



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

Overview & Scrutiny Panel - Durham – 04/12/2018	
<b>Report title:</b>	NEAS Quality Accounts progress delivery – quality priorities 18/19
<b>Purpose of report:</b>	To provide the Overview and Scrutiny Panel with an update with progress on delivery of the 2018/19 Quality Priorities.
<p><b>Key issues:</b> <i>(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)</i></p>	<p>The 2018/19 Quality Priorities are aligned to delivery of the corporate priority – improving quality and safety. Progress with delivery of these are reported to Board.</p> <p>The 4 quality priorities are:</p> <p><b>Quality Priority 1: Early recognition of sepsis – Executive Lead: Mathew Beattie, Senior Manager: Dan Haworth</b></p> <p>There are 6 elements to deliver for this quality priority:</p> <ul style="list-style-type: none"> <li>• Sepsis training to continue to be developed and delivered as part of core Statutory and Mandatory training programme for 2018/19 – <b>current compliance is 94% on track to deliver 95% compliance by year end.</b></li> <li>• Determine the sensitivity and specificity of the adult sepsis recognition tool – <b>delayed against plan, due to resource constraints at James Cook University Hospital &amp; NEAS. To progress in Q4</b></li> <li>• Develop a paediatric sepsis recognition tool – <b>use of the Sepsis Trust tool has been agreed &amp; work underway to include the tool in the electronic Patient Care Record. The training package is being developed and will be included in the 2019/20 statutory and mandatory training</b></li> <li>• Develop a maternity sepsis recognition tool – <b>use of the Sepsis Trust tool has been agreed &amp; work underway to include the tool in the electronic Patient Care Record. The training package is being developed and will be included in the 2019/20 statutory and mandatory training</b></li> <li>• Audit our compliance with the national early warning score – <b>monthly audit established and results reviewed at the Clinical Excellence Group. The baseline data in 2017/18 – 40% compliance. From April 18 compliance was 48.3% which has increased to 61.4% in October 18 (2018/19 target 75%)</b></li> <li>• Take part in the national sepsis audit - <b>audit commenced in Sept 1. Q1 data shows 76% compliance with national audit criteria (target 80%). It should be noted that the national audit uses a different audit criteria to that which was used by NEAS in 2017/18</b></li> </ul>

## Quality Priority 2: Cardiac arrest – improving survival

**Executive Lead: Mathew Beattie / Senior Manager: Paul Aitken Fell**

There are 6 elements to deliver for this quality priority:

- Develop and implement a cardiac arrest strategy – **a draft is under development, which will be approved by Quality Committee in January 2019.**
- Evaluate the Resuscitation Academy's '10 steps' action plan and agree and develop an new action plan aligned to the Cardiac Arrest Strategy – **a range of actions have been undertaken, in line with the '10 steps' approach. This includes NHS Pathways upgrade implementation, which ensures prompt start of cardio pulmonary resuscitation, where it is difficult to determine whether a patient is breathing, close monitoring of how long it takes for call handlers to identify cardiac arrest and providing feedback on this, ensuring training is updated to reflect local learning following incidents.**
- Roll out the new defibrillator technology to a wider group of clinicians, which provides live feedback on the quality of CPR delivered – **these are currently being fitted into RRV's, 13 had been fitted by October 2018 with all 50 being fitted by end of December 2018.**
- Audit the resuscitation checklists used by staff to determine their benefit – **this will be undertaken in Q4. We will seek feedback from staff on the use of these checklists.**
- Strengthen the mortality review process for cardiac arrest deaths whilst patients are under our care – **this has progressed though Board reporting on Learning from Deaths outcomes from November 2018. It should be noted this is not currently mandated for Ambulance Trusts.**
- Purchasing Community Public Access Defibrillators, through our NEAS Trust Fund to place in areas we feel would benefit most, based on our local intelligence – **approval has been given by the Charitable Funds Committee and the locations are currently being considered.**

It is noted that the Clinical Ambulance Quality Indicators for Cardiac Arrest are reported to the Clinical Excellence Group, Quality Governance Group and Quality Committee.

## Quality Priority 3: Longest waits for patients who fall

**Executive Lead: Paul Liversidge, Senior Managers: Vicky Court & Dan Hayworth**

There are 4 elements to deliver for this quality priority:

- Enhance the use of real time performance feedback in EOC through use of a dashboard, pulling a range of information together to really focus on those patients with a long delay who have fallen – **a real time dashboard is available to managers external to the EOC. Arrangements are in place to ensure clinical oversight of those patients waiting a long time and the introduction of a specialist**

**dispatch desk will ensure Alternative Response Teams can be maximised to reduce long waits.**

- Review the process for managing patients who fall and are over 65yrs old and are in the C4T category who experience long delays – **process has been reviewed prior to commencing a number of Alternative Response Teams**
- Pilot and evaluate a range of pathway and service developments, working with partner organisations to determine what has the greatest impact on patient safety and patient experience for patients who fall and are over 65 years of age, without an obvious injury, including those who fall outside – **pilots are in place which include community care alarm providers, Occupational Therapist / Paramedic and expanding the role of the Community First Responders**
- Lead an event with key stakeholders to look at how we can develop a regional approach to patient who are over 65 years and fall without obvious injury to improve patient experience – **stakeholder event held and ongoing networking to increase coverage of Alternative Response Teams. Work continues to provide specialist falls training into care homes across the North East and Cumbria.**

It is noted that the performance data regarding Alternative Response Teams are monitored through the Transformation Board.

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

**Executive Lead: Mathew Beattie, Senior Manager: Sue Tucker**

There are 4 elements to deliver for this quality priority:

- Introduce a three year Mental Health education programme to enhance the knowledge and skills of our frontline workforce to meet the care for patients with mental health needs – **year 1 of the programme has commenced in 18/19**
- Develop a Mental Health Strategy for the Trust – **a draft strategy has been developed, which will be approved by March 2019.**
- Develop a mental health screening tool for paramedics to support clinical decision making and referral on to appropriate services – **mental health screening tool has been developed, led by NEAS and reviewed nationally. Work to include this as part of the ePCR is the next stage.**
- To work with pathway and service development leads in the two Mental Health trusts to ensure we have clear referral processes into mental health services for our crews in and out of hours – **Safeguarding lead for adults is meeting with the two mental health trusts to explore referral routes into mental health services. Work is underway to establish a mental health lead in the Trust which will enable further progress with pathway redesign.**

It is noted that progress to date with this quality priority was made due to the secondment of a mental health practitioner to NEAS. This secondment ended in October 2018.

#### **Conclusion**

	The Trust has progressed with the implementation plans to deliver the Quality Priorities for 2018/19 and further work is planned for Q4.					
<b>Issue previously considered by:</b>	Quality Governance Group Quality Committee Board of Directors					
<b>Recommended actions:</b>	The Overview and Scrutiny Committee is asked to note progress made to date to deliver the Quality Priorities 2018/19.					
<b>Sponsor / approving director:</b>	Joanne Baxter, Director of Quality & Safety					
<b>Report author:</b>	Debra Stephen, Deputy Director of Quality & Safety					
<b>Governance and assurance</b>						
<b>Link to Trust Priorities:</b> <i>(please tick)</i>	<b>Organisational Sustainability</b>	<b>Improving Quality &amp; Safety</b>	<b>Workforce &amp; Investors in People</b>	<b>Clinical Care &amp; Transport</b>	<b>NHS 111 &amp; Clinical Assessment Service</b>	<b>Comms &amp; Engagement</b>
	✓	✓	✓	✓	✓	✓
<b>Link to CQC / KLOE:</b> <i>(please tick)</i>	<b>Caring</b>		<b>Responsive</b>	<b>Effective</b>	<b>Well Led</b>	<b>Safe</b>
	✓		✓	✓	✓	✓
<b>Link to Trust values:</b> <i>(please tick)</i>	<b>Pride</b>	<b>Strive for excellence</b>	<b>Respect</b>	<b>Compassion</b>	<b>Take responsibility &amp; be accountable</b>	<b>Make a difference – day in &amp; day out</b>
		✓		✓	✓	✓
<i>(Please explain how this paper supports the application of the Trust's values in practice)</i>	Please enter how this paper supports the trusts values					
<b>Any relevant legal / statutory issues?</b> <i>(Such as relevant acts, regulations, national guidelines or constitutional issues to consider)</i>	There is a requirement to deliver the Trust Quality Priorities as outlined in the Quality Accounts					
<b>Equality analysis completed</b> <b>If this is not relevant please explain why:</b>	<b>Yes</b>		<b>No</b>		<b>Not Relevant</b>	
					✓	
	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					
<b>Key considerations</b>	<b>Details</b>					
<b>Confirm whether any risks that have been identified have been recognized on a risk register and provide the reference number:</b>	Note that the Board and its committees this should include references to the BAF and ORR where appropriate.					

<p><b>Please specify any Financial Implications</b></p> <p><b>Please explain whether there are any associated efficiency savings or increased productivity opportunities?</b></p>				
<p><b>Are any additional resources required e.g. staff capacity?</b></p>	Please enter any additional resource requirements			
<p><b>Is there any current or expected impact on patient outcomes/experience/quality?</b></p>	The Quality Priorities are aligned to the Quality Strategy and Corporate Priorities for 2018/19.			
<p><b>Specify whether appropriate clinical and/or stakeholder engagement has been undertaken:</b> <i>(stakeholders could include staff, other Trust departments, providers, CCGs, patients, carers or the general public)</i></p>	The Quality Priorities are identified through internal and external stakeholder consultation, in line with the requirements set out by NHS Improvement			
<p><b>Are there any aspects of this paper which need to be communicated to our stakeholders (internal or external)?</b></p> <p><i>(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 <a href="mailto:publicrelations@neas.nhs.uk">mailto:publicrelations@neas.nhs.uk</a>)</i></p>	<b>Yes</b>	<b>No</b>	<b>Positive</b>	<b>Negative</b>
	✓		✓	✓
	<b>Proactive</b>	<b>Reactive</b>	<b>Internal</b>	<b>External</b>
	✓	✓	✓	✓
Please enter key points for the communications team				