Adults, Wellbeing and Health Overview and Scrutiny Committee

Date	**Monday 9 May 2022**
Time	**9.30 am**
Venue	**Committee Room 2, County Hall, Durham**

Business

Part A

Items during which the Press and Public are welcome to attend. Members of the Public can ask questions with the Chairman's agreement.

1. Apologies
2. Substitute Members
3. Minutes of the meeting held on 21 March 2022 (Pages 3 - 10)
4. Declarations of Interest, if any
5. Any Items from Co-opted Members or Interested Parties
6. NHS Foundation Trust Quality Accounts 2021/22 - Report of Paul Darby, Corporate Director of Resources (Pages 11 - 20)
   a) Presentation of North East Ambulance Services NHS Foundation Trust (Pages 21 - 56)
   b) Presentation of County Durham and Darlington NHS Foundation Trust (Pages 57 - 84)
   c) Presentation of Tees Esk and Wear Valleys NHS Foundation Trust (Pages 85 - 96)
7. Mental Health Strategic Partnership Update - Report of Mike Brierly, Chair of the County Durham Mental Health Strategic Partnership (Pages 97 - 118)
8. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration

Helen Lynch
Head of Legal and Democratic Services

County Hall
Durham
28 April 2022

To: **The Members of the Adults, Wellbeing and Health Overview and Scrutiny Committee**

Councillor P Jopling (Chair)
Councillor R Charlton-Lainé (Vice-Chair)

Councillors V Andrews, C Bell, R Crute, K Earley, O Gunn, D Haney, P Heaviside, J Higgins, L A Holmes, L Hovvels, J Howey, C Kay, C Lines, C Martin, S Quinn, K Robson, A Savory, M Simmons and T Stubbs

Co-opted Members: Dr G Ciesielska and Mrs R Gott

Co-opted Employees/Officers: Healthwatch County Durham

Contact: **Kirsty Charlton** **Tel: 03000 269705**

DURHAM COUNTY COUNCIL

At a meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Monday 21 March 2022 at 9.30 am**

Present

Councillor P Jopling (Chair)

Members of the Committee
Councillors V Andrews, K Earley, O Gunn, D Haney, L A Holmes, C Kay, C Martin, M Simmons and S Deinali (substitute for R Crute)

Co-opted Members
Mrs R Gott

Also Present
E Hunter (Healthwatch)

1 Apologies

Apologies for absence were received from Councillors Charlton-Lainé, C Bell, S Quinn, K Robson, A Savory and T Stubbs.

2 Substitute Members

Councillor S Deinali was present as substitute for Councillor R Crute.

3 Minutes

The minutes of the meeting held on 14 January and of the Special meeting on 25 February 2022 were agreed as a correct record and signed by the Chair.

4 Declarations of Interest, if any

There were no declarations of interest.

5 Any Items from Co-opted Members or Interested Parties

The Principal Overview and Scrutiny Officer advised that Mrs R Gott had notified the Chair of an item regarding item no. 7 prior to the meeting and would raise it after the presentation.

6 North East and North Cumbria Integrated Care System Update

The Committee received a presentation of M Laing, Director of Integrated Community Services, County Durham Care Partnership, which provided an update with regards to the Operating Model for NHS North East and North Cumbria Integrated Care Board (for copy see file of minutes).

Members were given a brief outline of the suggested model framework, the objectives and principles for ICB development which had been agreed by JMEG, and the commissioning arrangements.

In response to a question from Councillor Kay, the Director of Integrated Community Services advised that Sam Allen, former Chief Executive of the Mental Health Trust had joined as Chief Executive of the ICB on 1 February, Sir Liam Donaldson having already been appointed as Chair. Recruitment to the Board was ongoing and he confirmed that Dr N O'Brien had been appointed as Medical Director.

Councillor Martin advised that one of the dilemmas would be that the model would serve people in the North of the County, however he wondered about the representation for those in the South whose first choice of hospital would not be the University Hospital of North Durham. Should people prefer to Darlington, he asked how their views would be represented.

The Director of Integrated Community Services confirmed that patients were not confined within the boundaries of County Durham, an example being if someone was treated for a serious cancer, they would be referred to the Freeman or RVI. TheTrust covered two Local Authority areas and the ICB had to engage with both, including the South. He referred to the new arrangements as being similar to those of the Health Authority pre-1974, with the only uncertainty being how the regional structure would play out.

Councillor Martin advised that County Durham needed a foot in central and in Teeside and would hope that specialist treatments would continue as they were, rather than be place based.

Councillor Gunn advised that there were issues arising that would need to be resolved and she reminded Members that it was important that their scrutiny role was not jeopardised and that regular presentations on how the ICB was developing were considered. There were a lot of uncertainties and questions which were

difficult to grasp as a lay person and it was crucially important to have regular updates on key issues.

The Chair had noted that it was not enough to be told that in the short-term the change would not be noticeable and agreed that the Committee needed to keep a close eye. The Director of Integrated Community Services confirmed need to maintain those good relationships between the commissioners and partners under the new arrangements and to ensure colleagues continued to attend and be held accountable by the Committee.

Councillor Gunn was concerned that although residents may not be aware of the difference, changes always made people anxious and there would be a time when they needed to be reassured. The Director of Integrated Community Services agreed that Members would not receive enquires because residents were concerned about the ICB, but they would receive queries on how to access services or how they could get an appointment with their GP and the point of the changes were to make access and provision of services better for people in County Durham.

R Gott, Co-optee, noted that the boundaries would make the ICS the largest geographical area in the Country. She was a member of the Patient Reference Group Sedgefield, who were disappointed that they had not been having necessary meetings. In January there had been a primary meeting with 50 attendees who found out that only three chairs had given feedback in response to the consultation.

The Director of Integrated Community Services confirmed that feedback had been received with regards to the limited mention of patient representation prior to COVID-19, so patient representation was developing and at CCG level there was strong representation with regards to changing or adapting local services.

R Rooney, North Durham CCG was disappointed with the comments regarding the January meeting as they had been working with PRG's working over recent months to put together a proposal and second event had been organised. The CCG were working with practices and wanted to increase the groups as there had been some issues keeping them going. They were also working with primary care networks and there was a role for a countywide group to feed into ICB. They were working through the model to put forward a proposal and hoped that the same people would be involved. They were working with Trusts and the voluntary council to develop principles and co-produce a programme for ongoing engagement, to shape the proposal for County Durham and she would return to present to the Committee.

Councillor Andrews asked a question regarding training at a collaborative level and the Director of Integrated Community Services advised that there would be various roles on the ICB that would ensure clinical deliver and one of the positions was for

a Director of Nursing who would be be responsible for therapies to ensure joint collaboration.

Councillor Deinali advised that if the aim of the new system was to improve accessibility for patients, had consideration been given to accessibility in terms of travel routes and public transport. The Director of Integrated and Community Services confirmed that accessibility was often considered at individual commissioning levels but many people in the east of the County east preferred to o to Sunderland for treatment. On occasions where people needed specialist treatment, transport was not always a concern of a patient and in some areas, such as Weardale, there was no option to have treatment close to home.

The Principal Overview and Scrutiny Officer advised that he was attending a regional committee where a presentation on the ICB would be given and agreed to write to the CEO (designate) at North East and North Cumbria Integrated Care System on behalf of the Committee to express their concerns.

Resolved

That:-

1. the report and presentation be noted.
2. The Committee write to the CEO at North East and North Cumbria Integrated Care System to express their concerns in respect of the ICS/ICB developments.

7 County Durham and Darlington Adult Mental Health Rehabilitation and Recovery services

The Committee considered a joint report of the Director of Mental Health and Learning Disability, Durham Tees Valley Partnership and the Director of Operations, Durham and Darlington, Tees Esk and Wear Valleys NHS Foundation Trust, which provided details of the outcome of the further targeted engagement to support the proposal to relocate Primrose Lodge Inpatient Rehabilitation and Recovery unit from Chester le Street to Shildon.

J Illingworth, Director of Operations, Tees, Esk and Wear Valleys NHS Foundation Trust referred to the meeting in January when the paper had first been discussed and confirmed that there had been some community engagement in February and March. The positive responses received were from service users and their families and overall there had been a positive response with the average rating at 3.9/5 but some concerns had been raised regarding the reduction of beds.

With regards to supporting people with travel costs, there were public transport links to Shildon but it would potentially require a couple of buses and this was no

different to what family members in the south had to do when travelling to Chester le Street.

Councillor Kay suggested that despite the remodelling of the service, demand always outweighed the supply and he was still concerned with a reduction of beds. He asked whether the facility at Shildon would accommodate any form of expansion in future, if needed.

The Director of Operations confirmed that the premises was the former crisis house in Shildon, which had been heavily invested in and updated, but in terms of long term rehabilitation, there was a preference for people to live in their own homes, so the community offer was being modernised which would hopefully reduce the number of beds needed. There was a strong community team working on inpatient wards and with local housing providers and both would work in tandem.

There had been enough modelling in the previous two years to reassure the Committee that there would be no need to increase beds in future, however if needed there would be scope to do so. The proposal was the best value for money as the building was owned by the Trust and relatively new, with ensuite accommodation and a garden, in a community setting.

Councillor Gunn agreed that there were legitimate concerns with a reduction of beds and this was a large reduction which made her anxious as this was a period of time in in which people were living with mental health problems. In response to a question about the geographicial area the facility would cover, the Director of Operations advised that County Durham and Darlington residents would access the service, however due to restructuring, it could be that Darlington was moved into Teeside in future.

Councillor Martin referred to the recommendations in the report and advised that he was confident that the Trust had tried to consulted enough, although it was shame that people had not responded. He welcome the fact that they had presented the findings of the consultation to the Committee and in relation to rehabilitation beds, asked whether there was a waiting list.

The Director of Operations advised that these were not acute beds, but rehabilitation which was a longer term need for people who needed enhanced support. At Primrose Lodge, there could be around 3-4 beds at any given time, been used in different way and not used by people for whom they were supposed to be for.

Councillor Haney referred to the phasing down of beds and asked for more information regarding the suggestion that it would be phased over a couple of months. The Director of Operations advised that the phasing out of the beds had already started, but there was some remedial work to complete at Shildon which

would hopefully ensure that by the Summer, the unit was fully operational. The transition was being conducted in the safest way possible and the Director of Integrated and Community Services added that Primrose Lodge was owned by the Local Authority so there was no deadline when patients had to be transferred.

In response to a question from Mrs Gott, the Director of Operations confirmed that although Primrose Lodge was a 15 bed unit, it was not always full and the phased transition would ensure that they would not be affected. She advised that there would be no need to find beds elsewhere but if there was an influx of patients that needed to be treated, they could be housed in West Park, however again reiterated that this was purely hypothetical as the provision of 8 beds would meet their needs.

Resolved

That the results of the stakeholder engagement detailed within the report be noted.

8 2021/22 Q3 Performance Management Report

The Committee received a report of the Corporate Director of Resources, which provided an overview of progress towards achieving the key outcomes of the council's corporate performance framework and highlighted key messages to inform strategic priorities and work programmes for the period ending quarter three, October to December 2021 (for copy see file of minutes).

Councillor Kay highlighted paragraph 6. of the report, that the Council were continuing to invest in walking and cycling infrastructure and suggested that there were still areas in the west of the County that were dreadful, including Bishop Auckland.

Councillor Gunn referred to the figures regarding gym memberships and the Move Programme and noted that although the physical environment was contributing to good health, older people did not always have the ability for physical exercise. Councillor Gunn was aware that there were various ramblers groups that could be supported in partnership with AAP's and Councillors neighbourhood budgets, for older people who did not want to access a gym. These would be extremely good value for money and provide a route from social isolation which in some ways could be better than going to a gym.

M Peart, Strategy Officer, advised that the Move Programme was focused on not only, gym memberships but small changes that could be made in everyday life, such as encouraging people to walk or cycle to work.

Councillor Gunn advised that the cohort that she was referring to were older, retired and in her opinion there were ways in that they could be helped and she was aware that voluntary organisations did exist and offered a lot to their

community and she wanted it to be recognised that there should be more funding provided for those type of activities.

Resolved

That the report be noted.

9 2021/22 Q3 Adults and Health Services Budget Outturn

The Committee received a report of the Corporate Director of Resources which provided details of the forecast outturn budget position for the Adult and Health Services (AHS) service grouping, highlighting major variances in comparison with the budget for the year, based on the position to the end of December 2021 (for copy see file of minutes).

With regards to paragraph 15 of the report, Councillor Gunn asked what was meant by the reference to a £550k saving due to effective management of vacancies. P Dowkes, Principal Accountant, Resources advised that this was an under budget spend with related to the recruitment and retention of staff.

Councillor Gunn was concerned that this would be having an impact upon staff who were delivering those services, in addition to additional work pressures, this could impact the wellbeing of the workforce who were had also been carrying more responsibilities during the COVID-19 pandemic.

The Chair confirmed that this social worker workload in adult care had been discussed previously and Head of Adult Care had reassured Members that there was not a funding issue and staff were being recruited, but this was a lengthy process which would take some time to address.

The Director of Integrated Community Services confirmed that there was not a vacancy freeze, which would traditionally be a way of making savings, however there were regional and national issues surrounding social work recruitment and similarly in other areas of social work such as learning disability and mental health. There were additional qualifications needed so TEWV were also finding that they had similar recruitment issues. The Council were aware of the pressures on staff, who had been consulted and were assisting people with stress management and offering a therapeutic response. Admittedly the situation would not get easier in short term, but there was hope that in longer term it would. He agreed that the Committee may wish to keep a close eye on this in future.

Councillor Gunn advised that several years ago services had set up recruitment programmes as the competition was great, but since this was a national issue, she asked what was happening to address it and whether there had been any lobbying of the government as this seemed to be a national crisis which this Council had been trying to address for some time.

The Director of Integrated Community Services confirmed that during a national call with the Chief Executing of NHS England, the issued of social work retention and recruitment had been raised by N Scanlon, Director of Nursing.

In response to a comment from Councillor Stubbs with regards to the increase in bad debt provision for individuals who had been in receipt of care, the Principal Accountant, Resources, confirmed that the outstanding debt had grown substantially as a direct result of covid, but debt collecting provision had now been restarted and this would hopefully improve.

Resolved

That the report be noted.

Adults Wellbeing and Health Overview and Scrutiny Committee

9 May 2022

NHS Foundation Trust Quality Accounts 2021-22

Paul Darby, Corporate Director of Resources

Electoral division(s) affected:

Countywide

Purpose of the Report

1 The purpose of this report is to provide the Adults Wellbeing and Health Overview and Scrutiny Committee the opportunity to consider and comment on the draft 2021/22 Quality Accounts for:-

(a) North East Ambulance Services NHS Foundation Trust

(b) County Durham and Darlington NHS Foundation Trust;

(c) Tees, Esk and Wear Valleys NHS Foundation Trust, and

Executive summary

2 The Health Act 2009 requires NHS Foundation Trusts to publish an annual Quality Account report. The purpose of the report is for each trust to assess quality across all of the healthcare services they offer by reporting information on that performance and identifying priorities for improvement during the forthcoming year together with how they will be achieved and measured.

3 Overview and scrutiny plays an important role in providing assurance against Quality Account reports and gives local authority councillors an opportunity to comment on associated healthcare issues that they are involved in locally and have engaged with Trusts during the course of their activities over the year. Local authority health scrutiny guidance also suggests that OSCs may also wish to comment on how well

providers have engaged with patients and the public and also how well they have promoted the Quality Account.

4 Representatives of County Durham and Darlington NHS Foundation Trust; Tees, Esk and Wear Valleys NHS Foundation Trust, and North East Ambulance Services NHS Foundation Trust will be in attendance to present their respective draft Quality Account, which will include information on performance against the 2021/22 priorities and also the proposed priorities for 2022/23.

5 In accordance with legislative requirements, upon receipt of the draft Quality Account documents, the Council has 30 days within which to submit a response to the documents to the respective NHS Foundation Trusts.

Recommendation(s)

6 The Adults Wellbeing and Health Overview and Scrutiny Committee is:-

i) invited to consider and comment on each draft quality account, the 2021/22 performance and proposed priorities for 2022/23.

ii) recommended to delegate authority to the Democratic Services Manager as the Council's Statutory Scrutiny Officer in consultation with the Chair and Vice Chair of the Adults Wellbeing and Health OSC to finalise the responses to be submitted within 30 days of their publication.

Background

7 The Health Act 2009 requires NHS Foundation Trusts to publish an annual Quality Account report. The purpose of the Quality Account report is for each of the Trusts to assess quality across all of the healthcare services they offer by reporting information on 2021/22 performance and identifying priorities for improvement during the forthcoming year and how they will be achieved and measured.

8 Overview and Scrutiny plays an important role in the development and providing assurance of Quality Account reports. Regulation 10 of the Health Act 2009 requires the NHS Trusts to send a copy of their report to be considered by the appropriate Overview and Scrutiny Committee within 30 days beginning with 1 April at the end of the reporting period.

9 Department of Health Guidance states that OSCs are ideally placed to ensure that a provider's Quality Account reflects the local priorities and concerns voiced by their constituents.

10 Quality Accounts aim to encourage local quality improvements, and OSCs can add to the process and provide further assurance by providing comments on the issues they are involved in locally and have engaged with providers during the course of their activities during the year.

NHS Foundation Trust Quality Accounts 2021/22

11 The timing of today's Adults Wellbeing and Health Overview and Scrutiny Committee means that not all of the draft NHS Quality Account were received for inclusion within the agenda pack.

12 Upon receipt of the draft Quality Account documents, the Council has 30 days within which to submit a response to the documents to the respective NHS Foundation Trusts.

13 The timeline for the publication of the respective draft Quality Accounts for 2021/22 is detailed in the following table:-

NHS Foundation Trust	Date of Publication	Deadline for response
County Durham and Darlington NHS FT	10 May 2022	9 June 2022
North East Ambulance Service NHSFT	19 April 2022	18 May 2022
Tees, Esk and Wear Valleys NHS FT	9 May 2022	8 June 2022

14 Representatives of the three Foundation Trusts have been invited to the meeting to present to members information on their draft Quality Account for 2021/22 and respond to any member questions

15 As indicated in the table above, the draft Quality Account documents for County Durham and Darlington NHS Foundation Trust and Tees Esk and Wear Valleys NHS Foundation Trust are not due to be published until 9 and 10 May respectively and were not available for inclusion within the agenda pack.

16 Members of the Adults Wellbeing and Health OSC were sent an electronic copy of the North East Ambulance Service NHS FT Quality Account on 26 April following its publication on 19 April 2022. This was done to allow them to identify any key issues that they may have arising from the document and to formulate lines of enquiry to put to representatives of NEAS NHS Foundation Trust at today's meeting.

17 Representatives of North East Ambulance Service NHS FT will present their draft Quality Account which is attached at Appendix 2.

18 Presentations will be given by representatives of County Durham and Darlington NHS FT and Tees Esk and Wear Valleys NHS Foundation Trust detailing information on performance against the 2021/22 priorities and also the proposed priorities for 2022/23. The presentations are attached at Appendices 3 and 4

19 Thereafter, proposed responses to the respective draft NHS Foundation Trust Quality Accounts will be drafted and submitted for approval by the Democratic Services Manager as the Council's Statutory Scrutiny Officer in consultation with the Chair and Vice Chair of the Adults Wellbeing and Health OSC.

Background papers

- None

Other useful documents

- None

Author(s)

Stephen Gwillym Tel: 03000 268140

Appendix 1: Implications

Legal Implications

This report has been produced to reflect the requirements of the Health Act 2009.

Finance

None.

Consultation

The Adults Wellbeing and Health Overview and Scrutiny Committee are invited to comment on the NHS Foundation Trust Draft Quality Accounts documents 2021/23 as outlined in this report.

Equality and Diversity / Public Sector Equality Duty

None.

Climate Change

None.

Human Rights

None.

Crime and Disorder

None.

Staffing

None.

Accommodation

None.

Risk

None.

Procurement

None.

Appendix 2: North East Ambulance Service NHS Foundation Trust Draft Quality Account 2021/22

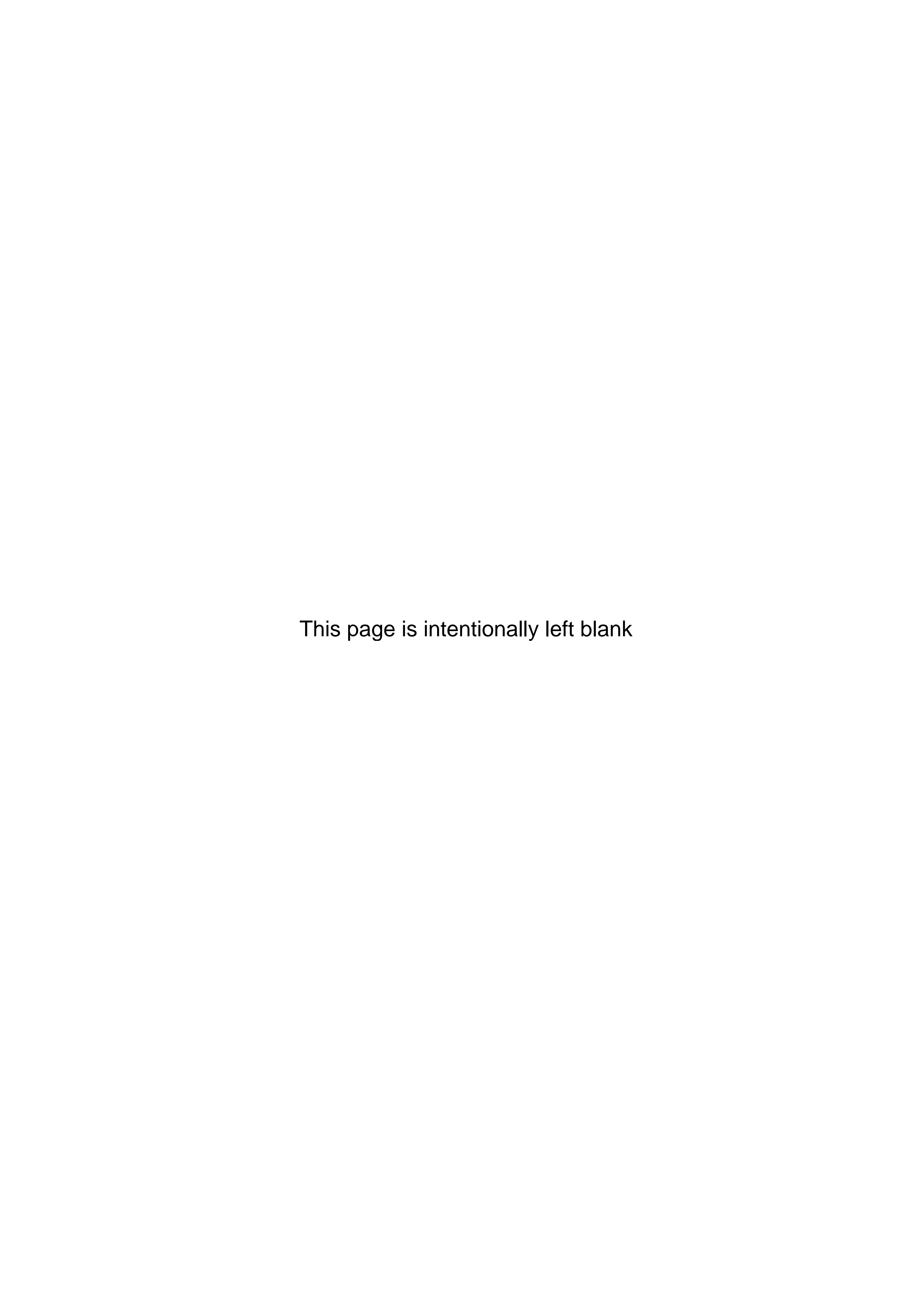
Attached as a separate document

Appendix 3: County Durham and Darlington NHS Foundation Trust Draft Quality Account 2021/22 presentation

Attached as a separate document

Appendix 4: Tees, Esk and Wear Valleys NHS Foundation Trust Draft Quality Account 2021/22 presentation

Attached as a separate document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Annual Quality Report

2021/22

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About us

At NEAS we provide an unscheduled care service to respond to 999 calls and a scheduled care service which offers pre-planned non-emergency patient transport in the region.

We operate NHS111 for our region which is supported by a clinical assessment service, providing clinical support to health advisors and patients ringing 111 and 999. These services are supported by our operations centres based in Newburn, Hebburn and Billingham, managing more than 1.5 million calls per year. We also deliver specialist response services through our Hazardous Area Response Team (HART) who deal with hazardous untoward incidents

Our Mission:
Safe, effective, responsive care for all

Our Vision:
Unmatched quality of care

Our 2022/23 Quality Priorities

Safety		Clinical Effectiveness	Patient Experience
Working with system partners to reduce handover delays	**Learn from incidents and prepare for PSIRF**	**Use our resources as efficiently as possible**	**Involve our patients and communities to improve care**

The formatting and sequencing of this document are in accordance with the National Health Service (Quality Accounts) Regulations 2010 and Department of Health and Social Care (DHSC) Quality Accounts Toolkit 2010/11 and NHS England and NHS Improvement Detailed requirements for Quality Reports 2019/20 guidance

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Statement from the Chief Executive

I am delighted to introduce the North East Ambulance Service (NEAS) 2021/22 Quality Report which demonstrates our commitment to the continued delivery of high quality patient focused care over the past year.

It's hard to believe in my statement last year that I wrote about the challenges being faced by the COVID-19 pandemic and at that time we were starting to see some positive recovery. However, as we all know the Omicron variant of COVID-19 arrived and we saw another difficult and challenging year. Like all our health and social care colleagues across the country, NEAS had to continue to manage the impact of this new variant. In spite of this our staff continued to provide amazing services to our patients and I am so grateful to each and every one of the NEAS family.

Despite the commitment of our staff, the ongoing impact of the pandemic meant we had to make some difficult decisions about pausing some non-critical work and focus on our priority of ensuring we provided safe and effective care for our patients and a safe working environment for our staff.

As we now emerge from the pandemic our focus must move to the recovery of services, supporting our workforce and preparing for the changes in our external environment. 2022/23 will bring major changes which will impact on the way we deliver our services and the lessons we have learnt throughout the pandemic.

As ever our staff continue to go above and beyond our expectations and amongst all the challenges they faced last year, they supported us to develop our new five year trust strategy which we launched in July 2021. The strategy sets out a clear direction for NEAS to deliver our vision of unmatched quality of care, whilst keeping the patient at the centre of all we do. Within the strategy we have identified four ambitions which we fondly call our Ps and Qs: -

- **People** - a great place to work and grow
- **Performance** - deliver outstanding performance, every time
- **Partner** - collaborate and innovate with other partners
- **Quality and safety** - safe, compassionate and inclusive care

These form the cornerstones for our strategy and are supported by nine underpinning plans, which will provide the foundations for the delivery of the priorities we will work on over the next five years.

Our quality report outlines the progress against our 2020/21 quality priorities but, also recognises where we were not able to achieve all the key actions as planned due to prioritising patient care and the unprecedented demands we experienced on our services. However, we will ensure the outstanding actions will be completed during the year ahead.

With the easing of COVID-19 restrictions we were able to undertake a period of consultation with our internal and external stakeholders throughout April and May 2022 which enabled us to ensure our 2022/23 priorities fully addresses the needs of patients, our staff, partner NHS organisations and other business partners across our region.

This Quality Report can only provide a glimpse of what we have achieved in 2021/22 and what we hope to achieve in 2022/23.

Finally, I would like to say I continue to be immeasurably proud of our staff, NEASUS colleagues and our valued volunteers for their hard-work, dedication, compassion and care which has never wavered during an unimaginable time both personally and professionally for everyone. You really do make a difference and we CARE about you. My sincere thanks also go to our partners and the people in the communities who have supported us throughout and who we are extremely proud to serve.

Helen Ray
Chief Executive

Peter Strachan
Chairman

Part 1

2021/22
At a glance

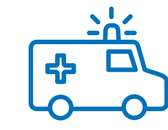
520,899
999 calls answered

675,912
NHS 111 calls answered

412,068
Patients taken to hospital

115,319
Patients treated and discharged at home

48,054
Patients treated and discharged over telephone



272,186
Patients taken to hospital appointments

387,440
incidents attended

06:56
Average C1 response

Ambulance response times

C3
1:52:48
3rd

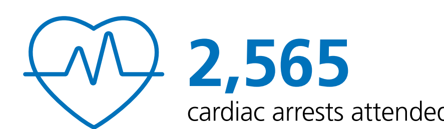
Ranked out of 10 ambulance trusts

Safety

2493
Patient safety incidents (17 per 1,000 calls)

6
Serious incidents

Clinical Effectiveness



2,565
cardiac arrests attended

Ambulance Care Quality Indicators

25.8%
Patients achieved a return of spontaneous circulation (ROSC)

85%
Sepsis care bundles delivered

99.3%
Stroke care bundles delivered

78.9%
STEMI care bundles delivered

TOP PERFORMERS

50%
Patients achieved return of spontaneous circulation (Utstein)

26.9%
Cardiac arrest patients survived to 30 days (Utstein)

7.3%
Cardiac arrest patients survived to 30 days

Patient Experience

96.8%
999 see and treat rated very good/good

93.2%
Patient transport service rated service very good/good

90.6%
999 see and convey rated very good/good

76%
111 service rated very good/good

70+
Workshops delivered to BAME communities

Looking Forward

All NHS Trusts are required to produce a Quality Report to provide information on the quality of the services they provide to patients, their families and carers. The report allows NEAS to demonstrate how we are performing and identify areas for improvement considering the views our service users, carers, staff and the public.

NEAS strives continuously to improve patient safety, patient experience and clinical effectiveness. As we emerge from the pandemic our focus is shifting to the recovery of services, supporting our workforce and preparing for the changes in our external environment. 2022/23 will bring major changes which will impact on the way we deliver our services.

Our quality priorities have been chosen to align with NHS England and NHS Improvement's 2022/23 operational planning guidance and priorities for the National Health Service, the Care Quality Commission Domains and our Trust five-year strategy 2021-2026. We have outlined four quality priority options for 2022/23.

We are pleased to report COVID-19 restrictions are easing and we are able to undertake a period of consultation with our internal and external stakeholders throughout April and May 2022. This will enable us to ensure our 2022/23 priorities fully address the needs of patients, our staff, partner NHS organisations and other business partners across our region.

Proposed Priorities for 2022/23

Safety

Why is this important to us?

We want to reduce risks, errors and harm for our patients and improve our services by learning from things that go wrong.

Priority 1: Working with system partners to reduce handover delays

Lead: Stephen Segasby, Chief Operating Officer

Why did we choose this priority?

To reduce the risk of harm to our patients, improve outcomes and patient experience.

We know there is a risk to patients waiting outside in ambulances for admission to the Emergency Department (ED). Delays can result in poor patient outcomes, poor patient experience and impact negatively on ambulance crews.

The national handover target for hospitals is 15 minutes with no ambulances waiting more than 30 minutes.
The average handover time for NEAS during 2021/22 was 22 minutes 16 seconds (7 minutes over the target).

Hospitals are clinically responsible for patients as soon as the ambulance arrives at ED but we all have a role in managing demand pressures and reducing risks to patient safety.

Our aim?

To handover over patients to ED safely within 15 minutes, effectively reducing the risk to our patients, improving patient outcomes and patient and staff experience.

How will we do this?

- Undertake a thematic analysis of handover delays
- Review the procedures in place between NEAS and each acute hospital Emergency Department (ED)
- Understand the impact on the overall patient experience of patients waiting in ambulances
- Understand the impact of handover delays on our staff
- Work with our partners to consider ways to improve effectiveness across all parts of our system
- Review and refine our risk management and escalation arrangements during times of demand

Indicators of success

- Increased understanding of the patient harm caused by delayed handovers and improved learning
- Reduction of harm to patients
- Improved patient experience
- Improved staff experience
- Collaborative working with our partners and a system wide approach to finding a solution
- Achievement of waiting time targets
- Clinically effective escalation processes to keep patients safe in periods of high pressure
- Improved governance arrangements including an increase in incident reporting to promote learning and improvements

Priority 2:
Learn from incidents and prepare for the Patient Safety Incident Response Framework (PSIRF)

Lead: Sarah Rushbrooke, Director of Quality, Patient Safety, Innovation & Improvement

Why did we choose this priority?

To improve our services by learning from things that go wrong.

The PSIRF calls for a new approach to incident management; doing fewer "investigations" but doing them better and by people that have been trained to do them.

The new framework will be introduced during 2022 and we will need to ensure we have support structures in place for staff and patients involved in patient safety incidents.

Our aim?
To develop the cultures, systems and behaviours necessary to respond to patient safety incidents (PSIs) in a way that ensures we learn from mistakes and improve.

How will we do this?
- Development of robust governance and oversight procedures to support an effective organisational response to incidents
- We will review the feedback from PSIRF early adopters and draw on good practice from healthcare and other sectors to promote learning and continuous improvement
- We will complete a thematic analysis of incidents
- We will continue to learn from when things go well as well as when they go wrong, ensuring that learning is shared both internally and externally to improve the quality of care we provide to our patients
- We will work closely with partners to identify and mitigate risks across the system and implement the Patient Safety Incident Response Framework once published
- Establish a PSIRF implementation oversight group

Indicators of success
- Completion of thematic analysis to identify patient safety priorities including development of a dynamic reporting dashboard
- Improved triangulation of incidents and feedback to understand themes
- Improved quality, timeliness of investigations and learning from PSI investigations
- Reduction in the number of patient safety incidents
- Reduce the numbers of Never Events and/ or PSIIs involving death, severe harm and moderate harm
- Establish and provide training for all staff undertaking investigations
- Effective use of investigation process outcomes to inform Trust wide improvements
- Improved working environment for staff in relation to their experiences of patient safety incidents and investigations

Clinical effectiveness:

Why is this important to us?

We want to do the right thing, at the right time, for the right patient and demonstrate improvements in the quality and performance of our services.

Priority 3:
Use our resources as efficiently as possible by making better use of our clinical model

Lead: Mathew Beattie, Medical Director

Why did we choose this priority?

To create a culture of continuous improvement and learning so our patients receive the best care.

As we emerge from the COVID-19 pandemic and enter systemwide partnership working we need to establish our role as providers of urgent and emergency care by ensuring our patients are treated in the right place at the right time by a skilled workforce.

Our aim?
To release the pressure that is being placed on hospital Emergency Departments (EDs) by managing some patients in different ways such as providing more treatment and care on scene, in their own home, or referring them to alternative pathways.

How will we do this?
- We will work with colleagues from the performance team and operational directorates to undertake initial analysis of hear and treat and see and treat rates and scope options for improvement
- We will develop a blended workforce model with the right sills to be responsive to the needs of our patients in our communities reducing the reliance on EDs
- We will improve access to additional clinical advice for our staff
- We will review and increase the non-medical prescribing capability
- We will evaluate a mental health car pilot and explore other pathways to provide mental health support
- We will evaluate end of life service provision and look to explore ways to improve working
- We will look to introduce technology for remote consultation in EOC
- We will work with our partners in the region to develop urgent care 2-hour community pathways

Indicators of success
- Reduction in conveyance to hospital
- Increased hear and treat rates
- Increased see and treat rates
- Improved patient experience and outcomes
- First cohort of rotational paramedics to support primary care networks
- Increased staff training
- Non- medical prescriber workforce capacity increased
- Real time data alerts to identify issues and trends to support redistribution of resources
- Access to additional clinical advice for frontline staff
- Improved workforce skill mix

Patient experience:

Why is this important to us?

What matters to our service users matters to us. We want to ensure our patients, their families and carers have the best possible experience of care when they use our services.

Priority 4: Involve our patients & communities to improve care

Lead: Sarah Rushbrooke, Director of Quality, Patient Safety, Innovation & Improvement

Why did we choose this priority?

Our patients are at the heart of everything we do and are paramount to helping us shape the care we deliver.

We strive to deliver the highest possible quality of care that is accessible to all. We want to shape our services on what matters to our patients, their carers and our communities.

Our aim?

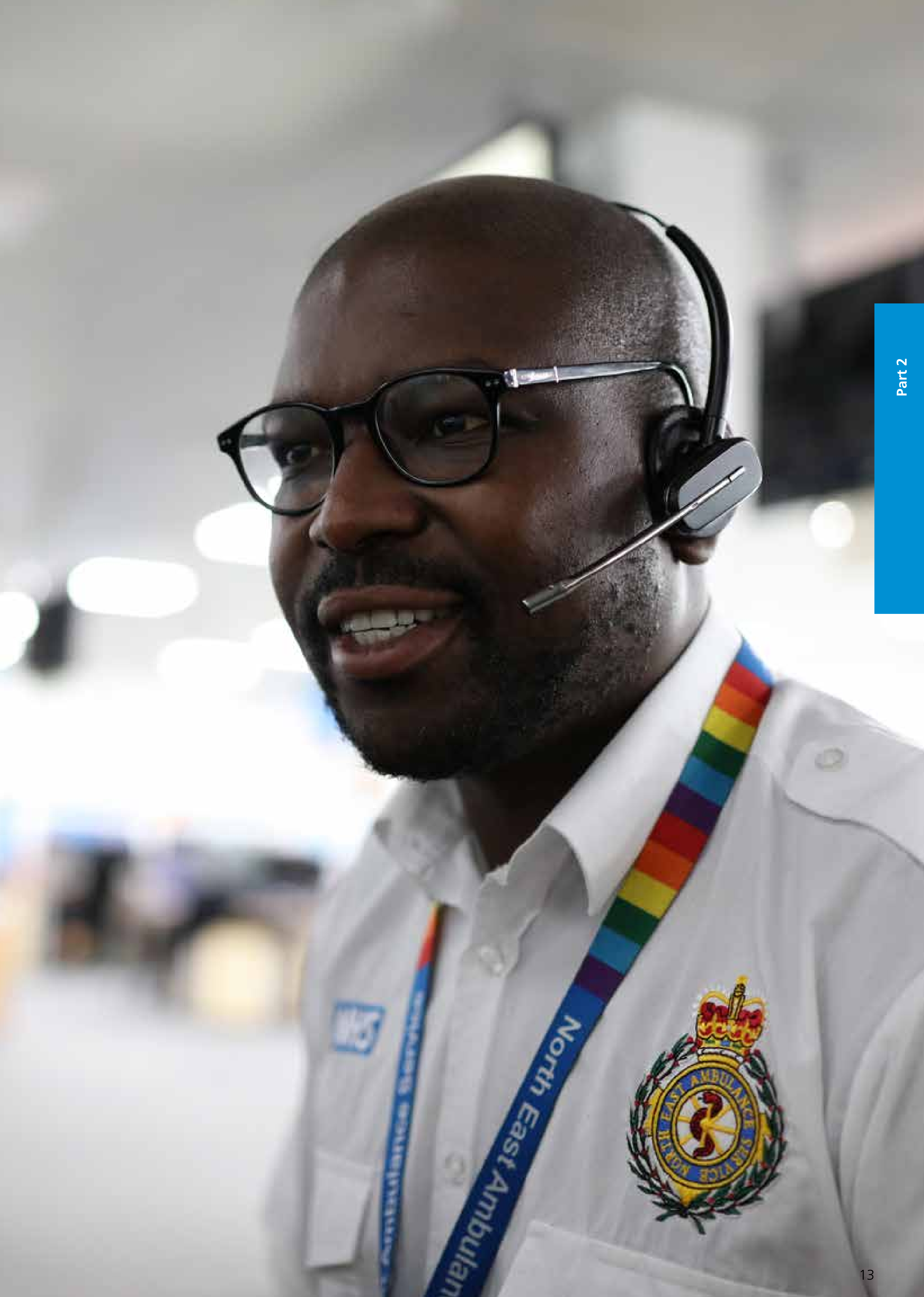
We want to create a positive experience for our patients/service users and their families/carers by delivering excellent services. We recognise that some patients do not participate in our survey and we will look to new ways to improve how we listen to and use feedback from patients' carers and families to improve our services.

How will we do this?

- We increase our engagement events in person and virtual including through joint engagement opportunities with local health providers, Healthwatch organisations, local authorities and commissioners
- We will explore opportunities to develop volunteers (e.g. community responders) as ambassadors in their areas
- We will listen to patients to understand their priorities
- We will seek patient feedback and involvement in service change, service delivery, design and redesign
- We will look for opportunities to include patient representatives on assurance committees
- We need to widen and increase our public involvement in both the development of these new services and monitoring of their success
- We need to listen to our patients, their families and carers, and respond to their feedback

Indicators of success

- Improved patient experience shown by reduced complaints
- Increase in positive feedback from patients via Friends and Family Test, compliments, National Patient Surveys and other social media platforms, indicating that patients feel involved in planning our services
- Increased capacity to engage with local communities
- Improved patient outcomes for selected patient groups
- Improved working relationships with stakeholders and partners
- Projects and developments will benefit from patient engagement and statutory requirements will be met



2021/22 Review

Quality Priority Performance 2021/22

Monitoring of the progress against our quality priorities was reported to our Clinical Quality Committee.

We were not able to achieve all of the key actions as planned due to prioritising patient care in response to the COVID-19 pandemic and unprecedented demands on our services but we will ensure the outstanding actions will be completed during the year ahead. We are pleased to outline the progress we have made so far in delivering the 2021/22 quality priorities.

Priority 1
Managing the deteriorating patient in the Emergency Operations Centre (EOC)

Our aim was to ensure we have robust processes to manage the identification of deteriorating patients in the care of the EOC efficiently and effectively.

We planned to reduce the number of patients who suffer harm or deterioration in their condition while they wait for an ambulance by identifying 'at risk' patients at the earliest opportunity and escalating them to the most appropriate service for treatment.

How did we do?
Our updated Clinical Safety Plan helped to identify and allocate resources safely and efficiently to the sickest patients during unprecedented periods of demand.

What do we need to do now?
We recognise that there are still further improvements to be made and we continue to review and adapt our processes including the use of digital systems to support our EOC teams to achieve this priority.

What we wanted to achieve	Did we achieve this?
Further review and survey of clinicians regarding upgrading of patients in a peri arrest situation	✗
Review our research findings to determine if the timing and frequency of call backs can be linked to determining if patients are clinically deteriorating and any learning that can be used to improve the systems we use	✓
We will look at the role of clinicians based in the dispatch area to understand the impact of this on the deteriorating patient	✓
We will look at the data linking learning from deaths reviews and patient safety incidents with any delays in responding to the patient to determine learning from this	✓
We will continue to review the impact of the 'No send' policy when we are in times of escalation	✓
We will further review patient safety incidents relating to scheduled care services and how we may learn from these.	✓

What did we do?

Multiple call backs study

The study was led by our consultant paramedics and aimed to identify the link between frequent call backs, conditions of concern and patient deterioration. The team met weekly with operational colleagues to review patient outcome and mortality data, and as a result, significant improvements have been made to recognise and manage the deteriorating patient. The study identified a shift in the clinical profile of patients who were likely to deteriorate whilst waiting for an ambulance resulting in new cohorts of patients that should be prioritised. New actions were introduced to support dispatchers and EOC clinicians to review clinical need and respond to the clinical risk safely by allocating ambulances based on clinical need.

Dispatchers - conditions for review:
- Marked by a clinician as a priority
- Resource on scene requiring back up
- Uncontrolled haemorrhage
- Inter-facility transfers (IFT) level 2
- Stroke
- Declared hypoxia (<85%) or National Early Warning Score (NEWS) >7
- Paediatric patients

Clinicians - patients prioritised for validation:
- Clinical concern identified by the shift coordinator
- Unconscious
- Bleeding
- Stroke
- Breathing problems
- Paediatrics
- Chest pains

If validation confirms the case does not require prioritisation the priority code will be removed, and an ambulance will be dispatched under as per normal procedures. This is to ensure only the sickest patients are being prioritised.

We continue to evaluate our findings to determine if there is a statistically significant correlation between calls and deterioration and will continue to use this work to inform future changes.

Safety in times of demand

Challenges with staffing resource levels and peaks in demand resulted in pressures which affected our performance against the ambulance response and clinical performance standards. Our Clinical Safety Plan (CSP) allowed us to respond quickly in times of pressure whilst maintaining patient safety.

We used the findings from the 'multiple call backs' study data from the multiple call backs study, patient safety incidents and learning from deaths to develop our dispatch clinical risk assessment procedure for EOC and update our clinical safety plan.

We implemented these actions to improve the early recognition of deteriorating patients leading to a reduction in the expected number of incidents associated with failure to recognise and address patient deterioration. Early findings suggest a reduction in the number of Inter Facility Transfer (IFT) call upgrades, improvements in stroke performance and a decrease in the patient pre-alerted following long waits category.

Dispatch Clinicians

We undertook a study to understand clinicians' rationale when considering upgrades to Category 1 ambulance response targets and found clinicians appeared to upgrade to a priority 1 due to individual patient risk and were not aware of the priorities of patients outside their area already waiting for a response. We initiated a pilot allocating clinicians to a designated dispatch desk working with individual dispatch teams to inform decision making and found this reduced deaths and pre-alerts and allowed the early recognition of deteriorating patients. However, this was resource intensive, and we were unable to sustain this approach due to staffing levels and periods of high demand.

We recognise clinically led prioritisation so that the most urgent cases are scheduled first, improves the safety and outcomes for patients and plans to increase EOC clinician capacity are on-going including recruitment to core clinical advisor vacancies, and additional sessional GP activity and Vocare sub-contracted support from external providers.

Review of no send policy

We follow our internal Demand Management Plan in times of pressure this which includes asking patients who can safely make their own way to hospital to do so. This frees up an ambulance resource to respond to those patients in greater clinical need. We evaluate every ambulance re-attendance to a patient within 24 hours to review whether the initial non-conveyance was clinically safe or whether there was potential for patient harm. We formally report our no send activity to the Trust's Executive Management Ggroup and Quality Committee on a quarterly basis. Introduction of the no send policy has not resulted in any serious patient safety incidents or complaints.

We introduced a 'no send' patient survey in 2021 to allow us to review the number of people re-contacting the service, their reason for doing so and also monitor their satisfaction with the service. The latest data shows despite the continued high levels of Ccategory 1 and Ccategory 2 incident volumes the number of patients re-contacting the service within 24 hours was 7.1%, and 61.9% patients rated the service as good or very good compared to 21.4% poor or very poor. We will continue to collect survey data until September 2022.

We explored the possibility of accessing data for patients who may have presented at any Emergency Department (ED) after calling NEAS but however, under the General Data Protection Regulation (GDPR) we are unable to access personal data within from a separate part of the NHS system.

Learning from deaths and patient safety incidents. There have been marginal improvements in the number of patients who died in care (which still correlates to operational performance) but, the profile of the patients that now die in care has changed since the full implementation of the updated Clinical Safety Plan.

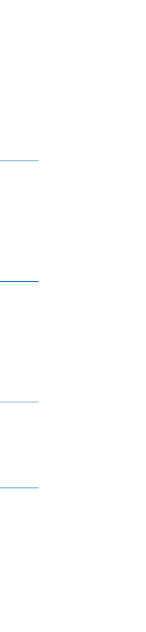
Priority 2
Improving cardiac arrest care

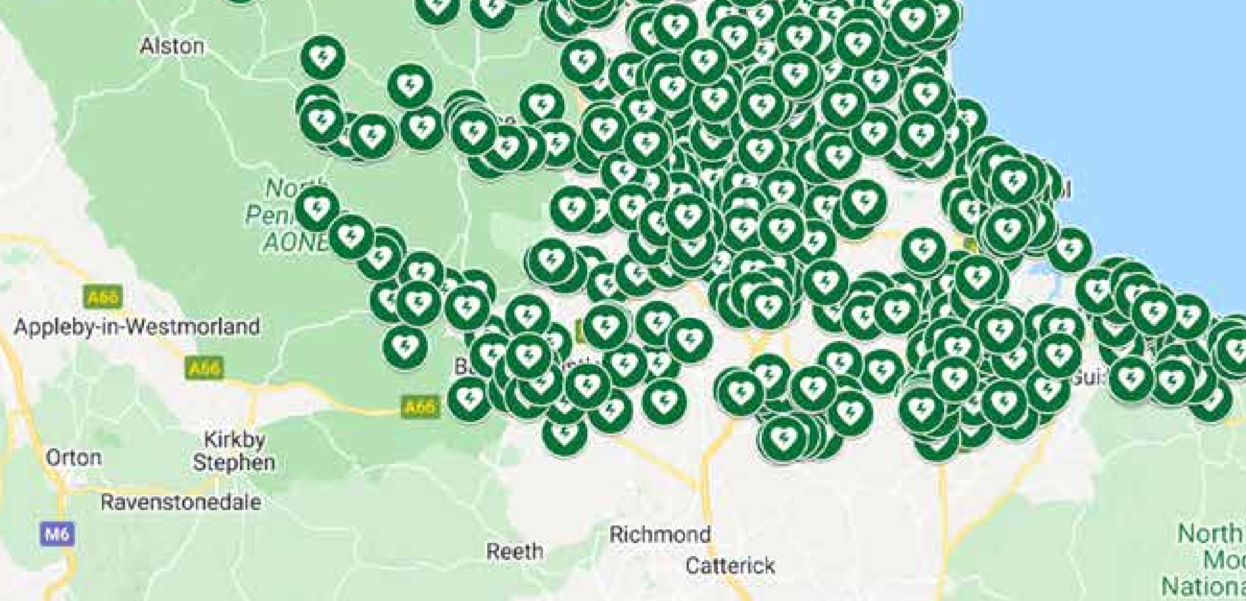
Our aim was to improve cardiac arrest outcomes for our communities. It is well known that survival for patients experiencing a cardiac arrest is dependent on receiving treatment within a very short timeframe. Early recognition and access to treatment, early cardiopulmonary resuscitation (CPR) and early defibrillation are all key to survival.

How did we do?
We have increased the number of Community Public Access Defibrillators (cPADs) throughout the north east and we are working with the British Heart Foundation to map the location of all defibrillators

What do we need to do now?
We will look to reduce inequalities in our region through our research projects.
We will increase life-saving skills training events as COVID-19 restrictions ease.

What we wanted to achieve	Did we achieve this?
Continue to support the purchasing of community public access defibrillators (cPADs), through our NEAS Trust Fund to place in areas we feel would benefit most, based on our local intelligence	✓
Review the impact of the specialist paramedics in emergency care dispatch desk in deploying dedicated resource to patients who have had a cardiac arrest.	✓
Use smart technologies to activate the public and clinical staff to a nearby cardiac arrest to enable early intervention	✓
Contribute to research regarding cardiac arrest in the out of hospital setting	✓





What we did

cPADs

We know that prompt resuscitation and using a defibrillator (where this is required) helps to save lives, and the number of cPADs has continued to increase across the Trust area.

The Trust is working with the British Heart Foundation on a national project to map every defibrillator across the north east area to automatically populate in our Control Room when a 999 call comes in. A 999 call that requires CPR advice now automatically receives that coaching from a health advisor.

Bystander CPR

Despite the North East and Cumbria having a higher number of cardiac arrests in the community compared to other parts of the country, statistics show that if you have a cardiac arrest outside of hospital in our region, you are less likely to receive CPR and therefore less likely to survive.

We launched a targeted communications strategy to improve cardiac awareness via social media Facebook and Twitter and we have continued to work with the local community to provide education and training at face to face events where permitted.

Whilst NEAS remains in the lowest 25% of all Ambulance Trusts for bystander CPR our position has improved from last year and we have seen an improvement in our cardiac outcomes.

Specialist Paramedic Emergency Care (SPEC) deployment

Following changes to our operating model specialist paramedics no longer work within EOC. We have worked with informatics colleagues to develop a specialist paramedic utilisation report. Using the dispatch deployment criteria for our specialists we have determined by hour of the day and geographical area where these incidents most frequently occur. Our intention now is to use this to trial dynamic stand by bases with a view to assessing if this improves the utilisation and appropriateness of tasking for specialist paramedics.

Research

The research team at North East Ambulance Service has secured £50,000 in funding from the National Institute of Health Research Applied Research Collaboration to undertake a 12-month project, to better understand the reasons why people are less likely to perform CPR in the north east, and to begin to address these inequalities. The research includes a regionwide face to face survey with the public on their understanding of CPR.

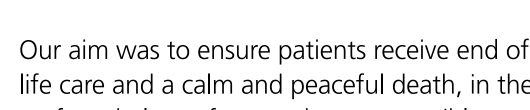
There is also a multi centred research project ongoing looking at the different routes to give medication to a patient in cardiac arrest.

NEAS contribute to the national out-of-hospital cardiac arrest outcomes study which is facilitated by Warwick University. This national registry is used to inform policy and practice changes.

All findings and action plans are monitored regularly through the Trust's Clinical Quality Governance Group and Quality Committee. In addition to this NEAS has a well embedded learning from deaths process, with a continuous commitment to reviewing and improving care provided to patients.

Patient Frank Kelly reunited with Nissan workers who delivered bystander CPR and the 999 call handler and ambulance crew who attended

3.1.3 Priority 3
Improving End of Life Care



Our aim was to ensure patients receive end of life care and a calm and peaceful death, in their preferred place of care, wherever possible.

We want to allow our patients with a life limiting illness to die with dignity enabling them to achieve what they would consider 'a good death' whilst supporting their families and carers. Our aim for every patient is to provide treatment and support in line with their wishes, to the best of our ability, to ensure the alleviation of pain and suffering.

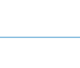
In order to fulfil this priority, we need to have skilled staff within our EOC and throughout the operations department to support high quality assessment and care when caring for a patient at the end of their life and providing support to their loved ones by having access to information to support clinical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

How did we do?

- We reviewed our service delivery to ensure it is consistent with the Association of Ambulance Chief Executives guidance 'the route to success in end life care – achieving quality in ambulance services'
- We are working closely with our regional palliative care stakeholders to continually improve our services
- We have updated and improved our training content

What do we need to do now?

- We will continue to work with our stakeholders to develop efficient integrated systems to improve information sharing
- We will continue working with our commissioners to secure funding to provide a 7-day end of life transport service
- We will implement our patient and carer feedback survey to determine effectiveness and identify areas for improvement

What we wanted to achieve	Did we achieve this?
Embed the process to triangulate learning from patient safety incidents, feedback from carers, feedback from acute providers and themes identified from the learning from deaths process to better understand what we need to do within NEAS and across the system to support end of life care	
Continue to collect data on Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) information shared with NEAS, broken down to Clinical Commissioning Group level and report the findings to identify where information sharing gaps occur	
Review the data for non-conveyance of patients where we know there is a DNACPR in place, by CCG area and work with key partners to determine reasons for this	
Identify and work within a locality to review conveyance rates to hospital of patients in the care home sector who die within 24 hours to determine learning from this	
Develop the business case for commissioners to consider so that we can provide a 7-day end of life transport service	

What did we do?

Learning from patient safety incidents, deaths and feedback from our service users

The end of life team received 76 incidents from 2018 to date via complaint form submissions or the patient experience team. The incidents and feedback have identified trends relating to ambulance delays and issues regarding 'do not attempt cardiopulmonary resuscitation' (DNACPR) forms.

NEAS has three dedicated ambulances provided by St John Ambulance Service, one for each operational division. The vehicles are equipped to transport patients at the end of life comfortably and efficiently and are staffed by an emergency care technician-led crew who have undergone palliative care training.

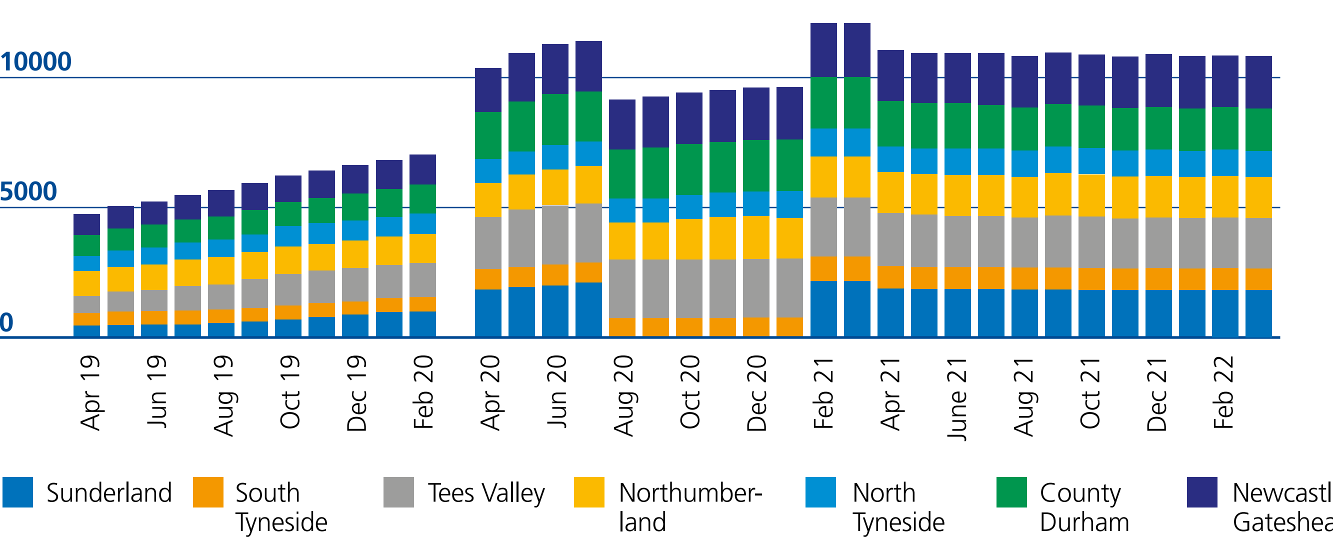
We aim to provide a vehicle within one hour of booking where possible but if this response is not met, a NEAS call handler will contact the person who placed the booking with an explanation and an updated expected time of collection. Our performance against this target in 2021/22 was 1 hour 27 minutes on average and we are working with St John Ambulance and our Operations Centre to protect the service to improve response times.

DNACPR issues included inconsistencies with documentation, concerns regarding the validity of the document and out of date documents. The end of life team has provided training, issued medical alerts and released DNACPR Frequently Asked Questions (FAQ) information to help staff understand the principles and implications of DNACPR.

DNACPR data

Sharing information across services eg plans and stated preferences such as DNACPR is essential to allow our clinicians to make appropriate decisions. We have collected DNACPR data at Clinical Commissioning Group (CCG) level since April 2019. We have not identified any reportable gaps or inconsistencies with the data, although it is highly likely DNACPR data is underreported to NEAS.

DNACPR Data April 2019-January 2022



It is estimated around 1% of the population will be in the last year of their life and on the palliative care register (with a vast proportion having a DNACPR in place), although we have seen an increase in the number of DNACPRs reported to NEAS this only equates to between 0.3%-0.7% across the various CCGs.

We are working with our partners and palliative care network to improve information sharing information across all services.

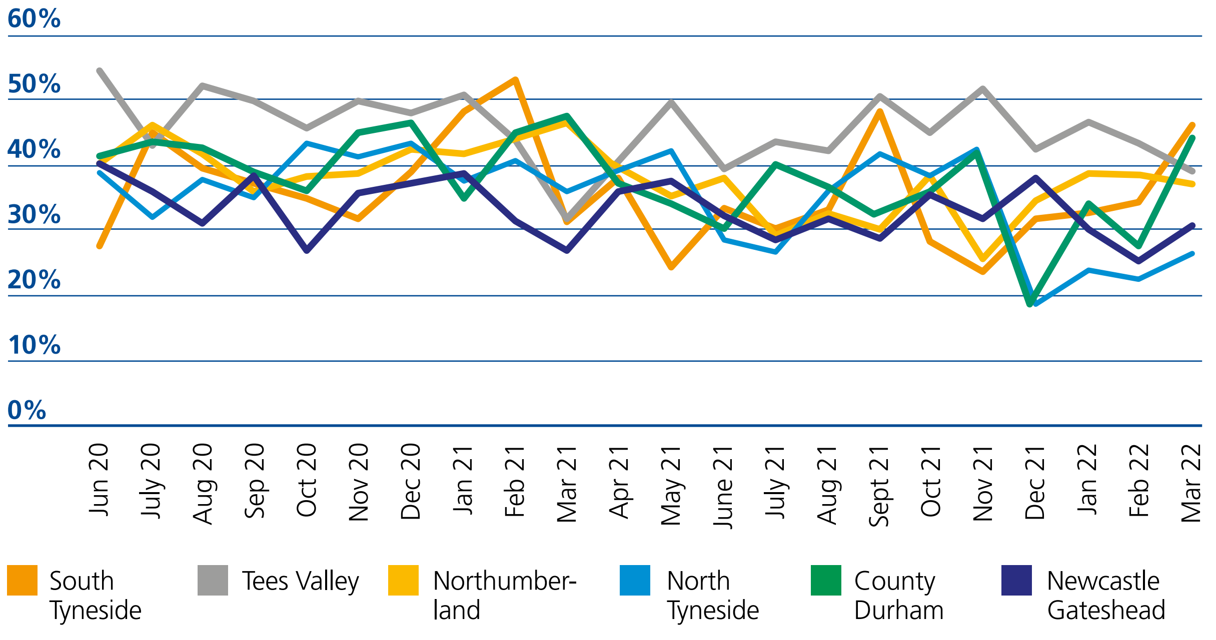
There is a clear link between increased information sharing and a reduction in palliative and end of life care patients being conveyed to hospital after an ambulance has arrived on scene. This is reported monthly to the Palliative and End of Life Care regional clinical network and to CCG representatives.

Review of conveyance rates

It is vital that ambulance services are made aware when care plans and DNACPRs are in place to prevent unnecessary conveyances for people nearing the end of life.

Non -conveyance rates have fluctuated throughout the year but continue to demonstrate the correlation between increased information sharing and fewer palliative patients being conveyed to emergency departments. We are currently working with South of Tyne partners to review non-conveyance rates.

Non-conveyance rates June 2020- January 2022



7- day end of life (EOL) transport

There is sufficient evidence to support a 7-day transport service. 12.6% of all transport requests are received over a weekend and all weekend requests are responded to by core emergency vehicles. Introducing a 7-day service would allow appropriately skilled crews to attend to our EOL patients, reduce waiting time delays, release A&E resources to respond to emergency calls, reduce bed pressures in hospitals and align our service with the national ambition for 7-day palliative and EOL services. We have developed the business case to provide a 7-day EOL transport service and will be working with our commissioners to support our request.

Education and training

We have updated and improved our education and training resources to ensure our staff understand the issues and implications around caring for people nearing the end of life. The training includes communication and listening skills, tackling difficult conversations, understanding other organisations' roles and relevant guidance. We have delivered training to 241 front line staff and health advisors this year and plan to develop bespoke training packages for Associate Practitioners and GPs, bitesize training videos for front line staff, and to release a frequently asked questions factsheet.

Case Study

We were asked to transfer a patient who wanted to visit home prior to their transfer to St Oswald's Hospice. The patient wanted to see his home and his friend one last time as his friend was unable to visit the patient at hospital or hospice due to their own limiting health conditions. Our Dispatch Manager and St John Ambulance team worked together to ensure the patient's wishes were fulfilled.

Thanks to NEAS and St John Ambulance team's responsiveness and compassion the patient was able to spend precious time with his wife and friend one last time prior to arriving safely at the hospice where he died peacefully.

Statement of Assurance from the Board of Directors

During 2021/22 the North East Ambulance Service NHS Foundation Trust (NEAS) provided and/or sub-contracted three relevant health services. For NEAS relevant health services are defined as Emergency Care (Unscheduled care), Patient Transport Services (Scheduled care), NHS111, including our Clinical Assessment Service and GP Out of Hours services.

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

Financial and reporting arrangements including CQUIN

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 would usually undertake regular quality walkarounds and report issues and concerns into individual directorates as and when necessary. However due to COVID-19 this has not been possible. The Board has therefore received assurance from Executive colleagues at Board and received reports focussed on responding to COVID-19 and how quality and safety has been maintained.

The income generated by the relevant health services reviewed in 2021/22 represents X% of the total income generated from the provision of relevant health services by NEAS for 2021/22. This represents a minimal change with just over £Xk of reported £X million coming from non-NHS partners, mainly around event cover and local authority funding.

The Commissioning for Quality and Innovation (CQUIN) payment framework is designed to support the cultural shift to put quality at the heart of the NHS. Local CQUIN schemes contain goals for quality and innovation that have been agreed between the Trust and our Commissioners across the region. NHS England continued the block payments approach for arrangements between NHS commissioners and NHS providers in England for the first half of the 2021/22 financial year. Block payments to NHS providers are deemed to include CQUIN, and there will be no 2021/22 CQUIN scheme (either CCG or specialised) published at this stage.

NEAS did not submit (and is not required to submit) records during 2021/22 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

NEAS's Data Security and Protection Toolkit status for 2020/21 is ''Approaching Standards".

NEAS was not subject to the Payment by Results clinical coding audit during 2021/22 by the Audit Commission.

Clinical Audit

During 2021/22, 25 national clinical audit projects and 8 clinical outcome quality indicators covered the relevant health services that NEAS provides. There were no national confidential enquiries that NEAS was eligible to take part in this financial year. NEAS submitted 100% eligible cases for the national ambulance clinical quality indicators and two eligible national clinical audit projects; myocardial ischaemia national audit project and sentinel stroke national audit project.

National Clinical Audits the Trust was eligible to participate in	Did the Trust participate	Number of cases submitted
Data presented represents nationally published performance between April – September 2021. This is subject to change due to the bi-annual re-submission period.		
Cardiac arrest: return of spontaneous circulation	Yes	100% (1017)
Cardiac arrest: return of spontaneous circulation (Utstein)	Yes	100% (168)
Cardiac arrest: survival to 30 days	Yes	100% (992)
Cardiac arrest: survival to 30 days (Utstein)	Yes	100% (158)
Post-ROSC	Yes	100% (135)
STEMI	Yes	100% (147)
Stroke	Yes	100% (852)
Sepsis	Yes	100% (642)
Myocardial Ischaemia National Audit Project (MINAP)*	Yes	*Annual data returns not available
Sentinel Stroke National Audit Project (SSNAP)*	Yes	*Annual data returns not available

*Ambulance Clinical Quality Indicators are reported quarterly to NHS England 4 months in arrears, except for cardiac arrest data which is reported monthly.

NEAS intends to take the following actions to improve the quality of healthcare provided:

- Implement the locally developed clinical performance indicators
- Implement a new clinical audit tool
- Implement system developments to electronic patient care records (ePCR) and replace the current devices
- Explore automated referrals direct from ePCR
- Explore embedding clinical governance at an operational level
- Work with informatics colleagues to expand the use of the application and develop a suite of reports to support individual and service development
- Provide training to clinical team leaders so they have the skills, knowledge and resource to undertake audits and reviews to support their team's development

25 local clinical audit projects were completed by NEAS in 2021/22 and we intend to take the following actions to improve the quality of healthcare provided:

Local clinical audits completed	Number of cases reviewed	Summary and actions to improve practice
Pre-alert	100	Overall good assurance in the appropriateness of patients being pre-alerted. • Reminder to use Age, Time of onset, Medical complaint/injury, Investigation, Signs and Treatment (ATMIST) to structure handovers and ensure all pertinent information is passed concisely.
Post-partum haemorrhage	4	Thankfully a small sample due to rare incidence. • Ensure all treatments are delivered and documented.
COVID	235	Care bundle developed to support the assessment and management of COVIDovid patients.
PGD compliance x6	284	Overall good assurance provided in the use of Patient Group Directions (PGDs) by paramedics. • ePCR developments requested to improve data quality. • Communication regarding appropriate use of PGD indications.
Adult seizures	418	There is scope to improve the care provided to adult seizure patients. • Ensure early oxygenation, assessment of injuries and ECG are recorded.
COPD	221	Further work is required to clarify the NEWS2 scales and education to improve the recognition of COPD exacerbations.
Delayed hospital handover	71	Performance consistent with previous year. • Communication reissued to staff. • Checklist to support managers providing hospital situation reports.
Hyperventilation	177	Good compliance with history taking. • Communication to staff to ensure alternative diagnosis are considered and early assessments to exclude life-threatening presentations.
Paediatric cardiac arrest	45	Sustained improvement for fourth consecutive year. • Ensure Recognition of Life Extinct (ROLE) forms are completed for all paediatric patients not resuscitated. • All deceased paediatric patients should be conveyed to emergency department.
Drug overdose cardiac arrest	56	Re-audit demonstrated improvements in airway and ventilation. • Communication with staff to increase naloxone administration. • Local guideline to be reviewed.
Conveyed with Advanced Life Support (ALS) ongoing	65	Sustained improvement during re-audit. • Communications regarding public place arrests and the early use of specialist resources.
Co-amoxiclav for open fractures	-	Deferred audit at time of the report
Febrile convulsions	250	Ongoing

Re-contact within 24 hours	69	To understand if Non-conveyance was safe and appropriate and to determine if there were earlier opportunities to refer to alternative services and avoid subsequent contact.
Discharge by non-qualified clinicians	374	Ongoing
Discharge by Newly Qualified Paramedics (NQPs)	374	Ongoing
Category1 calls	141	Focused work exploring the C1 case mix. • Targeted work for Healthcare Professional (HCP)/Inter Facility Transfers (IFT) calls. • Recommendations for managing seizures.
HCP calls	462	Disproportionate number of HCP calls requesting high dispositions. • Review and update of external communication tools. • EOC to review requests from primary care.
IFT calls	358	Disproportionate number of IFT calls requesting high dispositions. • Recommendation for updating internal processes. • Dispatch clinical risk assessment procedure to prioritise IFT level 2.
EOLCEnd of Life Care: DNACPR	98	Only 20% of patients with a DNACR were recorded on the NEAS system. • Internal education to support appropriate resuscitation. • External engagement to improve the special patient notes.
NHS Pathways: Health Advisors	10444	81% call pass rate with an average score of 88%. 96% of the 411 performance improvement plans have been completed. To support EOC with service improvement initiatives, the following groups of calls were targeted for audit: Category 2 dispositions, urgent dispositions and Directory of Services (DoS) first choice. Next year an annual cycle of business has been developed to target call and competencies to support continuous improvement within EOC.
NHS Pathways: Clinicians	3719	79% call pass rate with an average score of 94%. 96% of the 76 performance improvement plans have been completed. Work is ongoing to increase establishment of clinical call auditors to achieve license compliance with the NHS Pathways end-user license agreement.
Head injury with tranexamic acid administration	156	58% of our patients received this treatment. We are working with the Northern Trauma Network to improve this.

We replaced the previous data quality and correct use of ePCR audits with automated reports that can be used by service lines to drill down into the data to monitor compliance and improve performance for their area.

NICE guidance

The National Institute of Health and Care Excellence (NICE) produces evidence-based recommendations developed by independent committees, including professional and lay people for health and social care organisations in England. Whilst many of the guidance documents produced are not applicable for the ambulance sector there are some which are relevant.

NEAS reviewed 373 NICE guidelines and identified 104 as relevant to our services. Baseline assessments have been completed and NEAS is compliant with 73 (71%) of the relevant guidance. Action plans are in place to address the non-compliance guidelines and will be reviewed April-June 2022.

Clinical research

The NHS Constitution states that research is a core part of the NHS's role, enabling the NHS to improve the current and future health of the population. The Trust's commitment to research as a driver for improving the quality of care and patient experience remains strong despite the challenges presented by the ongoing pandemic.

Participation in clinical research is important for both our patients and staff as it enables our clinical teams to stay up to date with the latest possible treatments, and network with other research teams across the world. The Research Department strives to increase opportunities for patients and staff to engage in research studies and this is the fourth year in a row the team hasve increased patient recruitment into research studies. During 2021/22, our research team have continued to work on internationally recognised studies, recruiting 1,384 patients to participate in research approved by the Health Research Authority or a research ethics committee.

We are currently conducting 12 clinical research studies, 11 of which were adopted onto the National Institute for Health Research portfolio, and successfully sponsored 4 National Institute for Health Research (NIHR) portfolio studies, aswhere the organisation that takes on overall responsibility for proportionate, effective arrangements being in place to set up, run and report a research project.

The Network analyses trends over the year to understand research performance, in particular;
- How quickly participants are recruited once a study is set up-time between date site selected and date of the first participant recruited?
- How many clinical trial participants are recruited to time and target?

The NIHR publish a comparison table showing the performance of all NHS organisations that submit to the Performance in Delivering exercise, and trends analysing performance across the country.

As a result on the number of patients we were able to recruit (accruals) we were ranked 2nd out of all of the UK Ambulance services.

The Research and Development team published five papers in peer reviewed journals during 2021/22.

Publication Title	Journal	Author/s	Link
'Incidence of emergency calls and out-of-hospital cardiac arrest deaths during the COVID-19 pandemic: findings from a cross-sectional study in a UK ambulance service' (2021)	EMJ	Karl Charlton, Matt Limmer, Hayley Moore	https://emj.bmj.com/content/early/2021/04/07/emermed-2020-210291.full?ijkeyG7rkwvzXOnZOriW& keytype=ref
'Defining major trauma: a Delphi study' (2021)	Scandinavian Journal of trauma, resuscitation & emergency medicine	Lee Thompson, Gary Shaw, Michael Hill, Fiona Lecky	https://sjtrem.biomedcentral.com/track/pdf/10.1186/s13049-021-00870-w.pdf
'Do methods of hospital pre-alerts influence the on-scene times for acute pre-hospital stroke patients? A retrospective observational study' (2021)	BMJ Journals	Jacob Gunn	
'Ambulance service call handler and clinician identification of stroke in North East Ambulance Service' (2021)	BMJ Journals	Graham McClelland, Emma Burrow	
'Hangings attended by ambulance clinicians in the North East of England' (2021)	BMJ Journals	Graham McClelland, Lee Thompson, Gary Shaw	https://www.ingentaconnect.com/contentone/tcop/bpj/2021/00000006/00000003/art00007

What others say about us as a Provider

Care Quality Commission (CQC)

NEAS is required to register with the Care Quality Committee and its current registration is 'Registered Without Conditions'.

NEAS has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period. The Care Quality Commission has not taken enforcement action against the Trust during 2021/22.

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency & urgent care	Good Nov 2016	Requires improvement 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Patient transport services	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Emergency operations centre	Requires improvement ↔ 2019	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↑ Jan 2019	Good ↑ Jan 2019
Resilience	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Overall	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019

2018 Unannounced Inspection CQC rating. Core services inspected; Emergency Operations Centre and NHS111 Service
NB. all inspections are currently paused due to the COVID-19 pandemic

Audit One

Governance, risk management and control arrangements should provide a good level of assurance that the risks identified are managed effectively. Audit One provides external auditing of our services on an annual basis.

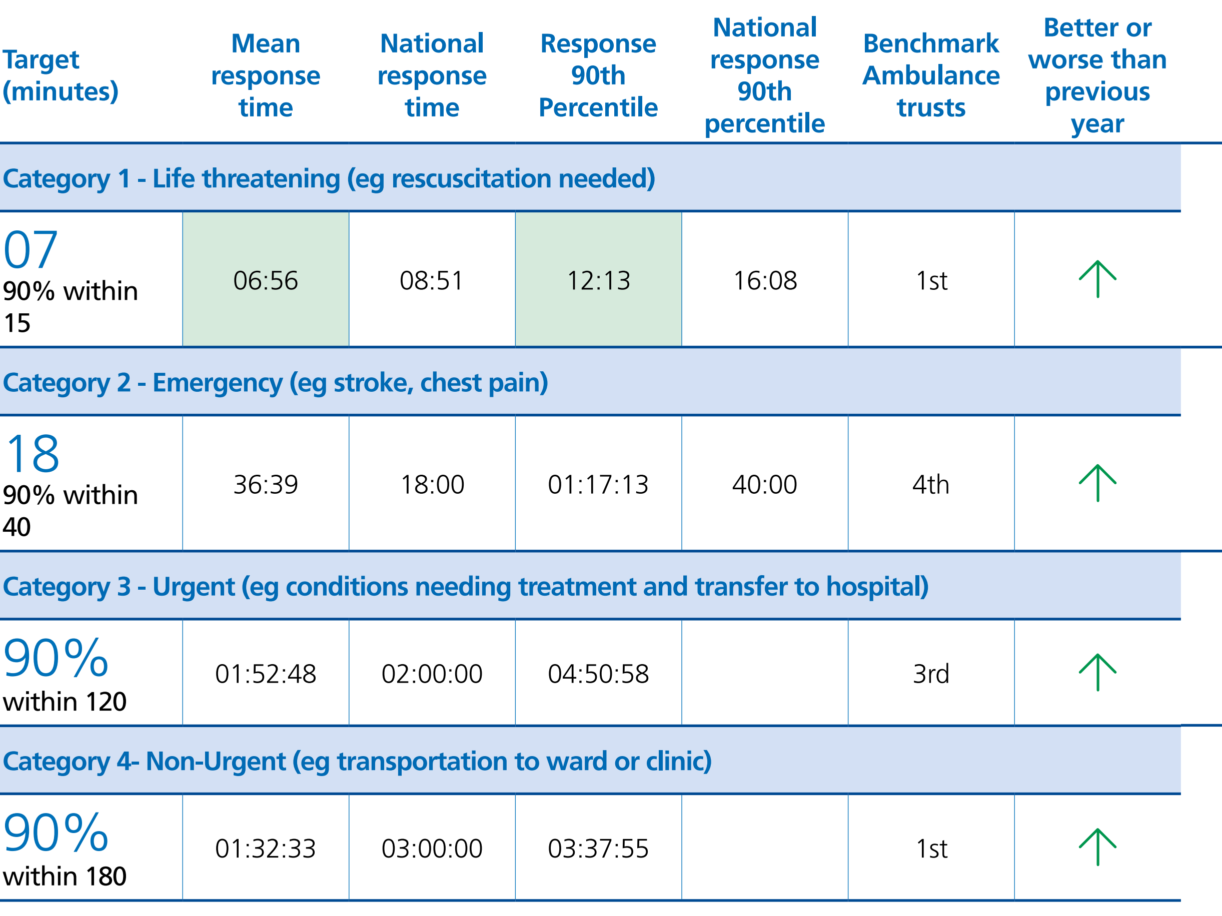
Three services were reviewed during 2021/22:
- Infection Prevention Control: High level of compliance with the control framework. Good compliance with some minor updates to policies required.
- Coroners and Claims: Audit commenced: results expected April 2022.
- Board Assurance Framework and Risk Management: planning stages.

Review of 2021/22 Performance

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 subcontract. For ambulance services these include the speed of response, performance, and clinical indicators.

We know that the last 18 months have arguably been the hardest ever for NEAS. This financial year has continued to be dominated by efforts to respond to the pandemic. Despite the significant challenges seen during 2020/21, national response standards for C1 and C4 have both been achieved, with improvements across all categories compared to 2019/20. NEAS continues to be one of the best performing Trusts nationally for responding to those patients who are most seriously ill (category 1 response).

Ambulance Response Programme Indicators



Target (minutes)	Mean response time	National response time	Response 90th Percentile	National response 90th percentile	Benchmark Ambulance trusts	Better or worse than previous year
Category 1 - Life threatening (eg rescuscitation needed)						
07 90% within 15	06:56	08:51	12:13	16:08	1st	↑
Category 2 - Emergency (eg stroke, chest pain)						
18 90% within 40	36:39	18:00	01:17:13	40:00	4th	↑
Category 3 - Urgent (eg conditions needing treatment and transfer to hospital)						
90% within 120	01:52:48	02:00:00	04:50:58		3rd	↑
Category 4- Non-Urgent (eg transportation to ward or clinic)						
90% within 180	01:32:33	03:00:00	03:37:55		1st	↑

Previous performance	Mean	National	90th %	National
2018/19	06:10	07:21	10:36	12:48
2019/20	06:39	07:19	11:22	12:51
2020/21	06:26	07:07	11:01	12:33

Previous performance	Mean	National	90th %	National
2018/19	21:33	21:50	45:18	00:44:59
2019/20	29:29	23:53	01:03:32	00:49:16
2020/21	25:38	20:57	00:53:37	00:42:43

Previous performance	90th %	National
2018/19	02:55:50	02:26:00
2019/20	03:47:41	02:50:20
2020/21	02:54:57	02:07:53

Previous performance	90th %	National
2018/19	02:54:23	03:09:04
2019/20	03:09:18	03:19:42
2020/21	02:36:59	02:57:20

Ambulance Quality Indicators (AQIs)

All UK ambulance services participate in the national ambulance clinical quality indicators. These measures benchmark the clinical care provided by ambulance services for patients who have had a cardiac arrest including post-Return of Spontaneous Circulation (ROSC), stroke, ST Elevation Myocardial Infarction (STEMI), which is a heart attack where there are changes seen on an ECG heart tracing, and sepsis patients.

Each indicator is calculated based on clinically relevant times, delivery of relevant clinical care criteria which can include patient outcomes. They are routinely reported four months in arrears so current data is complete until September 2021.

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

- National guidance and definitions for Ambulance Quality Indicators (AQI) submissions to NHS Digital when producing category-performance information.
- This information is published every month on the NHS England statistics web pages as part of the AQIs.
- Ambulance trusts peer review AQI definitions interpretations and calculations as part of the annual 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

The reports of the national audits and clinical outcomes programmes were reviewed by NEAS in 2020/21. NEAS attended 2,565 cardiac arrests in the six months period published, which is the highest number ever recorded and despite this increase we saw improvements in our cardiac arrest outcomes, with performance above the national average in all measures.

ACQI	2020/21	2021/22	Peer	Comments
Return of spontaneous circulation*	21.38% Mar 21	25.8% Sep 21	34.20%	NEAS performs in the highest 25% of all Ambulance Trusts
Return of spontaneous circulation (Utstein)**	50.0% Mar 21	50.0% Sep 21	77.80%	NEAS performs in the highest 25% of all Ambulance Trusts
Survival to 30 days*	-	7.3%	9.40%	Using survival to 30 days allows us to identify the outcome for 99% of cardiac arrest patients which is significantly higher that the survival to discharge
Survival to 30 days (Utstein)*	-	26.9%	43.50%	Using survival to 30 days allows us to identify the outcome for 99% of cardiac arrest patients which is significantly higher that the survival to discharge
Sepsis care bundle	76.0% April 21	85.05%	83.7%	Assessment and care provided to patients for suspected sepsis and the pre alert call we make to the receiving hospital, so that they are prepared for the patients arriving. Performance against the sepsis care bundle has remained relatively consistent. It should be noted that within the North East there is a regionally agreed sepsis process which differs slightly to the national indicator.
Stroke care bundle**	99.0% Apr 21	98.50%	98.5% Aug 21	Assessment and care provided for suspected stroke patients by our staff on scene, with onward transfer to an appropriate hospital site providing acute stroke care. NEAS perform consistently well against the stroke care bundle metric and is one of the highest performing ambulance trusts.
STEMI care bundle**	94% April 21	83.70%	77.1% Aug 21	Patients with symptoms a heart attack and visible changes on their ECG (heart tracing), indicating a heart attack is occurring, this is known as a ST Elevation Myocardial Infarction (STEMI). NEAS perform consistently well against the station STEMI care bundle.

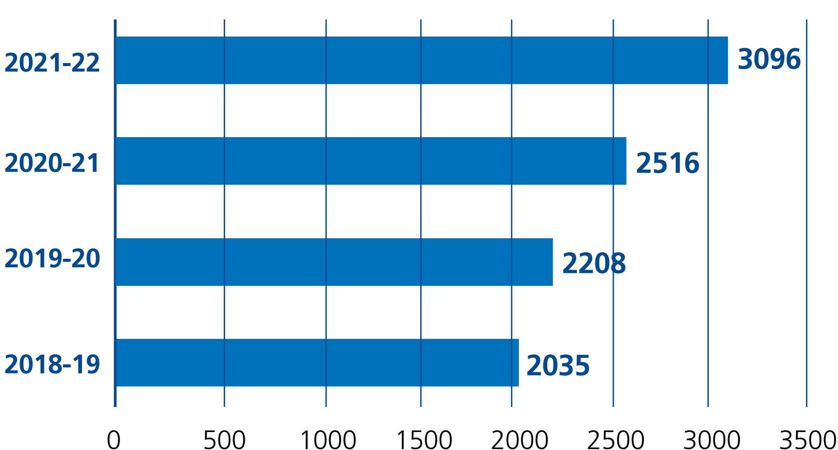
* (metric introduced 2021/22)
**Data taken from Model Hospital and NHS England and NHS Improvement website: Statistics » Ambulance Quality Indicators (england.nhs.uk)

Patient safety data

Patient safety incidents

The Trust aims to provide safe, effective and high-quality care for all patients and service users. One of our priorities is to ensure that lessons are learned wherever possible from patient safety incident investigations, serious incidents (SIs) and Never Events.

We aim to foster a strong patient safety culture and a commitment to improving patient safety. The Patient Safety team promotes a just and restorative culture by providing a psychologically safe space in which staff can openly discuss patient safety incidents and learn from what went well, and what didn't.



Patient safety incident reporting continues to improve with the available reporting data to date suggesting 2021/22 reporting will surpass 2020/21.

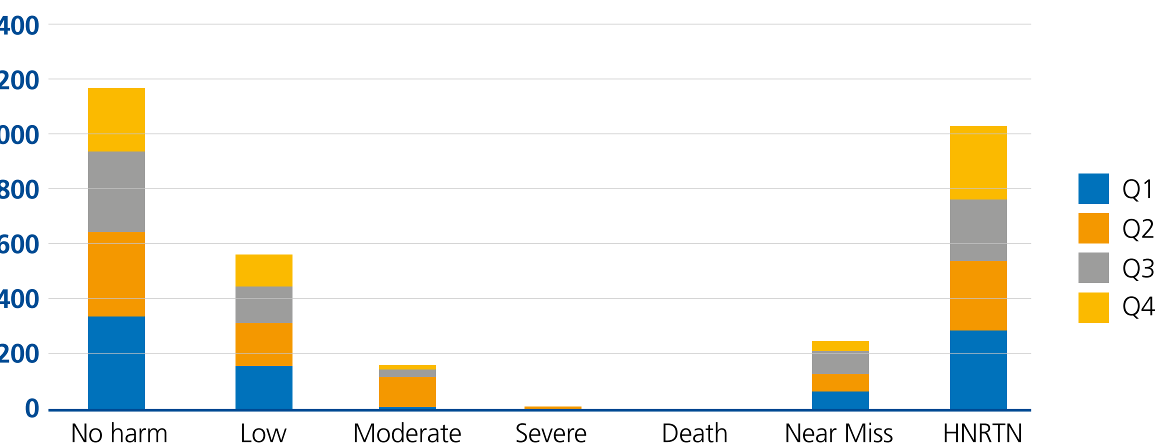
During April 2021 - March 2022 the Trust recorded 3,096 patient safety incidents. This equates to a rate of 1.7% per 1,000 calls answered.

The team actively promoted Patient Safety week 2021 emphasising that we want our staff to feel safe so they openly talk about and report incidents, knowing they will be supported throughout investigations with the purpose of reducing the risk of harm and improving patient safety.

High incident reporting rates with low levels of harm is an indicator of a good safety culture. NEAS continue to be one of the highest reporters of patient safety incidents in the ambulance service in England. NEAS like all Ambulance services faced extraordinary pressure over the past 18 months and demand for 999 and 111 services was unprecedented.

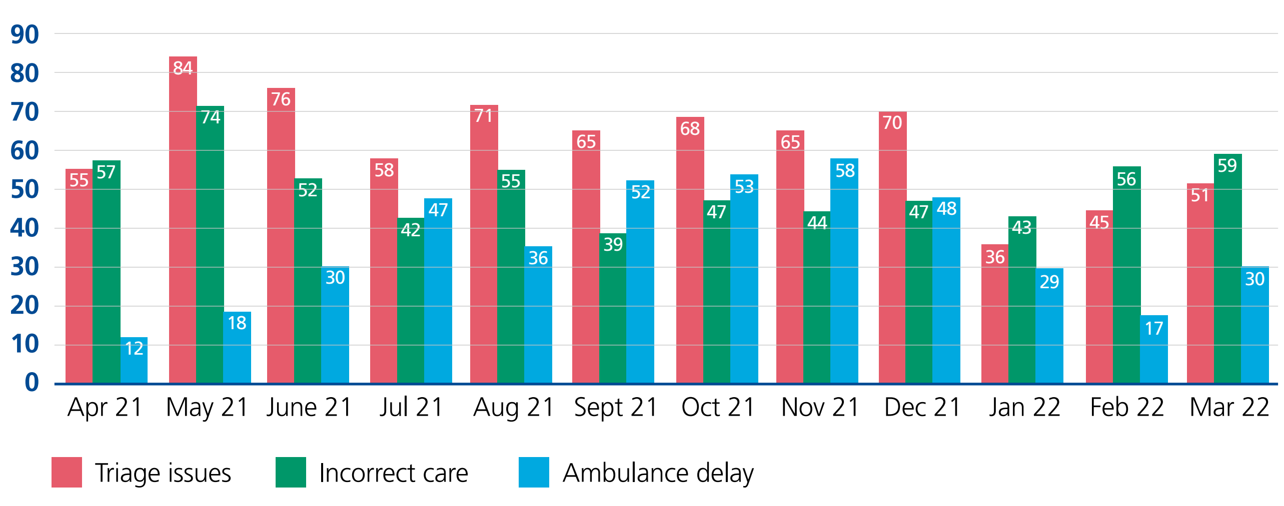
Calls for the most serious conditions, such as cardiac arrests, rose significantly during this period, placing significant pressures on our services and the wider system. Whilst we experienced an increase in incident reporting during 2021/22 to date 96.5% of all incidents have resulted in a low level of harm to our patients.

Patient Safety Incidents Levels of Harm



2020/21 highlighted '111 triage', 'third party provider issues' and 'access, admission, delay, transfer, discharge' as the top three causes for patient safety incidents whilst the top three causes of patient safety incidents for 2021/22 are triage issues, incorrect care and ambulance delays.

PSI Themes: Top 3 Cause Groups



Part 3

We updated the Ulysses system on 1st April 2021 to include two sub causes of the incident to enable better analysis of incidents being reported. This has enabled the Patient Safety Team to undertake a thematic analysis of the top 3 three patient safety incident cause groups highlighting:

- The majority of incidents in triage are related to a 'delay in assistance' which is mainly due to problems with accessing a translator.
  - We identified this was due to requests for specific languages where UK based interpreters were limited so we negotiated with the current provider to increase capacity by expanding access to their translators in America.
- Ambulance delays in category 2 ambulances accounted for 50% of the overall ambulance delays with 13% resulting in moderate harm or above to patients.
  - We identified our ambulance disposition rate was increasing and was high when compared to other providers. We acknowledged that this would have been influenced by initiating the no-send policy but introduced a work group to gain a better understanding. We have chosen reducing ambulance delays as a quality priority for 2022/23.
- Inadequate assessment/ monitoring and inappropriate treatment were the dominant themes relating to incorrect care.
  - We introduced a number of initiatives to reduce the number of incidents in relation to sub-optimal care and recognising deteriorating patients.
  - We have chosen to look at using our resources as efficiently as possible by making better use of our clinical model to improve patient care as a quality priority for 2022/23.

We have continued to develop our understanding and insights of patient safety incidents and recurrent themes over the past year, and we have communicated our findings via regular discussions and engagement through our committees, Executive Safety Panel group and a weekly Patient Safety and Patient Experience Bulletin.

We have reviewed and will continue the following initiatives introduced in 2020/21:

Daily Rapid Review: daily oversight and timely review of all patient safety incidents received within a 24-hour period and determine the next steps for investigation.

Clinical Review Panel: twice weekly review of moderate harm and over incidents. Membership has been reviewed and streamlined to ensure appropriate attendance. The group determines the harm level and level of investigation required and whether Duty of Candour Coronial Notification is applicable.

Executive Safety Panel: weekly review of moderate harm and over incidents with executive oversight and measurement against the serious incident framework. In addition, a thematic review of all incidents discussed to aid the early identification of themes/trends.

In addition, the following groups have been introduced:

Scheduled Care Task and Finish Group: Scheduled Care (patient transport) staff highlighted there was a lack of appropriate feedback following incident reporting. The group was introduced to address concerns and formulate plans to improve feedback and disseminate learning post incident reporting.

Third Party Provider Task and Finish Group: the meeting was introduced to understand the underlying themes arising from patient safety incidents within this category. The number of reported incidents for Third Party Providers reduced as a result of the findings of this group which identified the requirement to reshare NEAS policies and procedures to ensure each Third-Party Provider had access to the most up to date information.

Serious incidents

When things go wrong, we want the investigation process to be as timely as possible so that we do not cause additional harm to service users or their families. We have focussed on responding to serious incidents throughout 2021/22 with 100% of serious incident investigations completed within the 60-day timeframe.

Six cases were reported as a serious incident in 2021/22. Three of the six serious incidents declared are associated with missed opportunities during the call triage aspect of patient care. This theme has continued from 2020/21 where 50% of serious incidents declared were associated with call triage. No recurrent themes were identified for the remaining 3 three serious incidents.

Work continues to refine the management and analysis of patient safety incidents, particularly in the form of thematic analysis, and senior oversight at Director level is in place where there are patient safety incidents which meet the moderate harm or over threshold.

The Serious Incident Review Group is chaired by the Director of Quality, Patient Safety, Innovation and Improvement (Executive Nurse), and membership includes the Medical Director and Chief Operating Officer, other executives and senior clinical managers. The group reviews all patient safety investigation reports including Serious Incident (SI) reports.

The Clinical Commissioning Groups formally review our SI reports and progress against action plans, and we share investigation reports and action plans for SIs and other patient safety incident investigations for oversight and challenge, with our regulators, the Care Quality Commission. NEAS considers that this data we reported is as described for the following reasons:

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

Learning from deaths

We review the care given by our service for every admitted patient that we find out dies in the 24-hour period after the 999 or 111 call. This allows us to identify any lessons which need to be learned and to make improvements in patient care.

All NHS Trusts and Foundation Trusts use the Structured Judgement Review (SJR) approach for mortality reviews. The process involves a critical review of the healthcare record by trained assessors who comment on specific phases of clinical care reporting on lessons learned and areas for improvement. Between April 2021 - December 2022 NEAS completed 100 SJR level 1 first stage reviews, with 1 case being passed to SJR second stage review.

NEAS changed the way that delayed ambulance responses were reported and investigated. These are now handled via the patient safety process instead of Learning from Deaths. NEAS also changed the way that patients that die in care are monitored and reported. We have developed a suite of reports to understand mortality which specifically explores the impact of delayed ambulance handover, responses and outcomes following contact with NEAS services.

We have developed real time alerts to contribute to public health work with the aim of reducing avoidable drug overdose related deaths and this initial project is currently being evaluated.

NEAS has not received any Regulation 28 prevention of future deaths notices during 2021/22.

Preparing for Patient Safety Incident Response Framework (PSIRF)

The PSIRF calls for a new approach to incident management, one which facilitates learning and improvement with the emphasis placed on the system and culture. The aim is to support continuous improvement in patient safety through how we respond to patient safety incidents. One of the underpinning principles of PSIRF is to do fewer investigations but to do them better by ensuring systems-based investigations are undertaken by people that have been trained to do them.

PSIRF will be introduced during 2022 and we will need to ensure we have support structures for staff and patients involved in patient safety incidents, part of which is the fostering of a psychologically safe culture shown in our leaders, our trust-wide strategy and our reporting systems. We have identified preparing for PSIRF as a Quality Priority for 2022/23 as we recognise there is a significant amount of work to be completed to achieve this ambition.

Infection Prevention and control (IPC)

The pandemic response for ambulance services across the UK continues to be managed centrally for IPC. The National Ambulance Service IPC Group (NASIPCG) consists of the Heads of IPC from all UK Ambulance Services and represents the Ambulance sector within the National IPC Cell, led by NHS England, which is responsible for the development and review of the National IPC Guidance. The NEAS IPC Manager is an active member of this group and currently meets with specialists from the four UK nations weekly to review the latest IPC evidence and guidance and to assist with the development and implementation of new national ambulance service policy.

The last year has continued to present a number of challenges to the Ambulance Service buthowever we have mitigated the risk to our patients and staff by following nNational IPC guidance for the management of COVID-19 including the Association of Ambulance Chief Executives (AACE) 'Hierarchy of Controls', Working Safely in UK Ambulance Services during Winter 2021-22 and IPC precautions during hospital handover delays guidance.

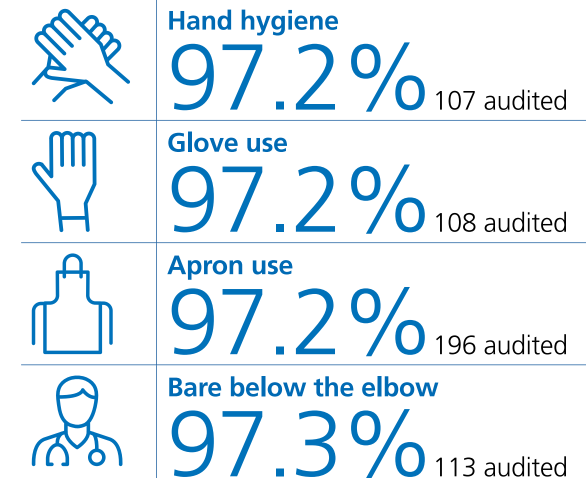
All areas of the service have been risk assessed against the 'Working Safely' guidance to ensure the environment is COVID-19 secure. All staff are expected to adhere to 1 one metre plus distancing, perform adequate hand hygiene and twice weekly Lateral Flow Tests (LFTs) testing. Patient facing staff have access to appropriate Personal Protective Equipment (PPE) supplies and been fit tested to maintain staff and patient safety. Non-clinical areas are kept COVID-19 secure by perspex screens between desks in the Emergency Operations Centre and aAgile workspaces and the use of surgical masks when walking around buildings.

It is important that staff maintain high standards of infection prevention and control practice when caring for patients. The number of clinical practice audits to monitor compliance was limited during 2021/22 but the results demonstrated high standards were achieved:

Vehicle Cleanliness scores

Vehicle	Score	Audited
Emergency Vehicles	97.8%	102 audited
Patient Transport vehicles	99.7%	162 audited
Ambulance care service vehicles	97%	19 audited

Staff IPC compliance scores



Incidents relating to COVID-19 and IPC were reviewed for incident trends, key learning and also levels of harm. All of the incidents reported were no or low harm. Our IPC Team successfully managed outbreaks at a number of our sites including EOC reducing the pressure on our operational delivery during what was an already challenged period due to increased demand and staff absences.

The safety of our patients, communities and staff is paramount and we have taken a strong and proactive approach to staff vaccination throughout the pandemic and as a result the majority of our staff received both doses of the COVID vaccine.

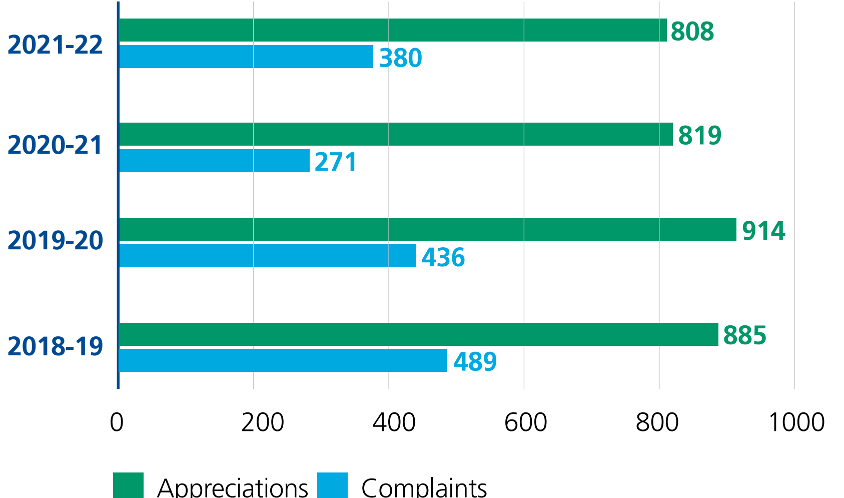
Patient experience

Patient feedback

The Trust recognises that sometimes things do not happen in the way we would wish and there are occasions where our services either fall short of the required standards or do not meet the expectations of our patients, their families or care providers. NEAS fosters a culture of openness and accountability when dealing with complaints and we will apologise and investigate matters to understand why things went wrong and ensure that appropriate action is taken to reduce the risk of them being repeated.

We have been working in preparation for the new Parliamentary and Health Service Ombudsman (PHSO) Complaints standards. The Complaint Standards should provide a more consistent approach to complaint handling across organisations delivering NHS services promoting a culture that seeks to learn from complaints, treats people fairly, and works to resolve problems in a timely way.

Patient Feedback Complaints vs Appreciations



NHS Trusts were invited to pause the management of complaints during the first wave of the COVID-19 pandemic. There was no national pause in the management of complaints during the second wave and, it was accepted that Trusts could extend their timescales for responding in negotiation with complainants.

Throughout 2021/22 the Patient Experience Team streamlined their governance processes and prioritised responding to service user complaints to ensure there is a timely response and action as appropriate.

Research consistently confirms that positive patient experience correlates with better health outcomes.

The Trust continues to receive more appreciations than complaints.

Our service users, their families and care givers expect quick, seamless interactions with us and want to receive a response through their preferred methods of communication. We offer email, Microsoft Teams conference calling technology and face to face meetings where possible to help us understand your concerns and feedback.

We also provide people with an opportunity to let us know how we have handled a complaint by providing a weblink for feedback in our formal response letter to a complaint.

Understanding patient experience is critical to our recovery from COVID-19 and for our services to be successful going forward. The top 3 three themes for patient complaints are quality of care, staff attitude and timeliness of response. Complaints and lessons learned from them are shared at individual, team and divisional meetings and with the Board, Commissioners and CQC via the Quality and Safety Quarterly Report.

Further details and analysis of the Trust Complaints, Concerns and Comments data can be found in the Trust's Annual Patient Experience Report available at How we are doing - North East Ambulance Service - NHS Foundation Trust (neas.nhs.uk).

The Trust recognises it has more work to do to learn from and improve its complaint handling and has identified 'Involve our patients & and communities to improve care' as a quality priority for 2022/23.

You said. We did.

We do consider all feedback about the management of the process and we have ensured that we have made some changes to how we manage complaints to improve the process for complainants as a result of their feedback:

> You felt that you wanted a quicker complaint response.

- We explained that, due to demand on our service, there were delays in responding to complaints.
- We made every effort to minimise any delay to responses, and during the first 6 months of 2021/22 we still managed to maintain an average response timeframe of 33 days.

Thinking of the service we provide. Overall how was your experience of the service.

Friends and Family survey and engagement

		Very good / good	Poor/ very poor	Responses
PTS	Percentage	93.2%	2.4%	1,200
	Count	1118	29	
111	Percentage	76.0%	13.5%	1,890
	Count	1436	255	
999 See and Convey	Percentage	90.6%	5.0%	4,234
	See and Convey	3836	211	
999 See and Treat	Percentage	96.8%	1.1%	469
	See and Treat	454	5	

The engagement and inclusion team would usually work closely with community groups, attend public events and host a number of community events across the year but the ongoing pandemic response has posed challenges for patient and community engagement and all physical engagement was paused during this period of time.

Despite the restrictions the team has achieved the following:

- Collected, collated and analysed 7,793 responses to our patient surveys between April 2021 to January 2022
- Delivered a Positive Action Project targeting ethnic minority communities. The project has worked with 96 community organisations to deliver 53 sessions and train 768 individuals. 687 people have been trained in service awareness and 658 people in lifesaving skills including CPR and defibrillators
- Recruited and trained 60 community ambassador volunteers to work in ethnic minority communities and improve awareness of our services and how to access them
- Developed new online engagement spaces on our website www.neas.nhs.uk/patient-info.aspx. This includes areas for adults, young people, people with learning disabilities and British Sign Language users with content tailored to the needs of each group and delivered in accessible communication formats
- Developed 108 individual videos to help patients and the public obtain more information about our services including an interactive ambulance 360 tour and service awareness and information videos
- Liaised with the public to identify key questions they wanted answers for from paramedics and developed an 'ask a paramedic' section of our website with short videos answering each question www.neas.nhs.uk/patient-info/ask-a-paramedic.aspx
- Attended two virtual Pride events in Newcastle and Sunderland and sponsored one of the Sunderland sub events
- Attended four community/school events to promote our services
- Liaised with several schools virtually as part of 'restart a heart' day
- Held a virtual disability and ethnic minority recruitment event in partnership with six regional NHS Trusts
- Continued to hold our Health Watch Ambulance forum virtually each quarter and liaise with them on key decisions and service challenges and receive community feedback
- Continued to hold our Stakeholder Equality group every four months and reviewed key decisions relating to diversity and inclusion, undertaking assessments against the NHS Equality Delivery System and receiving community feedback
- Launched an Engagement Diversity and Inclusion Twitter page and attracted over 150 followers @NEAS-EDI

Clinical Effectiveness

	2020/21	2021/22
999 calls answered	439,940	**520,899**
111 calls answered	864,050	**675,912**
Patients taken to hospital	266,013	**412,068**
Patients treated at home	127,352	**115,319**
Patients treated over the phone	34,306	**48,054**
Patients taken to hospital appointments	284,507	**272,186**
incidents attended by our crews	393,365	**387,440**
average C1 Ambulance response times for our emergency patients	06:26	**06:56**

	2018/19	2019/20	2020/21	2021/22
Hear & Treat	**20.996**	**23,958**	**34,306**	**48,054**
	5.1%	5.7%	8.0%	11.03%
See & Treat	**104,697**	**113,465**	**127,352**	**115,319**
	25.20%	26.80%	29.78%	26.48%
See, Treat & Convey	**289,009**	**285,846**	**266,013**	**272,186**
	69.70%	67.50%	62.20%	62.49%
See & Convey to ED	**242,112**	**242,864**	**229,497**	**230,687**
	58.04%	57.40%	53.66%	9.53%

At the start of the first wave and lock down of the COVID-19 pandemic NEAS worked with private ambulance providers to increase the number of frontline ambulances available to respond to emergencies, and to provide resilience in the event the Trust lost high numbers of our own staff due sickness or self-isolation. This allowed us to allocate the most appropriate resource to our category 3 and 4 calls so we could ring fence practitioners to respond to patients. treating them in their own home where appropriate. This is has led to a safer and better experience for our patients and has relieved the pressure on Emergency Departments throughout the region.

Acute Mental Health

NEAS's Executive Director for Quality and Patient Safety is currently co-sponsor of the ICS Mental Health Crisis Leadership Group alongside the Deputy Chief Operating Officer for Cumbria Northumberland Tyne and Wear (CNTW) NHS Foundation Trust. The aim of the group is to work with our partners to seek alternatives to crisis services and how these can improve patient pathways.

2 Hour Urgent Community Response Teams (100-day challenge)

In line with NHS planning guidance, by 31st March 2022 all Integrated Care Systems (ICSs) in England must deliver the national community two-hour crisis response standard. As part of the standard, crisis response care must be provided to people in their homes or usual place of residence within two hours. The trust is currently working with our partners throughout the ICS to review Urgent Community Response and Community Services to fulfil this challenge.

Quality Improvement (QI)

Why do we do QI?

The overall aim of healthcare QI is simple - to provide high-quality care to patients. For everything we do well there is something else that is not working right or that causes frustration, delay or wasted effort. Sometimes processes and systems can get in the way of delivering the best possible service and that is where the QI team can help.

The QI team works together with many departments across our organisation to consider which approach is best suited and how we can work together to resolve problems. There are always problems to solve, and the team has benefitted from support by operational colleagues posted to alternative duties throughout the COVID-19 pandemic. This support has helped the team undertake more projects and the team has benefited from the knowledge of operational colleagues whilst these colleagues will be able to use the quality improvement skills and techniques they have developed whilst working with the team in their everyday work.

We want all our staff to look continually to improve our services, and understanding QI is an important part of the Trust's induction programme.

New employees are also given a guide on the key principles of the QI approach.

The 'Model for Improvement' guide and Plan, Do, Study, Act cycle (PDSA) is used as part of internal project management training to help support departments throughout the QI process.

The QI team delivered sessions to partners across the higher education sector from Teesside University and Sunderland University and supported a cohort of student nurses from Northumbria University through 2021. This is part of our ongoing work to look at embedding the principles of quality improvement into everything we do.

We are active in and have shared learning with multiple groups including the regional Human Factors group, the National Ambulance Association QI forum, the Academic Health Service Network and Ambulance QI.

What have we done this year?

1 Handover work at James Cook University Hospital

Why? Handovers delays can pose a risk to our patients and have a negative effect on patient and staff experience. Reducing handover delays will free up our crews so they are in the community responding to the patients who need them the most.

How? We worked with staff at James Cook University Hospital and North Tees General Hospital to look at how we can improve the pathways into the ED department and use established referral pathways to reduce waits. We also looked at using technology to improve the effectiveness of the booking processes.

How have we helped? We have seen some improvement at North Tees in the turnaround time for our patients at the ED which means our patients are admitted quickly and our crews are released to see other patients quicker. We are working with South Tees and Tees Valley Commissioners to help improve the flow of patients in their ED. We are already seeing improvements including new IT support, better signage and new systems and we expect to see further improvements in 2022/23.

2 Downtime

Why? We wanted to review our ability to be able to respond safely to our patients and understand our reasons for 'downtime' (the times our crews are not available for patients).

How? We looked at the codes used by our crews to understand why they were not available and if a more appropriate code could be used to provide our operational teams with the best information possible so they could make decisions on how to best manage resource against patient demand.

How have we helped? Understanding where our downtime is and why allows us to safely manage resource against patient demand, so we can respond to patients.

3 Electronic Vehicle Daily Inspection (EVDI)

Why? We must, by law, complete a list of vehicle daily checks to ensure our vehicles are safe to use. We used to complete checks on paper which meant finding and auditing vehicle inspection results and identifying repeated faults was time consuming.

How? We worked with North East Ambulance Service Unified Solutions (NEASUS), Operational colleagues and Informatics to develop an electronic Vehicle Daily Inspection report and supporting app.

How have we helped? The electronic app and vehicle report are now live and widely used throughout the Trust.

What our people tell us?

We engage with and gather feedback from our people in several ways, including: the annual NHS Staff Survey, our Quarterly People Pulse Survey, our recently formed Task Group and we have a number of staff networks. We also gather informal feedback when senior leaders visit hospitals in the welfare car and our internal Workplace social media platform. The executive team have also undertaken live Q and As and roadshows throughout 2021.

NHS Staff Survey 2021

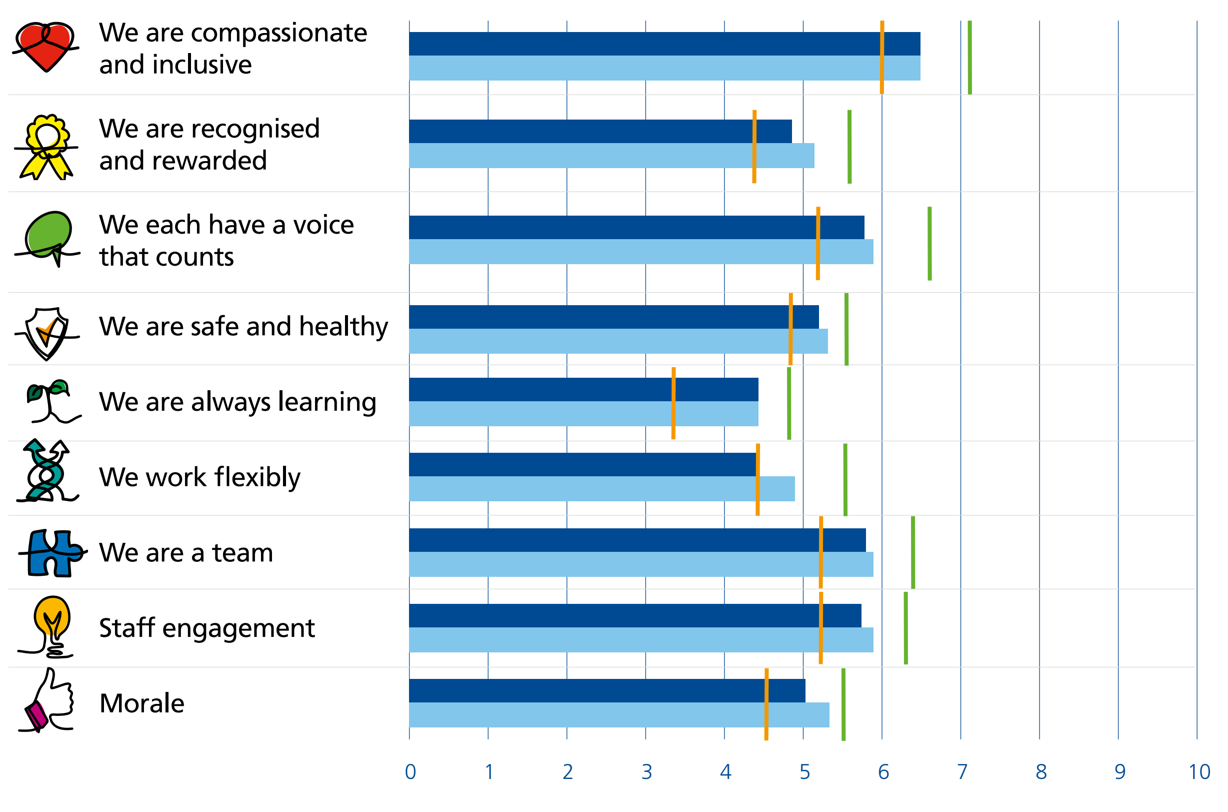
The national annual NHS Staff Survey collates employee views on their experience at work in several key areas and this year the survey has seen significant changes. Many new questions were added, and some removed, to align to the National People Promise and to support the delivery of the NHS People Plan. Due to the significant changes to this year's survey we do not have historical data for all aspects to compare our performance to 2020.

Our response rate however has increased to 50%, recovering the dip we had seen in the last few years. With the size of our workforce, a response rate over 30% indicates that the results are statistically significant.

People Promise Results

The Trust's summary score for each of the seven People Promise elements, and two key themes of morale and staff engagement are shown in Figure 1. It shows the score for NEAS, the average across Ambulance Trusts and the best and worst scores for each Promise and Theme, with 10 being the highest possible positive score. As shown, NEAS scores comparably with the two People Promise elements of 'we are compassionate and inclusive' and 'we are always learning', with all other scores sitting below the average for Ambulance Trusts. We have the lowest score when compared to other Ambulance Trusts for the promise 'we work flexibly'.

Figure 1: NEAS overall scores in relation to the Ambulance Sector average, and the best and worst scores.



● Best	7.1	5.6	6.6	5.6	4.9	5.6	6.4	6.3	5.5
● NEAS	6.6	4.8	5.7	5.2	4.4	4.4	5.8	5.7	5.0
● Average	6.6	5.1	5.9	5.3	4.4	4.9	5.9	5.9	5.3
● Worst	6.0	4.4	5.2	4.9	3.3	4.4	5.2	5.2	4.6
Reponses	1456	1453	1446	1451	1367	1448	1454	1455	1456

We have studied the feedback from the Staff Survey in conjunction with the data from our January 2022 People Pulse and Task Group which compromises a cross-section of our people. Data shows us that overall performance has declined this year. Some of this data is expected due to the pandemic. However, we are below average when comparing to other Ambulance Trusts in several key areas, where action is needed to improve the experience for our teams and colleagues.

We are doing well around some areas including teams working well together, colleagues supporting each other and over the last 5 years, there has been a positive upward trend in terms of colleagues feeling able to raise concerns around clinical practice and reporting violence and aggression.

Our health and wellbeing score from the staff survey is below average, however positive feedback from the January People Pulse indicates recent actions taken to support wellbeing, from the introduction of a wellbeing task and finish group in Autumn 2021 may be starting to have a positive impact for our people.

Despite this, there is a clear indication that colleagues are feeling burnt out. Colleagues stated they were demotivated with feelings of being overworked most prevalent. Colleagues have also highlighted that they feel they don't always have adequate materials and equipment to the do their job properly, which has been on a downward trend over the last 5 years.

Our response to the results

We will continue to review all feedback we receive from our people, triangulate the key findings, and use this to ensure the actions we have outlined in our NEAS 9 People Plan will address any concerns raised. Current activities that are in progress that align to our Trust strategy and focus on recovery of our people, include:

Health and Wellbeing:
- Health and Wellbeing Task and Finish group and two Health and Wellbeing Leads in post on a temporary basis
- We have supported COVID vaccine and flu vaccine delivery
- Redesigned 'Help Hub' on our Intranet, for quick access to wellbeing resources.
- We have recently introduced the TRiM (Trauma Risk Management) support programme to support colleagues with difficult and traumatic experiences
- A mental health practitioner will be joining our occupational health team in April 2022

Engagement:
- We continue to gather feedback from our colleagues through a number of routes, including staff networks, live Q&As and roadshows, informal feedback through Workplace and our welfare cars
- Our recently formed Task Group is made up of colleagues across the organisation and they are in the process of considering over 200 ideas from colleagues, such as key operational issues around equipment and resources

Additional Activities:
- We have redesigned our leadership roles in operational teams to improve visibility and provide dedicated clinical team leadership support
- We are reviewing leadership development to better support our leaders and offer a more flexible approach to training opportunities, including CPD and dedicated time
- Our appraisal approach is under review and will launch later this year
- A refresh of our behaviour framework is underway and due to be launched in the next few months

We will continue to look for new ways to engage with our colleagues to ensure we build a healthy culture across our organisation. We have committed as a Trust to ensure over the coming years we have a set of achievable actions within our People Plan to try and realise our ambition for NEAS to be a great place to work and grow.

Freedom to Speak Up (FTSU)

FTSU is one component of a wider strategy to develop the Trust as a more open and inclusive place to work. Staff are encouraged to raise concerns about risk, malpractice or wrongdoing with the Trusts Freedom to Speak Up Guardians.

Seven FTSU concerns were raised during 2021/22, none of which related to patient care:
- 2 cases Systems and Process
- 1 case Infrastructure and Environment
- 2 cases Leadership and Management Behaviour
- 2 cases Misuse of NHS Property and Victimisation and Bullying

It is recognised that Freedom to Speak Up is only one mechanism for raising concerns within the Trust. The Trust is also a high reporter of incidents, which again provides assurance that staff feel confident in reporting issues through the formal incident reporting channels; however, further work is required to promote engagement with the staff survey. The People and Development Committee and Board of Directors have been apprised of Freedom to Speak Up activity during the year.

Annexes

Stakeholder Engagement

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

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. Guidance used for this quality report was published for 2021/22 reports.
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 2021/22 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 2021 to March 2022;
- papers relating to quality reported to the board over the period April 2021 to March 2022;
- feedback from commissioners dated X;
- feedback from governors X;
- feedback from local Healthwatch organisations X;
- feedback from Overview and Scrutiny Committees; Durham County Council Adults Wellbeing and Health Overview and Scrutiny Committee, . X Newcastle City Council Overview and Scrutiny Committee;
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 dated X;
- the latest national staff survey 2021
- the Head of Internal Audit's annual opinion over the trust's control environment – not applicable for 2021/22 Quality Report;
- CQC inspection report dated 10 January 2019.
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered; 1st April 2021 to 31st March 2022
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the Board

Peter Strachan Chair **Helen Ray CEO**

Abbreviations

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

Glossary of Terms

Term	Definition
Accessible Information Standard	The Accessible Information Standard aims to make sure that disabled people have access to information that they can understand and have any communication support they might need. All organisations must follow this standard in full by 31st July 2016.
Advanced Practitioner (AP)	An Advanced Practitioner provides advanced primary care skills. May be a paramedic or a nurse with advanced skills.
Ambulance Quality Indicators	These are the Ambulance sector's national quality indicators.
Ambulance Response Programme (ARP)	NHS England is conducting a programme of work that is exploring strategies to help ambulance services reduce operational inefficiencies whilst remaining focused on the need to maintain a very rapid response to the most seriously ill patients and improve the quality of care for patients, their relatives and carers.
Care bundle	A care bundle is a group of between three and five specific procedures that staff must follow for every single patient. The procedures will have a better outcome for the patient if done together within a certain time limit, rather than separately.
Care Quality Commission (CQC)	The independent regulator of all health and social-care services in England. The commission makes sure that the care provided by hospitals, dentists, ambulances, care homes and services in people's own homes and elsewhere meets government standards of quality and safety.
Category 1	For those patients that require an immediate response to a life threatening condition and where this requires resuscitation or emergency intervention from the ambulance service. This requires a 7 minute response, and 90th percentile is measured.
Category 2	For those with symptoms linked to a serious condition, for example stroke or chest pain, that may require rapid assessment and / or urgent transport. This requires an 18 minute response, and 90 percentile is measured.
Category 3	Is for those urgent problems that require treatment and transport to an acute care provider. This requires a 2 hour response (90th percentile)
Category 4	Is for those that are not urgent and require transportation to a hospital ward or clinic within a given time window. This requires a 3 hour response (90th percentile)
Clinical Commissioning Groups (CCGs)	Clinical Commissioning Groups are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.
Clinical audit	A clinical audit mainly involves checking whether best practice is being followed and making improvements if there are problems with the way care is being provided. A good clinical audit will find (or confirm) problems and lead to changes that improve patient care.
Clinical effectiveness	Clinical effectiveness means understanding success rates from different treatments for different conditions. Methods of assessing this will include death or survival rates, complication rates and measures of clinical improvement. This will be supported by giving staff the opportunity to put forward ways of providing better and safer services for patients and their families as well as identifying best practice that can be shared and spread across the organisation. Just as important is the patient's view of how effective their care has been and we will measure this through patient reported outcomes measures (PROMs).
Commissioning for Quality and Innovation (CQUIN) payment framework	The Commissioning for Quality and Innovation payment framework means that a part of our income depends on us meeting goals for improving quality.
Contact centre	The first point of contact for 999, 111 and Patient Transport Services patients who need frontline medical care or transport.
Core services	Our core services are accident and emergency, NHS 111, Community First Responders, the patient transport service and emergency planning.
Disclosure and Barring Service	The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA)
Directory of Services (DoS)	Once we have decided on the appropriate type of service for the patient – so that we can direct them to a service which is available to treat them – we use a system linked to a directory of services. This directory contains details of the services available, their opening times and what conditions and symptoms they can manage, within an area local to the patient.
End-of-life patients	Patients approaching the end of their life.
Electronic Staff Record (ESR) system	Electronic staff record system used in the Trust to hold personnel related information.
Enforcement action	Action taken against us by the Care Quality Commission if we do not follow regulations or meet defined standards.
Electronic Patient Report Form (EPRF)	The Electronic Patient Report Form uses laptops to replace paper patient report forms. Ambulance staff attending calls can now download information on the way, access patients' medical histories, enter information in 'real time' and send information electronically to the accident and emergency department they are taking the patient to and to the patient's GP practice.

Foundation Trust Boards	These make sure that trusts are effective, run efficiently, manage resources well and answer to the public.
Governors	Foundation Trust members have elected a council of governors. The council is made up of 21 public governors and four staff governors, plus nine appointed governors.
Governor Task and Finish Group	A group set up to identify which priority areas and risks should be included in a specific document, such as the annual plan or quality account.
Handover and turnaround process	Handover is the point when all the patient's details have been passed, face-to-face, from the ambulance staff to staff at the hospital, the patient is moved from the ambulance trolley or chair into the treatment centre trolley or waiting area and responsibility for the patient has transferred from the ambulance service to the hospital. Turnaround is the period of time from an ambulance arriving at hospital to an ambulance leaving hospital.
Health Act 2009	An Act relating to the NHS Constitution, healthcare, controlling the promotion and sale of tobacco products, and the investigation of complaints about privately arranged or funded adult social care.
Hear and Treat	A triage system designed to assess patients over the phone and to provide other options in terms of care, where appropriate, for members of the public who call 999.
Health Education North East	Health Education North East supports Health Education England to ensure local workforce requirements are met and there is a competent, compassionate and caring workforce to provide excellent quality health and patient care.
SIREN	This has is a bespoke Microsoft SharePoint site which has been developed across the trust as a communication tool, sharing information, learning and news updates.
Major trauma	Major trauma means multiple, serious injuries that could result in death or serious disability. These might include serious head injuries, severe gunshot wounds or road-traffic accidents.
Monitor	The independent regulator of NHS Foundation Trusts.
National Ambulance Quality Indicators (AQIs)	Measures of the quality of ambulance services in England, including targets for response times, rates when calls are abandoned, rates for patients contacting us again after initial care, time taken to answer calls, time to patients being treated, calls for ambulances dealt with by advice over the phone or managed without transport to A&E, and ambulance emergency journeys.
National clinical audit	National clinical audit is designed to improve the outcome for patients across a wide range of medical, surgical and mental health conditions. It involves all healthcare professionals across England and Wales in assessing their clinical practice against standards and supporting and encouraging improvement in the quality of treatment and care.

National confidential enquiries	Investigations into the quality of care received by patients to assist in maintaining and improving standards.
NHS (Quality Accounts) Regulations 2010	Set out the detail of how providers of NHS services should publish annual reports – quality accounts – on the quality of their services. In particular, they set out the information that must be included in the accounts, as well as general content, the form the account should take, when the accounts should be published, and arrangements for review and assurance. The regulations also set out exemptions for small providers and primary care and community services.
NHS Foundation Trust Annual Reporting Manual 2014/15	Sets out the guidance on the legal requirements for NHS Foundation Trusts' annual report and accounts.
Pathways	A system developed by the NHS which is used to identify the best service for a patient and how quickly the patient needs to be treated, based on their symptoms. This may mean the patient answering a few more questions than previously. All questions need to be answered as we use them to make sure patients are directed to the right service for their needs. Types of service may include an ambulance response, advice to contact the patient's own GP or an out-of-hours service, visit the local minor injury unit or walk-in centre or self-care at home.
Patient Advice and Liaison Service (PALS)	The Patient Advice and Liaison Service offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers.
Patient experience	This includes the quality of caring. A patient's experience includes how personal care feels, and the compassion, dignity and respect with which they are treated. It can only be improved by analysing and understanding how satisfied patients are, which is assessed by patient reported experience measures (PREMS).
Patient safety	Makes sure the environment the patient is being treated in is safe and clean. This then reduces harm from things that could have been avoided, such as mistakes in giving drugs or rates of infections. Patient safety is supported by the National Patient Safety Agency's 'seven steps to patient safety'.
Quality Committee	This committee gives the Board an independent review of, and assurances about, all aspects of quality, specifically clinical effectiveness, patient experience and patient safety, and monitors whether the Board keeps to the standards of quality and safety set out in the registration requirements of the Care Quality Commission.
Quality dashboard	An easy-to-read, often single-page report showing the current status and historical trends of our quality measures of performance.

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

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Publication date: March 2022

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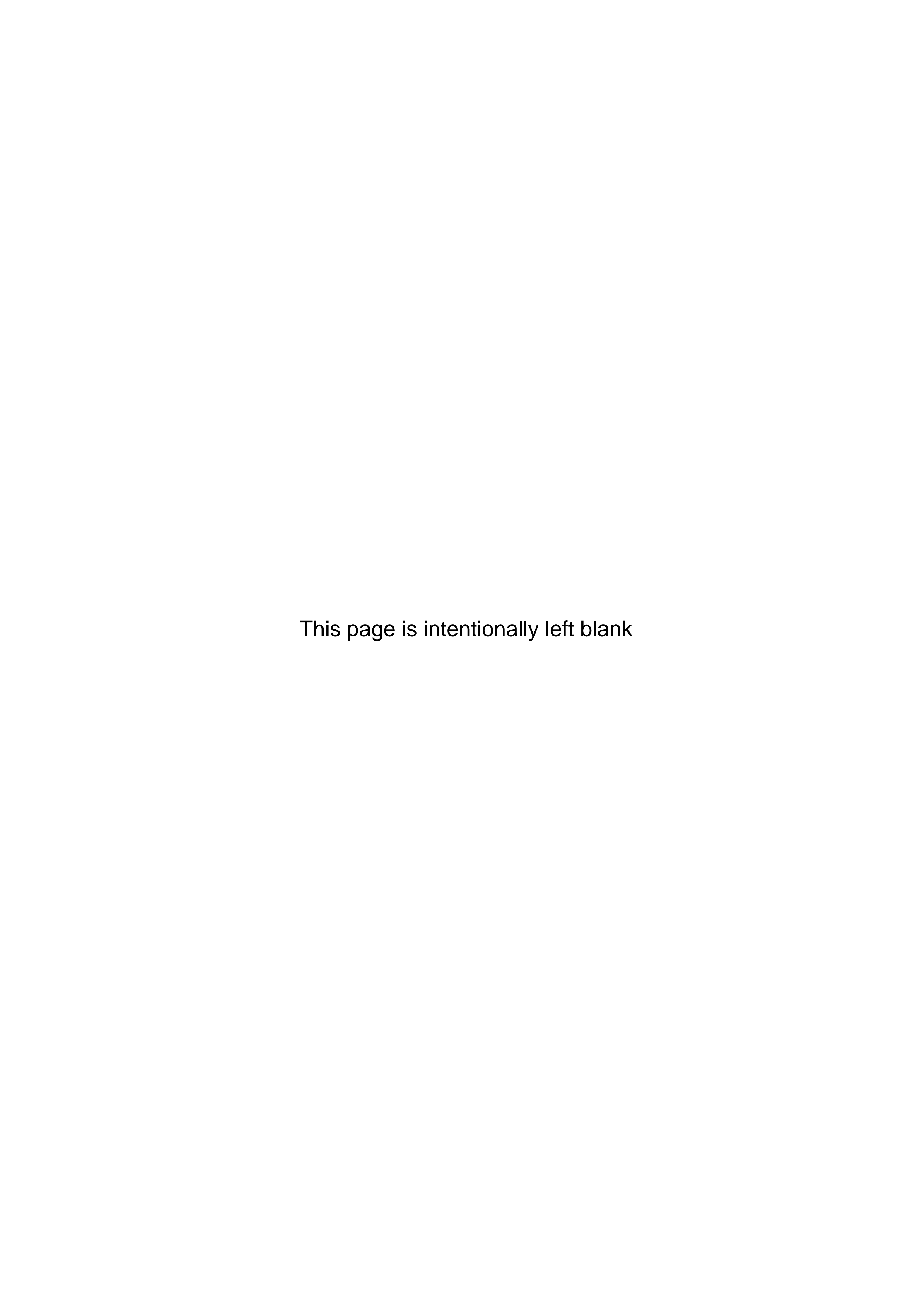
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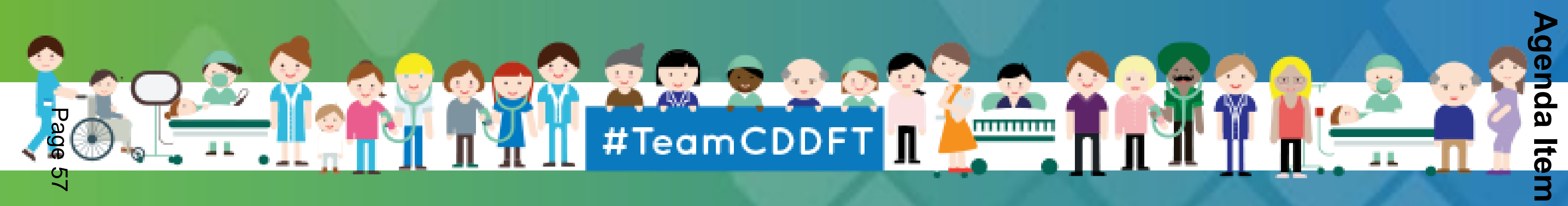
Quality Accounts Summary

to the County Durham Adults Health and Wellbeing Overview and Scrutiny Committee Meeting of 9th May 2022

Prepared by Lisa Ward (ADN Patient Safety and Chief Nursing Information Officer) and Warren Edge (Senior Associate Director of Assurance and Compliance)



Agenda Item 6b

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NHS
County Durham and Darlington
NHS Foundation Trust

Introduction

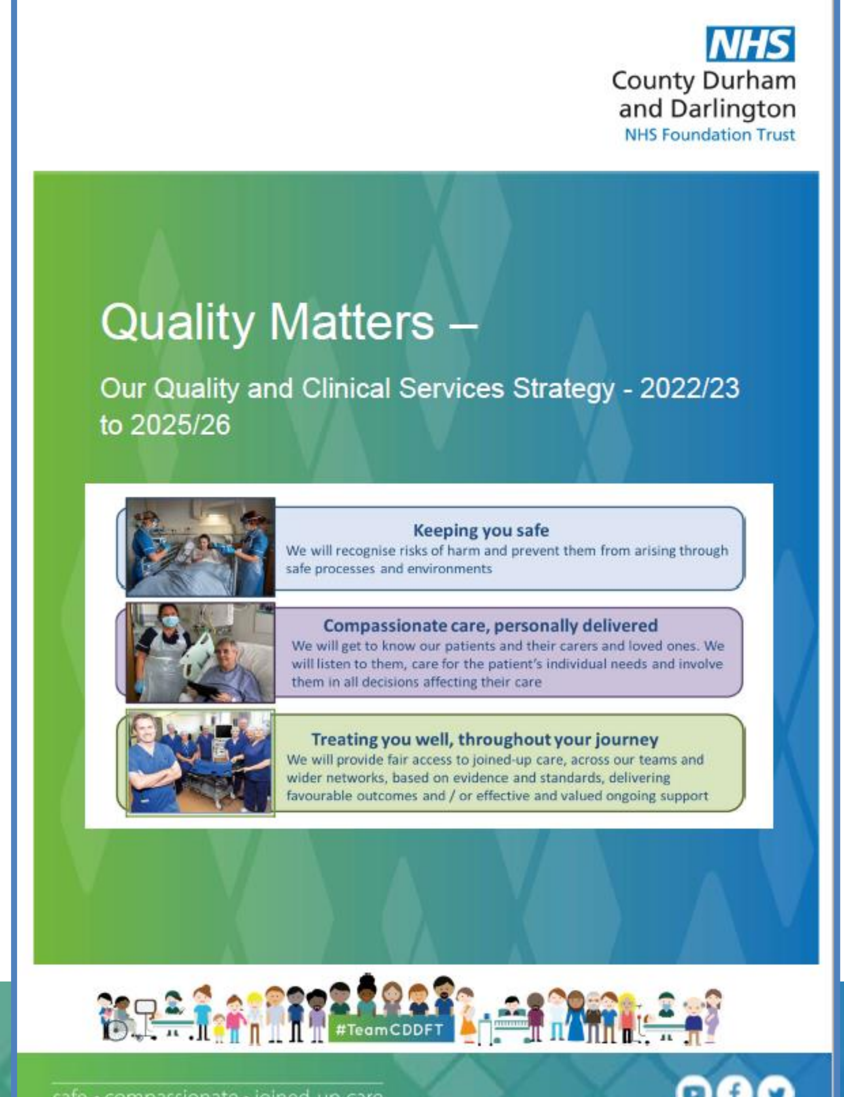
- Quality Matters – is our plan to support the achievement of our vision, **Right First Time, Every Time**, and is underpinned by our core values.

- We are currently refreshing the strategy through a wide programme of consultation.

- We set out interim improvement objectives for the current year, in our Quality Report for 2020/21

- The following slides, and presentation will provide an update on our progress against these objectives

- Your views on the strategy are welcome – we will shortly share the draft



Introduction

- We will be publishing our draft Quality Accounts on 10th May 2022
- There are 30 days for stakeholder consultation
- We will publish the Quality Accounts by the 30th June deadline

Quality priorities for 2021/22 – summary position

Safety	Experience	Effectiveness
Local Quality Priorities for 2021/22		
Reduce the harm from inpatient falls	Nutrition and Hydration in Hospital	Mortality Reduction
Improve the care of patients with dementia	End of life and palliative care	Maternity Standards
Reduce harm from Health Care Associated Infections		Paediatric Care
Reduce harm from category 3 & 4 pressure ulcers		Excellence Reporting
Improve the timeliness of discharge summaries		
Improve management of patients identified with Sepsis		
Mandated measures for monitoring		
Rate of Patient Safety Incidents resulting in severe injury or death Time spent in the Emergency Department	Percentage of staff who would recommend the provider to friends and family Responsiveness to patients personal needs	SHMI Patient Reported Outcome Measures

(green)	Ambition achieved	(amber)	Some but not all elements achieved	(red)	Ambition not met

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Local Quality Priorities

2021-22 Performance

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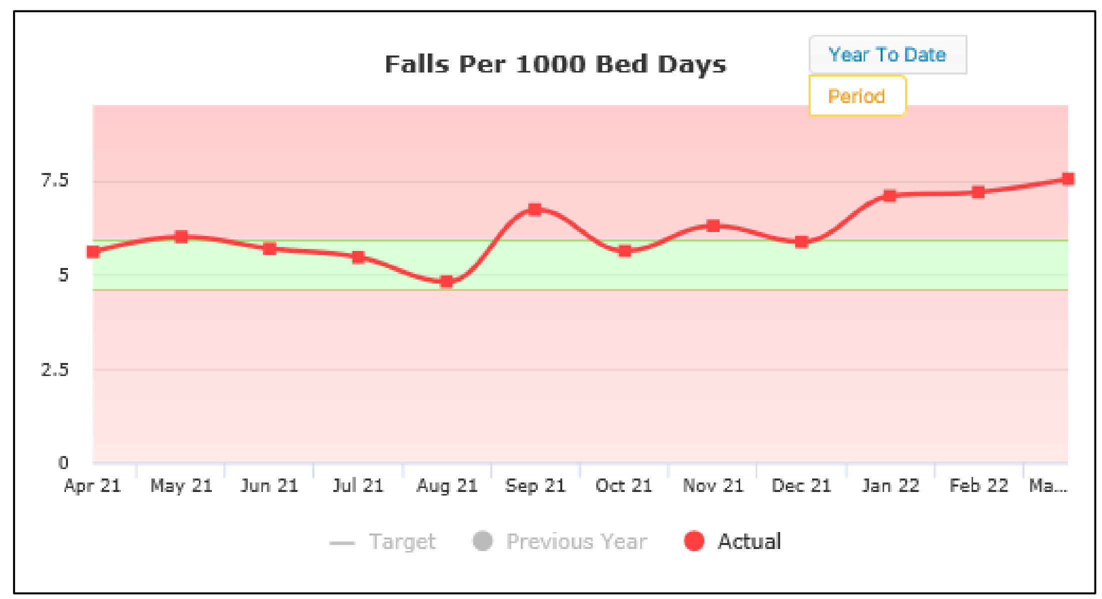
Falls

- Our aim is to minimise the risk of falls and to reduce harm
- Falls per 1,000 bed days (rolling 12 month position) to 31st March:
  - 6.4 (Acute)
  - 5.9 (Community)
- This compares to 6.8 and 8.0 respectively for the same period in 2020
- The new Falls Strategy has been agreed and published
- We have implemented a new Rapid Review and learning process for all falls resulting in harm
- The rate of falls with moderate or greater harm due to lapses in care has also reduced (9 for April 2020 to July 2021 compared to 2 for August 2021 to the year end). The time periods reflect the change from the previous investigation approach to our rapid review process
- Work is now focused on identifying meaningful baselines (from which to measure falls reduction) with targeted work and education

Trend graph – Falls per 1,000 bed days in 2021/22

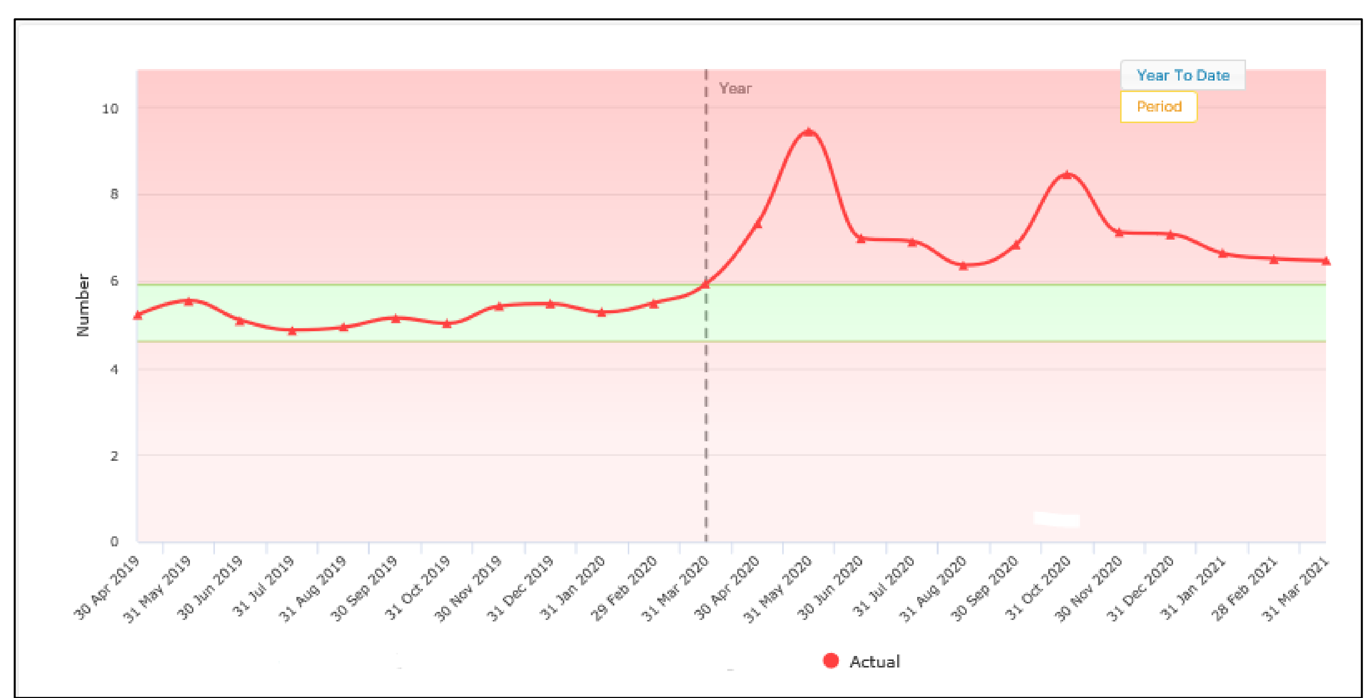
The 'green' zone represents normal variation based on pre-pandemic (2019/20) levels. The Trust was able to restore the trend in line with normal variation for much of the year. However, over the last three months we have seen an increase triggered by demand-led – including Covid-19 driven - pressures (which leads to move movement of patients and staff and a potentially greater risk of falls.



Falls (continued)

Trend graph – 2019-2021 falls per 1,000 days

The graph below shows the prior year trends, with the green zone again representing normal pre-pandemic levels. The improvement in 2021/22, compared to 2020/21, is apparent if you compare the graph below with graph on the previous page.

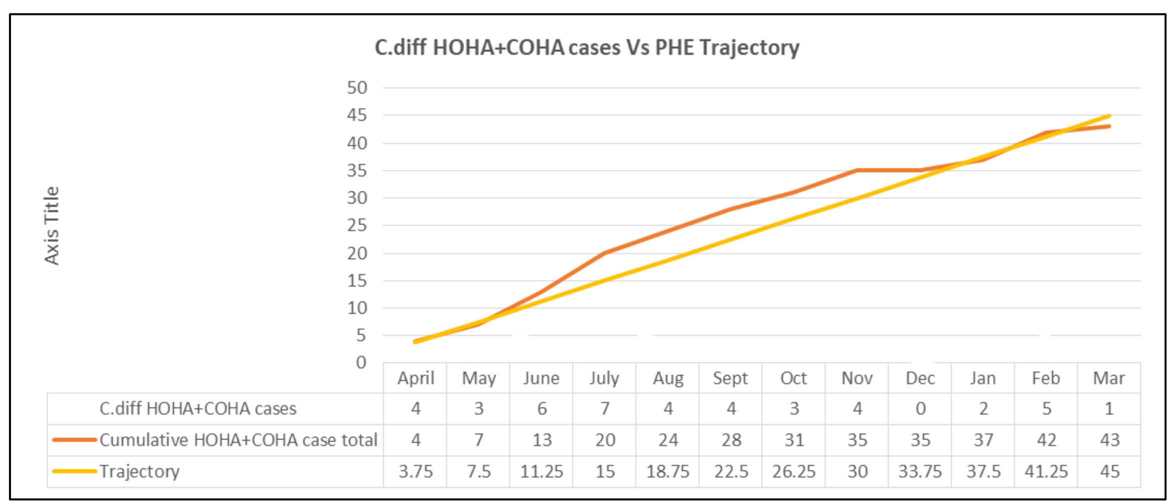


Care of Patients with Dementia

Aims	Progress
Re-launch the lead dementia nurse role	The role has been re-launched and continues to be reinforced through the quarterly newsletter (see below).
Strengthen the role of dementia link nurses	This work is ongoing (continual)
Re-launch John's Campaign, use of carer passports and 'This Is Me' documentation	All three have been re-launched through the Senior Nurses community and Senior Sister Away Days
Introduce a Dementia Care Newsletter for staff	A quarterly newsletter has been launched
To audit our environment and assess the extent to which it is dementia-friendly aligned to the development of frailty services	An audit tool has been developed and is in use. Results are shared with ward managers to inform action plans and developments or initiatives.

Healthcare Acquired Infections

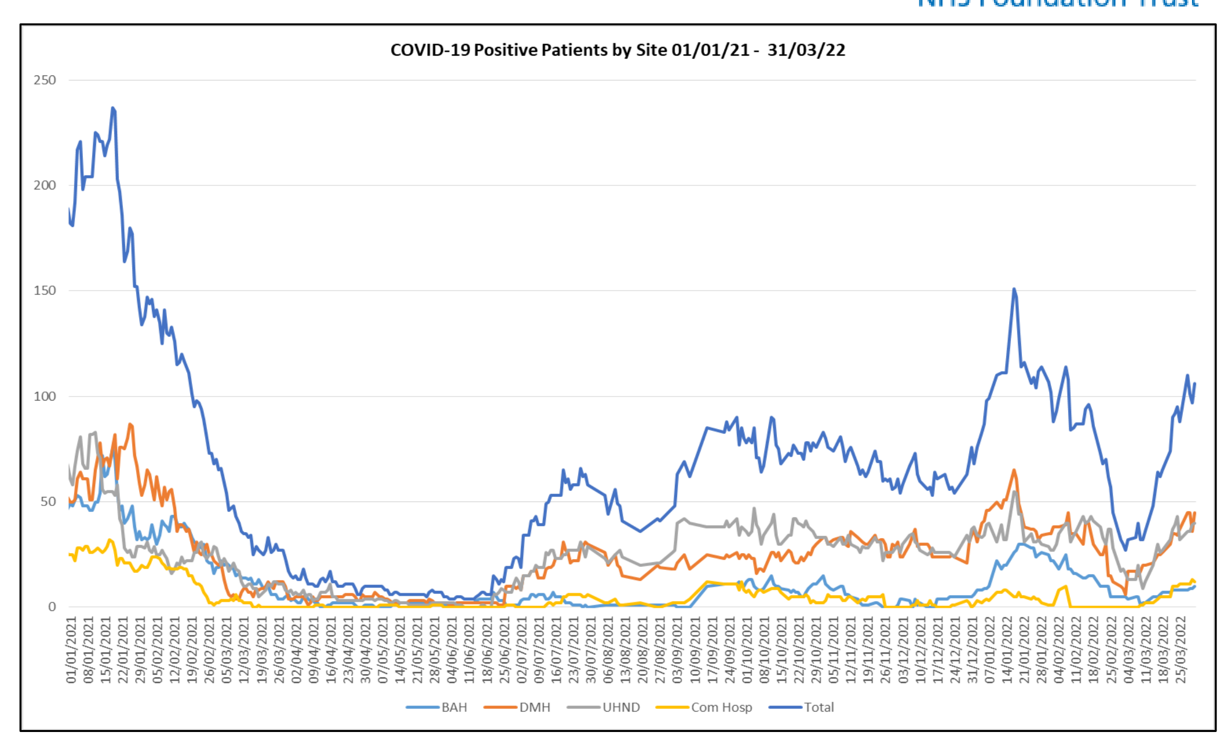
- We have reported four cases of MRSA against our zero tolerance.
- To 31st March, we reported 43 C-Difficile (C-diff) infections compared to the full-year threshold of 45 set by NHSE/I
- The monthly rate reduced after a mid-year blip following concentrated education from our IPC teams
- Other Trusts have experienced challenges in meeting C-Diff trajectories during the pandemic
- We have updated our blood culture policy in line with national guidance and provided face to face IPC training through 'topic of the month' sessions for front-line staff
- During the year NHSE/I set thresholds for the first time for gram negative infections. The Trust was below the threshold for e-coli but above it for Klebsiella and Pseudomonas



	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
C.diff HOHA+COHA cases	4	3	6	7	4	4	3	4	0	2	5	1
Cumulative HOHA+COHA case total	4	7	13	20	24	28	31	35	35	37	42	43
Trajectory	3.75	7.5	11.25	15	18.75	22.5	26.25	30	33.75	37.5	41.25	45

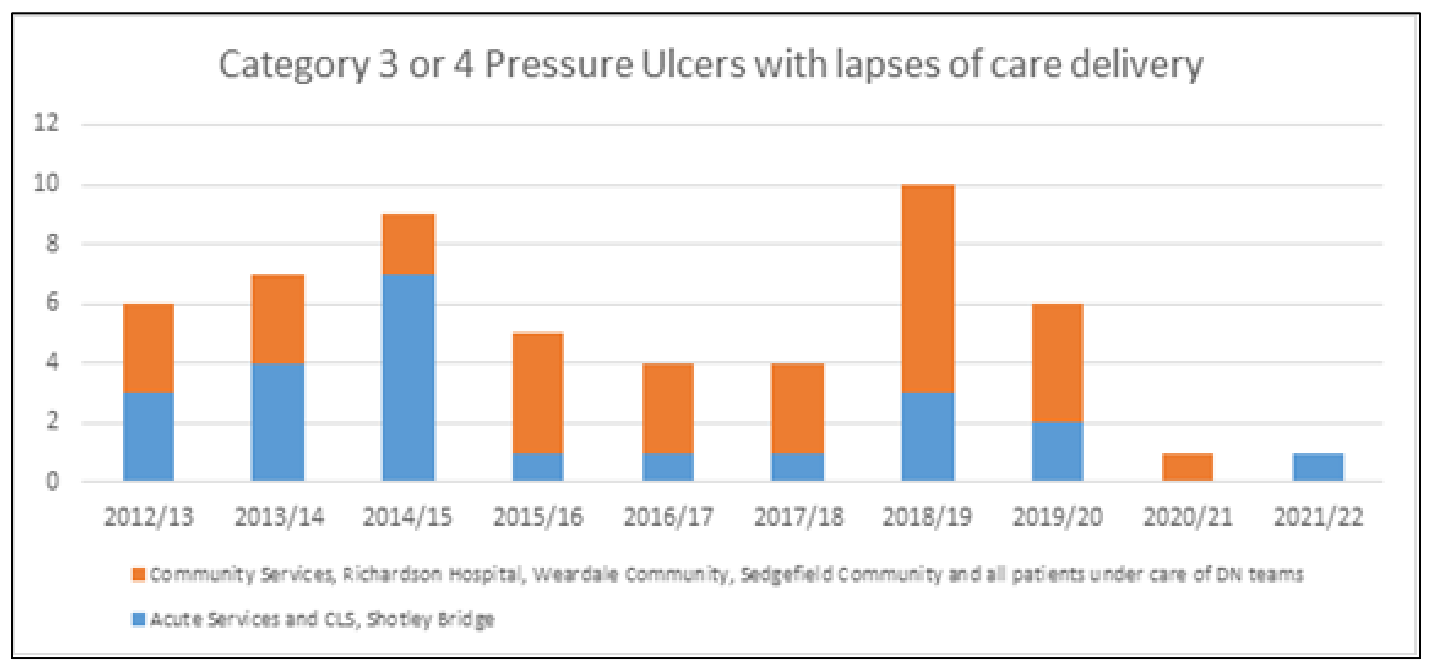
Healthcare Acquired Infections (Covid-19)

- The Quality Report for 2020/21 did not include any objectives or priorities for Covid-19 as the pattern and demands of further waves were not predictable at the time of preparation
- We have continued to operate, and use NHSE/I's assurance framework to validate, infection control practices in line with good practice recommendations
- We comply with all of NHSE/I's / UK Health Security Agency recommended practices
- We invited NHSE/I's Infection Control Lead to visit our sites to review our controls, following which we made improvements on ventilation / air filtration, primary prevention measures and maximising specialist IPC support to our front-line teams
- We are reviewing our estate to best manage isolation and or movement of patients.



Pressures Ulcers

- We have a zero tolerance for pressure ulcers resulting from lapses in care and our aim is to have no Category 3 or 4 pressure ulcers involving such lapses
- There has been only one Grade 3 ulcer involving lapses in care this year, and the trend graph below, shows our sustained year on year improvement; however, we did not meet our ambition. Any case is subject to detailed review by our Tissue Viability team and to remedial action planning, wider dissemination and education



Dec-21

% EDL sent in 24 Hours

Care group	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Surgery	90.3%	90.3%	88.4%	86.8%	84.7%	84.2%	84.9%	85.3%	80.3%
Integrated Medical Specialties	94.2%	93.6%	94.8%	93.8%	93.7%	92.1%	91.2%	91.3%	88.6%
Family Health	80.8%	82.0%	83.2%	82.0%	82.4%	76.7%	81.5%	81.0%	71.8%
TRUST	**91.8%**	**91.5%**	**91.7%**	**90.5%**	**90.0%**	**87.9%**	**88.1%**	**88.3%**	**84.3%**
Target	**95.0%**	**95.0%**	**95.0%**	**95.0%**	**95.0%**	**95.0%**	**95.0%**	**95.0%**	**95.0%**

Data to the end of March 2022 has been requested from our Information Services Department and will be included in the document published for consultation. Performance has, however, not met the 95% target over the course of the year.

Over the first half of the year, we maintained performance in line with prior years although not at the 95% target. This is despite all Care Groups monitoring the target each month. Very high activity levels exacerbated by Covid-19 have impacted on performance later in the year.

Each Care Group has a responsible lead manager to whom a weekly dataset is sent to enable them to identify variation and manage performance at specialty, consultant and ward level.

Our current "Work As One" improvement initiative (which has run from mid-December and is ongoing) focuses closely on all aspects of discharge including timeliness of communication to GPs. The Electronic Patient Record system, which we will roll out in 2022/23 will auto-populate the discharge summary with information captured on admission and during the patient's stay, helping to improve the quality and completeness of information and to expedite the process of issuing summaries.

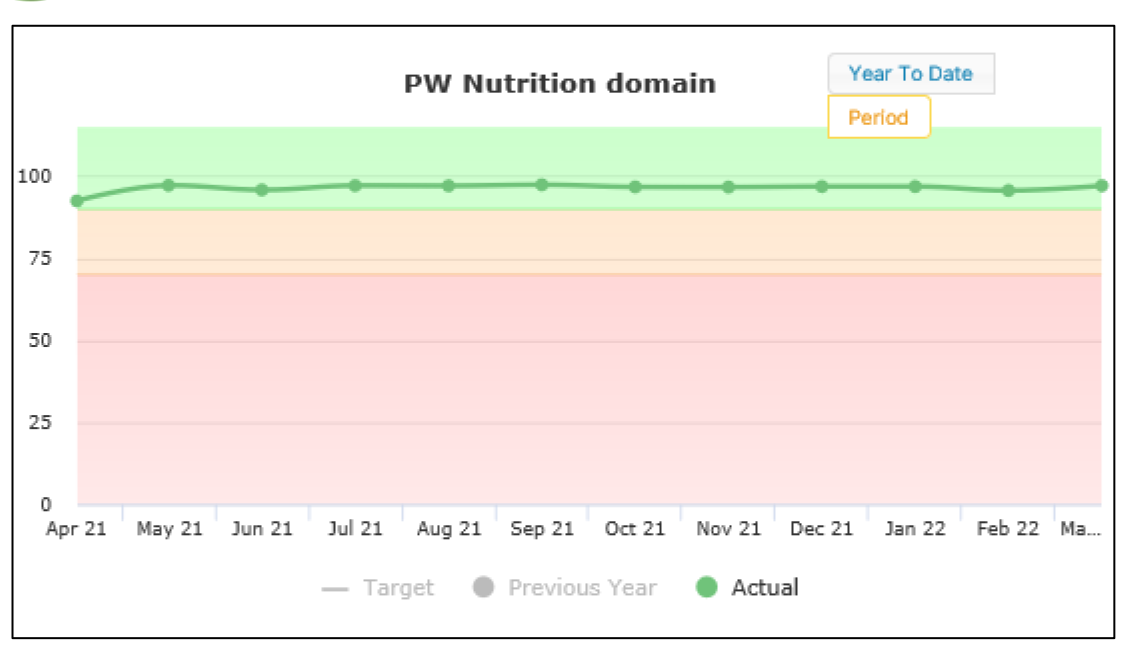
Care of Patients with Sepsis

Aims	Progress
To ensure 100% screening of relevant patients for sepsis	The regional sepsis screening tool is now integrated within our nursing observations system (Nervecentre) for inpatients and in our A&E system (Symphony) for patients attending our A&E departments. All patients in these departments are therefore automatically screened for sepsis. Our maternity sepsis screening tool has been updated for learning from internal and external incidents and has been re-launched.
To improve the percentage of patients receiving antibiotics within 1 hour of diagnosis in the Emergency Department	Audits continue in our A&E Departments, however the time to administer antibiotics has not improved in 2021/22 – contributory factors include the availability of staff and rooms in times of high demand.
To improve staff awareness and processes to ensure prompt recognition and response.	A “Simulation Study Day” has been developed and three sessions delivered to date. A Patient Group Direction has been developed and is being piloted for sepsis of unknown origin
Lead Sepsis Nurse to be in post	A Lead Sepsis Nurse has been in post from 1st June 2021

Nutrition and Hydration

Ambition met

- We have maintained high levels of compliance monitored through our Perfect Ward audit scores, over the year to date (well over 90%).
- We have reconstituted the Nutrition Steering Group and, in addition, the Deputy Director of Nursing and Dietetics teams, have provided focused support to any wards or teams not meeting the 90% (green) thresholds, resulting in improved consistency across all areas from mid-year
- The AKI nurse service is now well-embedded with high referrals. As AKI increases with Covid-19, we have not been able to compare like for like in evaluating the service but it is well-used and wards have benefited from the education / awareness provided



End of Life / Palliative Care

Aims	Progress
Work with stakeholders to refresh the palliative care strategy to 2025	We have engaged with partners re: the Tees-wide Strategy development. The Trust's strategy has been delayed by pandemic priorities
Focus intensively on recognition of dying in hospital to enhance care	This is ongoing work. It has been built into Trust-wide training Recognition of dying from Covid-19 – so as to prompt effective communication with patients' families and appropriate care planning - was very good (90% of all deaths, based on audit data) .
Explore solutions to the lack of single rooms	We audit access to single rooms. Access to single rooms for patients who are dying is good in DMH (88%) but remains more of a challenge at Durham due to the constraints of the estate.
Review care after death documentation and develop a checklist that will remain with the case notes for this element of care	This documentation has been reviewed and the checklist developed and rolled out to all teams

Mortality / Learning from Deaths

Measure / source of assurance	RAG
Summary Hospital Mortality Indicator (SHMI) – currently 109.8 (within expected range)	
Hospital Standardised Mortality Ratio (HSMR) – 93 and within expected range	
Copeland's Risk Adjusted Barometer (CRAB)	
Completed mortality reviews – 1,179 deaths reviewed from 2020/21, of which 10 (<1%) had evidence of lapses in care. There is a time lag in deaths being available for review. To January 2022, 182 reviews had been completed in 2021/22 with similar trends.	
North East Quality Observatory (NEQOS) Independent Review	

HSMR measures, effectively, in-hospital deaths

SHMI also includes deaths out of hospital within 30 days. The Trust is a national outlier for this indicator.

Comments

- SHMI was outside statistical limits for part of the year but is now within the expected range
- The NEQOS Lead presented to the Trust Board on the impact of Covid-19 on SHMI (and its reliability) in the North East. There are two other Trusts in the region with similar trends.
- They advised that more assurance should be taken from the Trust's own reviews and alternative measures and they have commended the Trust's processes as being in line with good practice.
- The Mortality Committee, Clinical Effectiveness Committee and the Board monitor trends closely every quarter including learning and actions
- There are still some challenges re capturing all comorbidities; however, the EPR system being rolled out in 2022/23 will better support this. The position is already improving following the appointment of clinical champions

Maternity Standards

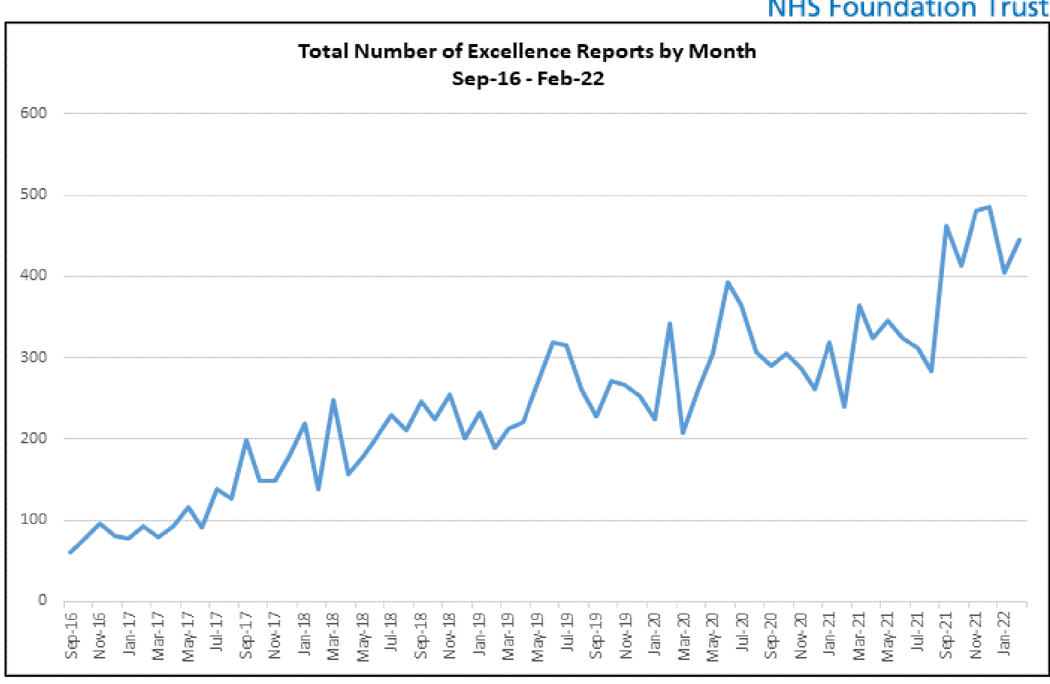
Aims	Progress
Appoint a fetal medicine consultant	Fetal Medicine Consultants are in place at both acute sites and a Fetal Wellbeing Lead Nurse has been appointed.
Strengthen the role of the Head of Midwifery	The role has been upgraded in line with Ockenden recommendations and reports to the Director of Nursing (in his capacity as Executive Maternity Safety Champion). There are bi-monthly meetings with the Maternity Safety Champions, supplemented by site visits and channels for regular meetings with staff.
Review staffing against standards and continue to strengthen it	Staffing ratios meet “birth rate” plus standards (based on establishments). The Trust aims to staff its acute sites in line with the recommended staffing ratios for tertiary centres given the needs of the women it looks after. In practice, staffing has needed to be kept under continual review due to sickness absence, maternity leave and the impact of the pandemic (in common with other Trusts). We have secured national funding to recruit beyond current vacancies to support resilience. Staffing is measured against acuity four times daily and action taken to maintain safe labour ward staffing. We have a business case in progress to increase staffing for neonatal care including Baby Support Workers, in line with BAPM standards. Prior to the latest Ockenden Inquiry Report we had already implemented controls to ensure that we only progressed to the next stage of the Infinity programme if safe staffing could be maintained in all areas.
Roll out of Phases 1 and 2 of the Continuity of Carer strategy	We have rolled out our ‘Infinity (Continuity of Carer) programme to six teams. National leads have visited the Trust and commended the approach. We are, however, taking stock of staffing across all our acute and community midwifery services to ensure that it remains safe prior to moving to each planned stage of the programme (now recognised as the right approach following the second report from the Ockenden Inquiry.

Paediatrics

Aims	Progress
Increase the operating hours of the Paediatric Assessment Area (PAA) at UHND	The PAA has been opened 24/7. A dual trained member of medical staff has been appointed.
Explore a similar front of house facility at DMH	A dedicated paediatric emergency unit opened at Darlington Memorial Hospital in September 2021. It includes a triage room, treatment rooms that have been decorated with colourful murals, and a paediatric resuscitation room. The unit also features a sensory room that has been designed for patients who are particularly sensitive to noise and lights or could benefit from a very relaxing, calming space. This provides a more age-appropriate and calm environment that is separate from the adult emergency department. We have also increased our complement of children's nurses in A&E at DMH and established training in paediatric competencies for all nursing staff working that area. We have a dual-trained member of medical staff at both sites.
Work with local authorities and mental health trusts to strengthen services for children and young people with mental health issues	A formal Partnership Alliance has been established, comprising all parties, with joint working agreements including close working between clinical teams on care plans for these patients. A joint care pathway has been developed with TEWV for patients with eating disorders which includes the integration of an eating disorders nurse being present on the daily ward round on both inpatient paediatric wards to ensure a seamless and holistic approach to care and timely discharge, followed by an intensive support package in the community. There is also a Partnership Dietician hosted by TEWV to support meal planning and provide specialist input throughout the care pathway.

Excellence Reporting

- Our aim is to continue to embed learning from excellence within the Trust, increasing reporting and sharing examples of excellence.
- We promote the reporting of excellence in the organisation via a quarterly Trust-wide bulletin, to both celebrate and learn from it. The number of members in the group has recently increased, and it its remit has evolved to include Appreciative Inquiry and some patient stories.
- We now tie excellence reporting in with patient compliments (which is reflected in the trend in the chart).
- This does, however, mask a reduction in staff to staff excellence reports and we have therefore amended the way that staff report in the system so those reports can be tracked separately. We have promoted the need to celebrate colleagues through excellence reporting as outlined above.
- We are seeking to purchase the patient compliments module for the Ulysses system so that compliments from patients can be captured separately.



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Proposed Priorities 2022/23

Patient Safety: 2022/23 Proposed Priorities

A. Priorities aligned to Quality Strategy 2022/23 to 2025/25

- Reducing harm from patient falls
- Reducing the incidence of, and harm, from healthcare acquired infections
- Maintaining our zero tolerance of Grade 3 and 4 pressure ulcers
- Meeting Maternity Safety standards including implementation of recommendations from the Ockenden Inquiry and the safe roll out of Continuity of Carer teams
- Embedding safe practice for invasive procedures, inside and outside of theatres
- Embedding prompt recognition and action on signs of patient deterioration

B. Retained priorities for 2022/23 as work on-going

- Improving the timeliness of administration of antibiotics for patients with suspected sepsis

Patient Experience: 2022/23 Proposed Priorities

NHS County Durham and Darlington NHS Foundation Trust

A. Priorities aligned to Quality Strategy 2022/23 to 2025/25

- Providing a positive experience in our care for those whose with additional needs, including patients with dementia, learning disabilities, autism and mental health support needs
- Ensuring a positive patient experience through the discharge process (covering timeliness, the quality of communication during planning and discharge and the quality of information and support)

B. Retained priorities for 2022/23 as work on-going

- **End of life care:**
  - Development and commencement of roll out of our palliative care strategy
  - Ensuring appropriate access to private rooms for dignity
- *Continued improvement of nutrition including assessment and provision for specific needs (under discussion)*

Clinical Effectiveness: 2022/23 Proposed Priorities

A. Priorities aligned to Quality Strategy 2022/23 to 2025/25

- Reducing waiting times in A&E covering:
  - Time to assessment
  - Time to treatment
  - Total time in the department
- The Quality Strategy includes a number of other objectives aligned to national initiatives e.g. the national cancer services strategy, community diagnostic centres, virtual wards, reducing health inequalities and clearing long waiting backlogs. We will report on each of these in Section 3 of the Quality Account for 2022/23.

B. Retained priorities for 2022/23 as work on-going

- Improving access to paediatric specialist services
- Increasing excellence reporting
- Learning from Deaths (in particular the roll out of Medical Examiners reviews)

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Nationally Mandated Indicators of most interest to the Committee

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A&E waiting times

Standard Month:	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
DMH ED attends	5,514	5,617	5,871	5,624	5,571	5,569	5,588	5,217	5,148	5,257	4,883	6,056
DMH ED Time to Initial Assessment – within 15 minutes	3,670	3,274	3,019	3,841	4,051	4,072	4,211	4,145	3,975	3,975	3,706	4,585
DMH ED Time to Initial Assessment – % within 15 minutes	**66.56%**	**58.29%**	**51.42%**	**68.30%**	**72.72%**	**73.12%**	**75.36%**	**79.45%**	**77.21%**	**75.61%**	**75.90%**	**75.71%**
DMH ED Patients spending more than 12 hours in A&E	22	64	88	172	270	402	520	492	393	489	424	339
% DMH ED Patients spending more than 12 hours in A&E	0.4%	1.1%	1.5%	3.1%	4.8%	7.2%	9.3%	9.4%	7.6%	9.3%	8.7%	5.6%
Average time(mins) in DMH ED – Admitted patients	271	309	334	394	456	507	542	535	484	513	490	417
Average time(mins) in DMH ED – Non-admitted patients	164	170	178	200	208	234	241	231	236	236	244	225
UHND ED attends	6,728	7,280	7,420	7,040	6,773	6,704	6,901	6,618	6,218	6,406	6,047	7,041
UHND ED Time to Initial Assessment – within 15 minutes	5,113	4,741	4,454	3,937	3,877	3,524	3,599	4,280	4,003	4,193	3,520	4,846
UHND ED Time to Initial Assessment – % within 15 minutes	**76.00%**	**65.12%**	**60.03%**	**55.92%**	**57.24%**	**52.57%**	**52.15%**	**64.67%**	**64.38%**	**65.45%**	**58.21%**	**68.83%**
UHND ED Patients spending more than 12 hours in A&E	56	87	160	232	396	536	692	605	598	511	657	393
% UHND ED Patients spending more than 12 hours in A&E	0.8%	1.2%	2.2%	3.3%	5.8%	8.0%	10.0%	9.1%	9.6%	8.0%	10.9%	5.6%
Average time(mins) in UHND ED – Admitted patients	299	332	398	436	508	556	616	583	570	553	612	480
Average time(mins) in UHND ED – Non-admitted patients	185	204	214	242	250	269	287	286	287	270	302	256

As the table shows, the trend over the year as a whole – at both sites – has been to improve the percentage of patients being assessed in 15 minutes. There was, however, an increase over the winter months in patients waiting more than 12 hours in the department, which has now started to reduce, an improvement mirrored in February and March with respect to reduced overall waiting times, ambulance handover times and 12 hour waits for beds.

The percentage of patients seen and treated in four hours has, over the year, fluctuated between an average of 84% for the first quarter and 68% at its lowest. The reasons are multi-factorial, including very high attendances (compared to pre-pandemic levels) at certain times of year, delays introduced into the pathway by Covid-19 (increased testing and screening, increased demand on isolation rooms and the need to regularly adjust the bed base between ring-fenced Covid-19 beds and other beds, both of which lead to a need to move more patients and delays in freeing up beds). Covid-related absence is a further factor, as is the size of the A&E facility at Durham, which treats more than double the number of patients it was built for and – as has been validated by analysis through the Local A&E Delivery Board – a shortfall of beds compared to demand.

A&E waiting times - commentary

County Durham and Darlington NHS Foundation Trust

It is important to note the following:

- Patients waiting 12 hours for beds are usually in their own rooms and there are checklists in place to ensure that they are kept safe and given food and water
- The Trust's Integrated Quality and Assurance Committee has regularly reviewed the adoption of CQC's "Patient First" recommendations, which cover A&E and patient flow.

The Board has made a £23m investment into A&E and related services to: increase medical and nursing staffing; enhance same day emergency care (SDEC) at DMH; and to implement Front of House frailty services and a sub-acute elderly care pathway. All of these investments were designed to support improvements in A&E performance and patient flow. At UHND, discussions continue to identify and implement a robust model for 24/7 urgent care, as the Urgent Treatment Centre is only commissioned overnight and on Saturdays and Sundays and the Primary Care Hub on site does not fulfil the same function. We are also expanding our SDEC facilities at UHND, as we have done at DMH, by late summer.

Regionally, the Integrated Care System has identified the Trust's plan to develop a new Emergency Care Centre at UHND as one of the two highest priorities in its bid for funding from national programmes and the Trust is keen to move forward with this as soon as it is able to. We also have plans to open a further ward at UHND by the autumn, from our own capital funds.

During the winter, we took the following actions, many of which remain in place:

- Opened all escalation beds in our winter plan several months early and repurposed some elective capacity to support additional medical escalation beds being opened.
- Recruited sufficient staff to open up Ward 33 at DMH earlier than planned for 25 additional escalation beds
- Increased the numbers of domestic staff to support enhanced cleaning
- Increased medical staffing at weekends, both for Physician of the Day reviews, seven day cover in some services and junior doctor cover to clerk admissions to the acute medical unit on Saturdays)
- Increased radiology sessions over the weekend
- Employed external staff to support ambulance handover and provide additional ambulance transport
- Extended the Paediatric Assessment Area opening hours to 24/7
- Increased frailty assessment / support at the front door and increased access to therapies staff

Other indicators – nationally mandated

- **Rate of Patient Safety Incidents resulting in severe injury or death:** This remains below the national average based on the latest available data. The Trust is an early adopter for the national patient safety strategy and is updating its processes in line with best practice, as well as revisiting its 'Highly Reliable' organisation campaign, which was paused during the pandemic.

- **SHMI –** this has been covered through the earlier update on mortality and is now within the expected range

- **Staff recommendation of the Trust to Friends and Family –** this result comes from the NHS Staff Survey 2021. The Trust scored 60% compared to a national average of 67%. Nationally, the position deteriorated (average fall of 7.5% compared to a lower drop off of 6% for CDDFT). The Trust has a comprehensive 'People Matter' strategy in place, and is reviewing the findings and adapting the engagement elements of the strategy accordingly.

- **Responsiveness to personal needs –** from national datasets which draw on the CQC patient surveys. For the inpatient survey, the Trust was essentially in line with peer trusts and not scored worse for any question

- **Patient-Reported Outcome Measures –** the latest data shows the Trust in line with others for hip replacement indicators, but slightly below average with respect to knee replacements. The underlying reasons are being investigated and detail will be included in the published draft Quality Accounts.

Thank you and any questions….

TEWV Quality Account 2021/22 and 2022/23

Durham Health OSC
9th May 2022

Agenda Item 6c

Purpose

- To look back at progress made on the Quality Account improvement metrics and priorities this year
- To outline proposed quality improvement priorities for 2022/23 (to be included in the Quality Account 2021/22 document)
- To set out the probable dates for formal consultation and discuss how this Committee can best respond
- Please note that Durham data in this presentation also includes Darlington. Trust data includes County Durham, Darlington, Teesside, North Yorkshire and York

Quality Metrics (1)

	Quarter 4 21/22			Trend	Comments	20/21
	Durham Actual	Target	Trust Actual			
1: Percentage of patients who report 'yes, always' to the question 'Do you feel safe on the ward?'	72.48%	88.00%	65.30%	↑	This is the best position over the last five years but we still remain a long way from target. We are committed to improving patient safety and will keep this as a Quality Account priority during 2022/23	64.66%
2: Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) – for inpatients	0.06	0.35	0.07	↓		0.13
3: Number of incidents of physical intervention/ restraint per 1000 occupied bed days	36.34	19.25	37.66		Although this metric is a long way from the target, these incidents relate largely to a small number of patients in our Learning Disability Unit at Lanchester Road Hospital. These patients are acutely unwell and have very complex needs	20.90

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Quality Metrics (2)

	Quarter 4 21/22				Comments	20/21
	Durham Actual	Target	Actual			
4: Existing percentage of patients on Care Programme Approach who were followed up within 72 hours after discharge from psychiatric inpatient care	**86.46%**	>95%	**88.51%**	**N/A**	This is a revised metric for 2021/22, where follow-up was previously within 7 days. The reasons why this target is not being achieved are largely due to difficulties in engaging with the patient after discharge or breakdown in internal processes	N/A
5: Percentage of Quality Account audits completed	**N/A**	**N/A**	**N/A**	→	No Quality Account audits were scheduled for completion during Q4 2021/22	**100%**
6: Patients occupying a bed over 90 days	**N/A**	<61	**60**	**N/A**	This is a new metric for 2021/22	N/A

Quality Metrics (3)

	Quarter 4 21/22				Comments	20/21
	Durham Actual	Target	Trust Actual			
7: Percentage of patients who reported their overall experience as excellent or good	**93.88%**	94.00%	**94.34%**	↑	This is the first time that the Trust has achieved this target; the Durham Locality is also very close to achieving the target. Patient Experience is one of the three goals of Our Journey to Change	93.21%
8:Percentage of patients that report that staff treated them with dignity and respect	89.53%	94.00%	**89.14%**	↑	The results against this metric have remained essentially static over the past few years. Work on this is underway throughout our service delivery linked to the Trust values of respect, compassion and responsibility	86.77%
9: Percentage of patients that would recommend our service to friends and family if they needed similar care or treatment	**93.00%**	94.00%	**91.08%**	↑	There has been a consistent improvement in performance against this metric throughout the year, the Locality is almost achieving this target and has performed better than other areas within the Trust	91.60%

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Actions we've taken in Durham in response to the Quality Metrics

- Developed a business case for the further roll-out of body cameras on wards
- Undertaken a robust exploration of the data and intelligence influencing the Friends and Family Test; the Patient Experience Team have worked with the locality to implement more robust governance and to set up Patient Experience Groups
- Shared key successes and learning from a review of patient safety and promoted the role of the Trust Patient Safety Specialist
- Gathered views of families and involved them in improving the Serious Incident Process
- Implemented a process to capture informal concerns and complaints that enabled us to identify any key themes where patients have raised issues

Quality Metrics for 2022/23

- We are going to review the suite of metrics to align them more closely with our new quality journey
- We also want to align them more closely to our improvement priorities
- Some of the metrics will still be the same
- We will analyse our data in a more sophisticated way, so that we can see where things are really improving or getting worse

Quality Account Improvement Priorities during 2021/22

- Improve the personalisation of Care Planning
- Safer Care
- Compassionate Care

- 46 actions under these headlines
- **30** of the **46** were achieved or on track at the end of 2021/22

Reasons for delays in implementation

- Covid
  - Some public events, such as conference with bereaved families to help us learn from their experiences could not be held
  - Staff diverted to infection prevention control work
  - Staff diverted to the vaccination programme
  - Restrictions on entering wards slowed down some key “feeling safe” initiatives such as installation of sensing technology (Oxehealth)
- Non-Covid
  - National policy changes on Care Programme Approach have meant some of our proposed actions are not relevant now

Priorities during 2022/23

- The Trust has identified the following **three** priorities for the new Quality Account:
  - Care Planning
  - Implementation of the new Patient Safety Incident Reporting Framework
  - Feeling Safe

Detailed plans are currently being drafted

What next?

- We are likely to circulate of our draft Quality Account to you on Friday 6th or Monday 9th May, with a closing date for comments of Tuesday 14th June
- The document will go to the TEWV Board of Directors on Thursday 16th June
- Publication of the final document on 30th June
- We will be happy to bring six-monthly update on progress during 2022/23 to this Committee

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Adults Wellbeing & Health Overview Scrutiny Committee

9 May 2022

Review of the Mental Health Strategic Partnership and the governance of Mental Health and Wellbeing across County Durham

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Report of Mike Brierley, Chair of the County Durham Mental Health Strategic Partnership

Electoral division(s) affected:

Countywide

Purpose of the Report

1 This report provides an opportunity to review the work of the Mental Health Strategic Partnership (MHSP) Board Mental Health Strategy and Concordat (2018-21) within its current structure with options to reshape the current system-wide governance arrangements for mental health and wellbeing across County Durham.

2 Changes to the Integrated Care System (ICS) and local CCG structures, coupled with learning from the impact of COVID-19 on mental health and wellbeing signal a pertinent time to review lines of accountability for mental health provision and to progress the integration agenda across the wider mental health system.

Executive summary

3 The Mental Health Strategic Partnership (MHSP) Board, Mental Health Strategy and Concordat (2018-21) document highlights the ambition and commitment of the MHSP to work towards better mental health in County Durham according to the principles in the national Prevention Concordat for Better Mental Health.

4 MHSP currently adopts five strategic workstreams to progress mental health need into deliverables. These workstreams are:

- Children and Young People (via the Children and Young People Local Transformation and Resilience Plan - LTP),
- Suicide Prevention
- Crisis Care Concordat,
- Dementia

- Resilient Communities Group

5 Whilst the MHSP has met infrequently during the COVID-19 response due to ongoing demands, the five workstreams have continued to deliver on agreed operational plans and their response to address an increase in demand for mental health support during Covid lockdown.

6 The Health Impact Assessment (HIA) on Health Inequalities undertaken during the initial lockdown period was initiated by the County Durham and Darlington Health, Welfare and Communities Recovery Group (HIA on Inequalities during COVID-19, July 2020). The HIA identified mental health and emotional wellbeing remains a key priority for the system, requiring ongoing focus and investment to mitigate against the negative impact of the pandemic on local residents.

7 As part of the Covid response, funding from central government has instigated the development of several new initiatives to address the increased demands on mental health provision. These areas of work have initiated at speed, sometimes with a reduced capacity to enable a considered system-wide cross reference to other areas of mental health delivery.

8 Having governance arrangements for a mental health system is essential, especially during times of complex structural change, including developments within the ICS, national policy developments and rapidly changing and increasing need/demand for support. Durham's Mental Health Strategy and Concordat is now out of date, meaning a review of the governance arrangements for the MHSP comes at an opportune time.

9 Four options for the future of MHSP have been considered. These include:

- Option A – to stand down the MHSP
- Option B – to retain it within its current format
- Option C – to refresh the Partnership's role and remit in response to system-wide changes, including membership and Terms of Reference.
- Option D – to reaffiliate or merge the five workstreams into other structural arrangements based within the ICS, or local initiatives.

10 The favoured option to support the development of a new system-wide approach to mental health and wellbeing would be to refresh the role and remit of the MHSP (Option C) to reflect the new landscape. This option would enable inclusion of a strategic membership of current

workstreams and extend connectivity with new developments initiated during the response to Covid.

11 The new arrangement would provide strategic governance for approaches representing prevention, early intervention, and specialist service delivery across the life course. This work would contribute to the County Durham Plan for mental health agreed in the mental health Outcome, Governance, Improvement and Measurement plan (OGIM). The coordination of system-wide communications, partnership working, the integration of the voice of lived experience and workforce development could also be maximised via this governance arrangement.

Recommendation(s)

12 Members of the Adults, Wellbeing and Health Overview Scrutiny Committee (AWHOSC) are recommended to:

- Note the contents of the report
- Consider the progress of the current 5 MHSP workstreams
- Note the development of the new initiatives developed in direct response to Covid
- Reflect on the interface with Darlington when considering crisis care and other services which cover a wider geography.
- Endorse the recommendation for Option C to refresh the role and remit of MHSP to progress a whole-system approach to mental health and wellbeing across County Durham

Background

13 The MHSP in its current form was initiated in 2018 and continues to provide the strategic framework for a response to mental health and emotional wellbeing across the county.

14 The Mental Health Strategic Partnership (MHSP) Board's Mental Health Strategy and Concordat (2018-21) document highlighted the ambition for better mental health in Durham, and the commitment as a Strategic Partnership Board, to work together according to the principles in the national Prevention Concordat for Better Mental Health.

15 The membership of the Mental Health Strategic Partnership Board for Durham County is drawn from statutory and non-statutory partners with backgrounds in health, social care, criminal justice, user and carer, provider and social housing.

16 Reporting to the Health and Wellbeing Board, its remit is to provide strategic co-ordination and leadership for the mental health agenda across County Durham and be accountable for the delivery of our Mental Health Strategic Plan. It is also responsible for the engagement, consultation and involvement of mental health service users and carers to support the work of the Health and Wellbeing Board.

17 Since 2019, the Clinical Commissioning Groups in Tees Valley CCG and Durham CCG have acted in a formal partnership with Tees Esk and Wear Valleys NHS Foundation Trust (TEWV). The Durham, Darlington and Tees Valley Mental Health and Learning Disabilities Partnership (DDTVMHLDP) oversees all mental health work programmes and the majority of mental health commissioning and is highly likely to remain when CCGs are subsumed into the ICS, although the landscape and scope may change as the ICS work programme takes effect and as provider collaboratives develop.

18 Whilst the DDTVMHLDP footprint covers Darlington, strategic partners including TEWV, Police, Fire and community services have tended to be split into Tees and Durham/Darlington to better fit operational service configuration. Tees Valley has a strategic Mental Health Alliance (their equivalent of the Durham Partnership Board) which covers all aspects of mental health based around population health management principles and on which Darlington has a place, however Durham/Darlington does not have such a joint multiagency strategic

group. Durham AWHOSC may wish to consider options to better align oversight.

19 Based on ‘No health without mental health’ (2013), the national mental health strategy highlighted significant economic savings can be made from public mental health interventions and their contribution to efficiency savings in NHS and social care quality and productivity.

20 The evidence base taken from The Prevention Concordat for Better Mental Health, reviews of other relevant policy and guidance documents, plus local data and local consultation recommended the MHSP adopt five strategic workstreams to progress mental health need into deliverables. These workstreams were:

- Children and Young People (via the Children and Young People Local Transformation and Resilience Plan - LTP),
- Suicide Prevention
- Crisis Care Concordat,
- Dementia
- Resilient Communities Group

21 The MHSP Strategic Plan set out 19 key priorities across the five mental health workstreams, along with a set of outcomes and indicators highlighting progress has been reviewed on a regular basis.

22 Whilst the MHSP has met infrequently during the COVID-19 response due to ongoing demands, the five workstreams have continued to deliver on agreed operational plans and their response to address an increase in demand for mental health support during lockdown and the COVID Road Map for Recovery (HM Government, February 2021)

North East and North Cumbria Mental Health Programme

23 The NHS Long Term Plan (2019) commits the Integrated Care System (ICS) to deliver improved services for mental health, bringing together local organisations from North Cumbria and the North East to redesign care and improve population health by creating shared leadership and joint action.

24 The development of the North East and North Cumbria Mental Health Programme (NENCMHP) is one of the nine delivery programmes developed by NENC ICS. The Programme outlines priorities, focusing on the need to address the physical and mental health of the population with consideration given to funding, workforce development, reducing inequalities and provider pressures from a growing and ageing population.

25 The role of the NENC ICS is to ensure that mental health is fully integrated across the 'whole system' in order to progress the delivery, support the transformation process and is informed by locality arrangements to help address need.

26 The workstreams dedicated to promoting transformation within the NENC ICS Mental Health programme are:

- Starting Well – Children and Young People
- Community Transformation
- Parity of Esteem - for mental health and physical health
- Health Inequalities
- Suicide Prevention

27 To work as a mental health system across the North East, the configuration of work across the ICS will need to capture not only regional programmes of delivery but also local place-based activity undertaken to improve mental health and wellbeing based within each local authority area. To achieve this, links need to be made with current local governance structures, and discussions about how this can best be achieved are ongoing. In County Durham, at the present time this would be the MHSP.

28 To ensure the ICS programme for mental health provides efficacy and reach at a local level, mechanisms for devolved coordination should be established to ensure outcomes are joined-up and relevant for local residents. This system-wide work requires population health management approaches for prevention as well as the need for specialist services across a range of settings.

29 Governance for mental health specialist services managing Serious Mental Illness (SMI's), other mental health conditions , Autism and Learning Disabilities is currently overseen by Durham, Darlington and Teesside NHS Mental Health and Learning Disability Partnership. This partnership brings together Tees, Esk and Wear Valleys NHS Foundation Trust, the CCG, local authorities, VCSE providers and other healthcare service providers from Durham and the Tees Valley

Current MHSP Workstream Overview

30 In County Durham, the MHSP continues to be the conduit for the 5-workstreams to progress their plans and provide the Committee with information to enable scrutiny of the deliverables. Significant work has been undertaken within the last 3-years to provide tangible outcomes.

County Durham Children and Young People's Mental Health (CYPM MH) Partnership (previously the County Durham Children and Young People Mental Health and Emotional Wellbeing Local Transformation Plan Group ("LTP")

31 The multi-agency County Durham Children and Young People's Mental Health and Emotional Wellbeing and Resilience Local Transformation Plan Group, usually referred to as the "LTP" was renamed to the Children and Young Peoples Mental Health Partnership group in February 2021, the group continues to oversee the wider system in relation to children and young people's mental health.

32 The previous County Durham Children and Young People's Mental Health, Emotional Wellbeing and Resilience Local Transformation Plan (2015-2020) (CYP MH LTP) was approved by the Health and Wellbeing Board in November 2018.

33 The previous CYP MH LTP was based on the five themes within "Future in Mind", which have been further built upon to develop key objectives for a renewed plan.

34 In February 2021, a Position Statement on CYP MH Partnership Group was produced for the Children, Young People and Families Partnership Board (CYPFPB) to enable the Board to review options for the governance of CYP's mental health across County Durham.

35 After consideration by the CYPFPB it was agreed that CYP's mental health and emotional wellbeing remained its own bespoke workstream with governance and accountability overseen by the CYPFPB and the MHSP. This action was undertaken to ensure the mental health and emotional wellbeing of CYP's were not lost in a larger agenda and pathways and deliverables remain robust.

36 The outcome of the process undertaken by the CYPFPB will need to be considered when exploring future options for the MHSP in terms of the CYP MH Partnership governance arrangements. If future consideration is made to stand the MHSP down, this action would need to be reported into the CYPFPB for ratification with a new set of options for the positioning of the CYP MH Partnership being deliberated.

37 It must also be noted that CYP's are only featured within work on Transitional age group workstream of the Community Mental Health transformation, merged with work within the local authority at the current time, but to retain connectivity this work is being taken forward jointly with the CYP workstreams.

38 However, the work of the CYP MH Partnership Group has many mental health system-wide interdependencies with Children Social Care services, early help and prevention services, Suicide Prevention, Crisis Care, Education, VCSE and work within local communities and is used to address ongoing mental health needs of CYP's.

Suicide Prevention

39 The County Durham Suicide Alliance was initiated to deliver a multi-agency approach to implement the actions recommended by the national Suicide Prevention Strategy (DH, 2012), subsequent annual reports updated in 2017 (DH, 2017) and the Local Suicide Prevention Planning 2020.

40 The Suicide Prevention Alliance Action Plan has been developed with partners address the need for every local area to focus on this agenda and meet the key objectives. This includes reducing suicide rates in the population and providing better support for those bereaved or affected by suicide, including families and the wider community.

41 The Suicide Prevention Alliance has successfully progressed a local comprehensive work programme which has included the initiation of a Real Time data Surveillance (RTDS) system, community prevention initiatives including those at high-risk locations, development of post-vention referrals for families and communities at risk and a small grants scheme promoting anti stigma and discrimination initiatives.

42 The local Suicide Prevention Alliance Plan has embraced the delivery of NENC ICS Mental Health programme for suicide prevention via funding allocations disseminated through the ICS and has also worked to address local need. The Samaritans have commended County Durham's approach to suicide prevention during a review of all national suicide prevention plans.

43 The local governance arrangements managed by the MHSP has enabled the suicide prevention agenda to link directly with the Crisis Care Concordat and the Durham, Darlington and Teesside Mental Health and Learning Disabilities Partnership to work on the ambition for reducing suicide rates.

44 Links have also been cemented with the County Durham's Children's and Young People Mental Health Emotional Wellbeing and Resilience Transformation Plan and the County Durham and Darlington Community Mental Health Framework.

Crisis Care Concordat

45 The Mental Health Crisis Care Concordat in County Durham and Darlington was part of a national agreement between services and agencies involved in the care and support of people in mental health crisis across the life course. The Concordat has set out how organisations will work together better to make sure that people get the help they need, when they need it. However, there is no national mandate to maintain the Concordat from 2020.

46 The Crisis Care Concordat Local Action Plan mirrored the objectives of the national concordat and focused on implementation of the policy arrangements for patients detained under section 136 of the Mental Health Act. The work programme concluded in 2021 with all strategic objectives to better integrate services completed. Operational crisis management continues to be addressed through the bi-monthly Multiagency Urgent Care Group meetings for Durham and Darlington.

47 This work has now been integrated to work led by TEWV for the CCG within the Durham Tees Valley Mental Health and Learning Disabilities Partnership, with Darlington being aligned to County Durham due to the structure and geographical coverage of teams and partners involved. This arrangement and the position of Darlington in the MHSP will need to be formalised as the decision on the future of the MHSP is made.

Dementia

48 In a recent Mental Health and Ageing Well workshop, dementia was highlighted as being an area of delivery which does not always sit comfortably within a mental health arena, due to its organic nature. In County Durham Social Care have historically held responsibility for the Dementia Plan on the Page. Despite being one of the five workstream under the MHSP, dementia is outside the scope of the national community mental health transformation programme.

49 Work on the review of the County Durham Dementia Plan on a page was put on hold during the pandemic, but activity has now been resumed and this is now the Dementia OGIM. The Dementia Advisor Service has continued to offer a virtual service and an interim offer of Welfare Calls to all existing and new service users has been implemented.

50 Dementia support is expanding through primary care via Social Prescribing Link Workers to develop referral pathways. Referral pathways are also being developed with the newly formed Older People's Crisis Service and the Intermediate Care and Discharge

Service. Attendance at GP team meetings is currently being explored by the team following the implementation of the Right Care, Right Place programme.

51 As part of the Options proposed for the future of the MHSP, consideration needs to be made about where the governance of dementia is best aligned to ensure partners with a vested interest in ensuring suffers and their families are given full support within both the health and social care system.

Resilient Communities

52 The role of the Resilient Communities Group (RCG) is to work together to develop and improve mental wellbeing and resilience in local communities. The Resilient Communities Group has a fully inclusive membership by being open to organisations who deliver services and those who represent specific communities or groups such as service users or carers.

53 Under the governance of the MHSP, the RCG works to promote mental health and wellbeing in adults but with reference to those from vulnerable groups. This is achieved by championing the Wellbeing Approach and contributing to the ability to address the wider determinants of mental health such as housing, employment and poverty; reducing social exclusion by addressing stigma and discrimination.

54 During the initial response to COVID-19, the RCG linked in with the development of the council's Community Hub ensured proactive contact with the 25,909 people registered on the shielded list.

55 The RCG works by building on the positive level of personal and community resilience within local communities and an active use of existing, local assets which was especially prevalent during the response phase of the pandemic. Specific pathways for fast-track access into mental health support services were developed by TEWV and the Community Hub.

56 This level of community mobilisation and use of VCSE community assets accelerated by the response to COVID-19 lockdown has helped to accelerate the vision of 'County Durham Together.'

57 In February 2020 the work programme priorities were reviewed and agreed by the RCG. This included separating membership into 'Core' and 'Wider' groupings and focusing on specific tasks. The governance of this group will require consideration not only from a mental health perspective, but also as part of new community structures and the County Durham Together programme.

Impact of COVID-19 on Mental Health and Wellbeing

58 Evidence continues to build, highlighting the impact of COVID-19 inequalities and mental health and emotional wellbeing. It has manifested itself in anxiety and depression especially in young people, women, groups with lower household income, people with a pre-existing mental health conditions, people living with children and those residing in urban conurbations.

59 The impact of COVID-19 on adults of working age has been significant due to periods of profound inactivity, lack of connectivity to others and economic uncertainty. Financial insecurity, housing insecurity, debt and a new reliance on welfare for families all elevate stress and anxiety levels has result in relationship breakdown, substance misuse, domestic abuse and a rise in safeguarding concerns within the family unit.

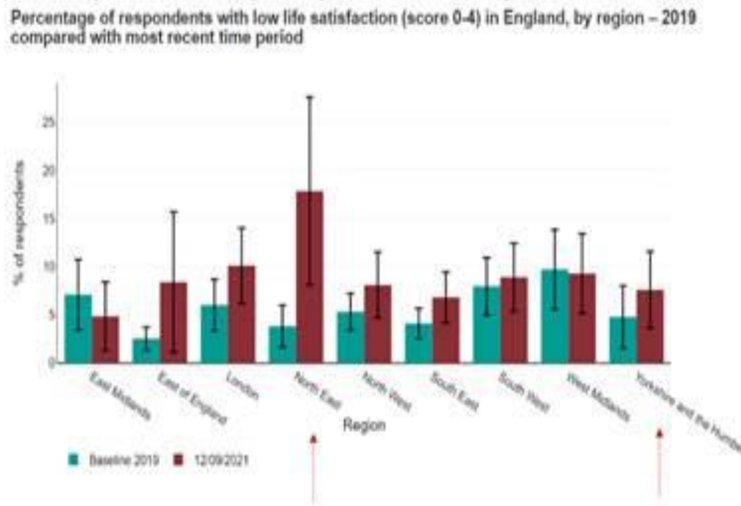
60 For those working on the front line, mental health and emotional wellbeing has been significantly affected. This has been identified as being due to a lack of ability to respond adequately to their duties due to imposed constrains.

61 Recently the Office of Health Improvement and Disparities reported on a large study post Covid study on self-harm which indicated 26.1% of adults 18+ reported thoughts relating to self-harm and 7.9% exhibited self-harm behaviours during the first year of the pandemic.

62 UCL have published data via the WICH tool, which indicates the NE shows a statistical difference to other regions in ‘life satisfaction’ and ‘self-worth’ scores when compared to the pre pandemic period.

Regional picture:
Low life satisfaction compared to pre pandemic period

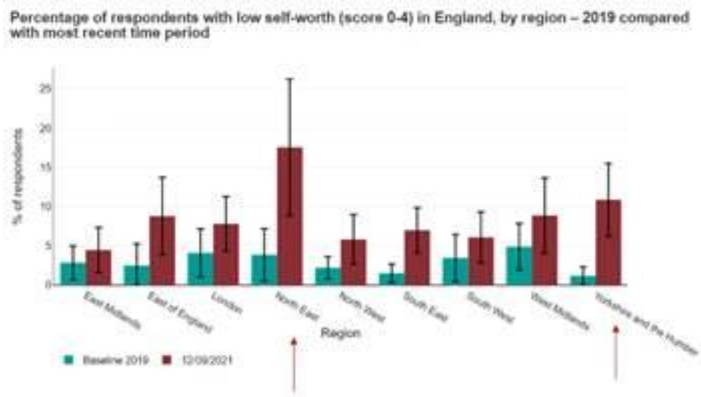
Low life satisfaction significantly higher in the North East compared to baseline in 2019



Source: UCL Covid-19 social study via WICH tool

Regional picture:
Low self worth compared to pre pandemic period

Low self worth has increased significantly both in the North East and Yorkshire & the Humber



Source: UCL Covid-19 social study via WICH tool

63 During Covid, all partnerships report the entire system has experienced a significant and sustained increase in demand for mental health and emotional wellbeing support, especially in the past 18 months, which re-emphasises the need for a co-ordinated system response and designated plan.

64 This remains relevant as any potential surge in mental ill health within the general population may be set to increase further with a prolonged period of economic instability being caused by increases in the cost of living.

65 Each of the MHSP workstreams continue to progress their affiliated action plans whilst also reacting to the demands placed on them by COVID-19. However, during the pandemic significant funding has also devolved by central government to the ICS to address the increase in mental health ill health.

66 Locally much of this funding occurred outside the governance arrangement of the MHSP, but the system response has resulted in the majority of funding being re directed to VCSE and primary care, with some also into County Durham and Darlington NHS Foundation Trust (CDDFT).

67 However, in the temporary absence of a place-based partnership board, the extent to which we have been able to easily develop central, strategic governance for this work has been a challenge. At times this has created risks leading to silo working and in some instances a duplication in delivery. Work driven by the ICS has prioritised a mental health service focus in some instances and requires further work to connect with local prevention work designed to

address the wider determinants impacting on communities at a place-based level.

68 In addition to the 5 workstreams governed by the MHSP, several new initiatives have emerged to address transformational change to address the increase demands on the system. These areas of work have initiated at speed, sometimes with a reduced capacity to enable a considered system-wide cross reference to other areas of mental health delivery. The Covid response has also seen new programmes of work. The new workstreams have included (and this is not an exhaustive list):

Newly Emerging Mental Health Structures

County Durham Prevention Board

69 Managed through the County Durham Prevention Board a county-wide communications campaign was initiated at the beginning of lockdown to engage children and young people, adults and the workplace. A public mental health campaign ran up until 2020-21 to address mental health in the workplace, community issues such as social isolation, low level anxiety and debt. A new Spring Campaign funded through Mental Health at Scale budget and Community Outbreak Management Funding (COMF) is planned to engage the community, with a specific focus on working-age adult men to maintain the impetus on wellbeing approaches.

70 Employee Assistance Programme for employees and workplaces, have been maintained to help to increase access to services. Information and support for those who may be facing redundancy with emphasis on associated mental health and wellbeing issues has been made available. The Connect 5 Train the Trainer programme has also been initiated to run alongside existing mental health clinical provision, DCC is now working with regional colleagues to look at implementation of this programme.

Community Mental Health Framework

71 Supported with transformation funding through NHS England and Improvement (NHSE/I), the NHS Long Term Plan includes a high-level ambition to deliver a Community Mental Health transformation to enable adults with SMI of all ages to access to evidence based treatment and support using a collaborative approach, building on strengths and supporting choice. As well as delivering a new integrated model of care based at place (where place is defined as Primary Care Network), there is also a requirement to transform services in 3 dedicated focus areas – complex emotional needs

(personality disorders), adult eating disorders and community rehabilitation.

72 Within Durham, a multi-agency Steering Group has been established to move work forward and provide a level of system oversight. Currently this group formally reports into the DDTVMHLDP and the PCN Clinical Directors (to maintain connectedness with primary care). The intention for true system ownership at place would be for this group to also report into the MHSP and from there the County Durham Care Partnership.

73 By linking the work of the MHSP with the Community Mental Health Framework (CMHF) a shared governance arrangement is proving to be beneficial for ensuring a system-wide approach is implemented, helping to transform mental health provision across the County.

Mental Health Alliance

74 Durham County Council have (pre-Covid) progressed an innovative approach to providing a range of support services for mental health wellbeing for people across Durham County, including prevention, early identification and recovery support.

75 The aim of the Alliance model is to co-produce and co-ordinate a range of support services for people with mental health needs. This will be undertaken by improving access to information and support, removing the barriers between services and departments and improving and strengthening partnership working to further integrate care and health services.

76 The new Alliance will go live on 1st April 2022, and will be managed by a consortia of primary support services, with affiliated sub-contract arrangements to help implement pathways for people in the community including:

- physical activities
- relationship support
- self-development and stress management
- housing and employment support
- routes to education and volunteering

77 The Mental Health and Wellbeing Alliance brings together a number of providers to address the wider determinants influencing mental health; helping prevent entry (and re-entry) into statutory health and social care systems; reducing suicide; preventing negative outcomes associated with mental health issues and promoting positive outcomes related to good mental health and wellbeing.

78 Connectivity between the Alliance Contract, the CMHF and local NHS mental health services and other VCSE services will be essential to provide a wider scope of options for any person, or family requiring mental health support. It is yet unclear about how this interface will work and what strategic structures will ensure the multiple approaches are integrated across the county.

County Durham COVID Resilience Team

79 Through COVID and supported with non-recurrent COVID surge monies, TEWV have worked in partnership with the Resilient Communities Group to develop a Mental Health Resilience Team to facilitate timely access to wellbeing, psychosocial and psychological interventions across the communities based across County Durham.

80 Using a model based on learning from previous from other resiliency hubs e.g., following Manchester bombing, the Resilience Team is responsive to local peoples' mental health and wellbeing needs who have been impacted directly by COVID-19, including COVID-19 survivors; mental health impact of lockdown on vulnerable groups; moral injury amongst all frontline staff (from any sector).

81 The provision of Mental Health Resilience Workers adds capacity into VCSE for 13 COVID response workers (1 per Primary Care Network (PCN) who are employed via the VCSE but based within local PCN areas, providing excellent links with primary care Social Prescribing Link Workers Pathways and the County Durham Community Hub.

82 The role of the Resilient Communities Group and County Durham Together 'connectors' workstream is important to ensure the Resilience Team is promoted and delivered across wider partnerships engaged in prevention initiatives.

Working with the Community and Voluntary Sector

83 During 2021/22, the DDTVMHLDP agreed to establish a Community Connector Fund as an alternative way to support grass roots organisations. The Fund has issued funding grants for voluntary organisations and community groups to provide mental health and wellbeing support to the population of County Durham.

84 The non-recurrent funding has been provided through the Durham, Darlington and Teesside Mental Health and Learning Disability Partnership aligned across the Mental Health Investment Standard categories. It is administered by the County Durham Community Foundation on behalf of the partnership and wider system. Maximum bids issued have been £25,000 over three rounds of funding.

85 There is an ongoing issue that potential opportunities for funding mental health and wellbeing programmes may cause duplication within the arena of small grants. This includes work being delivered by the Area Action Partnerships disseminating funding for smaller VCSE. A refresh of the function of the MHSP may help to coordinate this small grant's approach to funding going forward.

86 Local intelligence and that of Durham Community Foundation raises that many voluntarily sector organisations have had many small grant opportunities during the pandemic, however, many of these grants are set to end in 2022. It also likely that the ending of European funding during this time will have significant impact on the sector. As such a future funding round will be issued in mid-2022.

Working Using a Whole System to address Mental Health

92 When considering the future of the MHSP it is worth reflecting if within its current format the partnership works to promote a system-wide approach to addressing mental health and wellbeing across County Durham.

93 The current Mental Health Strategic Partnership (MHSP) Board's Mental Health Strategy and Concordat (2018-21) document highlights the ambition for better mental health in Durham, but the plan went out of date in 2020/21.

94 The Durham Plan and specifically the Mental Health Outcome, Goals, Innovation Measure plan (OGIM's) may provide the structure to help developing a new shared vision for mental health and wellbeing. This has already united partners with different backgrounds and agendas to form a common aspiration and help to maximise outcomes, reduce duplication and provide value for money across the system, and a refreshed MHSP could provide a helpful governance framework to support delivery of this.
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95 The MHSP is ideally placed to provide a forum for partners engaged in the mental health and wellbeing of the County, ensuring different parts of the system to move forward together, maximising synergies and creating a more impactful approach.

96 Reflecting on current landscape of post-Covid working, the table below provides an options appraisal for the potential future of the MHSP, taking into account the multiple components and complexity involved in mental health delivery. The outcome of this process will inform the ability to progress a system-wide approach to promoting mental health and wellbeing across County Durham.

Table 1. Option Consideration for MHSP

Options	Considerations	Benefits	Risk/Disadvantages
Option A - Stand down MHSP	• Partnership has met minimally during Covid and work has continued • 5 workstreams have self-managed themselves on an independent basis during Covid. • New ICS configuration may mean new requirement for MH governance on a wider footprint with County Durham becoming the place-based delivery. • New Covid initiatives are aligned to CDDMHLD Partnership. • Many new MH initiatives stipulate similar aims e.g addressing CYP's mental health, loneliness and social isolation.	• New ICS structures can develop and align to provide new governance arrangements for MH provision • 5 MHSP workstreams become affiliated with other ICS governance structures.	• No governance arrangement for system-wide approach to MH prevention in the county • 5 current workstreams are not accountable, or aligned to any Board, or the new Covid MH initiatives • Reduces opportunity to provide oversight on a complex system preventing duplication and silo working • Consideration of integration of CYP mental health was considered by CYP Integration Board rejected but this was rejected over concerns for the agenda being lost.
Option B – retain MHSP in its current format	• MHSP provides current system leadership for MH prevention provision across the county • MHSP has provided governance for 5 areas of MH priority since 2018-21 • 5 workstreams have developed overtime and delivered on	• Provides oversight of prevention and early intervention across the system not just focus on services • 5 priority workstreams have developed overtime and delivered on their	• Focus on 5 current workstreams do not include many of the new MH initiatives initiated in response to Covid • May cross over agendas with CMHLD Partnership working

	their plans providing quality assurance • MHSP integrates the voice of the service user into the governance arrangements • MHSP will provide stability for the system especially during times of change	plans providing quality assurance • MHSP integrates the voice of the service user into the governance arrangements • MHSP provides recognised stability for the system especially during times of change	• Retaining the Board can be seen as more of the same despite Covid and new ways of working. • Many new partners have not had previous engagement with MHSP at a board level.
Option C - Refresh the MHSP to consider its role and remit including membership and ToR.	• New ICS/ICP configuration may provide opportunities for 5 workstreams to become integrated into a new governance arrangement • MH initiatives started during Covid will be included for an enhanced overview of the work. • A refresh of the role and remit for the Partnership is timely as the Mental Health Strategy and Concordat (2018-21) document has now ended.	• Refresh can provide an opportunity for MHSP to provide system-wide governance for MH across the county • Refresh can reinvigorate membership to ensure the Board acts a strategic level. • MH initiatives developed during Covid can be integrated into the system-wide approach to reduce duplication in approaches. • Provides system-wide opportunities for links made between programmes of support to provide shared comms and workforce development. • Voice of lived experience can	• New MH services initiated during Covid may not feel affiliated to MHSP • Consideration of the ICS needs to be considered when understanding a place-based approach locally especially when considering the position of Darlington.

		be included within the membership	
Option D Re affiliate or merge the 5 workstreams into other structural arrangements based within the ICS, or other local initiatives.	• There are many other ICS local governance arrangements linked to the 5 workstreams • LTP – could be affiliated with CYP Integration Board (recently considered) • Suicide prevention – could have direct governance from ISC Suicide Prevention Core Group • Crisis Care Concordat – could be affiliated to DDTCMHLD Partnership. • Dementia – could be affiliated to wider PCN, mental health services or social care. • Resilient Communities – merged within are of County Durham Together	• Meets Integration agenda by merging or affiliating groups into other arrangements • Reduced to number of governance structures based within local area • Reduces meetings	• Proposed model does not provide a system-wide approach to mental health and emotional wellbeing • Can produce further silo working • mental health is not given the parity of esteem in its own right and focus maybe lost.

97 Considering the future for MHSP, the favoured option to support the development of a new system-wide approach to mental health and wellbeing across County Durham would be to refresh the strategic membership of the group (Option C). This option would enable inclusion of current workstreams and extend connectivity with new developments, including those initiated during the response to Covid.

98 The new arrangement would provide strategic governance for approaches representing prevention, early intervention, and specialist service delivery. The coordination of system-wide communications, partnership working, the integration of the voice of lived experience and workforce development could also be achieved.

Conclusion

99 Good mental health is fundamental to improving positive physical, social and economic outcomes for individuals and society. Factors influencing mental health and emotional wellbeing are directly linked to the wider determinants of health which have been significantly impacted by the COVID-19 pandemic.

100 The current MHSP have met minimally during Covid due to capacity and demand issues during the pandemic. However, the five MHSP sub-groups for Children and Young People (via the Children and Young People Local Transformation and Resilience Plan - LTP), Suicide Prevention Alliance, Crisis Care Concordat, Dementia and the Resilient Communities Group have continued to progress their plans and deliver on agreed outcomes.

101 During Covid, funding from central government has meant many new programmes of support have been developed at speed to respond to the increase in mental health issues occurring as a direct result of Covid. These new developments are not currently included within a system-wide governance arrangement for mental health and wellbeing within County Durham.

102 The NHS Plan referred to as the County Durham Plan and the affiliated OGIM can now provide the plan for mental health and wellbeing delivery across the county and will be monitored on a quarterly basis.

103 An option appraisal undertaken recommends a refresh of the MHSP role and function should be implemented. A refresh of the membership would be beneficial to include strategic leads for current workstreams and new initiatives, providing governance for prevention, early intervention and links to specialist services implementing a system-wide approach. This action would help to streamline the complexity of the systems pathways, encourage networking and maximise outcomes for local residents.

Background papers

- County Durham Health Impact Assessment on Inequalities during COVID-19.

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Appendix 1: Implications

Legal Implications

Central government have initiated a series of Covid lockdowns system in a fresh attempt to control the virus. the Covid Road Map (Feb 2021) has indicated the country's way out of Covid restrictions coupled with a comprehensive vaccination programme.

Finance

Funding to address the mental health and wellbeing needs of County Durham has been maintained during the COVID-19 response. Government have allocated £5 million during COVID-19 to help increase capacity and maximise impact of mental health on local communities.

Consultation

The consultation and engagement with local individuals, families and communities is a core principle for supporting any new system-wide developments, recommended by the County Durham Approach to Wellbeing. The use of co-production is a fundamental to developing any new pathways, or services for mental health support.

Equality and Diversity / Public Sector Equality Duty

The County Durham Health Impact Assessment on Inequalities during COVID-19 highlights the requirement for inclusion to be factored into all aspects of addressing the pandemic in relation to mental health and wellbeing.

Climate Change

No direct impact.

Human Rights

COVID-19 restrictions are now a legal requirement for all society to adhere to for the greater good of all.

Crime and Disorder

Crime and disorder levels have now resumed to pre-COVID levels. There is potential for these levels to rise when the full financial impact of COVID is realised

Staffing

Staffing levels in primary care, mental health services and VCSE are reported to have been impacted during COVID-19 due to sickness levels, the requirement for self-isolation and the shielding policy.

Accommodation

N/a

Risk

The negative impacts on mental health and wellbeing are expected to rise during the prolonged COVID-19 response and during the unlocking of Covid restrictions

Procurement

N/a