



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

CQC and Performance Update

Mark Cotton
Assistant Director

Care Quality Commission rating

1 November 2016



“The North East Ambulance Service has a lot of to be proud of and there were clearly many areas of good practice.

We found a general culture of passion and enthusiasm at the trust and it was clear that everyone’s first priority was the patient.”

Professor Sir Mike Richards
Chief Inspector of Hospitals
Care Quality Commission.

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What we do well

The CQC highlighted – Outstanding Practice

- ✓ Culture of compassion and commitment
- ✓ Clear Vision and Strategy
- ✓ Shift in patient engagement and staff wellbeing
- ✓ Improved relationships between Executives and Unions
- ✓ Front line clinical leadership improved

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What we do well

The CQC highlighted – Outstanding Practice

- ✓ Good IPC management practices
- ✓ High patient satisfaction
- ✓ Introduced Advanced Practitioners
- ✓ Active in Research
- ✓ Strong relationships with Sports Ground Safety Authority
- ✓ The “flight deck” system which monitors hospital capacity and demand in real-time to manage pressures in the system and divert patients to alternative care when necessary
- ✓ Enrolled in the Mind Blue Light Project

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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

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Where we need to improve

Must do – Regulation 17 – Good Governance

Must Do	Action Taken and Planned
Improve resilience of dispatch	➤ Requires a dispatch desk at Russell House
Line management and clinical oversight of CFR's	✓ Identified a specific clinical line manager/robust recruitment and development programme now in place
Safe storage of paper records	✓ Improved the policy, SOP and audit process around storage and transfer of paper records – compliance 98%. Introduced new EPCR July 16

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Where we need to improve

Must do – Regulation 17 – Good Governance

Must Do	Action Taken and Planned
Management of Clinical risk in EOC when dispatch stack increasing	➤ Ring back process, increased hub clinicians, use of REAP. We have a stack due to lack of resources to send
Business continuity plans for EOC require improvement	✓ BCP reviewed and testing plans underway
Learning from incidents and complaints is shared	✓ Introduced a quarterly learning bulletin and developed a 'learning from listening' intranet page
Continue to reduce complaint and incident backlog	✓ Marked improvement and being sustained



Screen shot from clinical escalation

CSign	Type	Status	Location	Time	CS
B0477	Z P	AS (R2)(8376830)	Mbro	05:44	
CA295	Z P	AS (R2)(8376829)	Redcar	05:43	
CN286	Z P	VL (R2)(8376831)	James Cook A&E	05:45	
HS232	8* P	VM (R2)(8376844)	Mbro	05:38	
HS344	8* P	AS (R2)(8376807)	Hartlepool	05:29	
HB115	Z P	AAS (R2)(8376841)	Mbro	05:43	
MB565	8* P	AS (R2)(8376816)	Sheff-O-T	05:30	
RC207	8* T	AS (R2)(8376827)	Bewton Est.	05:35	
SN491	Z P	VL (R2)(8376286)	Stn Hosp Of North Te	05:43	
RR125	Z P	AS (R2)(8376807)	Hartlepool	05:11	
RR134	Z P	AS (R2)(8376841)	Mbro	05:34	
RR176	Z RR	AAS (R2)(8376830)	Mbro	05:29	
RR129	Z RR	AS (R2)(8376829)	Redcar	05:28	
GP TEE	DE	B	Mbro	05:19	
FIRE GUF	FRS	RP	Guisborough	02:18	
FIRE SAL	FRS	RP	Saltburn-by-the-sea	20:53	
FIRE SKE	FRS	RP	Skelton-in-Cleveland	13:30	
FIRE LOF	FRS	RP	Lofus	20:41	

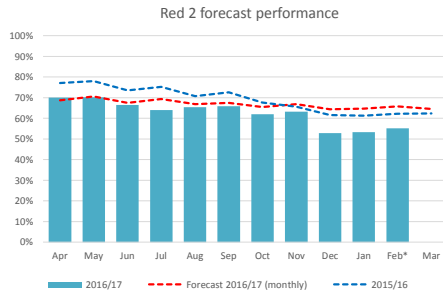
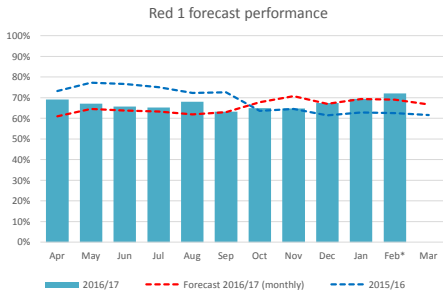


Where we need to improve – Should do

Should Do	Actions Taken
Improve major incident training	✓ Now included in EAT with further training programmes planned
Staff are further encouraged and supported to report incidents	✓ Signed up to Safety Campaign, feedback when reporting, learning bulletin, developing an open and honest supportive culture, improved RCA process
Improve the system for monitoring cleanliness of PTS vehicles	✓ PTS manager audit all vehicles and staff quarterly. The first quarter saw 80% of vehicles audited with 97% compliance.
Improve training for dementia and mental health	✓ Introduced training on mental health, DOLS and dementia to EAT – developed handbooks for staff



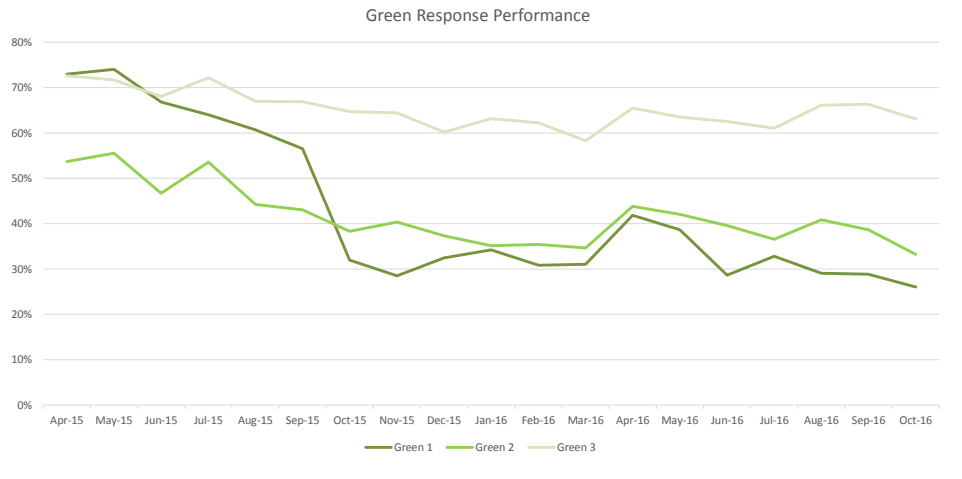
Response Performance



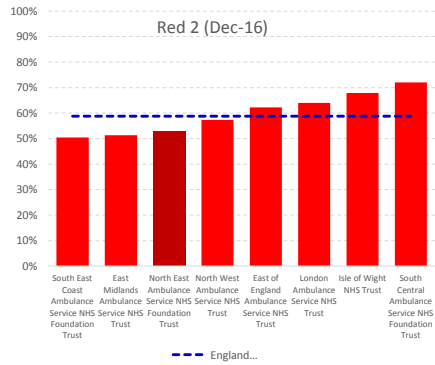
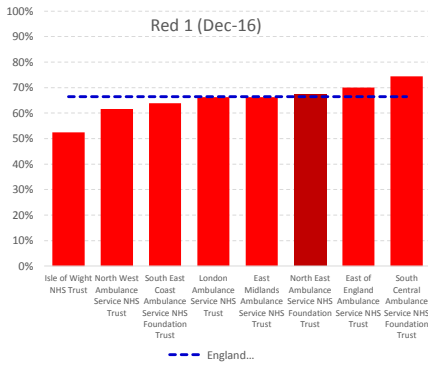
*unvalidated February 2017 performance as at 1 March 2017



Green Response Performance



National Benchmarking



What this means for us

In 2013/14 we received a red incident every 3 minutes, which meant we needed

27 ambulances available to respond, based on average job cycle times



NB For illustrative purposes this is assuming red incidents come in at regular periods during a 24h period (which we know they don't!) and doesn't take into account geographical coverage or response times



What this means for us

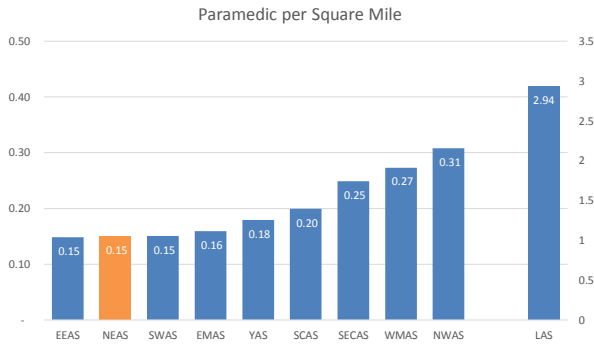
We now receive a red incident every 2 and a half minutes, which means we need

37 ambulances available to respond, based on current job cycle times



Paramedic Benchmark Data

Paramedics per square mile



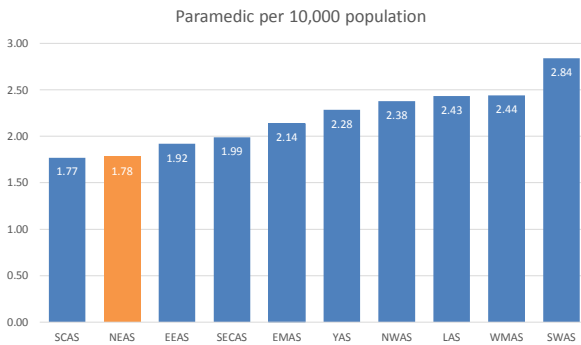
An additional **393** paramedics would be needed for NEAS to match West Midlands Ambulance Service's proportion of paramedics per square mile.

Data Source: NHS Employers Analysis of existing payments to the paramedic workforce discussion paper February 2016 ESR data



Paramedic Benchmark Data

Paramedics per 10,000 population

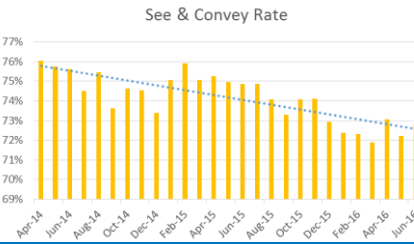
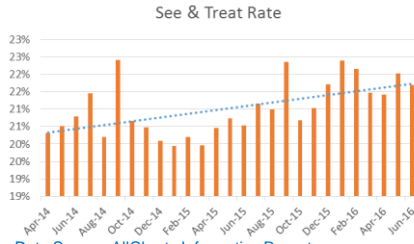
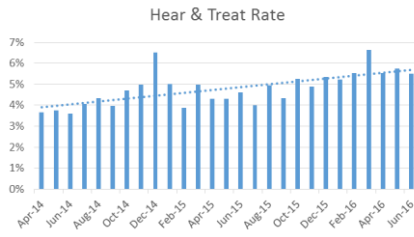


An additional **178** paramedics would be needed for NEAS to match the proportion of paramedics per 10,000 population to West Midlands Ambulance Service.

Data Source: NHS Employers Analysis of existing payments to the paramedic workforce discussion paper February 2016 ESR data



Hear & Treat, See & Treat, See & Convey Rates



Data Source: AllCharts Informatics Report

Conveyance rates have reduced since April 2016 as more patients receive telephone and at scene treatment.



Time lost to Handovers



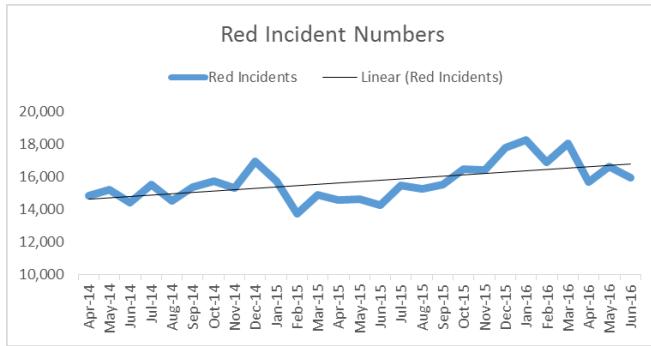
Time lost to handovers over 15 minutes have reduced between March 2016 and March 2017 by 66%.

The hospitals with the greatest amount of time lost to handover for December are NSEC (337 hours), Sunderland Royal (234 hours) and UHND (117 hours).



Red Incident Volume

The number of life threatening red incidents has increased during 2015/16 by over 6% since 2014/15

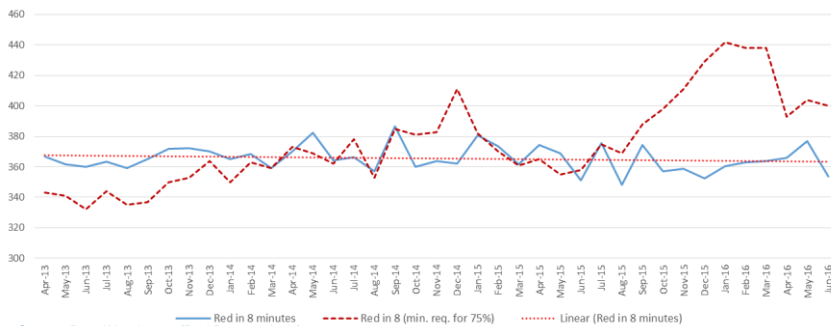


Data Source: AllCharts Informatics Report Jul 16



Impact of Increased Red Volume

Average number of Red incidents met within 8 minutes vs minimum number of red incidents needed to achieve 75% target

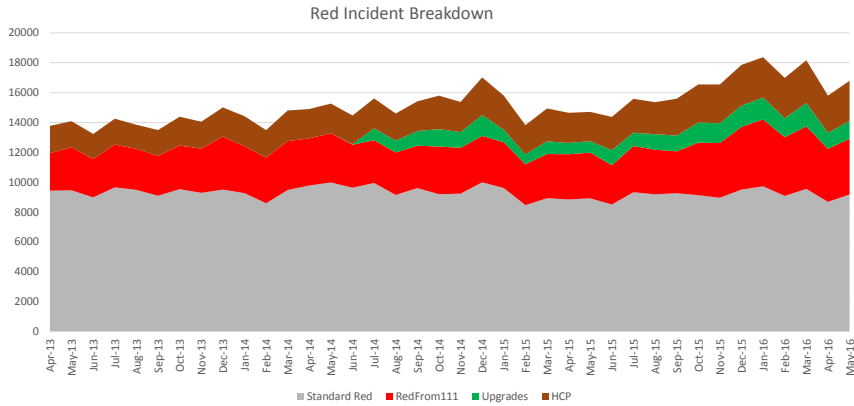


Data Source: Data Warehouse (Red Rate analysis)

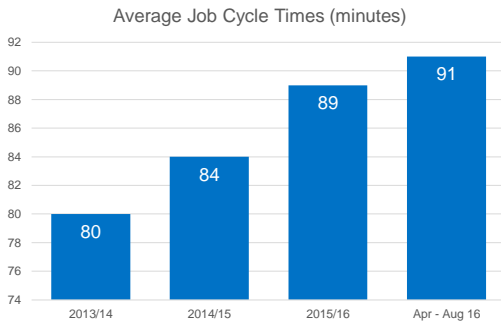
The number of incidents that have been met within the 8 minute target for Red1 and Red2 has remained relatively static for the last 3 years, with around 370 incidents per day being reached within 8 minutes. With the exception of the winter of 2014, up until August 2015 responding to this number of incidents has meant we have achieved our 75% target. From August 2015 onwards, we have experienced an increased number of red incidents, which has meant that although we continue to respond to a similar number of incidents in 8 minutes, this converts to a lower percentage of total incidents.



Red Incident Breakdown



The time taken to complete an average job has increased by 19% since 2013



The time it takes crews to complete a job has increased by 19% between August 2013 and August 2016. The yearly average is likely to be higher once the winter months have been included.

Our crews spend on average 11 minutes longer on each job.

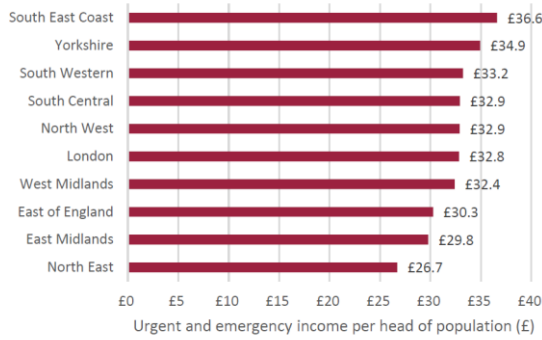
Based on 380,000 incidents per year this equates to 2902 days, or an extra 16 shifts a day for a year.



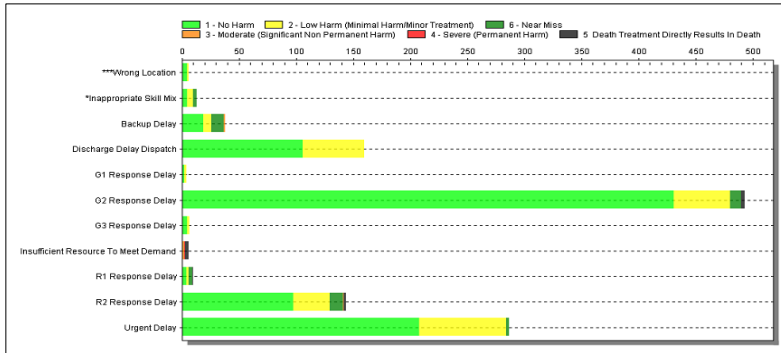
Income

Urgent and emergency income per head of population by NHS ambulance trust, 2015-16

In 2015-16, income per head of population varied by almost £10 per head across the ambulance trusts



Harm



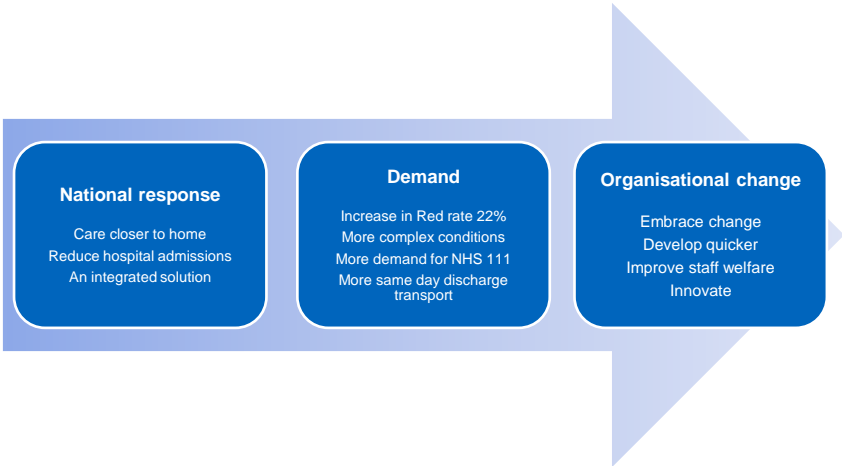
The largest clinical risk is as a result of delayed ambulance response and predominately for those patients categorised as requiring a **G2 30 minute response**. These patients are experiencing long delays due to the increasing red incidents and the lack of both resources and clinical skill availability.

Moderate and serious harm/death reported incidents are a direct correlation to ambulance delay.

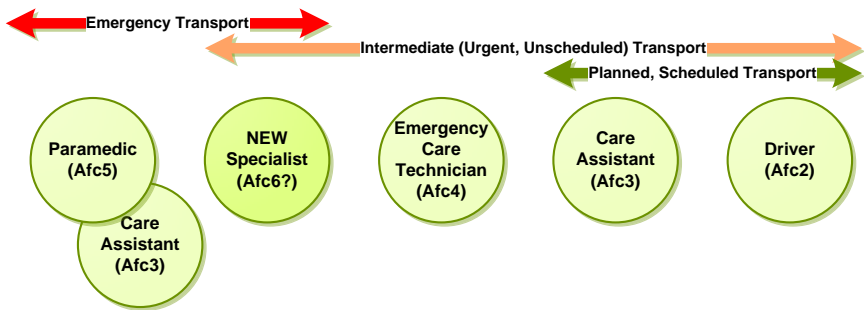


A new journey – operating environment

Adapting to changing needs



A new model of working... Integrating care and transport





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