CATEGORY OF PAPER					
Specific action required:		**Provides Assurance:**	✓	**For Information:**	

Durham Overview & Scrutiny Committee – 9/12/2019	
Report title:	2019/20 Quality Priorities update
Purpose of report:	To provide the Overview and Scrutiny Committee with an update the delivery of the Quality Priorities 2019/20
Key issues: *(key points of the paper, how this supports the achievement of the Trust's corporate objectives, overview of risk implications, main risk details on page 2)*	North East Ambulance Service Quality Report 2018/19 outlined three specific quality priorities for 2019/20. These are: • Continue to develop a Just and Restorative Culture to improve patient safety • To develop our mental health implementation plan, working in partnership with others to improve the experience and care provided to patients with mental health needs accessing our services • To improve early intervention for patients in cardiac arrest The report provides assurance that progress to date has been made with each quality priority.
Issue previously considered by:	Durham Overview & Scrutiny Committee NEAS Quality Committee
Recommended actions:	The Committee is asked to note the progress made and will receive further feedback in 2020.
Sponsor / approving director:	Joanne Baxter, Director of Quality & Safety
Report author:	Debra Stephen, Deputy Director of Quality & Safety

Governance and assurance

Link to Trust Priorities: *(please tick)*	**Organisational Sustainability**	**Improving Quality & Safety**	**Workforce & Investors in People**	**Clinical Care & Transport**	**NHS 111 & Clinical Assessment Service**	**Comms & Engagement**
			✓	✓	✓	✓
Link to CQC / KLOE: *(please tick)*	**Caring**	**Responsive**		**Effective**	**Well Led**	**Safe**
					✓	
Link to Trust values: *(please tick)*	**Pride**	**Strive for excellence**	**Respect**	**Compassion**	**Take responsibility & be accountable**	**Make a difference – day in & day out**
	✓	✓	✓	✓	✓	✓
	This paper links to all Trust values in supporting staff to deliver high quality patient care					

(Please explain how this paper supports the application of the Trust's values in practice)	
Any relevant legal / statutory issues? *(Such as relevant acts, regulations, national guidelines or constitutional issues to consider)*	There is a requirement to report on Quality Priorities within the Trust Quality Report.
Equality analysis completed **If this is not relevant please explain why:**	**Yes** / **No** / **Not Relevant** ✓ An equality analysis is a review of a policy, function or significant service change which establishes whether there is a positive or negative impact on a particular social group

Key considerations	**Details**
Confirm whether any risks that have been identified have been recognized on a risk register and provide the reference number:	
Please specify any Financial Implications **Please explain whether there are any associated efficiency savings or increased productivity opportunities?**	There are no immediate financial implications.
Are any additional resources required e.g. staff capacity?	
Is there any current or expected impact on patient outcomes/experience/quality?	The corporate objectives will drive the strategic aims of the organisation to: Do what we do well Look after our employees Develop new ways of working.
Specify whether appropriate clinical and/or stakeholder engagement has been undertaken: *(stakeholders could include staff, other Trust departments, providers, CCGs, patients, carers or the general public)*	Quality Priorities have been widely shared internally and externally.
Are there any aspects of this paper which need to be communicated to our stakeholders (internal or external)? *(Please tick – if 'yes' then please complete all boxes. Please briefly specify the key points for communication and ensure the Comms team are informed via mailto:publicrelations@neas.nhs.uk)*	**Yes** / **No** / **Positive** / **Negative** ✓ / ✓ / ✓ / ✓ **Proactive** / **Reactive** / **Internal** / **External** ✓ / ✓ / ✓ / ✓ This paper is shared with the public, Governors and staff, demonstrating transparency on progress.

Durham Overview and Scrutiny Committee

NEAS Quality Priorities Update – November 2019

1. Introduction

This paper provides a progress update regarding the three quality priorities set out in the NEAS Quality Report 2018/19, which were agreed following internal and external consultation. There is a requirement to have a quality priority aligned to:

- Patient safety
- Patient experience
- Clinical Effectiveness

2. Quality priority: Continue to develop a Just and Restorative Culture to improve patient safety

The aim of this priority is to begin the work to ensure a just culture is developed within the organisation. A just culture will balance an open and honest reporting environment with a quality orientated learning culture, focused on ensuring safe systems are in place.

This will require a change in emphasis from focusing on errors and outcomes to system design and understanding how people behave at work (human factors). In order to do this we need to provide a supportive environment that enables openness and honesty and encourages responsibility and accountability with the clear aim of improving patient safety.

The initiatives we outlined are:

- Sign up to safety event – to encourage staff to share their experiences of patient safety

We have undertaken staff engagement sessions which have identified that there are some barriers to reporting incidents, such as access to the reporting system and time available to do this. This feedback has been used to influence how we develop our incident reporting system.

- To improve the ease of incident reporting for busy front line staff

We have gained feedback from frontline staff and managers to assist in making changes to our incident reporting system so that it is easier to navigate the system, easier to identify what information is required when reporting an incident and refreshed our approach to training to enable staff to use the system more effectively.

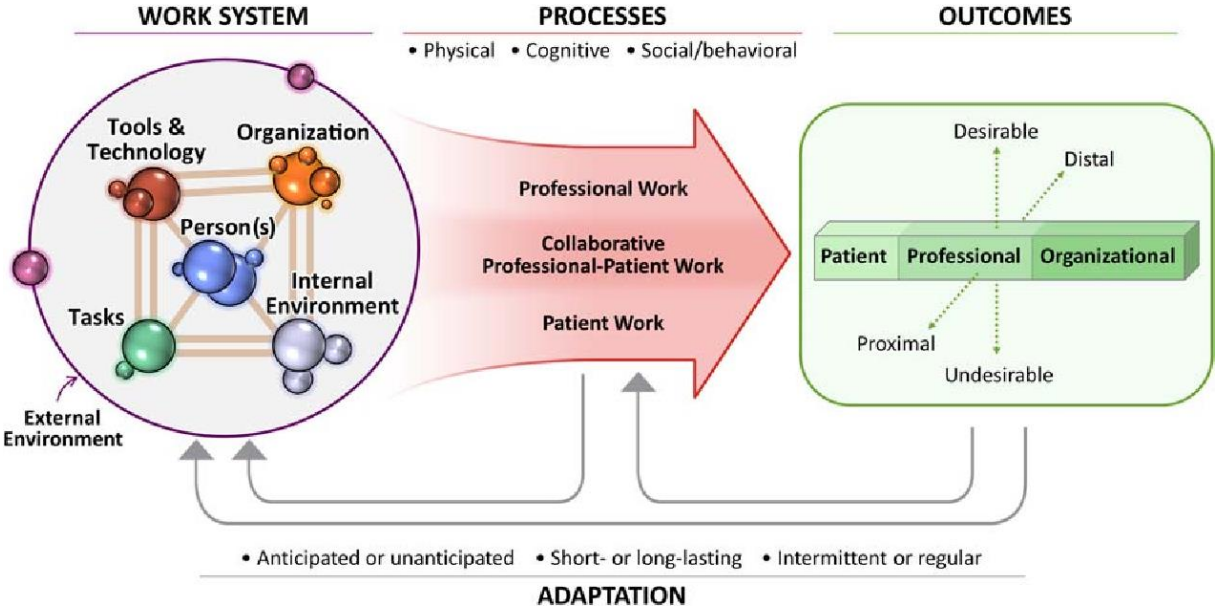
- To learn when things go well – embed excellence reporting

We have embedded excellence reporting in the organisation with reports demonstrating it is being used in all areas of the trust. We have also used the feedback through excellence reporting at our staff reward and recognition annual event.

- To change our investigation processes and policies so they are system focused

We have presented to a number of forums outlining how we will use the Systems Engineering Initiative in Patient Safety (SEIPS 2 model) to focus on systems learning rather than focus on the individual involved in the patient safety incident.

Figure1: SEIPS 2 model



As a result of this work we are now revising our incident management policy to reflect this work.

- To encourage front line staff to participate in the clinical review process

When a patient safety incident has been reported and identified as potentially causing moderate harm or above the incident is discussed at the weekly Clinical Review Group. This is a multi-disciplinary group, led by the Medical Director and Head of Patient Safety and Patient Experience.

We now use the SEIPs model to look at systems and processes, rather than focus on individual errors made; which has enabled those present to reflect on the systems, policies and processes within the Trust to see how these can be improved. This is where true organisational learning occurs to prevent similar incidents. As a result of this staff attendance at this meeting has increased, as has attendance by staff directly involved in the patient safety incident.

- To look at our HR functions and how we reduce the burden of investigations

The Deputy Head of HR has been working with HR, Operations and the Quality & Safety directorate to determine how best to respond to concerns, in line with our Just & Restorative Culture approach. There has been a revised disciplinary policy which is in draft with plans to consult on this widely.

- To understand more fully human factors and how they impact on patient safety

We have invested in training of 2 key people in the organisation to attend national Human Factors training events and their knowledge is informing our approach at Clinical Review Group to focus on system learning.

- To have ‘Just culture champions’ across all of our service lines

We have identified 15 ‘Just culture champions’ across the organisation who will work with their teams to be ambassadors of this culture change. It is however recognised that to truly embed this change it requires an organisational development programme to underpin this. This is currently being considered by the executive leads for the programme.

- To invest in our Just culture staff engagement and educational events

We have invested in 15 of our staff attending a 4 day Just and Restorative Culture programme led by Mersey Care NHS Trust and Northumbria University, with the Executive Director of Quality & Safety and Director of People Development at NEAS providing board level commitment. This programme was also attended by 15 staff from Gateshead NHS Foundation Trust. We have agreed to work together to provide support for both organisations.

- To show staff we care when things go wrong – recognising the ‘second victim’ and providing support

We are now using the framework developed by Mersey Care NHS Trust to consider how we will look at incidents and this explicitly considers the ‘second victim’ and all those who may be affected by the incident. We have in place a system to provide staff with a welfare officer to ensure their needs are met and we are currently looking at that role and how it can be enhanced.

- To participate in local and national ‘Just Culture’ groups ensuring we have the resources & materials available to support our initiatives

We are linked into ongoing support from key staff in Mersey Care NHS Trust, Gateshead NHS Foundation Trust and we have a number of managers completing a Masters level qualification focusing on Just & Restorative Culture.

- To deliver human factors training to clinical managers

There have been sessions delivered to managers within HR, operations and the quality & safety directorate regarding human factors which influence how people work. Feedback from this will inform how we update the Trust’s policy on developing policies and procedures to ensure any new or updated policies have true engagement with those staff who regularly have to implement them.

3. **Quality priority – To develop our mental health implementation plan, working in partnership with others to improve the experience and care provided to patients with mental health needs accessing our services**

The aim of this priority is to develop and implement year 1 of our Mental Health Strategy to improve the care of patients with mental health needs.

The initiatives we outlined are:

- Deliver year 2 of our three year Mental Health education programme to enhance the knowledge and skills of our frontline workforce to meet the care for patients with mental health needs

We are delivering year 2 of our education programme, as part of the Trust's statutory and mandatory training for operational staff. This is being delivered by external experts, alongside our Mental Health Lead and is well evaluated.

- Develop a three year implementation plan to support delivery of our Mental Health Strategy

The Trust had developed a draft strategy, which required further work following the publication of the NHS Long Term Plan. This has enabled NEAS to work with Mental Health Trust partners to review how best we can deliver frontline care and transport needs.

- Further refine the mental health screening tool for paramedics to support clinical decision making and referral on to appropriate services and pilot this

We have reviewed the mental health screening tool developed locally and have worked with North West Ambulance Service who developed a less complex tool. This tool is now being piloted in NEAS from November 2019 and will be formally evaluated following a 6 month pilot.

- To review the safeguarding referral process, where mental health is identified as a concern

We have worked with the two Mental Health Trust's in our region to better understand the services available for adults and children and delivered sessions to frontline staff to increase awareness of these.

- To work with NHS and third sector partners to look at how we care for patients where they are considering suicide

Work is ongoing with Crisis services in Tees, Esk and Wear Valley and Cumbria, Northumberland and Tyne & Wear NHS Trusts to look at how we can further improve working relationships.

It is hoped the mental health screening tool pilot will also improve the quality of the referrals we make to crisis services for those experiencing mental distress and contemplating or attempting suicide.

Working parties have been established with NHS providers and NHS England and raised as part of ICS Mental Health programme in our region. NEAS has representation at key meetings.

We have arranged professional development sessions for our staff on the role of Crisis teams and have arranged similar events of the role of the Local Authority Approved Mental Health Professional (AMHP) services in assessing patients under the Mental Health Act.

We participated in the Inside You campaign with a charitable organisation from Chester le Street called 'If you care, share'. This charity was set up by the bereaved family of a 19 year old man and aims to get people talking about their feelings and not bottling up their emotions.

4. Quality priority – To improve early intervention with patients in cardiac arrest

The aim of this quality priority is to improve the support provided to clinicians on resuscitation and therefore improve the quality and outcomes for patients.

The initiatives we outlined are:

- Purchasing Community Public Access Defibrillators (CPADs), through our NEAS Trust Fund to place in areas we feel would benefit most, based on our local intelligence

Our campaign to support the increase of CPAD's across our regional footprint continues through 2019/20. We will report the year end position in our Quality Report.

- Use smart technologies to notify the public to a nearby cardiac arrest

We have introduced the GoodSAM application to our Community First Responders, to enable them to be notified of a cardiac arrest nearby. We are looking at how we roll this out for NEAS staff too.

- Implement high performance CPR by running workshops and incorporating into the yearly training

We have implemented practical workshops to support high performance CPR and this includes resuscitation of the child too.

- Establish a cardiac arrest registry to identify further areas for improvement

We have established a cardiac arrest registry to gather data to support improvement work, alongside our Learning from Deaths process.

- Consolidate telephone CPR training and rapid dispatch for all cardiac arrests

We have reviewed telephone CPR training and will be implementing a specific dispatch desk with a specialist clinician to dispatch our Cardiac Arrest Response Unit (CARU) to those cases who are critically ill through trauma or serious medical emergency.

5. Conclusion

NEAS is committed to providing high quality care for patients and support staff in the delivery of care, often in pressured circumstances.

We have made progress in the delivery of the quality priorities for 2019/20 and this report provides assurance to the Overview and Scrutiny Committee that we are focused on the delivery of each priority.