



Quality Strategy

To care, to see, to learn, to improve

Document title:	Quality Strategy
Author:	Debra Stephen, Deputy Director of Quality & Safety (Lead Nurse)
Owner:	Joanne Baxter, Director of Quality & Safety (Executive Nurse)
Date:	28/08/2017
Version:	1.0

Contributors

Name	Position
Kyee Hann	Medical Director
Matthew Beattie	Medical Director
Paul Aitken-Fell	Consultant Paramedic
Maureen Gordon	Head of Patient Safety
Alan Gallagher	Head of Risk
Dan Hayworth	Clinical Effectiveness Manager
Quality & Safety Team	Team members

Change Record

Date	Version	Name	Change

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Foreword

It gives me great pleasure to introduce our Quality Strategy for 2017-2020.

Building on the great achievements made as a result of delivering our previous strategy 2014-17, we feel we now have the robust foundations in place to allow Quality Improvement to flourish and excel throughout 2017-2020.

We received a 'Good' rating from our 2016 CQC inspection which was one of only two ambulance trusts nationally, which is a testament to the hard work and dedication of our teams, but we recognise we have more to do.....

Our aim is to be "Outstanding" in our delivery of the CQC fundamental standards and be the best we can in delivering safe and effective patient care whilst at the same time ensuring a high level of patient satisfaction and a positive experience.

We have developed our new vision, mission and values as a Trust and are promoting a culture where excellence is something we strive for every day, with strong leadership and improved training for our staff. We have also signed up to Investors in People and have undertaken our initial assessment to ensure NEAS is a great place to work and attracts the best employees.

We will see the launch of a number of exciting projects this year, such as our 'CARE' application (Clinical Annual Recognising Excellence) which will allow our staff to develop portfolios of learning and monitor their own performance against the national Ambulance Quality Indicators and care bundles in order to develop further. This approach is to celebrate success and learn from and share excellence!

We are also developing our Quality Improvement (QI) hub, which will adopt a number of improvement methodologies and make them available to front line staff allowing a continuous improvement culture and encouraging front line staff to develop their services to improve outcomes for patients, improve safety and ensure a positive patient experience.

And of course we will be implementing the new Ambulance Response Programme which will ensure patient outcomes are the focus of our delivery and not just time of arrival, centred on being a mobile treatment service rather than a transport service.

Finally 2017 has already been an exciting year, we have been identified as the best performing ambulance trust in Research and Development and have had a number of publications in national journals for Trauma and our work with cardiac arrest and stroke.

Our ambitions within this strategy will build on our previous successes across our whole workforce and we look forward to working together to take on the challenges aheadto care, to see, to learn, to improve



A handwritten signature in black ink that reads "Joanne Baxter". The signature is written in a cursive, flowing style.

Joanne Baxter

Director of Quality and Safety (Executive Nurse)

1. Introduction

North East Ambulance Service has a strong track record of delivering high quality care. This Quality Strategy has been developed, building on the foundations of the previous strategy 2014 – 2017, at an exciting and challenging time for the urgent and emergency care sector and sets out a strategic journey of quality improvement for the next three years.

Our **Mission** is to provide safe, effective and responsive care for all.

The pride we place in delivering our services marks us out as second to none in terms of reliability, professionalism and compassion. People rely on us for the responsive services we provide all day, every day, throughout the area we serve.

Our **Vision** is to provide unmatched quality of care, every time we touch lives. Even in the most challenging situations we will strive to perform to the highest professional standards in a spirit of collaboration and teamwork, no matter what the circumstances.

Delivering Safe, Effective, High Quality Patient Care is a fundamental strategic aim of the Trust.

We are committed to providing services which:

- Maintain patient safety at all times and in all respects;
- Are clinically effective and lead to the best possible health outcomes for patients;
- Provide a positive patient experience.

The Trust has six strategic priorities over the next 2 years and improving quality and safety is one of those key priorities. However quality underpins all of the strategic priorities.

NEAS Strategic Priorities 2017/19



This Quality Strategy outlines how we will strive to deliver high quality care to our patients by engaging our staff across the whole organisation. It outlines key priorities for patient safety, experience and clinical effectiveness, reflecting on past achievements and outlining the areas of development we wish to focus on to further improve the quality, safety and effectiveness of care.

2. The Context

In order to support the development of this quality strategy it is important to understand the national drivers to improve the quality of care provided by the NHS. Lord Darzi in his report High Quality Care for All (2008)⁽¹⁾ outlined the need to view quality in terms of three criteria:

- patient safety (doing no harm to patients)

- patient experience (care should be characterised by compassion, dignity and respect)
- effectiveness of care (to be measured using survival rates, complication rates, measures of clinical improvement, and patient – reported outcome measures)

By using this framework to improve the quality of care for patients he suggests clinicians will use comparable performance data to improve their practice and systems.

The White Paper (2010)⁽²⁾, “Equality and excellence: liberating the NHS” sets out how the improvement of healthcare outcomes for all will be the primary purpose of the NHS. The NHS Outcomes Framework is structured around five domains, which set out high level national outcomes that the NHS should be aiming to improve and these are refreshed annually. They focus on:

Domain 1	Preventing people from dying prematurely
Domain 2	Enhancing quality of life for people with long term conditions
Domain 3	Helping people to recover from episodes of ill health or following injury
Domain 4	Ensuring that people have a positive experience of care
Domain 5	Treating and caring for people in a safe environment and protecting them from avoidable harm

We will therefore ensure that the five domains are reflected in our plans.

In 2013 the Francis Report ⁽³⁾was published and outlined the significant failings at Mid Staffordshire NHS Foundation Trust and the Department of Health published their review on Winterbourne View (2012)⁽⁴⁾ where vulnerable patients were systematically abused. Both reports serve to remind everyone working in the NHS of the personal duty of care we have to patients and demonstrates when this fails at all levels it can have catastrophic consequences for patients and their loved ones.

The Berwick report (2013)⁽⁵⁾ identified the need to be vigilant, to monitor and learn; and to make sure our patients do not come to any kind of avoidable harm. He talked of the need to ensure we develop an open and transparent culture, where we ask the views of patients and staff and that no stone is left unturned in the pursuit of patient safety. The Keogh Review (2013)⁽⁶⁾ outlined the need for Trusts to truly understand their mortality rates and how to address issues such as patient safety, patient experience, workforce, clinical and operational effectiveness and governance and leadership.

It is recognised that these reports focus on delivery of hospital care however we can learn from the recommendations to help shape our quality strategy and enhance the quality of care for patients using our services.

The National Quality Board published a document titled “Shared commitment to quality (2016)⁽⁷⁾, in which it recognises the challenges of rising demand, escalating costs, advancing science changing expectations and tough economic circumstances. The reports purpose is to set out a nationally agreed definition of quality for those organisations with a responsibility for overseeing quality across the NHS, public health and social care. This model is based on safety, effectiveness and positive experience and outlines that providers of services need to be well led, equitable for all and they use their resources sustainably.

In May 2016 the CQC inspected all of our services and we achieved a rating of “Good” overall. This was a significant achievement for the Trust and is testament to the hard work of

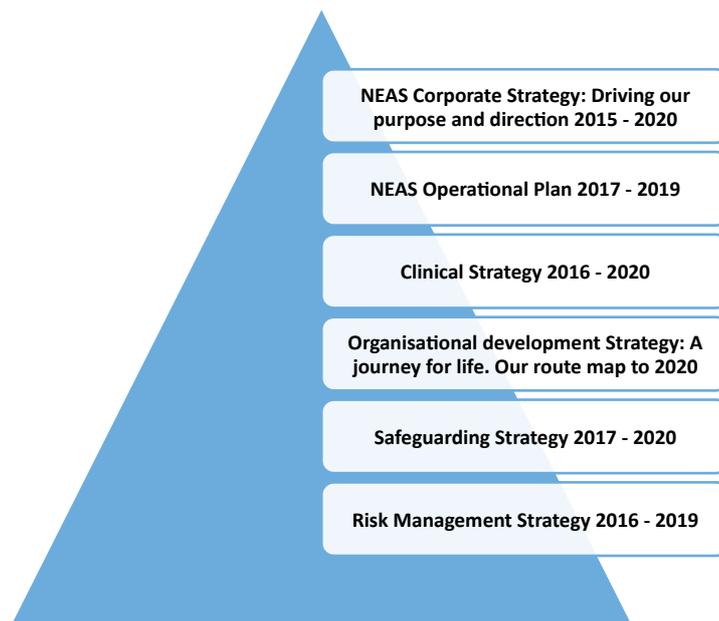
our staff across the whole organisation, which demonstrated the effectiveness of the previous quality strategy, alongside our other corporate strategies. The Trust has an ambition of achieving “Outstanding” and delivery of this strategy will provide a clear route map to achieve this.

In July 2017 NHS England announced a new set of performance standards for the ambulance service which will apply to all 999 calls, with the aim of ensuring faster treatment for those needing it, to save 250 lives a year and an end to the “hidden waits” for patients, often the frail and elderly. It also includes clinical performance indicators for patients with myocardial infarction and strokes and is the most significant operational and quality improvement change the ambulance service has seen in decades.

This quality strategy has therefore been developed taking account of the national context and definition of quality and aims to build on the successes achieved by the organisation to date by further improving the care of our patients to improve their health outcomes, wherever possible.

However this strategy is not a stand-alone document, it sits alongside a number of other key strategies within the Trust, which are all aligned to the organisation’s vision, mission and values. In all of our strategy documents we outline how we are going to implement them, so it is clear what we are going to achieve and the difference it will make to the patients we care for and the staff we employ.

Figure 1: NEAS strategy documents



On an annual basis the Trust produces a Quality Report describing how we have implemented elements of the Quality Strategy during that year. This report is developed by NEAS and reviewed by people outside of the organisation such as our Commissioners, Governors, Local Authorities and Healthwatch, to ensure it reflects the work we have been doing to improve patient safety, quality and experience. We also share this with our regulators the Care Quality Commission.

3. Our aims

The North East Ambulance Service has three strategic aims which are:

- Doing what we do well
- Looking after our staff
- Developing new ways of working

Our Quality Strategy supports these strategic aims by ensuring we focus on delivering high quality patient focused care, by staff who are skilled and supported in their role and that we develop the best models of care to meet the needs of our patients, particularly around delivering care at or closer to home.

The Quality Strategy has five overarching aims:

1. No preventable deaths (patient safety)
2. Continuously seeking out and reducing patient harm (patient safety)
3. Achieving the highest level of reliability for clinical care (clinical effectiveness)
4. Deliver what matters most: work in partnership with patients, carers, and families to meet their needs (patient experience)
5. Deliver innovative and integrated care at or closer to home, which supports and improves health, well-being and independence (patient safety, clinical effectiveness and patient experience)

This Quality Strategy aims to ensure we deliver the best care to patients, right place, right time, every time.

4. Our objectives

The organisations quality objectives are simple and clear to everyone who works in NEAS and to the patients and carers we serve.

We are going to ensure that the care we provide is:

- Safe
- Effective, and
- A positive experience, wherever possible

The patient is at the centre of what we do, and this quality strategy outlines how we will deliver on our objectives and what measures we will use to demonstrate we have achieved improvements for patients, their loved ones and staff.

We understand that to achieve our quality objectives there are other important factors that contribute and support this, such as our leadership development framework and programme, alongside the culture of the Trust and staff behaviours.

The Organisational Development Strategy details how we will ensure our staff are appropriately trained and skilled to fulfil their role and that everyone demonstrates the values and behaviours the Trust expects in their everyday work.

5. What have we achieved so far?

Over the last three years we have developed a good foundation and infrastructure to improve the quality of care we provide patients. In order to make improvements it is vital that incidents which do occur are reported and used as a means of learning which supports quality improvement. We have achieved:

- A more open culture of reporting patient safety incidents, demonstrated by an increase in reported incidents from a baseline of 770 in 2013/14 to 1700 in 2016/17, an increase of over 121%
- Increased reporting of incidents by our staff, and a reduction in other organisations reporting a concern to us. Patient safety incidents reported internally by NEAS staff have increased by 48.3% from 2015/16 to 2016/17
- A shift to reporting no or low harm incidents, from 63% of all patient safety incidents reported in 2013/14 to 87% in 2016/17, demonstrating a safety culture
- An increase in near miss reporting from 115 in 2013/14 to 175 in 2016/17, an increase of 52%
- A more robust and inclusive way of identifying and reviewing serious incidents, with true involvement of frontline staff, which includes call handlers and dispatch staff, to ensure reflection and learning takes place and staff feel supported
- We have continued to be above the national average for 6 out of 8 Ambulance Clinical Quality Indicators (AQI's), relating to heart attack, stroke care and survival to discharge following cardiac arrest, where the patient has a shockable rhythm (Utstein)
- We now have 95% of sepsis patients' pre alerted to the A&E department to enable the A&E staff to prepare to receive the patient and therefore improve outcomes
- We have improved the way we manage complaints, in line with national guidance and meeting our timeframe to respond to formal complaints has improved from 32.2% in 2013/14 to 94% in 2016/17
- In the national NHS Staff Survey in 2013 45% of staff stated the care of patients / service users is my organisations top priority, and in 2016 this was 64%
- In the national NHS Staff Survey in 2013 51% of staff stated that my organisation acts on concerns raised by patients / service user, and in 2016 this was 66%
- In the national NHS Staff Survey in 2013 58% of staff stated that if a friend or relative needed treatment I would be happy with the standard of care provided by NEAS, and in 2016 this was 71%
- Patient feedback tells us that 94% - 100% of patients receiving see & treat care, 84% - 95% of patients using our Patient Transport Service and 82% – 90% of patients accessing 111 would recommend our service to others (data from April 2016 – March 2017)
- We have developed an End of Life dedicated transport service to ensure our patients are transferred in a timely, comfortable and compassionate way to a setting of their choice, thereby supporting a dignified death
- We have introduced an improved electronic Patient Care Record, which has improved our quality of clinical record keeping
- We have improved our safeguarding processes and have implemented a successful programme of education for frontline staff
- We have a process in place to ensure frontline crews attend rapid review meetings in acute trusts to provide their input when there has been a child death

- There is a robust Infection Prevention Control audit programme, to ensure our frontline crews are implementing best practice around hand hygiene, bare below elbows and vehicle cleanliness
- There has been a comprehensive review of all medicines policies and procedures, with a more robust programme of audit
- We have invested in new medical device equipment to support clinical care, e.g. Zoll defibrillators, blizzard blankets to keep newborns warm and equipment for patients with complex moving and handling needs
- We have made improvements in the way we manage risk and have received significant assurance, outlined in our recent internal audit report

6. Quality Improvement (QI): Safety, Effectiveness, Experience

The Trust has for a number of years used the Virginia Mason Production Systems (VMPS) model (often referred to as the “Toyota” model) to improve services, patient safety and quality. This has been used successfully, however now feels the right time to review this and consider other models for quality improvement, which are more accessible to everyone in the workforce.

As part of the launch of this strategy we will also be launching our new and exciting approach to embedding quality improvement at all levels in the organisation, and this will be focused on our three areas of quality: Safety, Effectiveness and Experience. We are committed to harnessing the vast knowledge of our staff by supporting and enabling them to identify quality improvements and will provide the tools and techniques so they can make these happen.

We want to start a QI movement in NEAS, where staff are engaged and empowered to make small and large scale changes to improve the quality of our services for patients, working as teams to achieve this. We will develop a QI Hub and equip frontline staff with the skills and methodology to support this work. We will embrace the Plan Do Study Act (PDSA) approach and use Institute for Healthcare Improvement (IHI) tools and couple this with the need to ask the following questions of our frontline staff:

- What are your teams / service objectives?
- How would you want your services to be assessed?
- How would you measure success?
- How would you improve it?
- What was your experience?
- Has it made a difference?

The measurement of our success in building this QI movement, is by demonstrating our increased capacity and capability to improve services. We will also dovetail this approach into our leadership development framework, as they are integral to moving quality forward.

This new and exciting QI approach will support the implementation of our new quality strategy.

7. Our Quality Priorities 2017 – 2020

7.1 Patient safety

Aim: We will continuously seek out and reduce patient harm and have no preventable deaths

We place patients at the centre of everything we do, along with our staff, and recognise there is further work to do to embed this focus on patient safety across NEAS, building on the work and achievements of the previous Quality Strategy.

Providing high quality care which is safe, prevents all avoidable harm and risks to the individual's safety; and having safe systems in place to protect patients (and staff) is fundamental.

We will have a programme of work to address a range of patient safety issues focussing on those which have the greatest impact on improving care to our patients.

We want to achieve by 2020:

- **80% of our staff to say patient safety is a top priority for the Trust**
- **Reduction in patient safety incidents year on year, where moderate harm or above has reduced to 5% of overall incidents**
- **Increase near miss, low harm and no harm reporting, year on year by 10%**
- **Establish and increase excellence reporting year on year**

7.2 Sign up to Safety

Aim: We want to continue to develop an open and honest culture and ensure we learn when things go wrong. We also want to ensure we learn from excellence and that best practice is shared in order to improve services.

We recognise the successes achieved in our “Sign up to Safety” campaign over the past 3 years, which is focussed on improving the reporting culture in the Trust and reducing avoidable harm to patients. Staff are encouraged to be open and honest and report incidents so that we may learn from them and improve patient safety. Our NHS staff survey highlighted that in 2014 only 40% of our staff felt that the care of patients and service users is the organisations top priority and in 2016 this increased to 63%, we want to improve this further.

Our priority is to continue to review incidents where patient harm has occurred and learn from the themes and trends to address these, with the aim of reducing the number of cases where moderate harm and above occurs over a three year period, with year on year improvements.

Where the incident is classed as a Serious Incident we work within the national policy framework to ensure a robust investigation is undertaken, that we are open and honest in line with our Duty of Candour responsibilities and that learning and actions are agreed and implemented. We will continue to invest in developing our staff to be Family Liaison Officers (FLO's) to provide support to the patient and family members and provide direct feedback following investigation of a serious incident.

We will also focus over the time of this strategy on our “near miss” reporting so we can learn from and take a proactive approach to avoid harm occurring wherever possible. To support

this work we will look at reenergising our human factors training to gain greater understanding of why incidents occur.

We will also explore the potential of “excellence reporting”, as safety in healthcare traditionally focuses on avoiding harm by learning from error. This approach may miss opportunities to learn from excellent practice, which is peer reported, and has been shown to create new opportunities for learning, improving resilience and staff morale.

We will measure this by:

- Number of patient safety incidents reported
- Level of patient harm
- Serious incident learning identified and implemented
- Duty of candour compliance
- Number of Family liaison Officers (FLO) staff in the trust
- Number of near miss incidents reported and learning
- Number of no and low harm incidents reported
- Human factors training uptake and outcomes
- Staff survey feedback
- Excellence reporting

7.3 Improving early recognition of sepsis

Aim: we want to lead the way in sepsis identification and management in the pre hospital setting

Sepsis is a life-threatening condition which can occur as part of the body’s response to infection. It was estimated in 2016 that there are around 150,000 cases of sepsis every year resulting in 44,000 deaths, claiming more lives than bowel, breast and prostate cancer combined. NEAS can play a key role in improving outcomes for patients with sepsis through accurate, early identification and appropriate treatment.

We have recognised this as a key patient safety issue and quality priority in 2017, with work already focused on education and training, auditing our practice and contributing to the region wide sepsis group to improve outcomes for patients with sepsis. Over the next three years we will increase our use of the National Early Warning Score (NEWS) to support clinical decision making, and review the use of point of care testing to support accurate diagnosis. We will work with our partners in acute trusts to get feedback on patient diagnosis and outcomes relating to sepsis, so we can further improve the out of hospital care we provide patients.

We will measure this by:

- Sepsis care bundle audit compliance
- Feedback from patient safety incidents
- NEWS compliance
- Use of technology
- Patient outcomes data

7.4 Keeping vulnerable children, young people and adults at risk of harm safe

Aim: We will ensure our staff think about safeguarding in their every-day practice, and action this by making appropriate & robust safeguarding referrals

NEAS has a duty of care to patients, which includes responsibility for safeguarding those individuals who are at risk of harm, based upon legislative definitions. All staff employed by the Trust have a responsibility for safeguarding children, young people and adults at risk by raising an alert where abuse is suspected, disclosed or discovered. In 2016/17 there were 11,376 safeguarding children referrals and 9,267 adult referrals made by our staff.

In order to support and develop this work we have refreshed our Safeguarding Strategy and Delivery Plan in September 2017 and continue to work with all Local Authorities and other agencies across the north east to keep our patients safe.

We are keen to ensure we make safeguarding referrals easy for staff to complete so we have developed a referral process using the electronic patient care record (EPCR), which will be launched during autumn 2017. We also need to ensure we submit appropriate and complete safeguarding referrals to ensure vulnerable individuals receive the care and support that is needed in an effective and efficient manner. Improving the quality of our safeguarding referrals will ensure that the right information is shared to deliver improved outcomes for our patients.

We recognise our clinical operational staff are faced with often complex challenges when caring for patients and we need to support them in understanding more fully their responsibilities under the Mental Capacity Act (MCA), Deprivation of Liberty (DoLs) and how the Mental Health Act is used appropriately by other health and social care professionals. Over the next three years we will build on the knowledge and skills our frontline teams have, with the support of our Safeguarding Leads for adults and children.

We will introduce and embed an assessment framework to support our frontline clinical workforce to capture relevant information to support decision making for safeguarding and ensure the voice of the child, young person or adult at risk is heard and captured.

We will participate fully in any Serious Case Reviews and ensure any learning is shared widely and embedded within our processes

We recognise that dealing with safeguarding can have a real impact on staff, particularly those in frontline services and we therefore commit to review and develop the safeguarding supervision we provide for our staff to ensure they feel supported.

We will measure this by:

- Implementation of our safeguarding strategy delivery plan
- Implementation of our ePCR referral process
- Quality of our safeguarding referrals audit outcomes
- Safeguarding training compliance
- Staff feedback on knowledge of MCA, DoLs and Mental Health Act
- Use of the CWILTED assessment framework
- Findings from formal safeguarding reviews & identified learning for NEAS
- Safeguarding supervision undertaken

7.5 Frailty

Aim: We will recognise the complex needs of patients with frailty and will only convey those patients to hospital where it is indicated to do so, or where care closer to home is not available.

It is recognised that we have an aging population and many older people have multiple medical problems and complex health and social care needs. 10% of people aged 65 years and over can be considered as “frail” – rising to at least 25% of those over 85 and this brings increased risk of falls, disability, need for long term care and death ^(8,9). In the North East and Cumbria region there are around 57,400 people considered to be frail. Ensuring high quality, person-centred, well co-ordinated health and social care is a major challenge. Use of urgent care and hospital services is high, yet many admissions are potentially avoidable with better anticipatory community based care. Our trust has a pivotal role to play in this agenda to improve the quality of care for our patients accessing services through our NHS 111, 999 and Integrated Urgent Care provision.

We will develop a frailty strategy for NEAS, which encompasses the whole pathway of care we provide. This will include how we deal with those patients with complex needs by effectively using our telephone triage tool (NHS pathways), maximising the expertise available via the clinical assessment service and look at how we best assess the needs of elderly frail patients, particularly where a decision has been made to see and treat without onward conveyance.

As the frailty agenda encompasses a range of healthcare issues we need to ensure we contribute by working with key partners across the region and aim to lead the way for ambulance services.

We will build on the work we have developed in improving the care of patients who have fallen. We are aware that 8% of our activity relates to calls from patients who have fallen. We received an average of 197 daily calls in 2015/16 of which 75% were from people over 65 years. We want to increase our referral to other services such as falls specialist teams, or rapid assessment clinics, so that only those who require hospital care are conveyed. Aligned to this work is the ability to access the Directory of Services, which must be up to date and easy to use to enable quick referral to services to support people at home.

We are sighted on the latest national guidance on dementia care⁽¹⁰⁾ for those working in the ambulance sector and we want to lead the way in developing and implementing this guidance locally.

Finally, we know that many older people are living with long term conditions and improving access of our clinical advisory service through NHS 111/ 999 and frontline crews to Emergency Health Care Plans will ensure the most appropriate care and support is provided for patients. We must work with our health partners to review the current processes in place to maximise the accessibility of these, ensuring it is timely and accurate.

We understand the need to work with our partners in health and social care staff across organisations to enable us to support the introduction of new models of care for the frail elderly. Our Paramedic Pathfinder project aims to ensure we use alternative services to support older people to prevent unnecessary admissions to hospital. We are currently evaluating this programme to help shape how this may be rolled out in other parts of our region, with the support of Commissioners.

We will measure this by:

- Developing, approving and implementing our Frailty Strategy
- Developing, approving and implementing our Dementia guidance
- Number of incidents relating to patients with frailty, falls, dementia, emergency health care plans
- Number of complaints and appreciations from patients with frailty, falls, dementia, and their carers
- Reduction in conveyance for patients with frailty, falls, dementia
- Increased referrals to services (other than ED disposition) for patients with frailty, falls, dementia
- Implementation of programme of work with partners on frailty and falls referrals
- Directory of Services % updated
- Accessibility of Directory of Services (or similar) for frontline staff
- Access to Emergency Health Care Plans % increase
- Number of EHCP accessible to our clinical staff
- Reduction in conveyance to ED of patients who live in a residential and nursing care setting who have an Emergency Health Care Plan

7.6 Infection prevention and control (IPC) – excellence in practice

Aim: We will maintain and improve our IPC practice, through robust audit, feedback and action. We will learn from areas of best practice across the region to influence our partners to adopt this

Infection prevention and control is essential to make sure that the people who use our services receive safe and effective care. It must be part of everyday practice and be applied consistently by everyone working directly with patients.

Reducing healthcare acquired infections requires proactive involvement of every member of staff across all healthcare settings.

Our emergency ambulance vehicles are the equivalent of a bed space in a ward and therefore the principles of hand hygiene at the point of care, use of personal protective equipment and maintaining a clean vehicle are important elements of practice and reviewed regularly.

We also undertake invasive procedures such as insertion of a cannula to give medications or intubating a patient during resuscitation. We will ensure our practice contributes to the reduction in blood stream infections, wherever possible, by accurately recording our interventions and providing a robust handover to the team providing ongoing care in the hospital setting.

We have a programme of audits, which include observation audits carried out by the IPC team and Emergency Care Clinical Managers (ECCM's), with reporting and action plans in place to address issues identified.

We will also plan to review our policies, procedures and practice in relation to managing patients with symptoms of suspected gastrointestinal infection to ensure we are playing our part in reducing the likelihood of outbreaks within hospitals due to norovirus by only conveying those patients who do require hospital admission.

We will measure this by:

- IPC vehicle cleanliness audit results
- IPC practice audit results
- Non conveyance rates for patients with suspected gastrointestinal infections, by accessing other support services, where it is appropriate and safe to do so
- Outcomes of pilots across the region relating to patients remaining at home, with gastrointestinal symptoms

7.7 Pressure ulcer prevention

Aim: We will ensure patients at risk of developing pressure ulcers are identified and measures put in place to address this.

Pressure Ulcers (PUs) represent a major burden for the patient and to the NHS: they can have life threatening and devastating impact on patients and their families with the most vulnerable people being those aged over 75. All patients are potentially at risk of developing a pressure ulcer. However, they are more likely to occur in people who are seriously ill, have a neurological condition, impaired mobility, impaired nutrition, poor posture or a deformity.

We recognise that we have a role to play in early identification of patients who are at risk of developing a pressure ulcer or have already developed one, with a particular focus on those patients who have been fallen and been lying for some time.

We have committed to piloting a pressure ulcer risk assessment process in 2017, linking in with two acute trusts and following evaluation of this work will determine how we will progress this. Our IPC lead, working with others, will ensure the trust recognises the part we play in recognising and documenting clinical information regarding pressure ulcer risk and having appropriate strategies in place to reduce the risk where this is appropriate.

We will measure this by:

- Audit of quality of clinical recording of skin integrity of patients over 65 years with a presentation of fall
- % of patients identified as having a pressure ulcer
- Uptake of staff education on pressure ulcer risk assessment and interventions
- Review of pressure reduction equipment available within NEAS
- Evaluation report of pressure ulcer risk assessment pilot

7.8 Medicines governance

Aim: We will have safe and robust governance arrangements for medicines and will maximise the use of medicines to treat patients promptly

In order to provide high quality care to our patients access to medicines and the framework to administer them to treat the patient effectively is vital. We must ensure our staff are working within The Human Medicines Regulations 2012 and in line with the Medicines & Healthcare products Regulatory Agency (MRHA) and professional bodies such as the Health Care Professions Council (HCPC). We have a range of policies and procedures in place and an audit process to provide assurance we are implementing these e.g. from ordering controls, safe storage of medicines and appropriate use in line with Trust clinical policies and procedures, such as JRCALC.

In order to strengthen our assurance processes further we will use guidance produced by NHS Protect to undertake a review of medicines governance in the Trust in 2017, which will form the basis of a forward annual plan for medicines.

We will also actively contribute to the consultations regarding paramedic prescribing and maximise the impact of increasing our nursing workforce to enable prescribing to be integral to the nurse practitioner role, which will enhance patient care.

We will look at data relating to medication errors to ensure we learn from those.

We will measure this by:

- Ensuring our policies and procedures are updated in light of best practice
- Complete the latest NHS Protect assurance framework for medicines governance and fully implement the action plan associated with this
- Ensure our PGD governance framework is fully implemented and audited
- Develop our infrastructure for nurse prescribing and measure the impact on patient care / outcomes
- Improved compliance with medicines audits
- Number of incidents relating to medication errors

7.9 Patient experience

Aim: We will deliver what matters most by working in partnership with patients, carers, and families to meet their needs

Our vision is to provide unmatched quality of care for every life we touch. We strive to provide high quality care to ensure we create a positive patient experience, providing care that matters to the patient. This includes being treated with compassion, dignity and respect - these are some of our core values in NEAS. Often our work involves dealing with patients and their family at a very difficult and traumatic time such as the sudden loss of a loved one, and our staff are privileged to be able to offer support at this time.

There have been a number of national reports such as the Francis Report (2013) and the Keogh Report (2013) which stress the importance of listening to the patients and carers voice. It was through their persistence that their voices were heard and an in depth review was undertaken; which concluded if they had been listened to earlier lives may have been saved.

It is vital that we listen to our patients and loved ones to ensure we provide a responsive service to meet their needs. Our staff may also require our care too and are a rich source of feedback to support learning and improvement, we will enhance the mechanisms we have for staff feedback over the next year.

Our commitment in this Quality Strategy is to be open and honest with staff, patients and their loved ones, by listening and learning in a supportive way.

We have a number of ways in which we receive feedback, such as through the Friends and Family programme. We have a robust process in place to gain this, however due to the nature of the services we provide often struggle to get the volume of feedback we would like, despite this, we often have the best response rate across all ambulance trusts in England. Going forward we will look at how we can increase our patient feedback through Friends and Family and other means. We want to make it as easy for patients who use our services to

feedback on the good care we've provided as it is to feedback when we haven't met their needs or expectations.

We want to achieve by 2020:

- **An increase of 10% in patient and carer feedback to support quality improvement**
- **A reduction of 5% of complaints that require further investigation, by improving the quality of our responses**
- **A reduction in complaints relating to delays in ambulance response**
- **Improved patient experience for patients requiring end of life care through improved pathways**

We will measure this by:

- Implementing an easy "staff feedback process" – number of responses received
- Compliments received via the internet – following development of the site
- Friends and family uptake and feedback
- Increased volume of patient feedback from a range of sources

7.10 Learning from complaints

Aim: We will respond to all complaints in a timely and responsive way and clearly evidence actions we have taken to improve patient experience

We recognise there are times when things go wrong and we do not meet the needs of our patients, for a range of reasons. We want to ensure when that happens we respond to the concerns raised in a timely, compassionate and thorough way and identify the actions we have or will take to learn from the feedback. We want our response to be "right first time". We also recognise that we often need to work effectively with partner agencies where a complaint spans a number of organisations, we wish to strengthen our relationships with others to ensure those who have raised concerns have a timely response.

We also want to encourage our staff to view complaints as a means of improving the service, to use this feedback to reflect on the issues through the eyes of our patients and to improve practice and sometimes attitude and behaviours at an individual level, at team level and organisationally too.

We will also strengthen our reporting system so that more detailed analysis of themes and trends in complaints can be recorded to enable in depth reviews to support organisational learning and improvement.

We will measure this by:

- Response times for complaints
- Number of further contacts / local resolution meetings required
- Improved complaints investigation training
- Speed of response where a number of organisations are involved
- Implementation of the behaviours programme – linked to the values of the organisation
- Detailed analysis reports and actions

7.11 Longest waits

Aim: We will reduce the impact of ambulance delays by reviewing systems and processes to address patient safety, experience and clinical effectiveness, whilst our operational colleagues reduce the volume of delays occurring.

Over the last 18 months all ambulance services have seen a deterioration in national response times resulting from increased demand, staffing pressures, increased travel times and waits resulting from increased pressure across the whole health system. While we are working hard to recover our performance targets we also know there are patients who are waiting an unacceptable length of time for an ambulance response.

We know these delays have a significant impact on patients and their families and how they experience our service and we want to improve this.

In 2017 we have developed a new escalation plan which highlights those patients experiencing excessive waits and ensure these are passed to our clinical team working in our Clinical Assessment Service to review and act on. We will also look at ways in which we can have clinical input into the allocation of vehicles to support the efficient use of resources available and we will undertake regular reviews of ambulance waits to determine whether the patient came to any harm as a result of the wait.

As a result of the implementation of the Ambulance Response Programme from winter 2017, which has a significant impact in how we respond to our 999 calls our operational teams will focus on developing our systems for go live. However, we will also put in place a mechanism to capture if we have patients with “long waits” and review a number of these cases to refine our processes. To learn from these to support system and process changes and we will also develop our data capture systems to understand the full wait time of patients who are re-categorised, due to their changing clinical condition. We will encourage our staff to report any patient or non-patient safety in line with our open culture and act on findings where harm has occurred in an open and transparent way.

We will be in a position to review our performance and findings of these reviews by April 2018 to support any further improvement work, so that patient experience is improved.

We will measure this by:

- Number of complaints relating to delays
- Number of incidents relating to delays
- Number of audits relating to delays
- Number of patients re-categorised due to deteriorating condition relating to delay
- Number of patients identified as harmed as a result of the delays

7.12 End of Life care

Aim: We will provide a responsive and patient focused service for those patients at the end of their life

We recognise the important part we play in ensuring patients at the end of their life are cared for in the place they choose. We have worked successfully since 2015 piloting the use of a dedicated end of life vehicle to ensure patients in these circumstances do not have to wait an unacceptable length of time to be transported, often from hospital to their home. In June 2016 this service was operationalised to provide a responsive and timely patient transport

service across the NEAS region for patients with palliative and end of life care needs, enabling them to be cared for and die in the place of their choice.

In 2016/17 there were 2294 requests for this transport of which 95.5% were filled and in 95% of cases the transport was provided within the 180 minute target set out for the service. This quality initiative is something that we will sustain and continue to monitor performance from 2017 – 2020 to understand the demand for this service and ensure we continue to meet the needs of our patients and their loved ones.

To continue to build on improving the patient and carer experience in End of Life Care we have a three year service development plan for Specialist Palliative and End of Life Care working in partnership with Gateshead NHS Trust and Macmillan Cancer Support. These developments aim to enhance existing services by improving multi-disciplinary processes with acute and community partners to provide a seamless service for Palliative and End of Life care patients, carers and family members. This important quality initiative will ensure we are at the forefront of this agenda nationally.

This will be measured by:

- Number of end of life transport requests fulfilled by the dedicated transport service
- Implementation of the End of Life Care service development plan
- Number of frontline staff attending training
- Number of patients conveyed from a nursing or residential home, who are at the end of life and subsequently die within 24 hours of admission to hospital

7.13 Clinical effectiveness

Aim: We will achieve the highest level of reliability for clinical care to achieve the best possible health outcomes for our patients

In July 2017 NHS England announced a new set of performance targets for the ambulance service, which included new standards to drive improved care for patients who suffer a stroke or heart attack.

It also set out the opportunity for our call handlers to spend more time on the telephone assessing the patient to ensure the most appropriate response is provided to meet the clinical need. As a result cardiac arrest patients can be identified quicker than ever before, with evidence showing this could save up to 250 lives every year in England.

For the first time the ambulance service will publish performance for all emergency calls, not just on those patients who require resuscitation or are critically ill who require an immediate response and conveyance to hospital. These changes, based on research led by Sheffield University, will mean a review of our clinical pathways used to determine how quickly we respond to all clinical conditions and ensuring our staff are trained to use these effectively. These significant changes are planned to be introduced across England by winter 2017. We recognise there will be ongoing work, internally and with our health partners across the region to successfully implement this new way of working to improve the clinical care of our patients. This will be a major focus of our quality strategy over the next three years.

We want to achieve by 2020:

- ***To consistently be in the top three Ambulance Trusts in achieving the Clinical Ambulance Quality Indicators***

- **To demonstrate effective call handling, by non-clinical and clinical staff by consistently achieving 90%, evidenced by call audit results**
- **To achieve the new quality indicators for myocardial infarction and stroke care by 2020, rather than the national timescale of 2022**
- **To have embedded and expanded the number of reviews completed in line with the Learning from Deaths policy**
- **Periodically review existing NICE guidance to review compliance with same**
- **To continue to be leaders in the field for research and development and implementation**
- **To have a system in place regionwide to support sharing of patient outcomes data at patient level to support clinical effectiveness of care provided to patients**

7.14 Clinical Ambulance Quality Indicators (AQIs)

Aim: We will consistently be in the top three performing ambulance trusts for all quality AQI's

The ambulance service has a number of clinical quality indicators, which are based on best evidence and centre on the care of patients who have a cardiac arrest, suffer a myocardial infarction (heart attack) or stroke. We want to build on our successful performance in achieving these and over the next three years be seen as the leader in the country for the part we play in improving the health outcomes for these patient groups. We will engage our clinicians more effectively by providing a framework in demonstrating the part they play in providing care according to best practice using care bundles, through the development of our Clinical Annual Recognising Excellence (CARE) programme.

We will work with our acute hospitals across the region to enable clinical pathways to be enhanced across the system to ensure the new quality standards for patients who have a heart attack and stroke are implemented by 2022, in line with the national requirements announced in July 2017. We will aim to achieve some or all of these pathway improvements during the lifetime of this quality strategy, wherever possible

We will measure this by:

- | |
|--|
| <ul style="list-style-type: none"> • Ambulance Clinical Quality Indicator performance • Benchmarking data internally, across divisions, cluster, station and practitioner • Benchmarking externally • Pathway development for heart attack and stroke by 2020, ahead of the 2022 target date |
|--|

7.15 Cardiac arrest

Aim: We will consistently be in the top three performing ambulance trusts for survival rates of patients who have had a cardiac arrest

It is well known that survival for patients experiencing cardiac arrest is dependent on receiving treatment within a very short timeframe. Early recognition and access to early cardio pulmonary resuscitation (CPR) are all key to survival. NEAS plays a key part in the chain of survival through the timeliness and quality of interventions provided.

We aim to improve this quality priority by enhancing the support we provide to clinicians on resuscitation, thereby improving patient outcomes.

We will review the Resuscitation Academy's "10 steps" and develop an action plan to improve outcomes for patients. This will include the use of new technology which provides real time feedback on the quality of CPR delivered and further develop our cardiac arrest data set to identify training needs for our workforce. To support our staff we will also develop and implement resuscitation checklists for clinicians when managing cardiac arrest.

We will aim to see an improvement in return of spontaneous circulation (ROSC) of 5% in 2017/18 compared with 16/17 rates and we will review our cardiac arrest data, including Utstein data, to support further developments over the next three years. We expect that through our improved performance in reaching those patients in cardiac arrest, following the introduction of the new ambulance response programme, this will also impact on patient survival outcomes.

We will measure this by:

- Implementation of the "10 steps" action plan
- Real time feedback on the quality of CPR
- Audit results on use of the resuscitation checklist
- ROSC and Utstein data submitted in line with the Ambulance Quality Indicator data set, and our benchmarked position

7.16 Learning from Deaths

Aim: We will lead the way in Learning from Deaths for the Ambulance Sector and demonstrate changes in practice as a result of this work

We recognise that despite our best efforts some patients die whilst under our care or soon after they have been conveyed to hospital. In March 2017 the National Quality Board ⁽¹¹⁾ produced a framework in which NHS Trusts should identify, report, investigate and learn from deaths in care. Whilst this document was aimed primarily at acute, mental health and community trusts we recognise we have a responsibility to undertake a review of care for those patients who sadly die whilst in receipt of our care. We have set up a Mortality Review Group, chaired by one of our Medical Directors and will develop this framework in line with the services we provide and over the next three years we will have developed a robust system, which is transparent and focussed on learning to improve care.

This framework also includes how we care for families and we will build on our successful model of family liaison officers (FLO's), who currently provide support to families and loved ones where a serious incident is being investigated.

We will measure this by:

- Having a policy and process in place for reporting
- Number of cardiac arrest cases reviewed, where a patient has died when the crew have initiated resuscitation (2017/18)
- Development of inclusion criteria
- Broader cases reviewed
- Learning identified and action plan delivered

7.17 National Audits and Confidential Enquiries

Aim: We will take part in all National Audits and Confidential Enquiries relevant to our service

We are committed to continually improving our knowledge of best practice to improve patient safety, quality of care and patient experience. In order to do this we participate in national clinical audits and confidential enquiries, which are applicable to our Trust. Our Clinical Effectiveness Group (CEG) reviews the findings of each report to consider how we can improve outcomes for patients and oversees the development and implementation of action plans to evidence how we are learning and improving practice, through re-audit and use of local audits to evidence this. We are keen to ensure this work is known to all of our clinical and operational team across the organisation, so will develop a bi-annual best practice conference for our staff and health partners across the region to celebrate the work we do.

We will measure this by:

- Number of national audits undertaken
- Number of confidential enquiries engaged with
- Number of action plans implemented
- Bi-annual best practice conference

7.18 NICE guidance and Quality Standards

Aim: We will implement NICE guidance wherever possible and when investment is required to do so will be open and transparent with our Commissioners

The National Institute for Health and Care Excellence (NICE) provide a number of different types of guidance based on the best evidence available. Our Clinical Effectiveness Group oversee the implementation of NICE guidance appropriate to our services and strive to ensure the processes used within our services are based on the most up to date and best practice guidance available. In 2017/18 we will await the NICE guidance relating to Emergency and acute medical care in over 16s: service delivery and organisation, which is currently out for consultation and we will periodically review existing NICE guidance to review our compliance and provide assurance that we have implemented them successfully across the Trust.

We will evidence this by:

- Compliance with relevant NICE guidance published
- Review of two quality standards / guidance documents per year to provide assurance

7.19 Research and Development

Aim: We will lead the way for research and development in the Ambulance Sector

We are the leading Ambulance Service in the UK for attracting, retaining and developing world-class research, and we are passionate about retaining this prestigious status. We have created an infrastructure and environment which provides opportunities for all staff and patients to get involved with research and we want to build on this work over the next three years to look at international research studies and how we may be part of them. We aim to increase our national and local clinical trials, and support internal and external student HCPs

with small research projects, which offers career development for staff that have an interest in research. We will also explore how we may become involved in industry funded studies to support our growing research portfolio.

We will measure this by:

- Number of research studies undertaken and changes to practice as a result
- Number of international research studies undertaken
- Number of industry funded research studies

8. New Models of Care

Aim: We will be seen as pivotal to the provision of urgent and emergency care across the North East and will deliver innovative and integrated care at or closer to home, which supports and improves health, well-being and independence

We recognise that nationally there has been a call for a fundamental shift in the way urgent and emergency care services are provided to all ages, improving out of hospital services so that we can deliver more care at or closer to home and reduce unnecessary hospital attendances and admissions.

With this focus on urgent and emergency care services, including the publication of the Integrated and Urgent Care Strategy (2015) it has enabled the trust to look at the services we provide and those we are best placed to offer our patients. We have already began a transformational journey to look at developing our Clinical Care and Transport model which is aligned to the Sustainability & Transformation Partnerships (STP's). This enables us to review and develop our scheduled (planned) and unscheduled (unplanned) services to better meet the needs of our patients in a more responsive way. Over the next three years this new operational model will be fully implemented and embedded. We deliver a host of services from NHS 111 and 999, to providing a multi professional clinical advisory service, GP Out of Hours services, and have developed a number of specialist and advanced roles for paramedics, nurses and support staff to meet the needs of our patients.

Over the course of this Quality Strategy we will see an increase in “hear and treat” and “see and treat”, with a workforce skilled to do so, alongside the requirement to implement the Ambulance Response Programme (ARP). We will work with partners across the North East to help shape and develop referral pathways, to ensure only those patients who need emergency care are taken to ED. We will continue to work with our two Mental Health Trusts to review the pathways in place for patients with mental health needs to improve their experience and care.

We will have a programme to look at technology enabled care and how this might support patients and staff, e.g. telemedicine, paramedic at home, point of care testing to support early diagnosis and treatment pathways and access to an electronic Directory of Services to support rapid decision making and referral to appropriate services.

As we go on this transformational journey we need to ensure that we look at the clinical impact of these changes, and we will continue to ensure robust quality impact assessments are undertaken and reviewed to ensure we maintain a safe service for our patients.

Our Clinical Strategy will be refreshed to ensure it focuses on developing the workforce to support our transformation of services.

We will measure this by:

- Increased “hear and treat” rates
- Increased “see and treat” rates
- Pathway redevelopment for Mental Health services
- Increased point of care testing
- Increased access to Directory of Service for frontline staff
- Quality impact assessments completed
- Updated clinical strategy

9. Our workforce

Aim: Our workforce is engaged and energised to deliver this Quality Strategy

Our workforce are key to enable this Quality strategy to be fully implemented, and our frontline staff providing a whole range of operational roles are pivotal to the success in making a difference to the patients and public we serve.

There are various elements to supporting our workforce in delivering the Quality Strategy, some of which has already been outlined in other workforce strategies, for example leadership development and keeping staff well.



We have focused on four areas within this quality strategy as follows:

9.1 Developing our staff

Aim: To ensure our clinical staff are supported in their career development in the Trust

In order that we support our clinical operational staff we will develop a clinical career pathway for the workforce to support us in delivering our new service model for scheduled and unscheduled care.

We will review the clinical skills required for our workforce, focusing on our paramedic and nursing workforce initially, then building on this to include a review of those roles which provide support to our clinicians. We will also look at how we support our call takers and dispatch staff in the Operations Centre, particularly in light of the introduction of ARP.

This will be measured by:

- Having an approved clinical career pathway for clinical staff in the organisation
- Development and implementation of new roles to support the Clinical Care and Transport model

9.2 Safe staffing

Aim: To have a robust methodology in place to review safe staffing, to assure the Board

We understand the importance of having the correct staffing levels and skill mix to provide safe and effective services. Following investment by our commissioners to increase our paramedic and clinical hub workforce in 2016/17 and 2017/18 we have undertaken initial work to understand what can be determined as safe staffing levels, as there is currently no national guidance on this area for ambulance services. We have also commenced a rigorous clinical modelling and skill mix review to align patient need with our clinical resource.

This piece of work will be essential to address the changing ambulance response and clinical indicators announced in July 2017 and in light of our transformation of services. We anticipate this commissioned piece of work will be complete in late autumn to support the changes to ambulance response and clinical performance indicators, which will be implemented prior to winter in 2017.

This will enable us to look more robustly at our staffing levels and skill mix from 2018 onwards with a more comprehensive staffing paper presented to the Board on a six monthly basis.

This will be measured by having:

- Staffing and skill mix reporting monthly by January 2018
- Triangulating this data against incidents, complaints and serious incidents to provide insight into safe staffing
- 6 monthly skill mix review against our activity profile and patient acuity from July 2018

9.3 Clinical Annual Recognising Excellence (CARE)

Aim: To support frontline staff in delivering excellent care by providing clinical data to drive this

To support our frontline staff in recognising the excellent care they provide and to embed continuous improvement one of our ECCM's, working with the Information Technology team has developed a mobile application that enables real time feedback at individual clinician level on their clinical care delivery relating to Ambulance Quality Indicators, clinical record keeping, supervision and reflection, self- assessment of clinical skills and personal development. This programme is able to pull information from our data warehouse to support the clinician to identify their excellent practice facilitating learning and improvement where this is indicated. This programme is titled "Clinical Annual Recognising Excellence" and will help individuals, ECCM's, Clinical Operational Managers and senior leaders to identify excellent practice, share learning and address any clinical skills training and support required at individual, station, cluster, division and trust level.

We believe this innovative approach is a first in the country for the ambulance service, in terms of using real time data about quality care and safe practice, which is clinician specific. We will develop and refine the CARE programme so that it meets the needs of individual clinicians, particularly in relation to revalidation for paramedic practice, which is currently being considered by the Health and Care Professions Council (HCPC).

We aim to pilot this programme in the South Division in autumn 2017, with a phased roll out across the organisation by March 2018.

This will be measured by:

- Roll out of CARE programme by March 2018
- Evaluation and feedback from staff on impact on practice September 2018
- Improvement in AQL's for the organisation by September 2018

9.4 Leadership

Aim: To recognise leaders throughout the organisation and support their development to drive improvement

The Trust recognises the importance of leadership at all levels, and has undergone a significant organisational restructure to strengthen clinical leadership across operational services. High performing organisations recognise the importance of continuous quality improvement as an essential driver in achieving organisational goals.

Strong leadership is needed from service to Board, and our mission, vision and values resonate with our staff, as they were developed by them. We will continue to build and develop leadership and management skills at all levels within the organisation to support the delivery of this quality strategy. We will support aspiring leaders through our talent management programme, expand our programme to deliver Human Factors training and empower staff to make sustainable changes that make a difference to our patients.

We will measure this by:

- Uptake of leadership development programmes in line with the Leadership Strategy
- Development of the talent management programme
- Human Factors training uptake

10. Monitoring our performance

In order to support the implementation of all elements of the Quality Strategy there needs to be a process of monitoring our clinical performance so we can demonstrate the value and impact on patients from a safety, clinical effectiveness and experience perspective throughout the three year period.

We will establish an annual quality programme to deliver the strategy. Robust and ambitious targets will be set for each of our goals to indicate progress and where plans need to be modified we will do so. The Quality and Safety Directorate will lead this work, supported by colleagues in the Informatics and Performance teams. Where there are areas of the strategy which are being led by other parts of the organisation it will be clear in our annual delivery plan where implementation and oversight sits, such as the Workforce Committee. It is recognised for example that the Operational Services Directorate have responsibility for the delivery of patient care, so we will work together with them on quality issues, in a supportive and constructive way.

A Quality Strategy monitoring tool will be developed to provide assurance on the delivery of the Strategy, with performance / exception reports to the Quality Governance Group and Quality Committee, which is a sub-committee of the Board, and any other relevant Committee's.

We recognise that the work we have outlined to implement the roadmap to improve our CQC rating from "Good" to "Outstanding" will be monitored by a range of sub-committees of the Board to ensure we comply with the Fundamental Standards and build on these as an organisation.

11. Quality Governance

The Trust Board is responsible for the quality of care delivered across all services we provide. This means that although individuals and clinical teams are at the frontline and responsible for delivery of quality care, it is the responsibility of the Board to create a culture within the organisation that enables our clinical frontline staff to work at their best, and to have in place arrangements for measuring, monitoring quality and for escalating issues, including, where needed up to the Board.

A robust governance framework for quality is essential throughout every NHS organisation. It provides assurance to the chief executive, the chairman, board of directors, council of governors, senior managers and clinicians that the essential standards of quality and safety are being delivered by the organisation. It also provides assurance that the processes for the governance of quality are embedded throughout the organisation (Monitor, 2013)⁽¹²⁾.

The board's responsibilities for quality are threefold:

1. To ensure that the essential standards of quality and safety (as determined by the CQC's registration requirements) are at a minimum being met by every service that we deliver
2. To ensure the organisation is striving for continuous quality improvement and outcomes in every service; and
3. To ensure that every member of staff that has contact with patients or whose actions directly impact on patient care, is motivated and enabled to deliver effective, safe and person centred care

Monitor defines quality governance (NQB, 2011)⁽¹³⁾ as "the combination of structures and processes at and below board level to lead on trust-wide quality performance including:

- Ensuring required standards are achieved
- Investigating and taking action on sub-standard performance
- Planning and driving continuous improvement
- Identifying, sharing and ensuring delivery of best practice
- Identifying and managing risks to quality of care"

We want to build and encourage a culture within the organisation where services are improved by learning from excellent practice as well as learning from mistakes, and staff and patients are encouraged to identify areas for improvement, and not afraid to speak out.

The Quality Committee is a sub-committee of the Board and provides independent review and assurance about all aspects of the quality of services we provide. It is led by non-executive members of the Board and has Directors and senior staff across the organisation.

It's primary role is to be assured that effective monitoring is in place to ensure the Trust is meeting the CQC fundamental standards relating to quality and safety and to focus on the three areas outlined in our quality strategy around:

- Patient safety, including how we manage risks and learning from incidents
- Patient experience, including learning from complaints
- Clinical effectiveness in providing care with the best outcomes for patients

The Quality Committee also ensures the work across the organisation is underpinned with excellent leadership, being cognisant of the financial challenges and pressures faced by the organisation and wider NHS.

11.1 Corporate Quality Governance Structure

In order to ensure we have robust quality governance in place we have a number of key groups which report to the Quality Committee, as outlined:



12. How we will deliver the Quality Strategy

We recognise this is an ambitious strategy to implement and realise that we need to engage and enthuse our staff to deliver this.

We will do so in a range of ways such as:

- **Engaging our new staff**

We will welcome new staff into the organisation, ensuring they receive a structured corporate and departmental induction to prepare them for the part they play in making NEAS a successful organisation. We will ensure the quality strategy is discussed as part of the corporate induction so that it is understood from the outset and this is translated to the roles people are undertaking.

- **Engaging our existing workforce**

As part of developing the Quality Strategy we have engaged with a range of staff to ensure it includes the important areas we need to focus on to improve patient safety, experience and clinical outcomes, and that it resonates with them. We will engage more frontline staff in Human Factors training so that we embed a real understanding of how we create safe systems of work and how people respond to these.

For our patient focused staff we will develop a short summary to translate what the strategy means in their everyday practice and we will enlist the support of key staff in ECCM and Clinical Operation Management roles as we see them as pivotal to making the difference to patients and their loved ones.

We will also equip our staff with Quality Improvement techniques, which are simple to implement and support them to be confident in improving quality in their day to day work.

- **Engaging our patients and carers**

We have developed this Quality Strategy using feedback from complaints, incidents, compliments and patient experience feedback. We have consulted on this through our patient engagement forums, to ensure it focusses on the things that matter to patients, their

family and carers. We will publish the Quality Strategy at our Annual General Meeting in September 2017 and will ensure through our public meetings it is made available for comment and feedback.

- **Engaging our external stakeholders**

There are a number of key areas for development within this Quality Strategy which are reliant on engaging meaningfully with our partners across the region, particularly in health and social care organisations, but also the third sector such as voluntary and charitable organisations. We have engaged with our lead commissioners in shaping this Quality Strategy.

We are pivotal in supporting the system wide transformation required for urgent and emergency care, so we can deliver care at or closer to home, where it is safe to do so, and that our reliance on acute hospitals is reduced only to those who require it.

Areas such as improving the content of the Directory of Services, looking at alternative pathways, sharing patient outcomes data and supporting workforce development are key drivers to implementing this Quality Strategy, for the benefits of our patients. As a regional service we will need to work with our partners in a systematic and programmed way to support real and sustainable change, as we recognise there are different service configurations and priorities across the geographical areas.

We will work within our existing networks, where possible, to support the implementation of the Quality Strategy and recognise there is an element of risk associated with those objectives where reliance on other organisations to support delivery of them is a fact. We do however believe it is in everyone's interests to be working on the areas of quality improvement identified.

13. Conclusion

This strategy sets out our ambition for improving quality at the North East Ambulance Service. Our key aims and objectives are outlined, how we will measure success and how we will govern the implementation of this three year strategy. We will develop an annual programme for delivery, though remain flexible to respond to any significant feedback, changes to performance, commissioner or regulatory requirements.

We are on a transformational journey to move from a predominantly transport service to one which provides clinical care and treatment and this Quality Strategy reflects this change.

We recognise that we need to work with partners across the region to have the greatest impact on patients and their family when requiring urgent and emergency care, as well as continuing to provide those accessing scheduled services. We relish the opportunity to do so to support system wide transformation.

Delivering safe, effective, high quality patient care is the first strategic goal of the Trust, and this strategy underpins it.

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