



North East Ambulance Service



NHS Foundation Trust

Quality Account

Update on outcomes for 2016/17 and setting our priorities for 2017/18

Mark Cotton & Maureen Gordon

February 2017

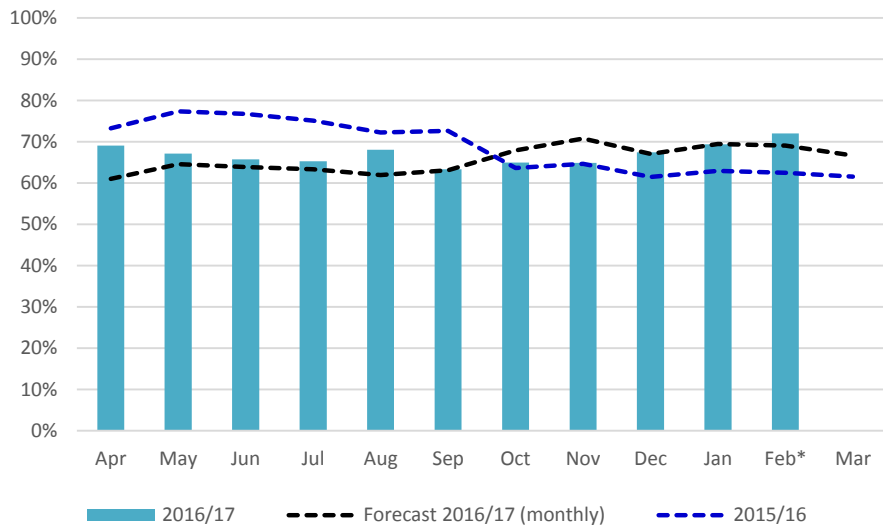
CQC Rating - Good

Our ratings for North East Ambulance service

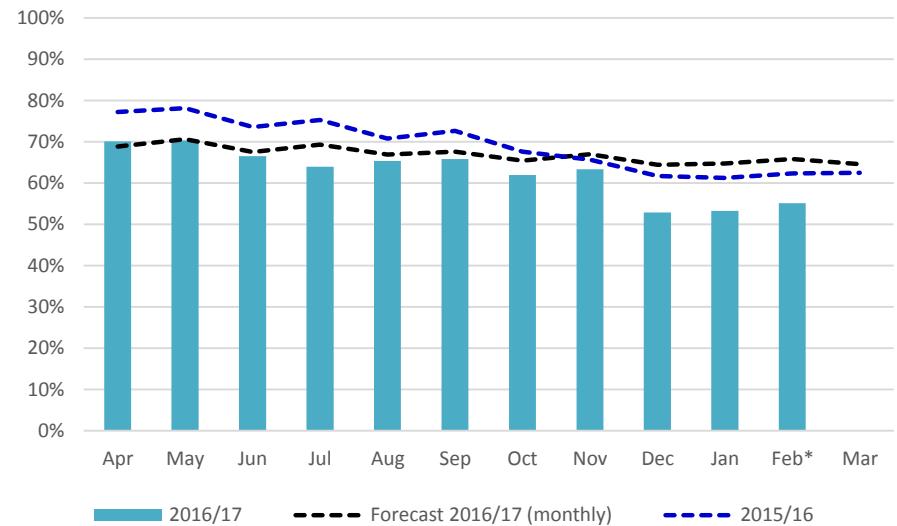
	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good	Requires improvement	Good	Good	Good	Good
Patient transport services (PTS)	Good	Good	Good	Good	Good	Good
Emergency operations centre (EOC)	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Resilience	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Response Performance

Red 1 forecast performance

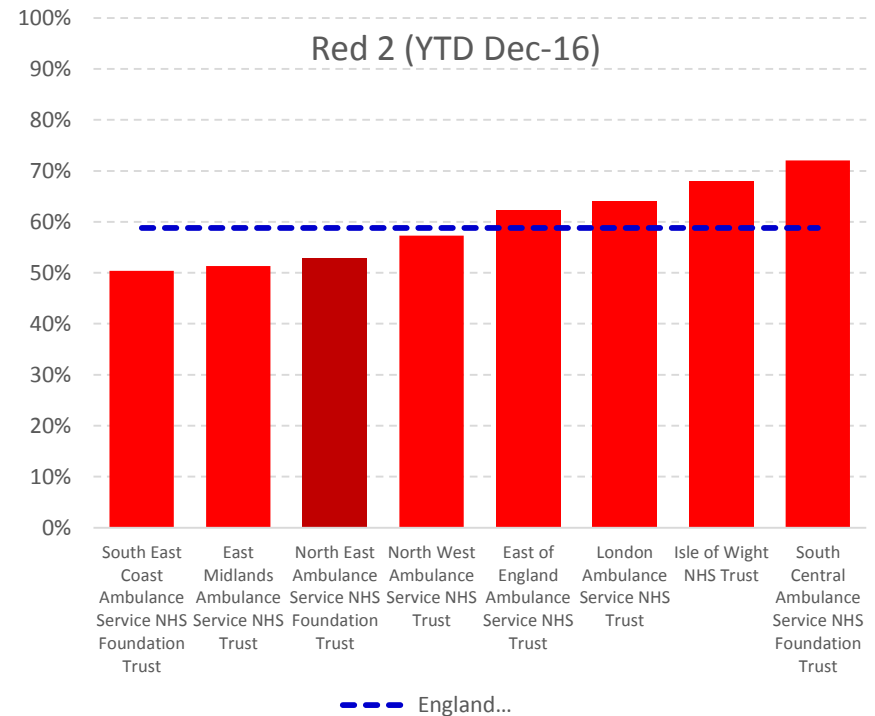
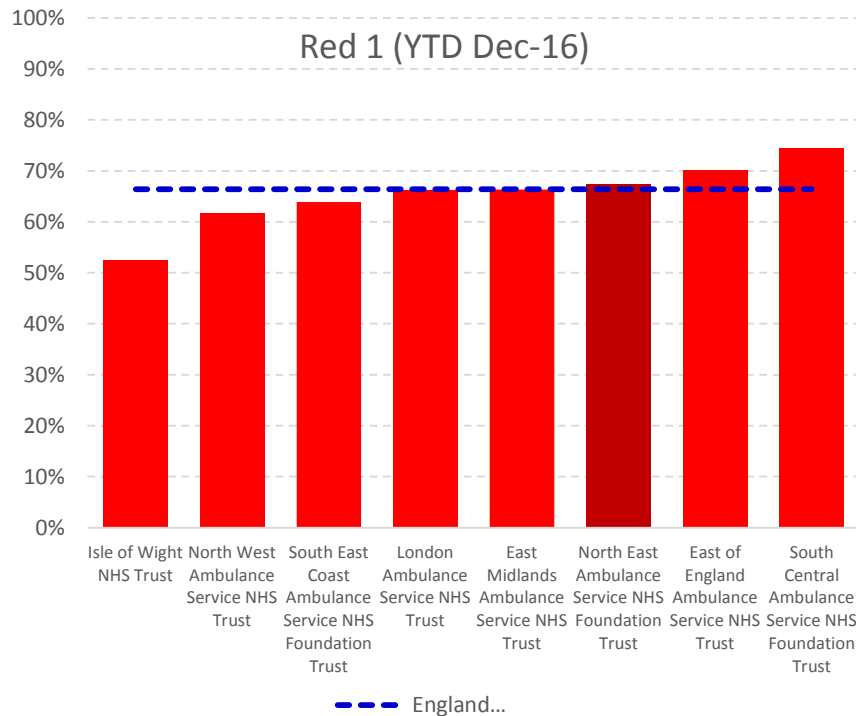


Red 2 forecast performance



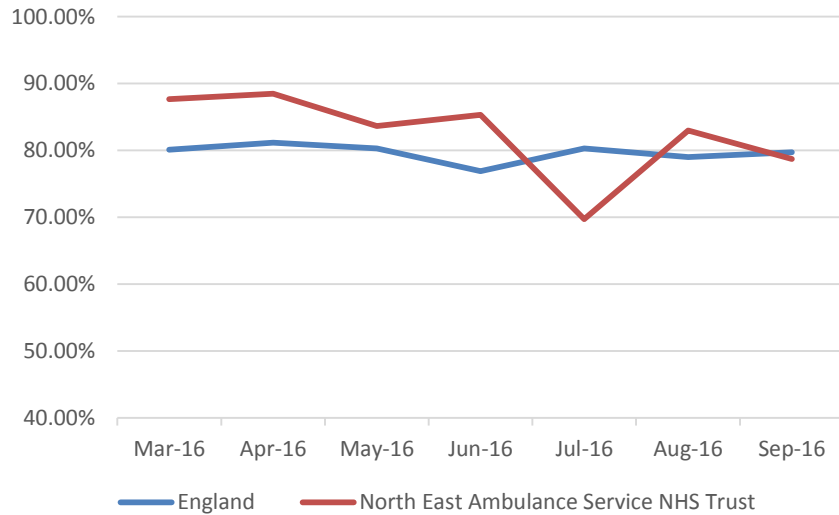
*unvalidated February 2017 performance as at 1 March 2017

National Benchmarking

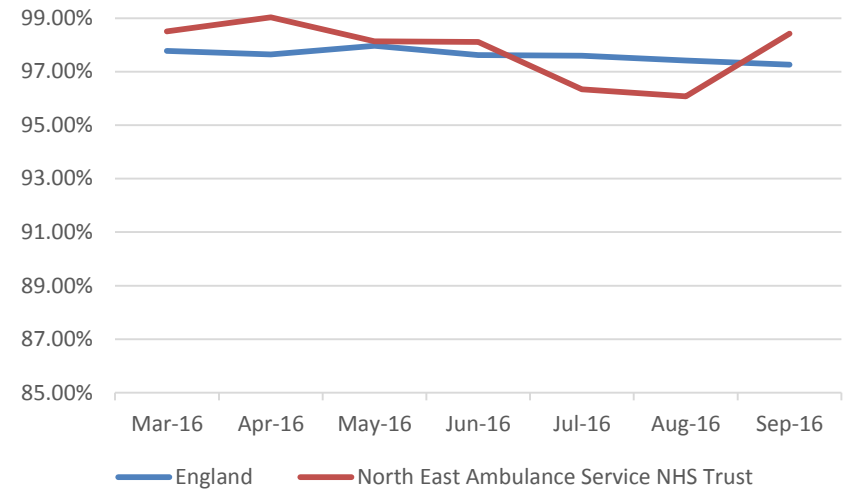


Clinical Performance

STEMI Care Bundle AQI



Stroke Care Bundle AQI



Data Source: NHS England Ambulance Quality Indicators

What we said we would do in 2016/17....

Clinical effectiveness



Priority 1

To improve the early recognition of Sepsis. We committed to developing a wider awareness of Sepsis through delivering targeted training.

Awareness Raising and Training

- ✓ Sepsis launch day held on 29th November 2016
- ✓ Sepsis training has been built into our Statutory and Mandatory Training for all frontline staff, as of January 2017. So far over 100 staff have received the new training.
- ✓ All Clinical Hub Clinicians have received Pathways 12 training which includes Sepsis

Partnership Working

- ✓ NEAS, along with 8 out of 9 secondary care health providers in the region, have adopted a new sepsis screening tool launched at the end of November 2016
- ✓ Members of the regional Sepsis group overseen by Academic Sciences Health Network (ASHN)

The progress that has been made so far has been limited by national changes to NICE guidance and despite the improvements to training and partnership working there is still much that can be done to improve the early recognition of Sepsis.

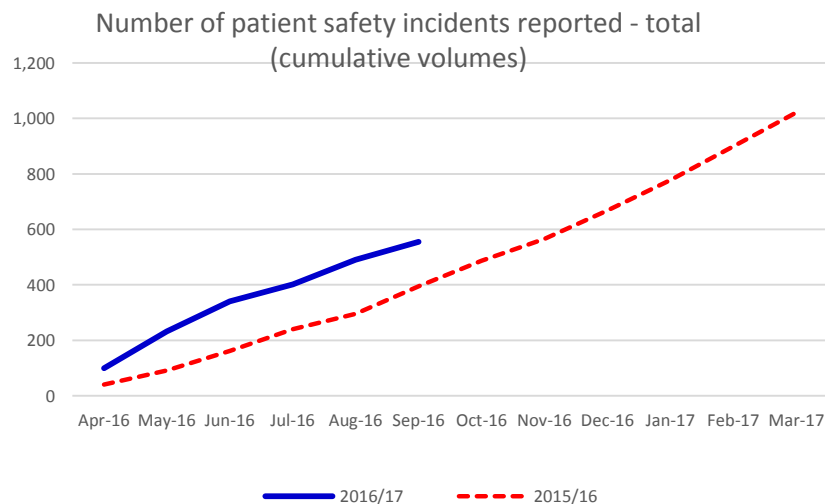
What we said we would do in 2016/17....

Patient Safety



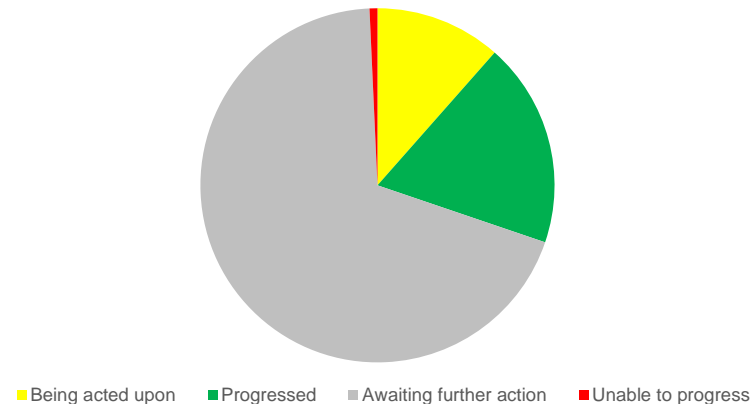
Priority 2

To reduce avoidable harm through our commitment to Sign up to Safety.



As of September 2016 we have increased incident reporting within NEAS by 40%, compared to 2015/16.

Number of bright ideas that are generated



Bright Ideas was launched in February 2016 and was then incorporated into the Innovation Hub from July 2016 onwards. There have been a total of 151 ideas submitted to the Innovation Hub, of which 24 relate to clinical/patient safety.

What we said we would do in 2016/17....

Patient Safety



Priority 3

To work more closely with partners to help improve and promote falls prevention.

Falls Care Bundle – Clinical Audit Results

	Sep 15	Mar 16	Sep 16
Observations Recorded	81.3%	82%	89.9%
Assessment Recorded	78.3%	86.7%	97.9%
History Recorded	28.3%	28%	43.7%
Fall was Mechanical	80.7%	84.7%	95.4%
Recorded Assessment	61.3%	65.7%	89.1%
Appropriate Referral Made	36.7%	40%	60.1%
Full Care Bundle Received	9.3%	7%	26.5%

A Rapid Process Improvement Workshop (RPIW) was held at the beginning of August to review falls demand. This three day workshop focussed on the patterns of fall demand across all CCG areas, including where falls have occurred in care homes.

The main focusses from the RPIW have been to link in with regional and national teams to review best practice for responding to falls, liaising with care homes to understand the needs of their clients and to look at alternative responders where there have been falls incidents that do not require a paramedic on scene.

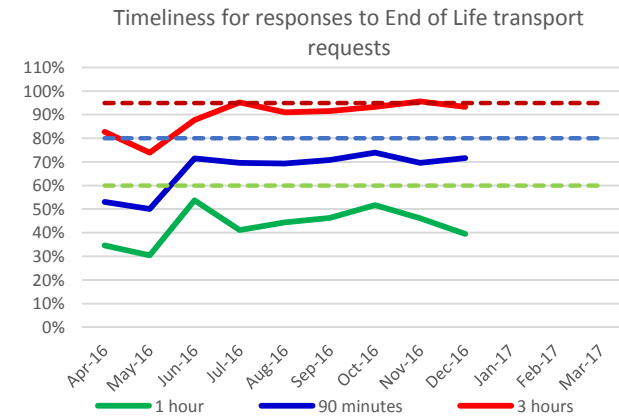
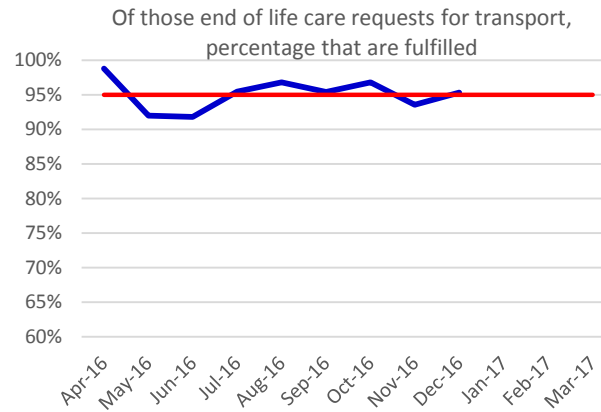
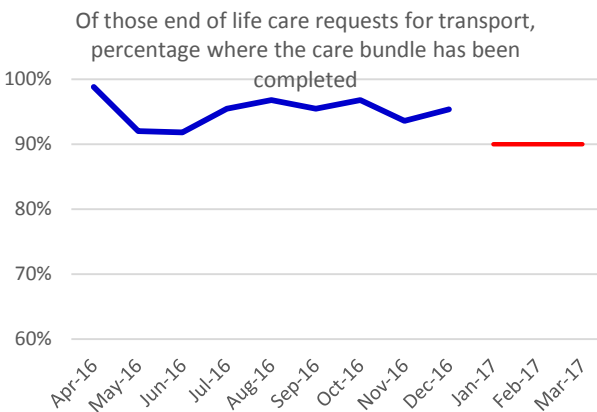
What we said we would do in 2016/17....

Patient Experience



Priority 4

Enhance the care provided to patients who are at the end of their life and require transport to their preferred place to die.



Between April and December 2016 we have transported 1,458 patients, which is over 95% of the total number of requests we received. Timeliness of response is an area where we are continuing to focus, with some improvement needed to meet our 1 hour, 90 minute and 3 hour response targets.

What we said we would do in 2016/17....

Patient Experience



Priority 5

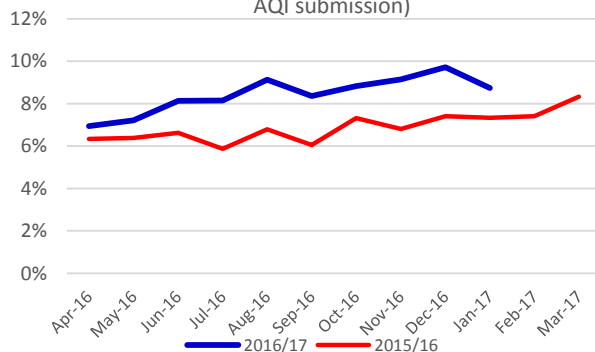
Continue to improve the number of patients who can be safely and appropriately treated and cared for at, or closer to home. Our aim was to keep a further 5,000 – 8,000 patients from needing to go to an Emergency Department (ED).

	2014/15	2015/16	2016/17 (FOT)
Hear & Treat	18,144	19,949	26,521
See & Treat	81,990	85,021	87,412
See, Treat and Convey	302,009	295,213	293,422
See, Treat and Convey to ED	247,847	245,820	241,222

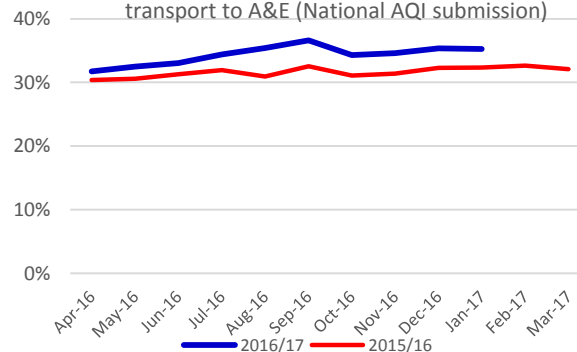
As at January 2017:

- the number of patients conveyed to ED since April 2016 has reduced by **8,740** compared to the same period 2015/16,
- The proportion of calls closed with telephone advice has **improved by 1.41%**, and
- the proportion of incidents managed without the need to transport to A&E has **improved by 2.89%**

Calls Closed with Telephone Advice (National AQI submission)



Incidents managed without the need to transport to A&E (National AQI submission)



Setting our priorities for 2017/18.....

1. Continue to improve on the early recognition of **sepsis** (clinical effectiveness)
2. Reduce the time taken for a response to arrive for those experiencing the **longest waits** (patient experience)
3. Improve clinical outcomes for patients in **cardiac arrest** (clinical effectiveness)
4. Enhance the quality and effectiveness of care provided to **under 2's** not conveyed (patient safety)

Formulating our Quality Report 2016/17

Next steps

- OSC and Healthwatch engagement
- On-line consultation regarding four proposed priority areas until 17 March 2017 <https://secure.crtviewpoint.com/Online/Survey/468ba856-fe15-4a20-ac7a-d0c04683d153>
- Formal consultation on draft report early April (for 30 days), last year we received statements from:
 - NHS Durham Dales, Easington and Sedgefield CCG, NHS North Durham CCG, NHS Hartlepool and Stockton on Tees CCG, NHS Northumberland CCG, NHS Sunderland CCG and NHS South Tyneside CCG
 - NHS Darlington CCG, NHS Newcastle Gateshead CCG, NHS North Tyneside CCG, NHS South Tees CCG
 - Healthwatch, South Tyneside
 - Healthwatch, Northumberland
 - Healthwatch, Newcastle
 - Healthwatch, Gateshead
 - Overview and Scrutiny Committee, North East Joint Health Scrutiny Committee
 - Overview and Scrutiny Committee, South Tyneside Council
 - Adults Health Overview and Scrutiny Committee, Durham County Council
 - Care and Wellbeing Overview and Scrutiny Committee, Northumberland County Council



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