sepsis, cardiac arrest, long waits and mental health involve all aspects of our service e.g. 111/999 call handlers will receive updates on sepsis, alongside operational crews.</td>
</tr>
<tr>
<td>The quality report does not outline Northumberland’s performance within the wider North East area affected by geographical distances and remoteness</td>
<td>It is not possible to provide local level performance data within the Quality Report however we do provide this information to Commissioners of the service. ARP data has been shared since April 2018.</td>
</tr>
</tbody>
</table>
Dear Debra

Quality Report 17/18

Thank you for giving us the opportunity to include comments in your 17/18 Quality Report.

We would wish to make the following comments:

We would endorse the priorities set for 18/19, particularly in relation to the response for older people that have suffered a fall. We have all seen the stories of older people who have had to endure long waits for an ambulance whilst in distress and anything that can be done to avoid such instances would be greatly welcome.

As you will be aware, our key concerns around ambulance transport are around the ability of NEAS meet the challenges set by the South Tyneside and Sunderland Healthcare Group’s proposed changes to Maternity and Emergency Paediatric Care. We have yet to be convinced that the service will be able to adequately respond to emergency situations where urgent transfers are required from South Tyneside District General Hospital to Sunderland.
Royal Hospital. This will require further work by NEAS to ensure that the ambulance service will be able to manage the longer distances and increased job cycles arising from the service changes and the new service standards. This is particularly essential for maternity services as it is vital for this service to be 100% reliable and timely.

We appreciate the difficulties you face with increased workload, budget pressures and the need to keep developing your service to meet the demands of the changing service pathways arising from STP’s.

I hope you find these comments helpful.

Yours sincerely

Cllr Rob Dix
Chair
South Tyneside Council Overview and Scrutiny Coordinating and Call-in Committee
Ms D Stephen
Deputy Director of Quality and Safety (Lead Nurse)
North East Ambulance Service NHS Foundation Trust
Berinica House
Goldcrest Way
Newburn Riverside
Newcastle upon Tyne
NE15 8NY

11 May 2018

Dear Debra:

North East Ambulance Service NHS Foundation Trust Quality Account 2017/18
Response of Health and Wellbeing Scrutiny Committee, Sunderland City Council

Sunderland City Council's Health and Wellbeing Scrutiny Committee are pleased to able to comment on this year's North East Ambulance Service Quality Report 2017/18. The report provides a detailed overview of the quality of care and key priorities for the year ahead. The Health and Wellbeing Scrutiny Committee continues to foster constructive relationships with key health partners including the North East Ambulance Service while ensuring challenge, voicing the concerns of the public and acknowledging good practice and improvements to service delivery.

The Health and Wellbeing Scrutiny Committee is pleased to acknowledge the progress that has been made by the trust following the Care Quality Commission (CQC) Inspection in 2016. The committee is particularly pleased to see improvements in recruiting staff, dispatch resilience and strengthening of clinical leadership across the organisation.

The Health and Wellbeing Scrutiny Committee has also received a detailed presentation on the new national ambulance response programme (ARP) and progress since introduction, the benchmarking of performance across England and winter pressures faced by the ambulance service. Members of the Committee were pleased to acknowledge the Trust's high performance for C1 category responses but also recognised the work to be done in respect of categories C2 and C3. The actions for improvement are a positive move to address the performance issues highlighted. The Health and Wellbeing Scrutiny Committee will continue to monitor this performance with the Trust and will look to invite Trust representatives to a future meeting of the Committee in 2018/19.
The Joint Health Scrutiny Committee established between Sunderland and South Tyneside Local Authorities continues to work with the NHS Trust and partners on its ambitious programme of reform 'The Path to Excellence'. There is a critical role for the North East Ambulance Service throughout the options identified in the Path to Excellence, and their performance is almost entirely dependent on the resources at their disposal. The Joint Health Scrutiny Committee will continue to monitor, represent and voice the concerns of the public throughout this programme.

The Health and Wellbeing Scrutiny Committee are also pleased to highlight the collaborative work that has been undertaken with City Hospitals in Sunderland, and in particular the work around reducing the incidence of pressure ulcers. It is very often through key partners working together that the best results and improvements are achieved. Members of the Committee would encourage more collaborative working in the future, wherever practicable.

Sunderland City Council’s Scrutiny function values its relationship with the North East Ambulance Service and will continue to challenge and engage with the Trust over key issues and priorities for the city. The Health and Wellbeing Scrutiny Committee are therefore satisfied in endorsing this quality report for 2017/18.

Yours sincerely

[Signature]
Councillor Darryl Dixon
Chair of the Health and Wellbeing Scrutiny Committee

This matter is being dealt with by:
Nigel Cummings, Scrutiny Officer, Sunderland City Council, Civic Centre, Burdon Road, Sunderland. SR2 7DN. Tel: (0191) 561 1006; Email: nigel.cummings@ Sunderland.gov.uk
Yvonne Ormston,
Chief Executive,
North East Ambulance Service,
Bernicia House,
Goldcrest Way,
Newburn Riverside,
Newcastle upon Tyne.
NE15 8NY

16 May 2018

Dear Ms Ormston,

North East Ambulance Service NHS Foundation Trust – Quality Accounts 2017/18

Following consideration by members of Durham County Council’s Adults Wellbeing and Health Overview and Scrutiny Committee on 9 May 2018, please find attached the Committee’s response to your draft Quality Accounts for 2017/18.

The response provides commentary on the Trust’s performance for 2017/18 as well as the identified priorities for 2018/19.

I would like to thank the Trust for providing the opportunity for continued engagement of the Adults Wellbeing and Health Overview and Scrutiny Committee in the aforementioned process.

Yours sincerely,

Cllr John Robinson
Chair of the Adults, Wellbeing and Health Overview and Scrutiny Committee
DURHAM COUNTY COUNCIL ADULTS WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

COMMENTS ON NORTH EAST AMBULANCE SERVICE NHS FOUNDATION TRUST QUALITY ACCOUNT FOR 2017/18

The Committee welcomes North East Ambulance Service (NEAS) NHS Foundation Trust’s Quality Account and the opportunity to provide comment on it. The Committee are mindful of their statutory health scrutiny role and the need to demonstrate a robust mechanism for providing assurance to the residents of County Durham that health service provision is efficient and effective. The quality account process provides the Committee with one such mechanism.

The Committee has engaged with the Trust on a number of issues during the course of 2016/17 including the post implementation progress in respect of Durham Dales, Easington and Sedgefield CCG’S A&E Ambulance Service Review and Urgent Care Review; the National Ambulance Response programme; NEAS performance across County Durham; the impact upon NEAS on the Sunderland and South Tyneside NHS Partnership Path to Excellence programme and its progress against the 2017/18 Quality Account priorities.

The Committee considers that the Quality Account is clearly set out and acknowledges up front that performance during 2017/18 has again been challenging, set against a context of a considerable increase in demand for the service both regionally and nationally.

In commenting upon the Quality Account, the Committee:–

- Welcomes the steps taken by the Trust in the early identification of sepsis amongst its patients, noting that performance in terms of compliance with Sepsis Care Bundle performance is above target. The Committee would suggest that this target should be further stretched for 2018/19;
- Supports the work to undertake regular audits of ambulance waits to determine whether the patient came to any harm whilst noting that average job cycle times have almost doubled from 52 minutes in 2006 to 1 hour 43 minutes in 2018;
- Acknowledges that the development and implementation of a safeguarding tool to support clinicians’ decision making has been delayed, although members are pleased that the appropriateness of safeguarding referral is 100% across the Trust and that the accuracy of referral is improving within the Trust as a result of shared learning via staff training.

The Committee continue to be concerned at the Trust performance across County Durham in comparison to Trust wide performance and have asked for regular updates back to the Committee as the new National Ambulance Response programme targets are embedded across the organisation. The previously identified issue of the increase in the duration of job cycle times coupled with the increase in the number of patients with complex health needs and conditions being seen by NEAS staff is noted as a potential contributing factor to this.
The Committee would also take the opportunity to reiterate their concerns regarding the potential impact upon NEAS response times of any service change proposals arising from NHS Sustainability and Transformation Plans which could impact upon acute hospital services across the region and seek assurances that NEAS will ensure its continued input into such plans.

The Committee consider that from the information received from the Trust, the identified priorities for 2018/19 are clearly expressed and will contribute to improvements in the healthcare system generally.

Finally, in order to ensure that it continues to provide a robust Health scrutiny function and assurances in this respect to the residents of County Durham, the Committee will continue to receive and consider performance overview information. As in previous years, the Committee would request a six monthly progress report on delivery of 2018/19 priorities and performance targets in November 2018.
Ms D Stephen  
Deputy Director of Quality and Safety (Lead Nurse)  
North East Ambulance Service NHS Foundation Trust  
Barnicia House  
Goldcrest Way  
Newburn Riverside  
Newcastle upon Tyne  
NE15 8NY  

9 May 2018  
Our Reference: WT/KC18  

Dear Debra,  

North East Ambulance Service NHS Foundation Trust Quality Account 2017/18  
Response of Health Scrutiny Committee, Newcastle City Council  

As Chair of the Health Scrutiny Committee, I welcome the opportunity to comment on your draft Quality Account for 2017/18. The committee discussed this at their meeting on 12 April 2018 and this letter provides a summary of the committee’s response, which should be read in conjunction with comments made by the North East Joint Health Scrutiny Committee.

In respect of progress against the 2017/18 priorities we make the following comments:

- We know that the trust continues to be under significant pressure - high demand, increased acuity of patients and financial constraints - creating a position where targets for red 1 and red 2 calls are not being met.

We do acknowledge this is a national issue and note that, although targets are not met, the trust performs well against the national average in relation to responding to life threatening conditions.

However, we obviously remain concerned that targets are not being achieved, particularly the response to category 2 calls, and will monitor the position through the joint committee over the coming year.

- We note that the trust is exploring a number of alternative models in dealing with long waits by patients who need help in the event of a fall, but not necessarily an ambulance response into hospital. We recommend that discussions take place with alarm service providers who may also be able to assist, reducing the impact of low level calls.

- We welcome the ongoing focus on Sepsis, a significant life-threatening condition.

If you need this information in another format or language, please contact the writer.
• We welcome the continued increase in community defibrillators, which are mapped by the trust and the ‘army’ of community first responders trained by the trust who can provide help in an emergency until an ambulance can arrive. As discussed at the meeting, we would like more information on successful use of this equipment.

• We discussed the level of appropriate safeguarding referrals at 55% and the difficulty the trust has in determining cases where there is a genuine safeguarding concern, rather than a welfare concern, and noted the significant effort that inappropriate referrals can have on other services. Whilst we agree that the trust should always err on the side of caution, there may be an opportunity to discuss this further with local authorities to reach agreement on how this process can be best managed.

• We note that over the last three years there has been a steady increase in the percentage of staff reported errors, near misses or incidents witnessed, taking the trust above the national average. We understand that the trust welcomes the increase as a result of steps it has taken to encourage and support the reporting of incidents, but it is still an area of concern for us.

• Although not a quality priority, we are pleased to note the trust’s focus on staff wellbeing and hope that the increase in paramedic numbers will further help to reduce sickness as a result of stress.

In respect of the 2018/19 priorities we make the following comment:

• We welcome the inclusion of a specific priority on mental health, which will include training for all frontline staff and development of a screening tool for paramedics. We have a particular interest in mental health services and understand the consequences of not providing the right care at the right time. So we will be particularly interested in understanding the impact this priority has had next year.

Overall we found the Quality Account document to be clear and informative and we recognise all priorities for 2018/19 as being of high importance to local residents.

Finally, I would like to thank the trust for engaging with us whenever requested to do so and hope that this will continue.

Yours sincerely,

Chair, Health Scrutiny Committee

If you need this information in another format or language, please contact the writer.
Dear Ms Stephen,

NORTH EAST AMBULANCE SERVICE NHS FOUNDATION TRUST ANNUAL PLAN AND QUALITY ACCOUNT 2017/18

Statement from Northumberland County Council’s Health and Wellbeing Overview and Scrutiny Committee

The Health and Wellbeing Overview and Scrutiny Committee welcomes the opportunity to submit a commentary for inclusion in your Annual Plan and Quality Account for 2017/18 as presented to the committee in draft, and about our ongoing engagement with the Trust over the last year. We have continued to receive information from the Trust, with participation of Trust personnel at many of our committee’s bimonthly meetings. Members of the committee have also engaged including consideration at their meetings including presentations about ambulance and hospital interface.

At our 20 March 2018 meeting we received a presentation on your draft Quality Account for 2017/18 and your priorities for 2018/19. At that meeting we also received presentations from Northumbria, Newcastle Hospitals and Northumberland, Tyne and Wear NHS Foundation Trusts on their own quality accounts; hearing four presentations in one meeting from the four Trusts we believe this provides a good joined-up picture of the many NHS services in Northumberland. Members responded favourably to the information you presented; with reference to the highly valued staff and clinical support provided.

Following your presentation of the draft Annual Quality Account 2017/18, the following key issues were raised by members:

- the impact of the new standards on the reporting of statistics was acknowledged
- how Northumberland’s performance within the wider North East area was affected by geographical distances and remoteness factors - we note with disappointment that the draft of the report, like the presentation, includes no separate analysis of this issue
- concerns about call volumes increasing when there were other options than calling 999
• a request for some comparisons at future on response times to be organised with other similar geographically big, sparsely populated counties?
• now less than 1 - 2% of calls involved First Responders, and noted how the change in focus was on the clinical needs of the patient
• A welcoming of how the 111 service had received investment and a broader range of clinicians were now being used to provide advice, including options such as self care, and how the CCG would continue to monitor whether the improvements to the 111 service were sustained
• members were pleased to note that NHS Pathways categorised calls and that the whole-call process was audited including how calls were reviewed and handled
• the receipt of statistics regarding 'near miss' cases (in which a patient was not harmed but potentially could have been resulting from a delay) would be appreciated
• members welcomed work to continue to recruit more staff including apprentices
• how additional vehicles, including more double crewed ambulances, would be of benefit
• regarding some issue such as whether there could be targets for cardiac arrest cases, members noted the Trust's focus instead on how many more lives were saved through interventions
• replying to concerns about waiting times/delays in the handover process, the use of a Hospital Ambulance Liaison Officer (HALO) and a new Clinical Operations Manager to manage handovers at NSECH and Durham was welcomed
• members noted how handover delays had been a big focus over the past year, and how the CCG was working with all relevant providers to take this forward
• members welcomed that a mutual aid approach about cooperation with the Borders Ambulance Service was underpinned by policies and procedures.

From the information you have provided to the committee over the past year, including the presentation about your staff 2017/18 Quality Account and the full version of the document we received on 25 April, we believe the document is a fair and accurate representation of the services provided by the Trust and reflects the priorities of the community. Members also support your priorities for improvement planned for 2018/19, but also request that you note and consider the various points that they have raised in relation to your work going forward, as detailed above. If possible it would be appreciated if some of the additional information requested could be provided. Members will continue to keep monitoring ambulance performance levels and will welcome receiving any further updates from you.

We acknowledge that the service has been challenged with meeting the national response times due to increased demand, staffing pressures, increased travel times and waits, but would strongly stress that the service addresses these challenges through what means you can given the need to meet the needs of our communities in light of the size and sparsely populated nature of Northumberland.

We also would be very grateful if I could get in contact with you again soon to discuss possible agenda items for the Health and Wellbeing Overview and Scrutiny Committee to consider about the Trust’s services during the next council year from 2 May 2017 onwards. If I can be of any further assistance about the committee’s response, please do not hesitate to contact me.

Yours sincerely,
Mike Bird
Senior Democratic Services Officer
Democratic Services

On behalf of Councillor Jeff Watson
Chair, Northumberland County Council Health and Wellbeing Overview and Scrutiny Committee
Healthwatch Newcastle, Healthwatch Gateshead and Healthwatch North Tyneside’s statement for North East Ambulance Service NHS Foundation Trust’s Quality Account 2017/18

We were pleased to read North East Ambulance Service (NEAS) NHS Foundation Trust’s Quality Account 2017/2018 and to learn more about some of its successes and challenges over the past year.

Firstly we welcome this concise, clearly written and accessible Quality Account.

It is of concern that nationally none of the ambulance trusts in England has achieved the national targets in ambulance response times for ‘Red 1’, ‘Red 2’ and ‘19 minute response’ calls. It is also concerning that NEAS response times have worsened for ‘Red 2’ and ‘19 minute response’ calls.

However, we understand that these targets have now been replaced with a new set of performance standards through the national Ambulance Response Programme (ARP). In reference to these targets, we are pleased to see that NEAS is the highest performing Trust for the new Category 1 – mean response time (7 minute target), but we would like to see improvements for Category 3, where the Trust is the lowest performing Trust and Category 2 and 4, where targets have not been met.

Results on 2017-18 priorities

Priority 1 - To improve the early recognition of Sepsis
We are pleased to see good progress in this area this year, with a huge increase in the use of the sepsis care bundle from 7% (Nov 2016 baseline) to 67%. Results of the sepsis care bundle audit also show good progress.

We support this as a priority for 2017-18 - focussing particularly on the needs of children and pregnant women with suspected sepsis, and we hope to see an increase in staff attending sepsis training.

Priority 2 - Cardiac arrest
Good progress has been made in improving the survival rates of patients who have cardiac arrest, and we agree with the rationale for carrying this priority over into 2018-19.
Enhanced Zoll Defibrillators appear to have been a really useful tool for your ambulance crew so we are pleased to see that NEAS will be purchasing more this year.
Priority 3 - Longest Waits
We appreciated the challenges that NEAS has faced regarding those patients who have the longest wait for an ambulance and the impact that the implementation of the Ambulance Response Programme (ARP) has had upon them. However, we are pleased to note that the ARP does allow for those waiting the longest in all four categories to be identified and monitored. But we are concerning to read that there have been even a small number of near misses and we are therefore pleased to note that this priority continues into next year, with the focus on patients who have had a fall.

Priority 4 - Safeguarding referrals
We note that you have made progress in your work to ensure safeguarding referrals are appropriate and completed to a high target, achieving two of the three targets set and almost achieving the target relating to accuracy of referrals. We are also pleased to note the development of a bespoke safeguarding training programme for the call handling team and a streamlined referral system.

2018-19 priorities:

Overall, we are supportive of the priorities selected for 2018-19. Regarding the early recognition of sepsis, we would that this year you are able to achieve your target to have 95% of staff attending the mandatory training for this. We support the continuation of the priorities relating to cardiac arrest and longest waits and we are particularly pleased to see the inclusion of a priority relating to the care of patients with mental health needs. We are aware that this is an area of concern to many people and it is reassuring to see that the trust is taking positive steps to enhance the skills and knowledge of staff.

We hope that that the Trust has a successful year ahead, as ever, we offer to work in partnership with you to help achieve your goals.
Councillor Ray Martin-Wells
Chair, North East Joint Health Scrutiny Committee
C/o Civic Centre
Hartlepool
TS24 8AY

Mark Golton
North East Ambulance Service NHS Foundation Trust
Borndia House
Goldcrest Way
Newburn Riverside
Newcastle upon Tyne
NE15 8NY

18th May 2018

Dear Mark,

The North East Joint Health Scrutiny Committee has prepared the following statement for inclusion within the Quality Account 2017/18 for the North East Ambulance Service (NEAS).

Members of the Committee were supportive of the 2018/19 priorities and made the following comments on the outcomes for 2017/18:

Ambulance Response Standards

The Regional Committee were informed of the new national categories for ambulance response times. Members were informed that the new targets did, however, require the Trust to reconfigure its fleet and staff, and the Committee requested an update on this, as it progressed.

The Chair of the Regional Committee commented that while the response to the new categories required the ‘conveying’ responder, single responders in cars were often very quick to get to patients and could start treating any casualties before the ambulance arrived. The NEAS representative commented that the response would be based on what the patient needed. A first responder may be able to start CPR or similar treatment but the measure would require the attendance of the most appropriate vehicle to convey the patient.

The Chair acknowledged the issue and commented that it would be wrong to be unfair to NEAS on the statistics when they were getting responders there within the timescales. The Chair indicated that he would wish to see single responders maintained by NEAS and would wish to know if any policy decision was taken on removing them in the future.
The NEAS representative commented that there was no intention to stop sending a particular response. Managers and commissioners knew what the demand was and what was needed to address patient needs. If there was a gap then NEAS would look to what was needed to fill that. The service was receiving 42 extra paramedics but at this time there was no certainty that would be enough. More may be needed or how and when they worked may need to change to meet the demands the service now faced. The NEAS representative referred to the Carter Review of Community Hospital Services in Liverpool and the efficiencies that had come out of that review. The review had now moved on to Ambulance services and that may bring forward new ideas on service provision. There were, however, different service models across the country, for example, in the Midlands every two men crew included one paramedic. NEAS did not have that in this region, and if that was something that was needed there would be significant costs associated with that.

The Chair acknowledged the issue and commented that it would be wrong to be unfair to NEAS on the statistics when they were getting responders there within the timescales. The Chair indicated that he would wish to see single responders maintained by NEAS and would wish to know if any policy decision was taken on removing them in the future.

Members questioned if third party providers were being used on category 3 and 4 calls. It was confirmed that much depended on assessing a call properly in the first place but there was no intention to use third parties for category 3 and 4 calls.

Recruitment of Paramedics

A Member questioned the progress regarding the recruitment of paramedics and questioned whether the 111 services had improved to the point that NEAS was confident that the right respondents were being sent to calls. Members were informed that the NEAS 111 service was one of the top performing 111 services in the country and frequently dealt with calls for other service areas when they had reached capacity. The 111 service was working well. The only time the service had struggled with performance measures was during the winter pressure period in December when all trusts were at capacity.

In terms of paramedic recruitment, the Trust had recruited a number of International paramedics who were now embedded within the service. There were currently around 40 vacancies for paramedics, though it was expected that these posts would be filled by the end of the year as sufficient trainee paramedics currently studying at Teesside University had been signed up. While there was competition from other areas for trainee paramedics, NEAS had improved its offer to new staff with opportunities to work in other disciplines and career progression.

A Member questioned if there was any assessment of what was leading to the increased numbers of calls to the service and how calls were being filtered. It was confirmed that there was a high level of triage of calls; was an ambulance and a paramedic required or could the issue be resolved by an appointment at an urgent care centre or with their own GP. Campaigns had been undertaken to educate the public who to call in an emergency or urgent care situation but the publicity tended to lead to more calls.

Members were informed that the ability to make appointments directly with GPs was improving and the vast majority of GPs had joined the scheme. Members were informed that the Trust had received a national award for this scheme.
Safeguarding Referrals

Members were informed that the trust had been working on improving the quality of its safeguarding referrals and it was partially on track to achieving its aims. NEAS would be looking towards enhancing the audit process, improving training and developing a pool of safeguarding champions. The Committee suggested that mental health issues should replace the safeguarding priority going forward. Members were also significantly concerned at the situation around long waits among the public that needed to be addressed.

Members of the Committee welcome the information that is shared with them on a regular basis and hope this engagement continues throughout the 2018/19 Municipal Year.

Yours sincerely

[Signature]

Cllr Ray Martin-Wells
Chair, North East Joint Health Scrutiny Committee


The CCGs welcome the opportunity to submit a statement on the annual quality report for North East Ambulance Service NHS Foundation Trust (NEAS).

The CCGs [the commissioner] can confirm, to the best of their ability, that the information provided within the annual quality report is an accurate and fair reflection of the Trust’s performance for 2017/18. The CCGs would like to provide the following statement:

As commissioners we have remained sighted on the Trust’s priorities for improving the quality of its services for its patients, and have continued to provide robust challenge and scrutiny through the Clinical Quality Review Group (CQRG) meetings.

We feel that the report provides clarity of the achievements of the Trust throughout 2017/18 and acknowledge that of the four priorities for 2017/18 outlined in the report the Trust has achieved one and partially achieved three of the priorities.

The report also outlines the Trust objectives for 2018/19. However, the CCGs feel it would have been beneficial if a summary of the priorities for 2017/18 and 2018/19 had been presented together to enable review of achievements and priorities at a glance.

The CCGs would like to commend the Trust on their achievements across 2017/18 particularly for the successful introduction of the Ambulance Response Programme (ARP). Although the data period is limited (October 2017 – 31st January 2018), the Trust has demonstrated good progress with implementation and performance for responding to category 1 life threatening conditions to date; however they remain the lowest performing ambulance trust for category 3 response times which is disappointing. Deteriorating response times remain a concern for commissioners and further improvements to the other response categories are required during 2018/19.
Commissioners look forward to working with the Trust across 2018/19 to implement improvements to demand and capacity, workforce and patient pathways to assist with the required improvements.

Commissioners also note the partial achievement of the priority focused on longest waiting times and the associated actions which have been taken to improve the situation for patients experiencing long waits for an ambulance. The introduction of multidisciplinary huddles is a positive step and welcomed by commissioners; however, long patient waits continue to present patient safety risks and therefore remain a concern for commissioners. It is noted that the Trust is taking action to improve key areas in relation to serious patient safety incidents reported by the Trust. The situation will continue to be monitored via the CORG to ensure the agreed actions deliver the expected outcomes.

The CCGs would like to congratulate the Trust on being awarded the national Nursing Times dignity in care award in 2017 for the development of the dedicated End of Life Care transport service.

The strengthening of the leadership team with the introduction of the new clinical management structure is also welcomed by commissioners.

Commissioners acknowledge the work undertaken by the Trust in implementation of the Paramedic Pathfinder pilot in Sunderland which successfully redirected patients into alternative pathways and look forward to the evaluation of this work to understand the potential impact to other geographical areas.

The work undertaken during 2017/18 to improve screening of patients for sepsis has been beneficial to patients and commissioners acknowledge that the Trust has exceeded their target for implementation of the care bundle of 40% with a current compliance rate of 67%. The commissioners note that this work will be developed further during 2018/19.

The progress in improving the survival rates of patient who have suffered a cardiac arrest is noted along with the associated actions. However, it is difficult to determine from the report which performance indicators the ROSC data refers to as it is not labelled and doesn’t have any supporting narrative. The commissioners would expect to see data relating to ROSC where the arrest was bystander witnessed and the initial rhythm was ventricular fibrillation or ventricular tachycardia.

It is also noted that the report does not contain any performance data relating to Stroke FAST indicators.

Improvements to safeguarding referrals is welcomed by the commissioners, particularly the work to improve the accuracy of the referral and commissioners would like to see a continued improvement in the accuracy of the referrals.

The CCGs note that the local priorities for improvement in 2018/19 have been set, and reflect the need to improve some areas already initiated during 2017/18 and indeed will continue to build on the work already started during 2017/18.

Commissioners consider that they are appropriate areas to target for continued improvement. However, it is noted that these priorities relate to 999 crews
responding and commissioners would also like to see other priorities which relate to 111 and patient transport services.

The CCGs will continue to work with NEAS through the CQRG to understand the quality issues within the Trust and work collaboratively towards implementing improvement.

The CCGs are in receipt of a draft of the quality report from NEAS and there will be changes to the draft as further information about year-end position in relation to the quality indicators becomes available and we would encourage the Trust to update this information. Subject to these changes the CCGs feel that this is a fair and accurate reflection of the position within NEAS.

The CCGs look forward to continuing to work in partnership with North East Ambulance Services NHS Foundation Trust during 2018/19 to ensure the quality of services the Trust provides for the local population continues to improve.

Yours sincerely

Gillian Findley, Director of Nursing
Durham Dales, Easington & Sedgefield CCG
Debra Stephen  
Deputy Director of Quality and Safety  
North East Ambulance Service NHS Foundation Trust  
Ambulance Headquarters  
Bernicia House  
Goldcrest Way  
Newburn Riverside  
Newcastle upon Tyne  
NE15 8NY  
18 May 2017

Dear Debra

Draft Quality Report 2017/2018

We welcome the opportunity to respond to the draft quality report of North East Ambulance Service and would like to congratulate the Trust on some good results. Healthwatch Northumberland is looking forward to our continued working in collaboration with the Trust.

We have identified below areas where we believe the Trust has performed well:

- Continued success of the End of Life Care initiative and the national recognition it achieved at the Nursing Times awards.
- The positive and multiple approaches to ensuring patient safety and safeguarding and embedding it in the NEAS culture
- Emphasis on ‘longest waits’ and the work with care homes to address how falls are dealt with.
- Complaints overall have reduced in number (but see comment below) and welcome the actions taken to learn from complaints and the implementation of a shorter and more streamlined complaints process.
- Sustained improvement in the staff survey response rate.
Overall we found the Quality Report document to be rich and detailed. It could be made easier to read with a different balance between data tables and narrative.

The area which Healthwatch Northumberland has most concern is that of the Patient Transport Service (PTS). We note that the family and friends test shows an improving trend in terms of recommendation and an appreciation of the care received. This reflects the sentiments expressed to Healthwatch Northumberland by people who receive the service.

However we continue to receive feedback from people who have been declined support through PTS and have to appeal against the decision. We are disappointed that the revised eligibility criteria (mentioned in last year’s report) have not been implemented and would hope this is done early in 2018/19.

We also note that while complaints overall have decreased, there is a rising trend in the quality of care and staff attitude as cause of complaints and would like to see some work done and reported on this. The Patient Advice and Liaison Service (PALS) is rightly mentioned as a resource about overall patient experience. We would suggest that the Healthwatch function (across all of the Trust’s area) could be usefully incorporated into this process.

We would like to see a summation of the actions taken to address ambulance handover times. Waiting times are a concern to patients and while actions are mentioned in several places, a summary would highlight what has been done and offer reassurance.

The four priorities identified for 2018/9 (sepsis, cardiac arrest, long waits, safeguarding) are a continuation/development of those identified last year. This underlines the need for continuity to make lasting improvements and the plans to improve performance appear positive and achievable.

We look forward to working with NEAS in the coming year and continuing to build on the positive working relationship we have established.

Yours sincerely

D. Nugent

Derry Nugent
Project Coordinator
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.

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 2017/18 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 2017 to May 2018;
  - papers relating to Quality reported to the board over the period April 2017 to May 2018;
  - feedback from commissioners dated 18th May 2018;
  - feedback from governors dated 23 April 2018;
  - feedback from local Healthwatch organisations dated 18 & 21st May 2018;
  - feedback from Overview and Scrutiny Committees dated 30 April 2018, 9 May 2018, 11 May 2018, 18 May 2018;
  - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 dated May 2018;
  - the latest national staff survey 2017;
  - the Head of Internal Audit's annual opinion over the trust's control environment dated 14 May 2018;
  - CQC inspection report dated November 2016.
- 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

Catherine Young
Acting Chair
24 May 2018

Yvonne Ormston
Chief Executive
Independent auditor’s limited assurance report to the Council of Governors of North East Ambulance Service NHS Foundation Trust on the Quality Report

We have been engaged by the council of governors of North East Ambulance Service NHS Foundation Trust to perform an independent assurance engagement in respect of North East Ambulance Service NHS Foundation Trust’s Quality Report for the year ended 31 March 2018 (the ‘Quality Report’) and certain performance indicators contained therein.

**Scope and subject matter**
The indicators for the year ended 31 March 2018 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- Category 1 (mean response times)
- Category 2 (mean response times)

We refer to these national priority indicators collectively as the ‘indicators’.

**Respective responsibilities of the directors and auditors**
The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement’s Detailed Requirements for External Assurance on Quality Reports for Foundation Trusts 2017/18; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and supporting guidance and the six dimensions of data quality set out in the Detailed requirements for external assurance on Quality Reports 2017/18.

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- board minutes for the period April 2017 to 24 May 2018;
- papers relating to Quality Reported to the board over the period April 2017 to 24 May 2018;
- feedback from commissioners, dated 18 May 2018;
- feedback from governors, dated 23 April 2018;
- feedback from local Healthwatch organisations, dated May 2018;
- feedback from the Overview and Scrutiny Committee dated May 2018;
• the trust’s 2017/18 complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;
• the latest national patient survey;
• the latest national staff survey;
• Care Quality Commission inspection, dated 1 November 2016;
• the Head of Internal Audit’s annual opinion over the trust’s control environment, covering the period 1 April 2017 to 31 March 2018; and
• any other information included in our review.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the ‘documents’). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts. We apply International Standard on Quality Control (UK) 1 and accordingly maintain a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

This report, including the conclusion, has been prepared solely for the Council of Governors of North East Ambulance Service NHS Foundation Trust as a body, in reporting North East Ambulance Service NHS Foundation Trust’s quality agenda, performance and activities.

We permit the disclosure of this report within the annual report for the year ended 31 March 2018, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and North East Ambulance Service NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed
We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) Assurance Engagements other than Audits or Reviews of Historical Financial Information, issued by the International Auditing and Assurance Standards Board (‘ISAE 3000’).

Our limited assurance procedures included:
• evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
• making enquiries of management;
• limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
• comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
• reading the documents.
A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations
Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques that can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the Quality Report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance.

The scope of our assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by North East Ambulance Service NHS Foundation Trust.

Conclusion
Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement’s Detailed Requirements for External Assurance on Quality Reports for Foundation Trusts 2017/18; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and supporting guidance.

Cameron Waddell
For and on behalf of Mazars LLP
Chartered Accountants and Statutory Auditor
Salvus House
Aykley Heads
Durham
DH1 5TS

25 May 2018
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AED</td>
<td>Automated External Defibrillator</td>
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<tr>
<td>AP</td>
<td>Advanced Practitioner</td>
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<td>ARA</td>
<td>Ambulance Resource Assistant</td>
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<td>ARP</td>
<td>Ambulance Response Programme</td>
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<td>ACQIs</td>
<td>Ambulance Clinical Quality Indicators</td>
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<tr>
<td>AOIs</td>
<td>Ambulance Quality Indicators</td>
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<tr>
<td>BAME</td>
<td>Black, Asian &amp; Minority Ethnic</td>
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<td>Care and Referral</td>
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<td>CQC</td>
<td>Care Quality Commission</td>
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<td>CCG</td>
<td>Clinical Commissioning Group</td>
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<td>CPR</td>
<td>Cardiopulmonary Resuscitation</td>
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<td>CQUIN</td>
<td>The Commissioning for Quality and Innovation payments framework</td>
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<td>The Disclosure and Barring Service</td>
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<td>ECCM</td>
<td>Emergency Clinical Care Manager</td>
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<td>Emergency Department</td>
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<td>EMR</td>
<td>Emergency Medical Responder</td>
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<td>EOC</td>
<td>Emergency Operations Centre</td>
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<td>EoLC</td>
<td>End of life care</td>
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<td>ESR</td>
<td>Electronic Staff Record</td>
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<td>EPRF</td>
<td>Electronic Patient Report Form</td>
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<td>FOT</td>
<td>Forecast Outturn</td>
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<td>Full Time Equivalent</td>
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<td>Hospital Ambulance Liaison Officer</td>
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<td>Health Education North East.</td>
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<td>Health and Safety Executive</td>
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<td>LGBT</td>
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<td>National Clinical Audit</td>
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<td>North East Ambulance Service NHS Foundation Trust</td>
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<td>National Health Service</td>
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<td>NRLS</td>
<td>National Reporting and Learning System</td>
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<td>PALS</td>
<td>Patient Advice and Liaison Service</td>
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<td>PbR</td>
<td>Payment by Results</td>
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<td>PHKIT</td>
<td>Pre-Hospital Knowledge in Trauma</td>
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<td>Quality Governance Group</td>
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<td>RCA</td>
<td>Route Cause Analysis</td>
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<td>SPN</td>
<td>Special Patient Note</td>
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<td>UEC</td>
<td>Urgent &amp; Emergency Care</td>
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<tr>
<td>Term</td>
<td>Definition</td>
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<td>-------------------------------------------</td>
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<tr>
<td>Accessible Information Standard</td>
<td>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.</td>
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<tr>
<td>Advanced Practitioner (AP)</td>
<td>An Advanced Practitioner provides advanced primary care skills. May be a paramedic or a nurse with advanced skills.</td>
</tr>
<tr>
<td>Ambulance Quality Indicators</td>
<td>These are the Ambulance sector’s national quality indicators.</td>
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<tr>
<td>Ambulance Response Programme (ARP)</td>
<td>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.</td>
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<tr>
<td>Care bundle</td>
<td>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.</td>
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<tr>
<td>Care Quality Commission (CQC)</td>
<td>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.</td>
</tr>
<tr>
<td>Category A8</td>
<td>A life-threatening 999 call that must be responded to within eight minutes for 75% of these cases.</td>
</tr>
<tr>
<td>Category A19</td>
<td>If a category A patient needs transport, this should arrive, 95% of the time, within 19 minutes of the request for transport being made.</td>
</tr>
<tr>
<td>Category 1</td>
<td>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 90th percentile is measured.</td>
</tr>
<tr>
<td>Category 2</td>
<td>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.</td>
</tr>
<tr>
<td>Category 3</td>
<td>Is for those urgent problems that require treatment and transport to an acute care provider. This requires a 2 hour response (90th percentile)</td>
</tr>
<tr>
<td>Category 4</td>
<td>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 (90th percentile)</td>
</tr>
<tr>
<td>Clinical Commissioning Groups (CCGs)</td>
<td>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.</td>
</tr>
<tr>
<td>Clinical audit</td>
<td>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.</td>
</tr>
<tr>
<td>Clinical effectiveness</td>
<td>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 effectiveness</td>
</tr>
<tr>
<td>Terms and Definitions</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------</td>
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</tr>
<tr>
<td>Improvement</td>
<td>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).</td>
</tr>
<tr>
<td>Commissioning for Quality and Innovation (CQUIN) payment framework</td>
<td>The Commissioning for Quality and Innovation payment framework means that a part of our income depends on us meeting goals for improving quality.</td>
</tr>
<tr>
<td>Contact centre</td>
<td>The first point of contact for 999, 111 and Patient Transport Services patients who need frontline medical care or transport.</td>
</tr>
<tr>
<td>Core services</td>
<td>Our core services are accident and emergency, NHS 111, Community First Responders, the patient transport service and emergency planning.</td>
</tr>
<tr>
<td>Disclosure and Barring Service</td>
<td>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).</td>
</tr>
<tr>
<td>Directory of Services (DoS)</td>
<td>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.</td>
</tr>
<tr>
<td>End-of-life patients</td>
<td>Patients approaching the end of their life.</td>
</tr>
<tr>
<td>Enhanced Clinical Assessment and Referral (CARe)</td>
<td>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.</td>
</tr>
<tr>
<td>Electronic Staff Record (ESR) system</td>
<td>Electronic staff record system used in the Trust to hold personnel related information.</td>
</tr>
<tr>
<td>Enforcement action</td>
<td>Action taken against us by the Care Quality Commission if we do not follow regulations or meet defined standards.</td>
</tr>
<tr>
<td>Electronic Patient Report Form (EPRF)</td>
<td>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.</td>
</tr>
<tr>
<td>Foundation Trust Boards</td>
<td>These make sure that trusts are effective, run efficiently, manage resources well and answer to the public.</td>
</tr>
<tr>
<td>Governors</td>
<td>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.</td>
</tr>
<tr>
<td>Governor Task and Finish Group</td>
<td>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.</td>
</tr>
<tr>
<td>Handover and turnaround process</td>
<td>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. Turnaround is the period of time from an ambulance arriving at hospital to an ambulance leaving hospital.</td>
</tr>
<tr>
<td>Health Act 2009</td>
<td>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.</td>
</tr>
<tr>
<td>Hear and Treat</td>
<td>A triage system designed to assess patients over the phone and to provide</td>
</tr>
<tr>
<td>Term</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Health Education North East</td>
<td>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.</td>
</tr>
<tr>
<td>Lamp (The)</td>
<td>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.</td>
</tr>
<tr>
<td>Major trauma</td>
<td>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.</td>
</tr>
<tr>
<td>Monitor</td>
<td>The independent regulator of NHS Foundation Trusts.</td>
</tr>
<tr>
<td>National Ambulance Quality Indicators (AQIs)</td>
<td>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&amp;E, and ambulance emergency journeys.</td>
</tr>
<tr>
<td>National clinical audit</td>
<td>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.</td>
</tr>
<tr>
<td>National confidential enquiries</td>
<td>Investigations into the quality of care received by patients to assist in maintaining and improving standards.</td>
</tr>
<tr>
<td>NHS (Quality Accounts) Regulations 2010</td>
<td>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.</td>
</tr>
<tr>
<td>NHS Foundation Trust Annual Reporting Manual 2014/15</td>
<td>Sets out the guidance on the legal requirements for NHS Foundation Trusts’ annual report and accounts.</td>
</tr>
<tr>
<td>Pathways</td>
<td>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.</td>
</tr>
<tr>
<td>Patient Advice and Liaison Service (PALS)</td>
<td>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.</td>
</tr>
<tr>
<td>Patient experience</td>
<td>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).</td>
</tr>
<tr>
<td>Patient safety</td>
<td>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’.</td>
</tr>
<tr>
<td><strong>Quality Committee</strong></td>
<td>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.</td>
</tr>
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</tr>
<tr>
<td><strong>Quality dashboard</strong></td>
<td>An easy-to-read, often single-page report showing the current status and historical trends of our quality measures of performance.</td>
</tr>
<tr>
<td><strong>Quality Governance Group</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Quality Strategy</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Red 1 Call</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Red 2 Call</strong></td>
<td>Red 2 calls are serious but less immediately time critical and cover conditions such as stroke and fits.</td>
</tr>
<tr>
<td><strong>Red 1 Performance</strong></td>
<td>The number of Category A (Red 1) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes.</td>
</tr>
<tr>
<td><strong>Red 2 Performance</strong></td>
<td>The number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes.</td>
</tr>
<tr>
<td><strong>Red 19 Performance</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Relevant Health Services</strong></td>
<td>Services provided by the Trust – Emergency Care, Patient Transport and 111.</td>
</tr>
<tr>
<td><strong>Research Ethics Committee</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>SharePoint</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>See and Treat</strong></td>
<td>A face-to-face assessment by a paramedic that results in a patient being given care somewhere other than an A&amp;E department.</td>
</tr>
<tr>
<td><strong>Special reviews or investigations</strong></td>
<td>Special reports on how particular areas of health and social care are regulated.</td>
</tr>
<tr>
<td><strong>Ulysses Safeguarding system</strong></td>
<td>The Incident reporting system used by NEAS</td>
</tr>
<tr>
<td><strong>Urgent and Emergency Care Vanguard</strong></td>
<td>The NHS Vanguard Programme was launched in 2015 to help speed up innovation and improvement across the NHS by providing additional funding for specific projects. The North East made a successful application to become a regional vanguard site to improve Urgent and Emergency Care.</td>
</tr>
</tbody>
</table>
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 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:

Joanne Baxter, Director of Quality and Safety
North East Ambulance Service NHS Foundation Trust

Email: joanne.baxter@neas.nhs.uk / Tel: 0191 430 2000
ARABIC
الدعم متوفر للوصول إلى المستند "الحساب الجودة" بعدهة LANG=عربية عندطلب. هاتف: 0191 430 2086, 0191 430 2086, Email: publicrelations@neas.nhs.uk

BENGALI
অনুরাধকাম ভাষার সহযোগী এই নিবন্ধিত জমায়ে টিউন ০১৯১-৪৩০ ২০১৬। ই-ডিমাই এঃ
publicrelations@neas.nhs.uk, ফোন ০১৯১-৪৩০ ২০১৬।

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此份「质量报告」单，请洽Tel: 0191 430 2099, Email: publicrelations@neas.nhs.uk, Fax: 0191 430 2086.

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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