

Quality Account & Quality Report 1 April 2011 – 31 March 2012

**(Headings in red relate to additional requirements
for the Quality Report)**

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List of Abbreviations

Abbreviation	Full Expression
ASHICE	Age, Sex, History, Injuries/Illness, Condition, Estimate Time of Arrival
BASICS	British Association of Immediate Care Scheme
CAD	Computer Aided Dispatch System
CCP	Critical Care Paramedic
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
ECSW	Emergency Care Support Worker
FAST	Face; Arm; Speech; Time to call 999
FLSM	Front Loaded Service Model
PCR	Patient Clinical Record
PGDs	Patient Group Directions
PP	Paramedic Practitioner
R&D	Research and Development
SECAMB	South East Coast Ambulance Service NHS Foundation Trust
SHA	Strategic Health Authority
SIMCAS	Surrey and Sussex Immediate Care Scheme
SIRI	Serious Incident Requiring Investigation

Data source: 'info.secamb' which is SECAMB's internal information system.

PART 1

1. Executive Summary

South East Coast Ambulance Service NHS Foundation Trust (SECAmb) was authorised as a Foundation Trust on 1 March 2011 (one of the first Ambulance Services in the country to gain Foundation Trust status). Prior to authorisation the Trust operated as South East Coast Ambulance Service NHS Trust from 1 July 2006. SECAmb provides ambulance services to over 4.5 million people living in Kent, Surrey and Sussex. We are one of 11 ambulance trusts in England. We work across a diverse geographical area of 3,500 square miles which includes densely populated urban areas, sparsely populated rural areas and some of the busiest stretches of motorway in the country.

SECAmb has always been committed to involving patients and the public in the development of its plans and services, recognising the importance of ensuring that they have the opportunity to influence what services are provided for them and how.

With this in mind the executive team approved a proposal to develop an Inclusion Strategy in October 2011. The aim being to draw together the three strands of i) membership and governor engagement, ii) patient and public involvement and iii) equality and diversity into a single strategy based on working effectively with our stakeholders. It also incorporates staff engagement. From October 2011 to January 2012, SECAmb ran three workshops involving 100 stakeholders, consulted with governors and the Inclusion Working Group of senior managers, undertook a survey (with responses from more than

600 stakeholders including at least 150 staff, 80 patients, 70 Foundation Trust members and 60 volunteers) and held focus groups with people from special interest groups. A draft Inclusion Strategy has been developed with the involvement of all of those stakeholders and was presented to the May Board meeting for approval.

The Quality Account published last year allowed SECAmb to focus on five priorities.

The first priority was to increase the proportion of seriously ill patients that were attended by a registered clinician. This work has continued and good progress made in this area over the last year, with 12% more patients who are seriously / critically ill receiving a response from a registered clinician. In 2012/13 we will continue to improve systems to ensure that the most critically ill or injured patients receive the best care.

The second priority involved the performance of SECAmb's Paramedic Practitioner teams. It is the Paramedic Practitioner skill set that provides SECAmb with one method to reduce patient transports to conventional A&E departments. With a continued increase in the PP scheme and the introduction of the PP desk in the Coxheath emergency dispatch centre, it has been found that there has been an increase in the number of patients that are able to be cared for at or closer to home. The plan is to look to roll this out across more of the SECAmb emergency dispatch centres during 2012/13.

The third priority was to improve the linking of the electronically scanned paper based

patient clinical record to the 999 call/record. The introduction of an improved collation process has brought some benefits but there still remains room for improvement which we believe will come from an electronic solution and as such a small 'proof of concept' trial will go ahead during 2012/13.

The fourth priority looks at how well the infection control process is being maintained with the addition of two Make Ready Centres during 2011/12. This priority will be able to monitor the deep cleaning of emergency response vehicles across SECAMB and swab testing within the five Make Ready Centres.

The fifth priority looks to improve the experience of those patients who call SECAMB and rather than being taken to hospital, are provided with an alternative health care option. Views were sought from some of these patients by carrying out two surveys last year, and the findings were reported to our Commissioners.

In 2012/13, SECAMB is maintaining five priorities. The measures chosen for this year's Quality Account support some of the service development areas of the SECAMB's Annual Plan, demonstrating that SECAMB embraces innovation by reporting on the initiatives that can directly affect the strong reputation and positive public image that SECAMB has developed.

Overall it has been a challenging year for SECAMB, but progress has been made on our chosen indicators; we will continue to work to drive further improvements in 2012/13. In relation to the Trust's work on CQUIN, in

2011/12 the Trust was successful in achieving just over £1.8m of the £2.1m available for the overall CQUIN funding, which was a substantial achievement for the Trust.

To the best of my knowledge and belief, the information in this account/report is accurate.



Paul Sutton, Chief Executive

Date: 29 May 2012

PART 1

2. Introduction to the Quality Account and Quality Report

Welcome to South East Coast Ambulance Service NHS Foundation Trust (SECAmb) Quality Account and Quality Report for 2011/12. We hope that you find it an interesting and an informative read, providing you with a good understanding of the progress that has been made during the last year by your local ambulance service.

Our patients have a right to expect the ambulance service to deliver a consistently high quality of service, but what does this mean in practice? How can a 'Quality Account and Quality Report' be used to help answer this question and to assure you that SECAmb is working consistently to improve services for our patients? Definitions of quality vary, tending to revolve around concepts (some of which can seem rather vague), such as 'fitness for purpose', and a reduction in variation with a relationship to effective systems and processes.

In the past, four quality dimensions of High Performance Ambulance Services have been identified as; response time reliability, economic efficiency, customer satisfaction and clinical effectiveness, to which SECAmb believe patient safety should now be added as an explicit requirement (Figure 1).

In recent years the NHS has invested resources to improve patient services through the application of clinical governance, which seeks to embed continuous quality improvement into the culture of the NHS. In practice this means ensuring that all aspects of patient care, such as safety, outcome and experience are understood and systematically refined.



Figure 1: Model of High Performance Ambulance System

The Quality Account and Quality Report is one method SECAMB use to give our service users more insight into just how effective our services are. The document also explains how our services are measured and how they will be improved. In short they are aimed at making all NHS Trust's focus on quality, to show how they ensure 'consistency of purpose', and this responsibility has been made a legal requirement for all Trust Boards and all their members.



Professor Andy Newton, Consultant
Paramedic & Director of Clinical Operations

Date: 29 May 2012

PART 2

3. How SECAmb has prioritised quality initiatives for the year ahead

Patient outcomes are the benchmark of quality for any health care provider and that is why improving outcomes for patients is at the heart of SECAmb's vision, because our patients deserve nothing less. We aspire to deliver clinical excellence that matches and exceeds international best practice. Therefore in identifying and agreeing the priorities below, we have ensured that all are focused on improving outcomes for our patients; how we are going to do this is described in the detail of each priority throughout this Quality Account and Quality Report.

Priority 1: To improve the number of registered paramedics who attend seriously injured or ill patients

Priority 2: To increase the number of patients treated at or closer to home by utilising our Paramedic Practitioners, which will result in fewer patients being transported to an A&E department by ambulance

Priority 3: To improve the quality of documentation by linking the computerised information received from the 999 call to the patient care record/form (which is completed at the patient's side)

Priority 4: To monitor the effectiveness of SECAmb's Infection Control procedures for emergency response vehicles that are deep cleaned across SECAmb and swab tested (Make Ready Centres only)

Priority 5: To improve the experience of those patients who call SECAmb and rather than being taken to hospital, are provided with an alternative health care option

In considering which priorities SECAmb would report, we held an external workshop at the end of January 2012 and presented a report to the Board in February with the feedback/suggestions. It was imperative to us that the priorities addressed safety, effectiveness and patient experience.

Monitoring our achievements

The Risk Management and Clinical Governance Committee will focus in detail on the key areas of quality and receive progress updates from relevant working groups that will be responsible for delivering the priorities. The Board will receive regular reports at its Public Board meetings on the achievement against the priorities listed above via the Risk Management and Clinical Governance Committee. Each Priority measure has a designated Board Sponsor and Implementation Lead.

What does being a Foundation Trust Status mean for SECAmb?

At the Quality Account Workshop in January 2012 where the above priorities were discussed, a number of participants asked if we could include information on what it means for SECAmb to be a "Foundation Trust".

We have therefore listed some frequently asked questions and answers below which explain the Foundation Trust status and changes.

What is a foundation trust?

- NHS foundation trusts are a new type of NHS trust. They have been created to devolve decision-making from central government control to local organisations and communities, so they are more

responsive to the needs and wishes of local people.

Will NHS foundation trusts lead to privatisation of the NHS?

- Foundation trusts are not about privatising the NHS but about improving services through increased accountability to local people and patients through devolving government power to them. Foundation trusts are similar to mutual organisations such as co-operative societies and housing associations. Foundation Trusts are also legally prevented from having shareholders and their members can make no profit from them. Foundation trusts still provide free NHS care to patients and work to NHS values.

Will the ambulance service remain a part of the NHS?

- Yes. NHS foundation trusts are established as legally constituted organisations with a duty to provide free NHS services to local communities. We would continue to be subject to the same level of inspection and would still be required to meet national performance standards. We will continue to use the NHS logo and will still receive all of the benefits that come with being part of the NHS.

What difference will this make to the ambulance service?

- Foundation trust status will give us the financial and operating freedoms needed to make improvements to services that our patients need and deserve at a much

quicker pace. This will allow us to introduce new technologies and treatments more rapidly.

What difference will this make to patients and the public?

- Public, patients, staff and representatives from partner organisations will have the chance to be more involved in how 999 emergency healthcare services are developed in the future. They will have more of a say than ever before in how their ambulance service is run through becoming a member of the Trust. Members are able to elect or become governors.

Priority 1 – To improve the number of registered paramedics who attend seriously injured or ill patients

Description

During the year (April 2011 to March 2012) SECamb responded to over 729,987 emergency calls (an increase of 8.5% on the previous year). Of these, just over 418,219 patients were conveyed to hospital, 4.9% of which required the attending clinicians to advise the receiving hospital in advance of the patient’s arrival. This kind of pre-alert is known as an “ASHICE”. This is an acronym (Table 1) used to pass the important details of a critically ill patient over to the receiving hospital, to ensure that they have all the appropriate equipment, staff assembled and are prepared for the arrival of the patient. It is these patients that can be considered to be in most need of the timeliest expert pre-hospital care and as such they should be cared for, where possible, at minimum by a clinician with the skills of a paramedic, appropriate equipment and staff assembled and prepared.

A	Age	Patients age
S	Sex	Male/Female
H	History	What has happened to cause the injury/illness
I	injuries/illness	What injury has been sustained or what illness symptoms are there
C	Condition	Observation of patient
E	ETA	Estimated time of arrival

Table 1: Explanation of ASHICE acronym

Current status

All our clinicians, from Emergency Care Support Worker (ECSW) to specialist paramedic, regardless of job role, are trained and supported to provide safe and high quality clinical care.

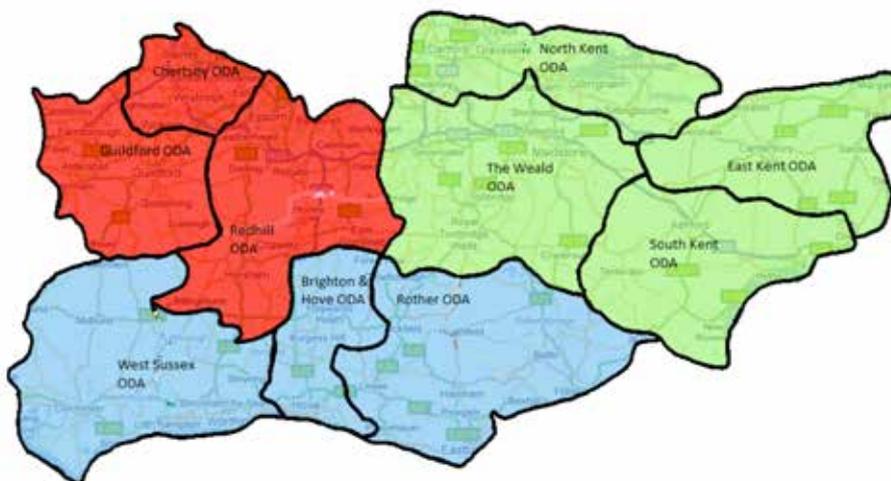


Figure 2: Map showing SECamb by Operational Dispatch Areas (ODA)

The current status (Table 2) over the page compares data from last year’s report (2010/11) as well as data from April 2011 to March 2012:

ODA	April 2010 - March 2011		April 2011 - March 2012		Year on Change	
	Total ASHICE	% Attended by Registered Clinician	Total ASHICE	% Attended by Registered Clinician	Total ASHICE Change 2011 on 2010	% Attended by Registered Clinician Change 2011 on 2010
Brighton & Hove	2233	69.55%	2265	83.11%	32	13.56%
Chertsey	3077	55.31%	2554	72.34%	-523	17.03%
East Kent	880	70.23%	1002	76.44%	122	6.21%
Guildford	3902	62.99%	3175	72.44%	-727	9.45%
North Kent	1437	69.17%	1726	67.57%	289	-1.60%
Redhill	4427	67.00%	3550	78.68%	-877	11.68%
Rother	1496	63.57%	1861	83.00%	365	19.43%
South Kent	620	79.68%	711	80.01%	91	0.33%
The Weald	1100	72.55%	1174	81.21%	74	8.66%
West Sussex	2351	68.78%	2408	84.57%	57	15.79%
Unknown	210	8.10%	102	58.82%	-108	0.5072
SECAmb	21733	65.19%	20528	77.55%	-1205	12.36%

Table 2: % of ASHICE patients attended by a registered clinician by Operational Dispatch Area

Last year (2010/11) we reported that we were able to respond to a seriously/critically ill patient 65.19% of the time with a registered clinician and this year we have been able to improve on this by around 12%, which resulted in 77.55% of SECAmb's seriously/critically ill patients being attended by a registered clinician during 2011/12.

By increasing the number of registered paramedics that attend these patients we will further improve the quality of care and potentially improve patient outcomes towards international standards.

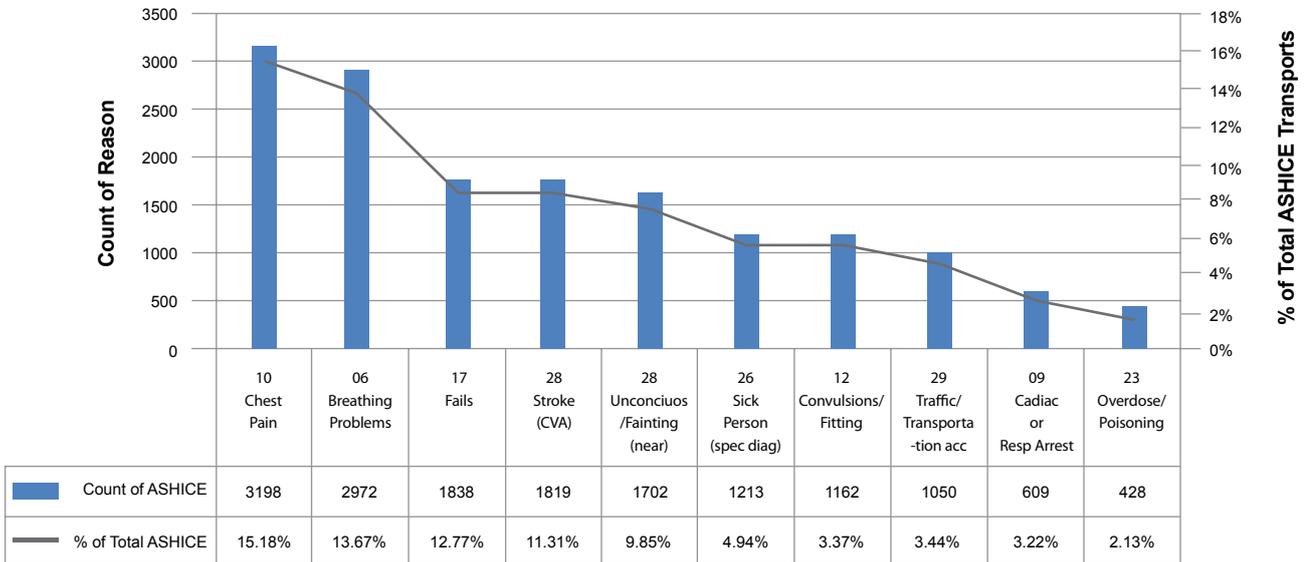
Figure 3 illustrates the top 10 ASHICE as described at the time of the 999 call for the year

2010/11 and 2011/12 respectively, it can be seen from these two charts that the two most frequent ASHICE conveyance reasons are "chest pain" and "breathing problems".

It should be noted the data to produce the charts in figure 3 have different information sources. This is because the introduction of NHS Pathways clinical triage system allows the incident to be described by the injury/illness of the patient rather than the cause as per the previous system used.

Top 10 Reasons for pre-alert to hospital (ASHICEd)

April 2010 to March 2011



Top 10 Reasons for pre-alert to hospital (ASHICEd)

April 2011 to March 2012

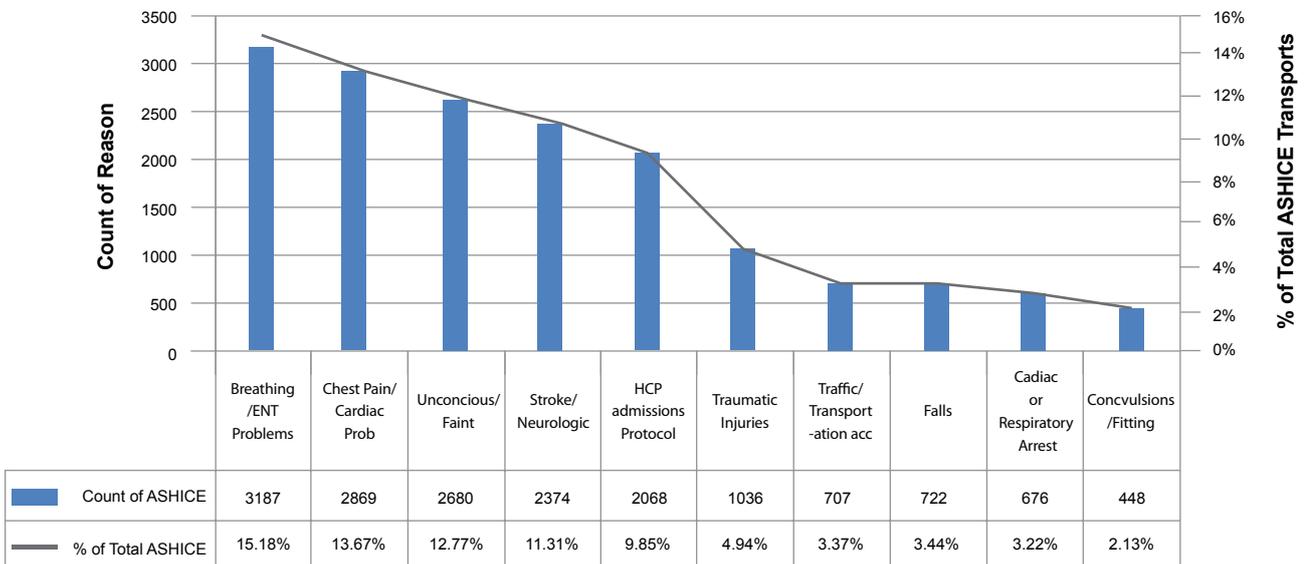


Figure 3: The top ten reasons for pre-alert to hospital

How we are going to improve Priority 1

Getting the right clinician to the right patient is essential to achieving Priority 1. This will mean we need to continue to improve the way we match the clinician to the emergency call. We will also need to be sure we can measure the improvement and so will need to constantly monitor and where possible improve on the data quality work carried out to date.

1. Front Loaded Service Model

Included in SECAmb's plans is the implementation of key service developments over the next three years which will mean that a registered clinician is the first to see the patient 90% of the time in all incidents. This is known as the "Front Loaded Service Model".

It is an ambitious plan that will ensure SECAmb is able to build on the good practice and clinical services already provided, as well as further improve the quality of care that SECAmb's population can expect from its ambulance service.

2. Workforce Development

During the last 30 years or so, the ambulance service has matured to become a highly complex mobile NHS health care provider. There are many areas that will need further development to meet the future challenges and investing in a workforce that is part of a professional body is essential to this challenge. This will mean we can be assured of providing high quality patient care and will be able to advance by developing a 'professional' workforce that is able to meet the challenges of autonomy and accountability in delivering care within their clinical scope of practice.

The development of the workforce will be looked at geographically for SECAmb in line

with our CQUIN (Commissioning for Quality and Innovation) Plan for 2012/13.

3. Paramedic education

To enable SECAmb to face the challenges in the future, an education programme has been introduced that will provide undergraduate education. This will mean paramedics are educated to Foundation or Bachelor of Science Degree and all paramedics are registrants on the Health Professions Council.

i. Development of the Paramedic Practitioner and Critical Care Paramedic Programmes

Over the past year, SECAmb have continued to develop the Paramedic Practitioner (PP) and Critical Care Paramedic (CCP) programmes, referred to as specialist paramedics. We now have around 180 PPs, either qualified or in training, and as of July 2012, 42 qualified CCPs. We also have seven of our CCPs seconded to the Kent Surrey & Sussex Air Ambulance Trust Helicopter Emergency Medical Service (HEMS), working alongside the HEMS doctors and pilots attending the most serious incidents across the region. (You can read about each of the programmes developments in more detail below).

ii. Paramedic Practitioners (PPs)

2011/12 has seen the numbers of PP teams grow and become more embedded into primary care. PPs are experienced paramedics who have undertaken further higher education to enable them to manage the patients who present to the ambulance service with minor illnesses and injuries; often with highly complex needs. The PPs work closely with the rest of the community based multi-disciplinary teams to ensure that these patients are cared for in the community, avoiding unnecessary journeys to A&E.

iii. PP Skills Assurance Time (SAT)

The PPs in SECAmb are required to maintain their advanced skills through a system called “skills assurance time”. This year we have been working hard to enhance the education that is offered to PPs through SAT. This work has ensured that the skills that are most in demand are refined in order to maximise the effectiveness of PPs and minimise the need for patients to attend A&E with minor illness, minor injuries or exacerbations of long term conditions. From April 2012, the revised Skills Assurance Time plan will go live across SECAmb.

To further enhance the treatment options available to PPs, we have maintained the Patient Group Direction (PGD) medicines introduced last year. The PGDs include painkillers and antibiotics commonly required in primary care, and are already having a big impact.

iv. PP - Telemedicine

Over the course of the year, we have continued to work with Queen Victoria Hospital (QVH) on the Telemedicine project. This project allows PPs to send clinical images of injuries to specialists at QVH, which can then provide detailed care advice or even request that the patient be admitted directly to them, thus avoiding A&E. We have made over 60 referrals to QVH using this system last year and we are working on a phase 2 project to further promote this exciting pathway for patients across our region.

PPs are also providing more and more clinical support to colleagues for all kinds of incidents, working together to make the care we deliver as safe and effective as possible, which gives our patients as much choice as possible about how their care is delivered.

v. Critical Care Paramedics (CCPs) development

We continue to see the number of CCPs steadily increase and with the qualification of the current cohort in July 2012 will have six teams totalling 42 CCPs across the South East region, and are on track to have a total of 60 CCPs by 2015. This enables us to provide a consistent level of CCP cover for those patients suffering serious injury or illness regardless of where they are within SECAmb's boundaries. The teams are located in the following areas:

Current Locations for existing CPP teams		
Ashford	Brighton	Chertsey
Dartford/Medway	Hastings	Worthing

Table 3: Current Locations for our CCP Teams

Some of our CCPs are seconded to work on the Kent, Surrey and Sussex Air Ambulance, and the rest work on ground-based ambulances.

We are working hard to develop enough CCPs to provide coverage for the whole SECAmb area. This year (2012/13), we will be putting a team of CCPs into our new Make Ready Centre at Paddock Wood in Kent.

As the programme continues to mature we have developed close working partnerships with many of the hospitals in the South East Region. We have the first example in the country of CCPs working in hospital as part of the A&E team, helping with the transition of patients from pre-hospital to in-hospital care, providing a crucial link between A&E and ambulance crews.

CCPs have also participated in joint training with Critical Care teams for the transfer of in-

tensive care patients, fostering close working relationships, helping to improve care during these difficult transfers.

We have been continuing to develop “point of care” technology for CCPs to assist with diagnosis and clinical decision making. We are continuing to train CCPs to use ultrasound and are working with the College of Emergency Medicine and several universities to develop a Masters level module in the use of ultrasound. We have also evaluated a blood analyser called “i-stat” which allows CCPs to test blood gases and chemistry.

vi. [Critical Care Paramedics \(CCPs\) Skills Assurance Time \(SAT\)](#)

CCPs like the PPs have access to Skills Assurance Time. We have been reviewing how we deliver CCP SAT to ensure that the skills available for patient care are honed and that our CCPs are ready for any high-acuity clinical incident.

We have been working with several of our acute hospitals in the region to host CCPs for their SAT within A&E resuscitation rooms, intensive care units and anaesthetic departments.

4. [Understanding the outcome for severely ill/injured patients](#)

During 2011/12 SECAmb has further developed its systems to improve the capture of this information by ensuring that the skill type(s) of clinician(s) deployed are recorded by the computerised aided dispatch system (CAD) so that it can ensure this quality measure can continue to be reported across the whole of SECAmb and accuracy is continually monitored and improved. It is also important that this information is freely available to the managers within SECAmb, so this information will be made available through the web

based information reporting portal.

5. [Clinical / Audit Outcome Data Sharing](#)

SECAmb is a member of the National Ambulance Service Clinical Quality Group to share data and participates in the Myocardial Ischemia National Audit Project (MINAP) at a national and local level.

During 2012/13 work will progress in respect of the Clinical Performance Indicators to further facilitate the sharing of outcome data to progress the quality of services offered within the NHS service, by participating in “ambulance editing rights pilot” a MINAP project to allow ambulance services to input data about their patients.

SECAmb is also committed to the sharing of and learning from outcome data for Stroke patients and is working with healthcare partners at a local and national level as well as the National Ambulance Service Clinical Quality Group to support the sharing of data with the Sentinel Stroke National Audit Programme (SSNAP).

Name of Board Sponsor

Professor Andy Newton, Director of Clinical Operations

Name of Implementation Lead

Dr Jane Pateman, Medical Director

Priority 2 – To increase the number of patients treated at or closer to home by utilising our Paramedic Practitioners, which will result in fewer patients being transported to an A&E department by ambulance

Description

For some patients this means they will not need to go to hospital and instead will be able to be safely treated at home or closer to home, which is what we are told (and believe) people want and prefer. We are working towards increasing the numbers of patients that are not conveyed to an A&E department (the non-conveyance rate) and the development/provision of alternative health care options (pathways), which mean that the patient may not always be transported to an A&E hospital.

While specialist paramedics known as Paramedic Practitioners (PPs) are first and foremost paramedics, and therefore provide a first line response to 999 calls; they are also trained in advanced clinical assessment, triage and treatment skills either directly or in supporting other SECAMB clinicians.

PPs may ‘see and treat’ the patient; for example, this is where the patient can be assessed; treatment given and no further follow-up is needed.

The PP may also ‘see and treat’ the patient but on-going care may be needed in the community. If this is the case a referral will be made to the appropriate alternative health care option, such as a District Nurse/Community Matron; primary care (GP); or a referral service such as a Falls Service.

Working closely and in collaboration with primary/community services is an essential part of the success of the PP role and demonstrates the pivotal function that they can play in supporting the care of patients across the SECAMB population.

In many cases PPs are linked to GP practices and this enables them to build a close working relationship with all members of the practice, from GP to practice nurse or nurse specialists.

Current status

Bases for existing PP teams		
Sittingbourne	Redhill	Brighton
Herne Bay	Crawley	Littlehampton
Thanet	Haywards Heath	Chichester
Folkestone	Haslemere	Hailsham
Maidstone	Chertsey	Bexhill
Sevenoaks	Medway	Ashford
Burgess Hill	Dartford	Newhaven
Pulborough	Leatherhead	

Table 4: Paramedic Practitioner Team bases across the SECAMB area

There are 178 student and trained PPs within 23 teams working across the SECAMB area. The teams are based in the locations listed in Table 4 above.

In addition to the teams shown in Table 4, SE-CAmb has invested in nine smaller teams that consist of one or two PPs. Table 5 provides the location of these teams:

Bases for the smaller PP teams		
Dorking	Eastbourne	Farnborough
Folkestone	Guildford	Lewes
Sheppey	Thameside	Worthing

Table 5: Smaller Paramedic Practitioner Team bases across the SECAmb area

Data for PP non-conveyance rate, by the hour of the day comparing the periods April 2010 to March 2011 and April 2011 to March 2012 shows that over the last year SECAmb has been able to provide more patients with care at or closer to home than compared with the previous year.

The average PP non-conveyance for the 2011/12 (43.68%) period has improved on the PP non-conveyance of the previous year (2010/11) which was 42.13%. This has been helped by various factors which included the improvements made to the recording and subsequent reporting the activity of the PP skill set and also the introduction of the NHS Pathways time of call triage system.

It is intended to upgrade the PP dashboard throughout the coming year as this will allow the PP data to be consistent with the changes that have taken place within the CAD over the last year.

The difference in conveyance by time of the day is complex. SECAmb's overall activity is higher during the day which will be the same for community services. This may mean access to alternatives to conveyance is harder, could take more time to access or the needs of the patients are different. Certainly if the PP is taking longer to access the available

services due to day time demand, then this will decrease the amount of patients the PP can attend and therefore could adversely affect the conveyance rate. Work is constantly on-going so that SECAmb can improve their understanding in this area and put in systems to improve the overall performance of the care systems and hence improve the experience of our patients.

i. [Paramedic Practitioner \(PP\) Pilot in Coxheath Emergency Dispatch Centre \(EDC\)](#)

During the latter part of the 2011/12 year a pilot was introduced looking at the tasking of the Medway PPs. The aim was to appropriately task PPs more effectively by introducing a round the clock PP in the Kent EDC. The PP in the EDC assists in evaluating each incident the EDC receives and assesses the patient's suitability to be attended by a PP. This is where the PP will use their enhanced skill set in an effort to provide more patients with the appropriate care at or closer to home.

ii. [Paramedic Practitioner \(PP\) Satisfaction Cards](#)

The satisfaction cards are left by our PPs where the patient was not transported to hospital. The cards are a method by which SECAmb can establish how the patients that were not transported to hospital felt about the care they received from our clinicians.

Of the 36 replies received, 100% considered the care they received to be very good and 8.33% felt reassured while 91.67% felt very reassured (see figure 4).

How safe and reassured did you feel about not needing to go to hospital

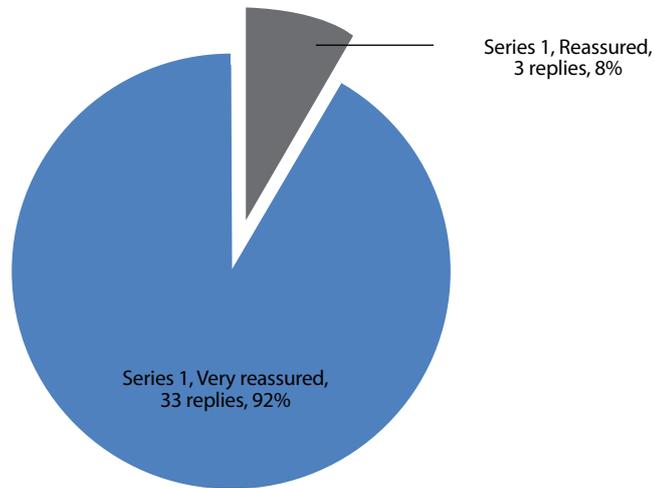


Figure 4: Non conveyance feedback, safety and reassurance

Figure 5 shows the results from the final question on the satisfaction cards which was – whether the care/treatment helped the patient’s problem. This category showed that of the 36 replies, 2.78% (1 reply) only somewhat agreed; 8.33% agreed (3 replies) and 88.89% completely agreed (32 replies).

Do you think that the care/treatment helped your problem

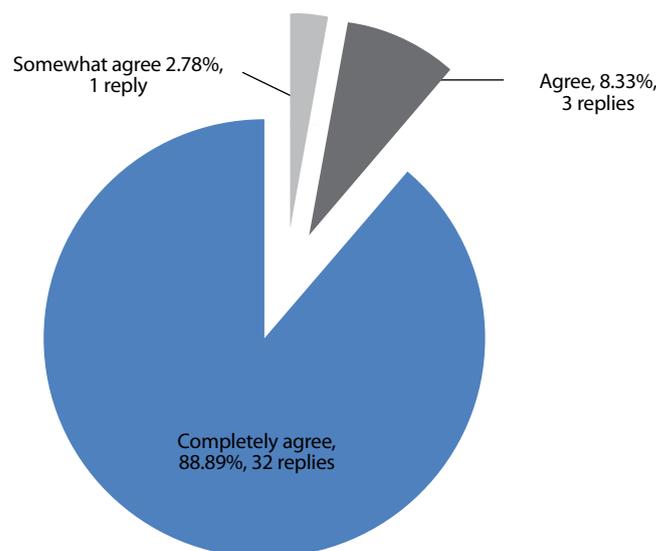


Figure 5: Non conveyance feedback on effectiveness of the care/treatment received

How we are going to improve Priority 2

Improving non-conveyance through the deployment of PPs will mean more patients can be safely treated at, or closer to home. This will further support improvement of the patient experience by providing safe and good quality alternatives to taking people to hospital for the entire 24-hour period. The agreed Commissioning for Quality and Innovation (CQUIN) targets for SECAMB include initiatives for utilising alternative health care options (alternative pathways) that meet the patients need and to report back on the usage of the pathways.

1. Workforce development

i. Paramedic Practitioner (PP) Skills Assurance Time (SAT)

The PPs in SECAMB are required to maintain their advanced skills through a system called "skills assurance time". During 2011/12 we have been working hard to enhance the education that is offered to PPs through SAT and to ensure that the skills that are most in demand are refined in order to maximise the effectiveness of PPs and minimise the need for patients to attend A&E with minor illness, minor injuries or exacerbations of long term conditions. From April 2012 the revised Skills Assurance Time plan will go live across SECAMB.

To further enhance the treatment options available to PPs, we have maintained the Patient Group Direction (PGDs) medicines introduced last year. The PGDs include painkillers and antibiotics commonly required in primary care, and already having a big impact.

SECAMB's learning and development department support the education and development of PPs working within SECAMB in a number of ways:-

- We provide a return to study program that starts to build some of the skills required for autonomous learning. As an extension of this we provide a tangible and accessible level of support, advice and guidance for students during their transition into higher education.
- We drive curriculum review as it relates to the role of the PP ensuring not just that it meets the needs as set out by the SHA to ensure continued funding but to ensure that it equips the individual with the skills to flourish in practice.
- We worked with clinical operations in ensuring the smooth delivery of the placements in General Practice and have developed and are continually refining the assessment tools that PPs use when they go into these placements.
- We have also developed the competency framework for the role and developed a peer led assessment of competence for the role of the PP, the first in the country.

ii. Developing the Paramedic Practitioner (PP) Response

Further to the PP pilot in the Coxheath EDC (as described in Current Status, paragraph i above), it has been found that PPs are able to utilise their enhanced clinical skills by ensuring that where possible and clinically safe to do so they have ensured that more patients have been able to be treated closer to or at home but essentially avoiding an unnecessary transport to hospital.

2. Paramedic Practitioner (PP) Dashboard Development

Using the CQUIN funding, SECAMB is further developing the PP dashboard. The dashboard will be used internally, making PP information

available through SECAmb's web based information portal. The portal will allow those with the need to view PP performance against various variables. For example we may wish to compare the PP conveyance rate between teams and by selecting the appropriate criteria, this is possible via the PP dashboard.

3. CQUIN (Commissioning for Quality and Innovation) Indicators

In the 2012/13 CQUIN plan there are indicators relating to increasing the skill mix at scene and to utilising alternative care pathways for patient groups.

4. Hear and Treat

Many patients who call 999 may only require self-care advice and reassurance. As mentioned in paragraph 5 below, during 2011 SECAmb introduced NHS Pathways which enhanced the way patients are triaged and as part of this development a sophisticated Hear & Treat module has been incorporated into the software system. The NHS Pathways system is also linked to an integrated Directory of Services which details the services suitable and available within the location of the caller and enables SECAmb to enhance the treatment provided by the emergency dispatch centres (EDCs) to its patients.

In recent years there has been a strong move towards a paradigm that provides integrated care delivery and commissioning. NHS Pathways provides the most effective patient journey and care delivery system driven by clinical need by providing a common clinical filter that redirects patients, regardless which organisation they call, to the one most appro-

priate to their clinical need.

5. NHS Pathways

NHS Pathways is a clinical triage system which provides the emergency dispatch centre staff with the ability to link into a wider range of health and social care pathways. This assists the PPs with an even greater ability to provide appropriate care and where possible reduce conveyance rates to conventional A&E sites and allow where clinically safe, to treat patients in their homes or at a treatment centre closer to their home.

NHS Pathways with its extensive store of clinical knowledge can offer pre-arrival advice for out of hospital emergency patients, interim care for those who require a less urgent response, as well as hear and treat advice for those unable to look after themselves clinically.

6. IBIS (Intelligence Based Information System)

Each year, SECAmb is required to meet some additional clinical quality targets through a scheme called CQUIN – Commissioning for Quality and Innovation. During 2011/12, one of the targets in the CQUIN plan was to improve clinical information sharing with other health providers. This has resulted in a system we have called IBIS.

IBIS has three main functions.

- Firstly a database which holds information about patients with long term conditions which is supplied by specialist community teams. This information is passed to our clinicians when one of these patients calls

999 and gives them additional clinical information about the patient to help reduce the need to go to A&E. NHS Brighton & Hove and Sussex Community Trust have been working with us on this part of IBIS and we hope to have 120 patients registered on IBIS over the next few months.

- The second part of IBIS involves the collection of data about patients who are not conveyed to A&E. IBIS provides a system for collecting some key data, such as demographics, GP surgery and reason for calling 999. This data can be used within SECAmb help manage frequent callers and can also be shared with primary care for use in urgent-care dashboards to help GPs see where their patients are accessing services.
- Finally, IBIS allows paramedic practitioners to send clinical summaries of patients they have treated to their GP, in much the same way as out of hours services and A&E departments do. This allows faster communication about the need for follow-up and review.

During 2012/13, the system will be fully rolled out, in all three functions as listed above.

7. Patient satisfaction survey

We propose to link this element into Priority 5 (Patient Experience Survey) for non-conveyed patients which will include two surveys during the year 2012/13.

8. Patient Group Directions and Clinical Practice Guidance

To be able to give drugs to patients safely

and within required guidance PPs use what are called 'Patient Group Directions' (PGDs). The PGDs allow PPs to treat conditions such as minor infections and patients with minor injuries (such as sprains and strains).

SECAmb has developed its own set of clinical guidelines for PPs. These guidelines are similar to the national Joint Royal Colleges Ambulance Liaison Committee guidelines used by all paramedics in the delivery of safe effective care. The SECAmb PP "Clinical Management Plans" use national evidence-based best practice guidelines, which continue to be developed in collaboration with our Medical Director and Medical Group, a committee of senior doctors who act as advisors to SECAmb.

9. Develop systems for performance measurement

We will continue to develop as part of SECAmb's performance measures, the ability to measure PP conveyance against non-PP conveyance so that it can be easily identified where changes can be made to improve the patient experience.

Name of Board Sponsor

Dr Jane Pateman, Medical Director

Name of Implementation Lead

Professor Andy Newton, Director of Clinical Operations

Priority 3 – To improve the quality of documentation by linking the computerised information received from the 999 call to the patient care record/form (which is completed at the patients side)

Description

Improving clinical records is a fundamental prerequisite to improving any aspect of clinical care. This is because it is essential to review the evidence of the care given to understand the impact of that care to the patient's outcome. The Patient Clinical Record (PCR) is the document that the clinician completes as a record of the patient assessment and care, and provides essential information about the care SECAmb clinicians give to our population (this form is completed at the patient's side). It is a record we use to pass information on to other health professionals, be that hospital clinicians or those in primary/community care. By monitoring the information contained in this document it tells us about professional practice within SECAmb and is a way of monitoring good practice and also helps us identify issues and risks that may affect delivery of high quality care.

The PCR process provides a range of information (a combined set of data) that supports the reporting of some quality indicators and wider SECAmb performance. Bringing the PCR and the emergency call together in this way means the information is available electronically and can be used to support the integrity of SECAmb's information systems. The journey of the PCR requires close

monitoring, so that the maximum number of PCRs are available for scanning and validated against the number of emergency responses. The three factors that link the PCR and CAD record/data are the incident date, incident number and the call sign. If we are not able to match all three then we cannot consider the electronic record valid and not linked and our clinical data is in question.

Current status

It is important that for each patient who is attended by a clinician, a PCR is completed and then forwarded to the scanning/validation and linking process.

Last year we reported based on the number of scanned PCRs we achieved an average of 83% of PCRs successfully linked for the period of April 2010 – March 2011. This figure later rose after publication of the Quality Account to 88% which is due to the data verification process having been completed. For the complete year April 2011 – March 2012 the average has increased to 92%.

The time allowed for this matching process is an average of six weeks and is as follows:

1. This record is currently manually completed by the clinician during their time with the patient.

2. The completed PCRs are collected on a weekly basis from each of the 58 ambulance stations (including the five Make Ready Centres).
3. The PCRs are then passed to the Health Records Team and electronically scanned.
4. Once the form has been scanned it is then manually validated with the data being uploaded onto SECAmb's information system where the scanned PCR data is linked to the emergency dispatch centre system CAD record/data, therefore completing the health record from the initial call through to the documentation.

How we are going to improve Priority 3

In order to ensure that we are giving the highest possible clinical care, we need to ensure that the number of PCRs correspond to the number of responses we make. We will monitor records so that there is a PCR for each patient encounter and that completed PCRs are available in a timely manner.

1. Explore new technologies

We will continue to explore new technologies to see how the compliance can be maintained and subsequently enhanced.

2. Using the PCR Electronic Data

SECAmb is participating in a Southern Region group procurement project to explore the benefits of such technology for front line staff and patients. There is also a small scale 'proof of concept' trial which has commenced recently. This uses an internally developed application on commercially available tech-

nology and SECAmb hope to explore other available technological solutions to make the capture of patient information at incidents more accurate and effective. This is all in early stages and not planned to be widely available to crews in the immediate future.

3. Internal Audits

At the Governors Development Day held in January 2012, it was requested that we carry out a one off audit to evaluate the quality of the linkage between the PCR and the CAD data.

This Audit will be carried out in the first quarter (April to June 2012) and the findings will be reported back to the Governors.

A further audit will be carried out in the third quarter of the year to show improvements on outcomes.

Name of Board Sponsor

Dr Jane Pateman, Medical Director

Name of Implementation Lead

James Kennedy, Director of Finance

Priority 4 – To monitor the effectiveness of SECAmb’s Infection Control procedures for emergency response vehicles that are deep cleaned across SECAmb and swab tested (Make Ready Centres only)

Description

The cleanliness of SECAmb’s emergency response vehicles instils confidence in the public and SECAmb’s patients. Last year SECAmb conveyed just over 418,219 patients to hospital (April 2011 to March 2012), therefore to prevent the spread of infection it is crucial that the vehicles are cleaned, not only prior to a shift, but are also deep cleaned on a regular basis.

The deep clean process of emergency vehicles can take two staff up to four hours to complete. On arrival the vehicle is stripped of all its equipment so its floors, ceiling, doors and roof vents can be scrubbed by the staff with a cleaning and disinfectant product. Each item inside the vehicle is dated and quality checked and if necessary replaced before being cleaned with specialist products. Once the clean is complete this is recorded in the vehicle log book.

Swab testing is a Make Ready Centre process by which a measure of cleanliness can be gauged and this works by detecting the levels of adenosine triphosphate (ATP). ATP is a biochemical found in all living organisms and biological residues. If ATP is detected this means the cleaning must be carried out again and the equipment is recalled and the cleaning process is repeated again.

During 2011/12, two additional Make Ready Centres became operational (located at Ashford and Paddock Wood), which makes a total of five centres within the SECAmb region.

Current status

Following the implementation of the two Make Ready Centres at Ashford and Paddock Wood SECAmb is reviewing the Make Ready concept and process to ensure that it is delivering all the benefits that were intended. The review will be considered at the Board Business meeting in April 2012 and then shared more widely. The results will inform whether there needs to be any changes to the plans to roll out the Make Ready Centres initiative across the whole of Sussex, Surrey and Kent by creating 12 centres in total across the SECAmb region by the end of 2016.

1. Deep Clean Process of Emergency Response Vehicles (excluding Single Response Vehicles in non-Make Ready Centre areas)

The Trust’s deep clean compliance is reported on a monthly basis via the corporate dashboard, which is reported to the Board. The numbers reflect the deep cleaning of emergency response vehicles (excluding single response vehicles) across the SECAmb region. It is easier to make available the vehicles in the Make Ready Centres for this process. Outside the Make Ready Centres the deep clean programme requires a vehicle is available over a 6 hour window and the drop below the target 85% is principally caused by demand on the service and the vehicles scheduled for deep cleaning being required to respond to emergencies.

Progression of the Make Ready Centres im-

plementation plan will ensure that in future more vehicles are made available for the deep clean process.

2. Swab Testing of Emergency Response Vehicles (Make Ready Centres only)

In 2011/12, 89 swab tests were planned, with a completion rate of 84.5 required to meet the 95% target, thereby providing assurance of cleanliness; in-year, 87 swab tests were completed, which meant the Trust exceeded the target by 2.75%.

How we are going to improve Priority 4

1. The Make Ready Centre Initiative

SECAmb is implementing Make Ready Centres – a scheme in which the emergency response vehicles are regularly deep-cleaned, restocked and checked for mechanical faults in order to significantly minimise the risk of cross-infection and improve patient safety.

Following a successful introduction of the current five Make Ready Centres, SECAmb is not planning to open any additional Make Ready Centres during 2012/13, although following completion of the current review, planning and development is continuing on future sites which will open in subsequent years with the aim being to have a total of 12 Make Ready Centres by the end of 2016.

2. Front Loaded Service Model (FLSM)

As described previously in priority 1, this is where SECAmb is determined to instil confidence within its health economy by aiming to ensure that a registered clinician is first to see the patient 90% of the time within the next three years. The Front Loaded Service Model initiative coupled with improved infection control measures (deep clean and swab testing) will ensure that the patient not only gets the best level of care from SECAmb but receives

that care in a clean and hygienic environment.

3. The Annual Plan

SECAmb feels that the linking of the Front Loaded Service Model (already linked to Priority 1) and Priority 4 proves that the Annual Plan is working as it guarantees that the whole of SECAmb is working together to bring patients the best health care SECAmb can offer at the most affordable cost to the public purse.

4. Action taken if standards within this priority reduce

Should a swab test result in failure once the test has been completed then the vehicle is recalled and the piece of equipment that failed the swab test is re-cleaned and retested.

Should the standard begin to fall below the required target of 95% the resulting action plan would include a revision of the deep clean procedure. The swab test samples are tested against the UK national standard in order to be considered a pass. The samples are processed by an external contractor who processes are accredited by UKAS (United Kingdom Accreditation Service) which demonstrates that the systems standards and methods employed are to internationally agreed standards. The contractor is also compliant with the European standard ISO IEC 17025, this standard identifies the high technical competence and management system requirements that guarantee the test results and calibrations are consistently accurate.

Name of Board Sponsor

Dr Jane Pateman, Director of Medical

Name of Implementation Lead

James Kennedy, Director of Finance

Priority 5 – To improve the experience of those patients who call SECAmb and rather than being taken to hospital, are provided with an alternative health care option

Description

Priority 2 in this year's Quality Account is to reduce the number of patients transported to hospital by utilising our specialist paramedics to provide care closer to home or at home. However this is only one of the 'alternative care pathways' that SECAmb can offer to patients. A range of alternative options are available, which may mean that patients are not conveyed to hospital, or which may remove the need for a physical response from the ambulance service, i.e. an ambulance or a car, altogether.

One of SECAmb's Clinical Quality Indicators (CQIs) is to increase the number of ambulance calls closed with telephone advice or managed without transport to A&E. This will lead to an improved experience for more patients – nobody wants to go to hospital unless they have to – as well as a reduction in the number of people attending A&E, freeing up hospitals to deal more quickly with those patients who really do need hospital treatment.

These alternative care pathway options will include treatment by a SECAmb specialist paramedic in the home or close to home, as mentioned in Priority 2. However, in some cases other options (clinical pathways) may be more appropriate. These might include:-

- Advice or signposting from a clinical telephone adviser in the emergency dispatch centre (Hear and Treat) or a
- Referral - either by the clinical telephone adviser or by a clinician who attends the

patient - to another health care professional, such as a GP, respiratory nurse, diabetes nurse specialist; referral to a mental health team, social worker, walk-in centre, pharmacy, etc.

We know that this system will lead to more appropriate care for patients (the 'right care, right place, right time', ethos), but we want to ensure that expectations of patients and carers are met and to be able to demonstrate that their experience is improved as a result, thus including this as a priority indicator in our Quality Account.

Current status

As mentioned earlier in this document during spring of 2011 SECAmb introduced a new clinical call triage system called NHS Pathways. This replaced the previous system (AMPDS) and is an advanced clinical triage system that will provide us with the enhanced ability to refer 999 callers to appropriate pathways of care. More detailed information about NHS Pathways is provided in Priority 2 of this document.

To support NHS Pathways, we have introduced a 'directory of services' (DOS) which provides our staff with details of local health care services within the patients area. SECAmb and our primary care trusts (PCTs) have been working together to upload local services to the directory, such as out-of-hours services, walk-in centres, minor injury units and mental health crisis teams.

During 2011/12 SECAMB undertook two surveys, using data from August 2011 and February 2012. The August survey yielded a response rate of 29%, with 92% of respondents either satisfied or very satisfied with the service provided by SECAMB.

The results from the February 2012 survey yielded a response rate of 32.4% (an improvement on the August survey, which yielded 29%), with the same percentage (92%) of respondents either satisfied or very satisfied with the service they received from SECAMB.

Although the surveys were anonymous and comments were therefore not attributable to specific incidents, the responses did provide some learning points and an action plan was drawn up from each survey and implemented to address these. Below are some key facts from both of the surveys undertaken:

- The majority of respondents to the surveys perceived that they were calling 999 for a non-life threatening emergency (August – 47% and February 45%), with 13% of respondents from the August survey and 12% from the February survey believing they were calling for a life-threatening emergency.
- We asked if people sought advice before calling 999. The results showed that respondents did seek advice (29% from the August survey and 39% from the February survey) before calling 999. They normally sought advice from GPs, relatives and NHS Direct to name a few alternatives.
- We asked people to let us know about their experience of SECAMB's call taking. A substantial number of respondents did not answer this question in either survey and we think that the likely reason for this is that they were not the caller (they may have been the patient).

- However even including the non-respondents, 85% of respondents from the August survey, and 78.5% from the February survey, agreed or strongly agreed that they were able to answer the questions asked of them by the call takers.
- Of the respondents who spoke to a Clinical Adviser, the August survey showed 58% and 67% from the February survey were either transferred immediately or called back within five minutes. It should also be noted that from the August survey only 3% of respondents had spoken to a Clinical Adviser whereas in the February survey this had increased to 31%. This demonstrates a significant and welcome increase in the use of clinical advisers during triage.
- The majority of respondents (patients and/or carers) agreed with the decision not to be taken to hospital (August survey – 66% and February survey 64.2%). It is also worth noting that from the February survey almost one quarter of respondents did not complete this question, however 80% of these people stated their overall satisfaction as 'very satisfied' or 'satisfied'.

Some items included in our action plans from the surveys were:

- To further improve on documentation left with the patient (when the patient is not conveyed).
- To provide further explanation to callers as to why an ambulance is not being sent.
- To continue working with our health-care colleagues to improve the range of alternative pathways available to callers dialling 999.
- The above will provide improved informa-

tion for all call takers with regards to out of hours numbers to other healthcare providers.

The results from the two surveys demonstrate the consistence achieved with regards to high levels of satisfaction.

How we are going to improve Priority 5

Ad hoc surveys have been undertaken over the years to determine levels of satisfaction of those patients who are not conveyed to hospital, and feedback has, in the main, been positive. However, with the NHS Pathways clinical triage system and more alternative care pathways being introduced, as well as new clinical quality indicators, it is more important than ever that we determine and benchmark just how good the patient's experience has been, in order to ensure continuous improvement.

1. Patient experience surveys

We therefore plan to undertake two patient surveys during 2012/13, surveying those patients whose emergency call has been resolved with clinical telephone advice or managed without transport to A&E. The surveys will be undertaken using data from June and November 2012, in order to provide an interval for analysis and for some improvements to be implemented as necessary.

The surveys will also be linked to our CQUIN plan for 2012/13 and have an overarching patient experience theme "responsiveness to personal needs of patients".

2. Measuring feedback via complaints and PALS concerns (concerns raised via SECAmb's Patient Experience Team)

In addition to proactive information gathering via the two above mentioned patient surveys, feedback from patients or their carers via complaints and PALS (and PALS may be negative (concerns), positive (compliments) or neutral) will also be analysed and drawn upon to form part of the overall picture of a patient's experience and satisfaction.

The rich information gleaned from these initiatives will provide valuable patient and carer perspectives on experience, expectations, clinical outcomes and satisfaction. It will help us to make improvements and tailor our future service provision, ensuring that our patients receive the service they want and need, and may well lead to some of those patients surveyed becoming involved in the future development of services.

The information gathered via these initiatives will also prove useful for inclusion in the quarterly narrative report required for the 'Patient Experience' Clinical Quality Indicator.

Name of Board Sponsor
Professor Andy Newton, Director of Clinical Operations

Name of Implementation Lead
Kath Start, Director of Workforce and Organisational Development

4. Quality Improvements made within SECAMB during 2011/2012

4.1 Paramedic Practitioner (PPs) Pilot in Emergency Dispatch Centres (EDCs)

During the latter part of the 2011/12 a pilot was introduced looking at the tasking of the Medway PPs. The aim was to appropriately task PPs more effectively by introducing a round the clock PP in the Kent EDC. The PPs in the EDC assists in evaluating each incident the EDC receives and assess the patient's suitability to be attended by a PP. This is where the PP uses their enhanced skill set in an effort to provide more patients with the appropriate care at or closer to home.

4.2 CQUIN (Commissioning for Quality and Innovation) Plan

CQUIN is a national framework for locally agreed quality improvement schemes. It makes a proportion of SECAMB's income conditional on the achievement of ambitious quality improvement goals and innovations agreed between Commissioner and SECAMB, with active clinical engagement. The CQUIN framework is intended to reward excellence, encouraging a culture of continuous quality improvement in all providers.

The SECAMB 2011/12 CQUIN Plan listed three goals, which were:-

- Management of Conveyance
- Develop information and reporting to ensure ability to improve care
- Communications, patient experience and safety

i. **Management of Conveyance:** the aim was to reduce managed conveyance throughout the year from 64% to 60%, i.e. the number

of avoidable patients being admitted to A&E departments.

Actions which have been taken during the year included:-

- In order to monitor the managed conveyance we produced a trajectory per PCT and a SECAMB average. The trajectory demonstrated the plans to achieve 60% performance by 31 March 2012 for the whole of SECAMB averaging around 62% throughout the year from the 64% start point. As at 31 March 2012 we had achieved 61.9% (year to date 62.7%).
- Increasing the number of PPs, the introduction of NHS Pathways, alternative care pathways and the directory of services have assisted us with the reduction; however this is an area for further improvement during 2012/13.
- Pocket size information guides were provided to our staff in the form of a pocket book (safe non conveyance guide)
- Snapshot surveys carried out by our staff at A&E departments
- Regular reports were submitted to the Commissioners

ii. **Develop information and reporting to ensure ability to improve care:** the aim was to develop a system where patients who were assessed face to face by our PPs and not conveyed to hospital should have a summary of the care they received sent to their GP. The second part was to devise a system whereby GPs/Community providers could advise us of any health information which would assist us in caring for the patient if we received a 999

call with a view to rolling out in 2012/13.

Actions which have been taken during 2011/12 included:-

- Worked with GPs/community providers to ascertain the requirements for a system to work.
- The development of the IBIS system (see section 4.3 below for full description of the system).
- Clinical summaries sent to GPs at the end of March 2012.
- Roll out plan for the second part of the system during 2012/13.

iii. Communications, patient experience and safety: the aim for the year was to carry out two surveys for patients who were not conveyed to hospital. The surveys were also a way of ascertaining the patient's perspective of the appropriateness of the non-conveyance or the alternative responses provided.

Actions which have been taken during the year included:-

- Two surveys were carried out using August 2011 and February 2012 data and both surveys showed the same satisfaction rate - 92%. (Further details can be found within Priority 5).
- There were however a few areas for improvement and action plans were implemented and shared with the Commissioners.

4.3 IBIS project

Each year, SECAMB is required to meet some additional clinical quality targets through a scheme called CQUIN (Commissioning for Quality and Innovation). During 2011/12, one of the targets in the CQUIN plan was to im-

prove clinical information sharing with other health providers. This resulted in a system we have called "IBIS".

IBIS has three main functions.

- Firstly a database which holds information about patients with long term conditions which is supplied by specialist community teams. This information is passed to our clinicians when one of these patients calls 999 and gives them additional clinical information about the patient to help reduce the need to go to A&E. NHS Brighton & Hove and Sussex Community Trust have been working with us on this part of IBIS and we hope to have 120 patients registered on IBIS over the next few months.
- The next part of IBIS involves the collection of data about patients who are not conveyed to A&E. IBIS provides a system for collecting some key data, such as demographics, GP surgery and reason for calling 999. This data can be used within SECAMB help manage frequent callers and can also be shared with primary care for use in urgent-care dashboards to help GPs see where their patients are accessing services. This section will be rolled out during 2012/13.
- Finally, IBIS allows paramedic practitioners to send clinical summaries of patients they have treated to their GP, in much the same way as out of hours services and A&E departments do. This allows faster communication about the need for follow-up and review.

4.4 NHS Pathways and Directory of Services

During April and May 2011 SECAMB commissioned the NHS Pathways clinical triage system. NHS Pathways is an advanced clini-

cal triage system that provides us with the enhanced ability to refer 999 callers to appropriate pathways of care. This could be, but is not limited to, an ambulance response, an appointment with a GP, advice to visit the local minor injury unit or walk in centre, or home care.

NHS Pathways sets out to deliver a single clinical assessment tool that provides effective triage over the telephone in any setting taking calls from the public. This could include 999, NHS Direct, GP Out of Hours, NHS 111 and any other Single Point of Access number in place.

This system is better for the patient because it improves the quality of their experience and improves their health outcomes. It is better for the NHS because this will mean a reduction in unnecessary ambulance journeys and a reduction in avoidable admissions to hospital A&E departments.

Supporting NHS Pathways is a robust and accurate directory of service. This has been implemented by SECAMB working with the PCTs and other service providers. Each PCT has identified and uploaded local services to the directory, such as out of hours services, walk-in centres, minor injury units and mental health crisis teams etc. This will ensure every patient accessing urgent and emergency care services are effectively triaged, reducing the need for them to repeat information and helping to make sure that they are directed to the right care at the right time effectively creating a Single Point of Access for Urgent Care. This requires the clinical tools to support those answering the telephone to:

- Seamlessly map an individual patient's specific clinical requirements to the clinical capabilities of all local services.

- Effectively identify emergencies and rapidly dispatch ambulance support without delay.
- Effectively identify the level of urgent care needed and refer at first contact to the most appropriate local provider.
- Identify providers that are open, have capacity and are close to the patient.

In order that the quality of care is maintained SECAMB will ensure that its performance of green calls (non-life threatening – full description can be found at paragraph 4.12) is regularly monitored. This will be required so that for example green responses that then require an ASHICed conveyance to hospital can be highlighted, examined and addressed.

4.5 Patient Transport Services (PTS)

SECAMB's PTS has undergone a significant change in the last year ahead of bidding for the new Sussex, Surrey and Kent wide PTS tenders when they are/were due out.

Recognising the need to be more pro-active in meeting our patients' needs as well as meeting the demands of our commissioners, PTS undertook a consultation process with its staff to review its management structure. As a result of this it put three regionalised operational managers in post to support the wider team and patient needs.

The Patient Transport Service has also implemented a new Computer Aided Dispatch (CAD) system during 2011/12. This provides a regional facility so that only one CAD is used across Sussex and Kent rather than two separate systems. This means better planning of resources to meet commissioner and patient need.

The service has also implemented e-bookings

across Sussex and Kent. This means that bookings can be entered onto the PTS CAD system on line from any computer terminal across Sussex and Kent.

Looking ahead to 2012/13 Patient Transport Services have won the pan Sussex PTS contract against a number of large multi-national organisations to keep this service in house. This contract started in April 2012. It has also won the pan-Surrey contract which will go live in October 2012 and is looking to win the contract for pan-Kent which would go live April 2013.

With the introduction of these new contracts PTS will be bringing in brand new vehicles with higher levels of safety and comfort for patients as well as further IT systems including live vehicle tracking and monitoring to ensure that patients are transported more efficiently, have less waiting time either to be picked up or collected following appointments.

The new vehicles also mean that there will be improved cleanliness and infection control management and PTS is working with its mental health patients to increase the amount of 'non-logged' transport carried out.

4.6 Volunteers (including CFRs, Chaplains, Retirement Associations)

We currently have over 300 active Community First Responders and 90 schemes across our region and during 2011/12 they have had a busy year. They responded to in excess of 18,000 calls, attended around 500 cardiac arrests and over 11,000 life threatening calls. During the year we also recruited over 200 new Community First Responders.

Following criteria from the British Heart Foundation, we have also taken delivery and placed 244 defibrillators as Public Access

Defibrillators during the year, in communities of high footfall, high cardiac arrest activity or areas of deprivation.

Our 38 volunteer chaplains continued to provide support to our staff during the year – both pastoral but also a friendly, supportive and confidential voice. The role of the chaplains is becoming more complicated, as we move towards larger Make Ready Centres but our aim is to improve the chaplaincy service we provide and to ensure this vital role and support is not lost.

This year also saw the formalisation of the relationship between the Trust and the four Retirement Associations, who provide invaluable support to retired members of staff. During the year all four associations have seen an encouraging increase in membership.

SECAmb is fortunate to enjoy support from a network of around 130 volunteer car drivers supporting the delivery of Patient Transport Services. Their support is key in the more rural parts of our region, where it is very difficult to run an effective and efficient service for patients travelling longer distances from more remote areas. Without the support of these volunteers we would be hard pressed to meet the needs of patients who have to travel in either very early, very late or greater than usual distances to make their appointments.

4.7 Major Trauma pathway

In 2011/12 there has been much work towards the establishment of Trauma Networks across the SECAmb area. SECAmb is involved in the following Trauma Networks:

- South West London and Surrey (already established in 2010)
- - The Bypass pilot that was on and within the M25 has continued and has been

widely regarded as very successful, as of the 2 April 2012 the pilot area has been absorbed into the wider Surrey Bypass system.

- Sussex (operational with bypass from 2 April 2012)
- South East London Kent and Medway (expected to become fully operational autumn 2012)

In Sussex the Major Trauma system went live at 0800 on the 2 April 2012.

Hospitals within the Surrey and Sussex networks have undergone assessment as to their ability to respond to Major Trauma. The following hospitals are recognised as a Major Trauma Centre in their respective networks:

- The Royal Sussex County Hospital, Brighton
- St Georges Hospital, Tooting

Trauma Units

- Frimley Park Hospital
- The Royal Surrey County Hospital, Guildford
- St. Peters Hospital, Chertsey
- St. Richards Hospital, Chichester
- Eastbourne District Hospital, Eastbourne

South East London Kent and Medway have yet to formally designate their Trauma units and the Major Trauma Centre for the Kent area will be Kings College Hospital, Denmark Hill.

SECAmb and the Learning and Development Team have worked closely to produce an education package that was rolled out in late February 2012 to operational staff which explained the concept of the Major Trauma system and the use of the Major Trauma deci-

sion tree.

A critical care support desk will be funded from within CQUIN monies and is being run by staff from Kent, Surrey and Sussex Air Ambulance Service (KSSAAS) between 0700 and 2300, outside of these hours there is a senior clinician on call rota. The on-duty Emergency Consultant at the Royal Sussex County Hospital provides further support for the clinician in EDC as required.

KSSAAS and SECAmb are working towards the provision of a 24/7 service on the Clinical Support Desk.

4.8 pPCI for ST Elevation Myocardial Infarction (STEMI)

Clinical developments in the care of patients who are having a heart attack means that in preference to thrombolysis, primary angioplasty is being used to unblock the artery carrying blood to the heart, rather than dissolving the clot using drugs. This procedure is carried out under local anaesthetic; a small balloon is inserted via an artery in the groin or arm and guided under x-ray to the blockage. Once in place, the balloon is inflated and removed, leaving behind a rigid "stent" which squashes the blockage in the artery allowing blood to flow through. For the treatment to work, it has to be done quickly to minimise the amount of damage to the heart muscle from the lack of oxygen that occurs when blood-flow is blocked.

24/7 pPCI services have been introduced at the following locations, which are accessed by SECAmb:

- Queen Alexandra Hospital, Cosham (from November 2011)
- The Royal Sussex County Hospital, Brighton

- Eastbourne District General Hospital*
- The Conquest Hospital, Hastings*
- Frimley Park Hospital, Frimley
- St Georges Hospital, Tooting
- The William Harvey Hospital, Ashford

In November 2011, SECamb stopped taking STEMI patients to Worthing for pPCI as the hospital was unable to offer a 24/7 service.

* These hospitals form part of East Sussex Healthcare Trust and share an on-call rota for pPCI out of hours. There is work on-going for this Trust to centralise pPCI services to one site.

For Stroke and pPCI, SECamb has engaged fully with the relevant Managed Clinical Networks in all parts of the SECamb area.

4.9 Stroke pathway

Stroke services have undergone a considerable change in the last 12 months. These are described below:

- Kent:** 24/7 Thrombolysis is now available either in person or by the use of telemedicine across most of the hospitals in Kent. This means that the complex set of diverts and rotas has now been much simplified which not only allows for faster times for patients to receive the appropriate care but also keeps crews in assigned response areas.
- Surrey:** 24/7 Thrombolysis as described above with the last outstanding hospital in Surrey went to 24/7 operations in February 2012.
- Sussex:** 24/7 Thrombolysis available across East Sussex, Brighton and parts of West Sussex with the exception of St. Richards Hospital which has recently reduced oper-

ating hours from an agreed 0730-1730 to 0900-1700 Monday to Friday. All calls out of these hours are currently taken up by Worthing Hospital or Queen Alexandra Hospital in Cosham.

Western Sussex Hospitals NHS Trust have given assurance to NHS Sussex that there will be a 24/7 service at St Richards by July 2012.

SECamb is trying to negotiate one set of thrombolysis criteria.

4.10 Pre-Hospital Thrombolysis

This has been withdrawn, as the standard of care is now primary angioplasty throughout the region. CCP crews will maintain a small stock for use in special circumstances under medical guidance.

Contingency plans have been made to use thrombolysis as a contingency measure during severe weather episodes such as snow which may prevent the timely transport of patients to a pPCI centre, again this would be done under close medical supervision.

SECamb's Medicines Management Lead has lead on the management of this issue.

4.11 IT Service Developments

- Computer Aided Dispatch (CAD)** – SECamb has purchased and installed a region wide CAD System into all three EDCs. As they now all work on the same system, this gives visibility of all emergency incidents and resources across the SECamb region as required and enables standardisation of working practice across all three EDCs.
- Mobile Data Terminals (MDT)** – SECamb has installed new terminals in all Emergency Response Vehicles and is planning deployment of a new 'User Interface'. This will improve the clarity of the display to crews in

vehicles and enable enhanced functionality between this equipment and the CAD.

iii. **Airwave Radio (ARP)** – SECAmb has worked with the Department of Health (DH) and other agencies to deploy the Airwave Radio system. This is now well embedded across SECAmb with on-going work aimed at further improving usability of the system, for example by the addition of telephone functionality (to designated numbers) via the radio handsets to facilitate direct ‘clinician to clinician’ conversations.

iv. **Telephone System** – SECAmb has implemented a regional telephone system in the EDCs. This allows emergency calls to be answered by any available call operator across the SECAmb region whereas previously calls would have queued at individual locations in busy period while operators may have been free in other EDCs. Deployment of new telephone handsets linked to the regional system for station and office users is due to follow over the next few months.

v. **Electronic Patient Care Record (EPCR)** – SECAmb is participating in a Southern Region group procurement project to explore the benefits of such technology for front line staff and patients. There is also a small scale ‘proof of concept’ trial which has commenced in two areas. This uses an internally developed application on commercially available technology and SECAmb hope to explore other available technological solutions to make the capture of patient information at incidents more accurate and effective. This is all in early stages and not planned to be widely available to crews in the immediate future.

4.12 Clinical Outcome Based Performance Indicators

Prior to 1 April 2011 SECAmb had been preparing for the new series of clinical qual-

ity indicators which replaced the Category B 19-minute national performance target. The indicators comprise of two elements, Ambulance System Indicators (AmbSIs) and Ambulance Outcome Indicators (AmbOIs) and were implemented from 1 April 2011. The AmbSIs are reported monthly for the previous month and the AmbOIs are reported monthly but with a three month lag on the month being reported.

In summary, the 11 clinical indicators include survival rates for people who collapse and stop breathing and the recovery rates of patients suffering from heart attacks and strokes (detailed below is a quick reference guide to the new indicators).

The indicators have been introduced by the Department of Health and developed jointly with the National Ambulance Directors of Operations group, the Ambulance Chief Executives group, Ambulance Medical Directors, Commissioners of Ambulance Services and National Clinical Directors for Urgent and Emergency Care.

The introduction of these new indicators will mean that ambulance trusts will not simply be measured on time alone but on how we treated patients and the outcomes of the treatment. These indicators have initially been implemented for benchmarking between trusts to identify outliers and potential good practice relating to outcomes.

What did this change mean to response targets?

Category A – The Category A eight-minute response and 19-minute response target remain the same. Calls requiring a defibrillator are classed a Red 1 and all other life-threatening emergencies as Red 2.

Category B – The Category B 19-minute target no longer exists. The Department of Health

agreed the replacement of this target with a wider set of clinical quality indicators.

Category C – Previous Category C and some Category B calls now become a new Category C “green call” and these will be sub divided into four categories with varying response requirements ranging from an ambulance arriving to advice on the phone, depending on severity of the injuries.

Clinical quality indicators in brief

Outcome from acute ST-elevation myocardial infarction (STEMI)

- This indicator will measure the outcome of those patients that suffer an out of hospital STEMI (a type of heart attack). Success of the STEMI management will be shown by the number of patients that survived against all those patients that suffered a STEMI expressed as a percentage.
- For the period April to November 2011, SECamb reports that 96.2% of its patients with this condition received primary angioplasty within 150 minutes of the call for help. The national average was 89.6%.

Outcome from cardiac arrest - return of spontaneous circulation

- This indicator will measure how many patients who are in cardiac arrest but following resuscitation have a pulse/ heartbeat on arrival at hospital.
- For the period April to November 2011, SECamb reports that 27.3% of its patients that had suffered a cardiac had ROSC at arrival at hospital. The national average was 22.9%.

Outcome from cardiac arrest - survival to discharge

- Following on from the second indicator, this will measure the rate of those who recover from cardiac arrest and are subsequently discharged from hospital.
- For the period April to November 2011, SECamb reports that 5.7% of its patients that had suffered a cardiac arrest and arrived at hospital with ROSC, recovered to be discharged from hospital. The national average was 6.7%.

Outcome following stroke for ambulance patients

- This indicator will measure the time it takes from the 999 call to the time it takes those FAST positive patients to arrive at a specialist stroke centre so that they can be rapidly assessed for thrombolysis.
- For the period April to November 2011, SECamb reports that it transported 67.6% of these patients to a specialist stroke centre within 60 minutes. The national average was 53.6%.

Proportion of calls closed with telephone advice or managed without transport to A&E (where clinically appropriate)

- Measure the number of patients effectively managed without the need for an ambulance response or onward transport to hospital.
- Last year (2011/12) SECAmb was able to provide telephone advice to 4.7% of its callers.

Re-contact rate following discharge of care (i.e. closure with telephone advice or following treatment at the scene)

- This indicator will measure how many callers or patients call us back within 24 hours of the initial call being made.
- Last year (2011/12) 10.2% of SECAmb's patients that were given telephone advice re-contacted SECAmb; while 5% of the patients treated at scene without the need for transportation to hospital re-contacted the SECAmb.

Call abandonment rate

- This indicator will ensure that we are not having problems with people phoning 999 and not being able to get through.
- The call abandonment rate for SECAmb during 2011/12 was 1.0%.

Time to answer calls

- This indicator will measure how quickly all 999 calls that we receive get answered.
- SECAmb can report in 2011/12 the average (median) time to answer a call was three seconds.

Service experience

- SECAmb needs to demonstrate how we find out what people think of the service we offer (including the results of focus groups and interviews) and how we are acting on that information to continuously improve patient care.

Time to treatment by an ambulance-dispatched health professional

- Time from call categorisation to arrival of health professional for life threatening (category A) calls. The Category 'A' response that SECAmb provided (2011/12) was 77.7%.

Category A eight-minute response time

- The table "Understanding the Changes" provides a guide as to how calls are categorised following the removal of the pre April 2011 Cat 'B' performance targets.

Understanding the changes at-a-glance guide

Call	999 call received and assessed by Emergency Operations Centre using AMPDS or NHS Pathways					
	Category A (Red)		Category C (Green)			
Assessment	Red 1 Life-threatening requiring defib All echo codes	Red 2 Immediately life-threatening All other category A	Green 1 Serious but non life-threatening Serious clinical needed	Green 2 Serious but non life-threatening Less serious clinical needed	Green 3 Non life-threatening Non-emergency	Green 4 Non life-threatening Non-emergency
Response	Face-to-face ambulance response		Face-to-face ambulance response	Face-to-face ambulance response	Telephone assessment a) Alternative pathway referral b) Upgrade to Red/Gren 1/2 c) Advice given and call closed	Telephone assessment a) Alternative pathway referral b) Upgrade to Red/Gren 1/2 c) Advice given and call closed
Performance	Within 8 minutes of call received (19 minute transport standard)		Within 20 minutes of call received	Within 30 minutes of call received	Within 20 minutes of call received	Within 60 minutes of call received
	Quality of care given to the patient and the difference that made All patient care given will be now assessed using 11 new Clinical Quality Indicators - including outcome of cardiac arrest, ST elevation myocardial infarction, stroke, service experience and telephone advice given - to measure type, quality and outcome of treatment					

5. Statement of Assurance relating to quality of NHS services provided (Red text relates to the Quality Report data requirements)

The information below is as the prescribed schedule as in the Quality Account Regulations (and NHS Foundation Trust Annual Reporting Manual 2011/12 for the Quality Report) that SECAmb is required to declare.

Statements of Assurance from the Board

During 2011/12 SECAmb provided two and sub-contracted 15 NHS services.

SECAmb has reviewed all the data available to them on the quality of care in all 17 of these NHS services.

The income generated by the NHS services reviewed in 2011/12 represent 3.0% (three) per cent of the total income generated from the provision of NHS services by the SECAmb for 2011/12.

Clinical Audits

During 2011/12 five national clinical audits and one national confidential enquiries covered NHS services that SECAmb provides.

During 2011/12 SECAmb participated in 100% (one hundred percent) national clinical audits and 100% (one hundred percent) national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that SECAmb was eligible to participate in during 2011/12 are as follows:

- National non-conveyance audit (NANA)
- Clinical Performance Indicators
- Clinical Indicators subset of Ambulance

Quality Indicators

- Myocardial Infarction National Audit Programme (MINAP).
- National Research Asthma Deaths (NRAD)
- Sentinel Stroke National Audit Programme (SSNAP)

The national clinical audits and national confidential enquiries that SECAmb participated in during 2011/12 are as follows:

- National non-conveyance audit (NANA)
- Clinical Performance Indicators
- Clinical Indicators subset of Ambulance Quality Indicators
- Myocardial Infarction National Audit Programme (MINAP).
- National Research Asthma Deaths (NRAD)
- Sentinel Stroke National Audit Programme (SSNAP)

The national clinical audits and national confidential enquiries that SECAmb participated in, and for which data collection was completed during 2011/12, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

- National non-conveyance audit (NANA) (100%)
- Clinical Performance Indicators (100%)
- Clinical Indicators subset of Ambulance Quality Indicators (100%)

- Myocardial Infarction National Audit Programme (MINAP) (100%)
- National Research Asthma Deaths (NRAD) (100%)
- Sentinel Stroke National Audit Programme (SSNAP) Registration completed, data collection not yet expected.

The reports of four national clinical audits were reviewed by the provider in 2011/12 and SECAMB intends to take the following actions to improve the quality of healthcare provided:

- Withdrawn pre-hospital thrombolysis except for CCP vehicles and as a contingency in severe weather conditions etc.
- Delivering the best care to patients suffering from an Acute Myocardial Infarction

The reports of seven local clinical audits were reviewed by the provider in 2011/12 and SECAMB intends to take the following actions to improve the quality of healthcare provided:

- Individual action plans have been set against each area for service improvement to advance patient care and improve clinical quality.

Clinical Research

The number of patients receiving NHS services provided or sub-contracted by SECAMB that were recruited during that period to participate in research approved by a research ethics committee was two.

CQUIN Framework

A proportion of SECAMB income in 2011/12 was conditional upon achieving quality

improvement and innovation goals agreed between SECAMB and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2011/12 and for the following 12 month period are available online at: http://www.monitor-nhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/_openTKFile.php?id=3275

SECAMB was provided an additional 1.5% of income in 2011/12 for CQUIN schemes which totalled £2,100k. The goals were around Management of Conveyance (0.5% £700k), Develop information reporting to ensure ability to improve care (0.7% - £980k) and Communications, Patient Experience and Safety (0.3% - £420k). Of these 14% (£288k) was returned to commissioners due to non-achievement of quarterly targets.

Care Quality Commission

SECAMB is required to register with the Care Quality Commission and its current registration status is registered without conditions.

The Care Quality Commission has not taken enforcement action against SECAMB during 2011/12.

SECAMB has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

Quality of Data

SECAMB did not submit records during 2011/12 to the Secondary Uses service for inclusion in the Hospital Episode Statistics

which are included in the latest published data.

SECamb Information Governance Assessment Report overall score for 2011/12 was 78% and was graded GREEN on the IGT trading scheme.

SECamb was not subject to the Payment by Results clinical coding audit during 2011/2012 by the Audit Commission (Payment by Results does not currently apply to services provided by Ambulance Trusts).

As stated above SECamb was not subject to Payment by Results during the reporting period although audit of Call Prioritisation (equivalent to Acute Unit Clinical Coding of activity) is undertaken as part of the requirement to maintain licence of the call prioritisation software, it does not form part of the Payment by Result metrics. The metrics for PbR Ambulance contracts are See & Treat, See & Convey and Hear & Treat/Refer, none of these metrics drill down to patient condition necessitating clinical coding level audit.

PART 3

6. Review of Quality Performance

This section provides an overview of the quality of care offered by SECamb on performance in 2011/12 against indicators selected by the board in consultation with stakeholders, with an explanation of the underlying reason(s) for selection.

6.1 Patient Safety Indicators

6.1.1 Serious Incidents Requiring Investigations (SIRIs)

SECamb has adopted the National Framework for Reporting and Learning from Serious Incidents Requiring Investigation (SIRIs). This framework was issued by the National Patient Safety Agency, in consultation with the Primary Care Trusts, Strategic Health Authorities and others related organisations and stakeholders.

In essence we investigate every SIRI, identify the root causes and learning outcomes and develop action plans for implementation which will prevent, as far as practicably possible, similar incidents reoccurring, as far as practicably possible. We provide our commissioned Primary Care Trust (PCT) with regular updates on the investigation process. Our findings are presented to them and/or SHA and it is only with their agreement that a SIRI can be closed.

Within SECamb we continuously monitor SIRIs, both at a local level and at Board and Committee level. We look for trends within the incidents, ensure root causes are mitigated, improvements are implemented and learning is shared.

Currently there are no clusters, groupings or trends which need incisive action by SECamb.

The information below has been collated from our SIRI management reporting database. We will consider incorporating national benchmarking data when it has matured.

1 April 2011 to 31 March 2012	
Ambulance (General)	19
Ambulance Accidental Injury	1
Ambulance Delay	8
Confidential Information Leak	4
Drug Incident General	2
Hospital Transfer Issue	3
Other	3
Total number of SIRIs reported	40

Figure 6: Number of Reported SIRIs - April 2011 to March 2012

1 April 2010 to 31 March 2011	
Ambulance (General)	17
Allegation Against HC Professional (assault)	1
Ambulance Accidental Injury	1
Bogus Health Worker	1
Confidential Information Leak	1
Drug Incident General	1
Total number of SIRIs reported	22

Figure 7: Number of Reported SIRIs - April 2010 to March 2011

6.1.2 Medication Errors

Correctly medicating patients is one of the essential elements of ensuring patient safety and wellbeing. The administration of the correct drug type, the correct dosage and the correct method of administration is vital, together with the ability to identify and recognise any contraindications associated with drugs. The administration of drug types is bound to the scope of practice of each operational role. For example, Paramedic Practitioners are able to administer a wider range of drugs than Technicians, because they are more highly qualified and trained.

The most common medication errors are incorrect drug doses and incorrect drug types. SECamb monitors both types of incident to ensure that mitigation is enabled before trends begin to develop. We also have a culture of shared learning which allows the learning outcomes of incidents to be highlighted (anonymously) across SECamb.

The information in Figures 8 and 9 has been collated from SECamb's Incident Reporting database (DATIX) and is based on Clinical patient safety incidents, both actual and near miss.

2011 – 2012	Incorrect drug dose administered	Incorrect drug type	Totals per month
April	1	2	3
May	1	0	1
June	0	0	0
July	0	2	2
Aug	0	2	2
Sep	2	0	2
Oct	0	0	0
Nov	0	1	1
Dec	0	1	1
Jan	0	0	0
Feb	3	1	4
Mar	2	0	2
Total	9	9	18

Figure 8: 2011 to 2012 Medication Errors

2010 – 2011	Incorrect drug dose administered	Incorrect drug type	Totals per month
April	0	1	1
May	1	2	3
June	0	1	1
July	0	1	1
Aug	0	0	0
Sep	1	1	2
Oct	1	0	1
Nov	0	0	0
Dec	1	1	2
Jan	0	3	3
Feb	0	1	1
Mar	1	1	2
Total	5	12	17

Figure 9: 2010 to 2011 Medication Errors

6.1.3 Number of Patient Safety Incidents

Patient safety is at the very core of SECAMB's service and we make every effort to ensure and improve safe patient care, and to mitigate risks that may have a detrimental impact on our patients.

Patient safety incidents are recorded on our incident reporting system (DATIX) from which they are uploaded to the National Patient Safety Agency (NPSA) via the National Reporting and Learning System (NRLS). The NPSA is provided with the details of the incident, the stage of care and the affect on the patient, such as degree of harm.

Patient Safety Incidents are one of our risk management Key Performance Indicators and as such are reported at each meeting of the Risk Management and Clinical Governance Committee, Central Health & Safety Working Group and Local Health and Safety Sub Groups. Currently there are no clusters, groupings or trends within the sub categories which need incisive action by the SECAMB region

The information opposite has been collated from our incident reporting system, DATIX.

1 April 2011 to 31 March 2012	
Patient safety incident: Clinical	130
Patient safety incident: Non Clinical	61
Totals:	191

Figure 10: Number of Patient Safety Incidents (April 2011 to March 2012)

1 April 2010 to 31 March 2011	
Patient safety incident: Clinical	113
Patient safety incident: Non Clinical	100
Totals:	213

Figure 11: Number of Patient Safety Incidents (April 2010-March 2011)

6.2 Clinical Effectiveness Indicators

Clinical Performance Indicators (CPIs) are collected by all ambulance services in England. Four indicators are collected on a rolling cycle with each indicator being measured twice a year. These indicators are underpinned by a number of metrics, and these have been refined and revised over successive cycles. Data is collected by individual Trusts and submitted to the National Ambulance Service Clinical Quality Group (NASCCQG). The performance of Trusts is then compared, and the final report for each cycle is then published by the Group.

Data sampling is manual in SECAmb, based on scrutiny by the audit department of individual patient clinical records (PCRs). The monthly sample size is 300 cases, and inclusion/exclusion criteria for each indicator are agreed nationally. Not all Trusts will have this number of cases of the indicator conditions, and the comparative data is adjusted for this.

The method for calculating the results has been changed in 2011/12 from previous years, to reflect the way in which the recently introduced national Clinical Quality Indicators are calculated. Cycles 1 to 6 of the CPIs were calculated by removing exceptions to a criterion from the denominator and numerator. The method from cycle 7 onwards has been to treat exceptions as positives to the criterion so the denominator will remain the same for all criteria in the indicator and the numerator will be the number of positives to the criterion and will include the number

of exceptions.

Continual refinement of the indicators is essential to the on-going move to continually improve patient care. As performance improves over successive cycles, a point is reached where clinically relevant improvement is no longer possible, and also if the focus remains the same, areas of greater potential improvement are at risk of de-emphasis by clinicians.

Living with long term conditions is an important part of the South East Coast (SEC) wide health strategy and these are areas where SECAmb can make an impact on the broader health care economy as well as the lives of our patients, and for this reason the conditions of Stroke, Asthma and Hypoglycaemia are focussed on in this report.

6.2.1 Stroke: The indicators in figure 12 show SECAmb's performance over four cycles of audit against the elements of care delivered for patients suffering from Stroke. A common condition affecting predominantly a vulnerable population of patients: rapid recognition and transfer to appropriate care has a higher impact on mortality and morbidity, improving quality of life and reducing cost to the overall health economy. SECAmb has taken a leadership role amongst ambulance services in promoting recognition of stroke amongst our population and primary recognition in treatment by our staff.

	STROKE							
	Cycle 5		Cycle 6		Cycle 7		Cycle 8	
	Jul-10		Jan-11		Jul-11		Dec-11	
	SECAmb	Nat Mean						
FAST assessment completed	98%	96%	98%	96%	99%	96%	99%	99%
Blood glucose recorded	97%	91%	97%	91%	98%	96%	96%	97%
Blood pressure recorded	100%	99%	100%	99%	100%	99%	100%	100%

Figure 12: Stroke Data (July 2010 - December 2011)

6.2.2 Asthma: The indicators in figure 13 show SECAmb's performance over four cycles of audit against the elements of care delivered for patients suffering from Asthma. A chronic disease with a significant impact on the predominantly younger population affecting their quality of life; rapid and appropriate treatment can ensure the patient can safely remain in the community and/or be rapidly transferred to secondary care where appropriate.

	ASTHMA							
	Cycle 5		Cycle 6		Cycle 7		Cycle 8	
	Sep-10		Mar-11		Sep-11		Feb-12	
	SECAmb	Nat Mean						
Respiratory rate recorded	98%	99%	98%	98%	99%	99%	NK	NK
PEFR recorded (before treatment)	55%	50%	59%	56%	82%	79%	NK	NK
SpO2 recorded (before treatment)	98%	91%	99%	94%	97%	93%	NK	NK
Beta-2 agonist given	97%	96%	95%	94%	97%	97%	NK	NK
Oxygen admin	96%	94%	97%	96%	92%	96%	NK	NK

Figure 13: Asthma Data (September 2010 - February 2012)

6.2.3 Hypoglycaemia: The indicators in figure 14 show SECAMB's performance over four cycles of audit against the elements of care delivered for patients suffering from Hypoglycaemia. Speedy treatment of this disease can allow patients to safely remain in a community setting and lead to a reduction in acute complications of hypoglycaemia and better control of diabetes with a reduction in long term morbidity and mortality.

		HYPOGLYCAEMIA							
		Cycle 5		Cycle 6		Cycle 7		Cycle 8	
		Aug-10		Feb-11		Aug-11		Jan-12	
		SECAMB	Nat Mean	SECAMB	Nat Mean	SECAMB	Nat Mean	SECAMB	Nat Mean
Blood glucose before treatment		100%	99%	99%	99%	100%	99%	100%	NK
Blood glucose after treatment		98%	93%	96%	94%	100%	98%	99%	NK
Treatment for hypoglycaemia recorded		97%	95%	95%	98%	100%	98%	100%	NK

Figure 14: Hypoglycaemia (August 2010 - January 2012)

6.3 Patient Experience Indicators

6.3.1 PALS (Patient Advice and Liaison Service)

SECAmb's Patient Advice and Liaison Service, or PALS, provides help and information for patients, their carers and the general public who have queries or concerns about SECAmb and the care and services it provides. PALS also acts as a referral gateway to other local health and voluntary organisations and will signpost people to services appropriate to their needs.

In addition, PALS can assist those who wish to make a formal complaint by explaining SECAmb's complaints process to them and putting them in touch with agencies that can support them through the process, for example the Independent Complaints Advocacy Service (ICAS).

PALS serves as an early warning system for SECAmb, analysing statistics, discerning and monitoring any trends and reporting this data to the Risk Management and Clinical Governance Committee (RMCGC) every two months via a Patient Experience Report. This report is also shared at each public Board meeting, and is provided to our commissioners on a quarterly basis.

This information helps us to identify common themes and concerns that patients, their carers and families bring to PALS' attention, thereby providing an opportunity for SECAmb to learn from patients' experiences and acting as a catalyst for improvement and change. Currently there are no clusters,

groupings or trends which require incisive action by SECAmb.

SECAmb acknowledges the importance of an effective and efficient PALS service and recognises that PALS enquiries provide useful management information about service quality, image and staffing issues from the perspective of patients, their carers and the wider population.

During 2011/12 our PALS team handled 1,835 enquiries, broken down into subjects as follows:

	2011/12	2010/11
Administration	13	11
Communication issues	20	17
Information request	583	588
Lost property	426	424
Miscellaneous	71	99
Patient care	200	126
Issues raised by SECAMB staff	2	4
Concern about staff	308	277
Timeliness	134	113
Transport	76	72
Total:	1835	1731

6.3.2 Compliments

People, including our staff, are often surprised to find that SECAmb receives more letters and calls from people thanking our staff for the wonderful work they do – we call these ‘compliments’ - than it does complaints.

Compliments are recorded on SECAmb’s DATIX database, alongside PALS contacts and formal complaints, ensuring both positive and negative feedback is captured and reported. This data then forms part of the Patient Experience Report which is provided every two months to the Risk Management and Clinical Governance Committee (RMCGC) and to the Board, and on a quarterly basis to SECAmb’s Commissioners.

During 2011/12 SECAmb received 1,051 ‘compliments’, thanking our staff for the treatment and care they provide. This represents a 125% increase over 2010/11.

We record all of the compliments we receive, be they letters, cards or phone calls, and members of staff who receive plaudits from patients and the public then receive a letter of thanks from Chief Executive, Paul Sutton.

Compliments are highly regarded by our staff and an important morale-booster, as well as providing a useful barometer of patient satisfaction.

	2011/12	2010/11
Compliments	1051	467

6.3.3 Formal complaints

It is a credit to SECAmb that it receives more letters and calls of thanks than it does formal complaints, however we do encourage people to let us know if they are not satisfied with our service for any reason. We want to know how people feel about the care that we provide, as this valuable feedback helps us to learn and continually improve.

During 2011/12 we made nearly two million (1,919,548) emergency responses and PTS journeys and received 278 formal complaints – this equates to a complaint for every 6,905 journeys; and, although the national target to respond to formal complaints within 25 days was abolished last year, SECAmb is still committed to responding to as many as possible within this timeframe.

When we receive a formal complaint we appoint a manager to investigate, who will make arrangements to speak personally to everyone concerned, visiting complainants at home in many cases. On completion of every complaint, we consider whether we feel it was justified, part justified, unjustified or unproven. As this report was compiled, 275 of the 278 complaints for the year 2011/12 had been concluded, with outcomes as follows:

	2011/12	2010/11
Complaint justified	98	66
Justified in part	93	62
Complaint unjustified	66	73
Unproven	18	16
Total:	275	217

Once an investigation is complete, a full explanation, along with an apology where appropriate, is sent by the Chief Executive to the complainant.

Both complaints and PALS concerns help us to identify areas where improvements to quality and services can be made and, wherever possible, steps are taken to implement changes as a result. We also ensure that this learning is spread throughout SECAmb.

We place great emphasis on learning from complaints and every effort is made to take all the steps necessary to help prevent similar situations recurring. All recommendations made by investigating managers are recorded on an action plan, which is distributed monthly to investigating managers the Professional Standards team, the Patient Experience lead, and various other senior SECAmb managers. No action is removed from the plan until it has been completed

7. Mandatory Performance Indicators

7.1 Assurance on Mandatory Indicators for Ambulance Services

Category A call – emergency response within 8 minutes (17) 75% 1.0 Quarterly
(SECAmb's performance for the year 2011/12 was 77.7% and for the last quarter 76.8%)

The aim is to improve health outcomes from ensuring a defibrillator and timely response to immediately life-threatening ambulance calls

Category A call – emergency response within 8 minutes

Detailed descriptor

- Improved health outcomes from ensuring a defibrillator and timely response to immediately life-threatening ambulance calls.

Definition:

- **Numerator:** The total number of Category A incidents, which resulted in an emergency response arriving at the scene of the incident within 8 minutes. A response within eight minutes means eight minutes zero seconds or less. (KA34 Line 03 Category A)
- **Denominator:** The total number of Category A incidents, which resulted in an emergency response arriving at the scene. If there have been multiple calls to a single incident, only one incident should be recorded. (KA34 Line 02 Category A)

- **Category A incidents:** presenting conditions, which may be immediately life threatening and should receive an emergency response within 8 minutes irrespective of location in 75% of cases.
- The "clock stops" when the first emergency response vehicle arrives at the scene of the incident. A legitimate clock stop position can include the vehicle arriving at a pre-arrival rendezvous point when one has been determined as appropriate for the safety of ambulance staff in agreement with the emergency dispatch centre.

Category A call – ambulance vehicle arrives within 19 minutes (17) 95% 1.0 Quarterly
(SECAmb's performance for the year 2011/12 was 98.1% and for the last quarter 97.7%)

Patient outcome can be improved by ensuring patients with immediately life-threatening conditions receive a response at scene which is able to transport the patient in a clinically safe manner, if they require such a response

Category A call – ambulance vehicle arrives within 19 minutes

Detailed descriptor

- Patient outcomes can be improved by ensuring patients with immediately life-threatening conditions receive a response at the scene which is able to transport the patient in a clinically safe manner, if they require such a response.

Data definition

- **Numerator:** The total number of Category A incidents, which resulted in a fully equipped ambulance vehicle (car or ambulance) able to transport the patient in a clinically safe manner arriving at the scene within 19 minutes of the request being made (KA34 Line 06 Category A)
- **Denominator:** The total number of Category A calls resulting in an ambulance able to transport the patient arriving at the scene of the incident (KA34 Line 05 Category A)
- **Category A incidents:** presenting conditions, which may be immediately life threatening and should receive an ambulance response at the scene within 19 minutes irrespective of location in 95% of cases.
- The “clock stops” when the first emergency response vehicle arrives at the scene of the incident. A legitimate clock stop position can include the vehicle arriving at a pre-arrival rendezvous point when one has been determined as appropriate for the safety of ambulance staff in agreement with the emergency dispatch centre.

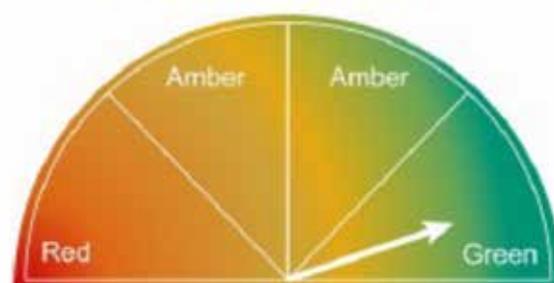
7.2 Audit Findings on Local Indicator (as selected by our Governors)

One of the requirements for the Quality Report is to seek from our Governors which Priority Measure from within the 2010/11 Quality Account they would like audited within the financial year 2011/12. The selection for this was taken at the Governors Development Day held on the 11th January 2012 and was Priority 2 – “To reduce the number of patients transported to hospital by ambulance by utilising registered paramedic practitioners with specialist skills who can provide care closer to home or at home” (as detailed in the Quality Account/Report 2010/11).

The above choice was passed to our Auditors who undertook the audit in February 2012. The objective of the audit was “To ensure the data reported as part of the SECAMB’s Quality Account is accurate, valid, timely and can be verified to evidence”.

Below is the overall opinion rating and conclusion from the audit report.

Overall Opinion



Conclusion

“Taking account of the issues identified, the Board can take substantial assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective”.

There are two recommendations of work to be carried out (see below):-

- Policy and procedures
- Additional information to be included within the procedure documentation on how the evidence is gathered for monitoring the priority measure.
- The data validation processes in place to ensure that accurate information on the quality of services is being reported (internally and externally).
- The Data Validation procedure should be reviewed to ensure current practices are reflected. This should make reference to other Quality Accounts procedure documents. An effective from date should be added and a date set for next review.

The above recommendations will be completed by July/August 2012.

8. Trust Board - Quality Report: Assurance Statement

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of the Quality Report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual;
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2011 to May 2012
 - Papers relating to Quality reported to the Board over the period April 2011 to May 2012
 - Feedback from the commissioners dated 25/05/2012
 - Workshop with the governors took place on the 31/1/12 and subsequent feedback on the draft document was obtained in April/May 2012
 - Workshop with the LINKs took place on 31/1/12 and subsequent feedback on draft document obtained in April/May 2012
 - SECAmb's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 (Patient Experience Report), dated July 2011 to our Risk Management and Clinical Governance Committee.
- The national patient survey (no routine national annual patient survey is required of ambulance services)
- The 2011 national staff survey.
- The Head of Internal Audit's annual opinion over the SECAmb's control environment dated 28/05/2012
- CQC quality and risk profiles dated 29/2/2012.
- The Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- The performance information reported in the Quality Report is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and

prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor-nhsft.gov.uk/annualreportingmanual)).

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



Tony Thorne, Chairman



Paul Sutton, Chief Executive

Date: 29 May 2012

9. Overview of the patient journey

The following section describes SECamb's performance against selected metrics which have been chosen to measure its performance against.



Taking the 999 Call

** (95%) 87.64% [-3.56%] of calls answered within 5 seconds

** Average (median) time to answer call 3 seconds

* Average (86%), 87% [n/a] of calls audited (Dec 2011-March 2012)

** 729,987 [+8.5%] calls received

Data Source:

* NHS Pathways (Dec 2011 to March 2012).

**Corporate Dashboard

[±] change on last year; (nn%) = standard

Response Times

(75%) 77.7% [+1.68%] Category A responses within 8 min standard

(95%) 98.1% [+0.42 %] Category A responses within 19 min standard

Data source:
Corporate Dashboard

[±] change on last year; (nn%) = standard

Hear and Treat Triage

Call closed with telephone advice 4.7% (SECamb wide for the period April 2011 – March 2012)

Data source:
Corporate Dashboard

Outcome of Care

Year to Date (April – Nov)

Clinical Outcome Indicator		Nat %	SECAmb	Var %
			%	
Outcome from cardiac arrest[1]	Return of spontaneous circulation (ROSC) on arrival at hospital (All)	22.9	27.3	+4.4
	Return of spontaneous circulation (ROSC) on arrival at hospital (Utstein)	44.1	52.5	+8.4
Outcomes from Acute ST-elevation myocardial infarction (STEMI)	Proportion receiving thrombolysis within 60 minutes	53.6	100	+46.4
	Proportion receiving primary angioplasty within 150 minutes	89.6	96.2	+6.6
	Outcome from STEMI (Care bundle)	73.2	78.8	+5.6
Outcome from cardiac arrest[2]	Survival to discharge - all	6.7	5.7	-1
	Survival to discharge - Utstein	22.2	24.5	+2.3
Outcomes from Stroke for Ambulance Patients	Proportion of FAST positive patients potentially eligible for stroke thrombolysis arriving at a hyper-acute stroke unit within 60 minutes	53.6	67.6	+14
	Proportion of suspected stroke patients assessed face to face who received an appropriate care bundle	93.3	94.7	+1.4

Data source: Medical Directorate

[1] ROSC is calculated for two patient groups: The overall rate measures the overall effectiveness of managing care for all out-of-hospital cardiac arrests; the rate for the Utstein comparator group provides a more comparable and specific measure of the management of witnessed cardiac arrests only.

[2] Survival to Discharge: As with the Return of Spontaneous Circulation, survival to discharge following cardiac arrest is reported separately for all patients, and for the subset of patients in the Utstein comparator group



Patient Safety
*Rates of MRSA (Make Ready dependant) (<0) -1 [0]
*Rates of Cdiff (Make Ready dependant) (<100) 9 [0]
*Rates of enterobac (Make Ready dependant) (<100) 68 [59]
*CVFR Shift Start (Make Ready dependant) (<1.5) 0.14 [-0.44]
*CEFR (Make Ready dependant) (>99%) >99% [0%]
*% turnaround within 30 minutes 58.4% [+2.1%]
*% Patient handover times captured 25.60% [+3.80%]
Data Source: * Make Ready Team ** Corporate dashboard
[±] change on last year

Total Transports to A&E Hospital (2011/12) 418,219 [+4.54%]
*Overall SECAMB's Managed Conveyance (2011/12) 62.7% [-1.1%]
Category 'A' conveyance (11-12) 73.24% [-4.62%]
Category 'C' conveyance (11-12) 59.53% [-1.16%]
Data source: info.secamb; [±] change on last year
*includes Hear & Treat and excludes Health Care Professional requests; source Corporate dashboard



Patient Transport Service (PTS)
*Actual Patient Journeys 1,319,305
*Target Patient Journeys 1,380,161
Difference -4.41%
** Total PTS journeys by the Volunteer Ambulance Car Service/Drivers 125,380
Data source: *Corporate dashboard ** Patient Transport Service (PTS)

Patient and Public Experience
Complaints (12 month average) 23.08 [+24.22%]
Compliments (12 month average) 93.25 [137.58%]
Liability Claims (clinical negligence + liability) (12 month average) 1
Patient Advice and Liaison (PALS) contacts (12 month average) 150.50 [2.55%]
Data source: Corporate dashboard

Developmental Work on Patient Journey section

As part of the CQUIN (Commissioning for Quality and Innovation) Plan for 2012/13 we will be reporting on alternative care pathways, use of NHS Pathways and the Directory of Services (DoS).

This will enable SECamb to monitor the availability of the services and pathways available to its health economy but also

identify where there is a lack of or no provision as well as those services and care pathways that have the highest demand placed upon them. Once these aspects have been identified SECamb will be able to work in partnership with the service providers and PCTs to optimise the quality of the services and pathways provided.

10. How the Quality Account and Quality Report was developed

The Board have been appraised and consulted throughout the development of the Quality Account and Quality Report. All the objectives reflect a quality improvements approach and strongly reflect patient and public need alike.

The Quality Account and Quality Report has been developed throughout the year from a range of priorities that were identified as a result of the quality account and quality report stakeholders workshop and input from the Governors, Board and Executive Team.

The decision to look at the chosen five priority areas followed guidance/ suggestions from those who attended the stakeholder workshop in January 2012 on quality measures they would like to see

included in this year's Quality Account/ Report. The workshop included invitations to Governors, PPI Representatives, LINKs, HOSCs, Foundation Trust Members and Commissioners.

We asked participants at the end of the workshop to complete an evaluation form and below are the summary of the findings (detailed in Figures 15 to 19).

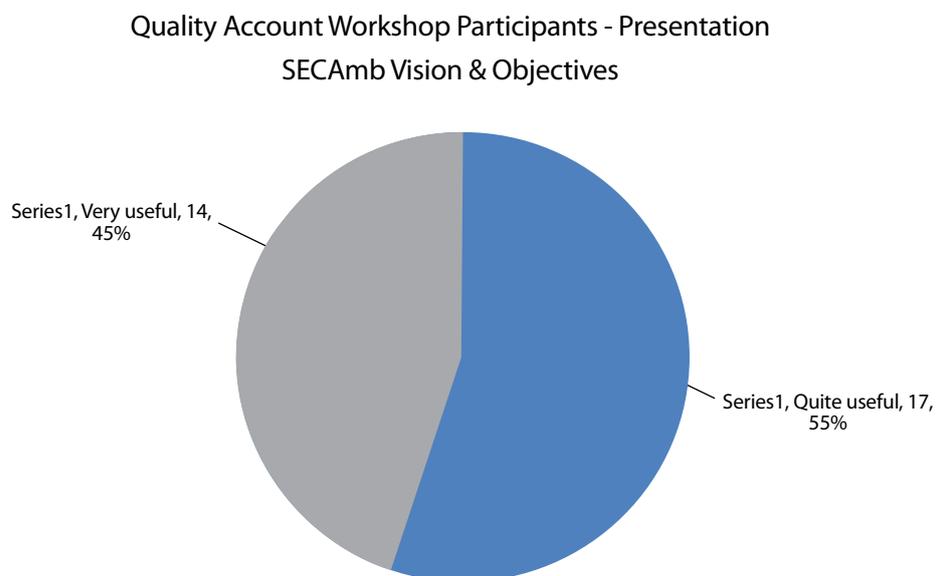


Figure 15: Quality Account Workshop: Vision and Objectives

Quality Account Workshop Participants - Review of Last Years Quality Account

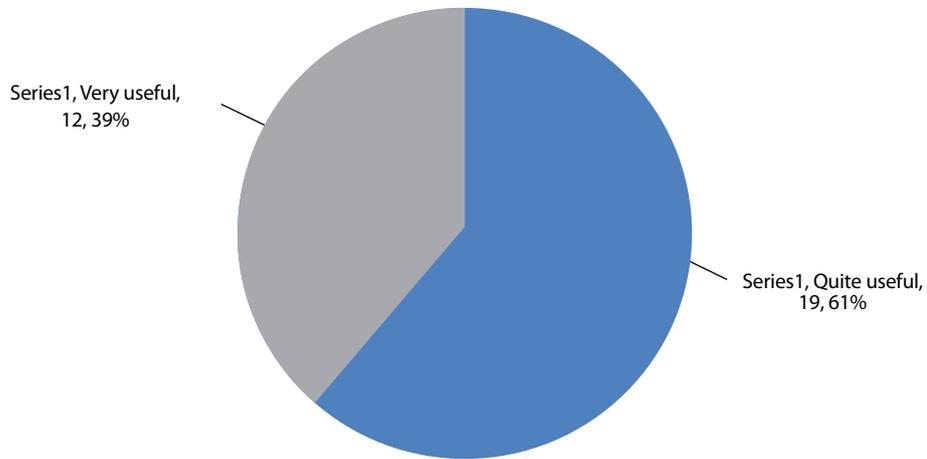


Figure 16: Quality Account Workshop: Review of Last Year

Quality Account Workshop Participants -Presentation about Quality

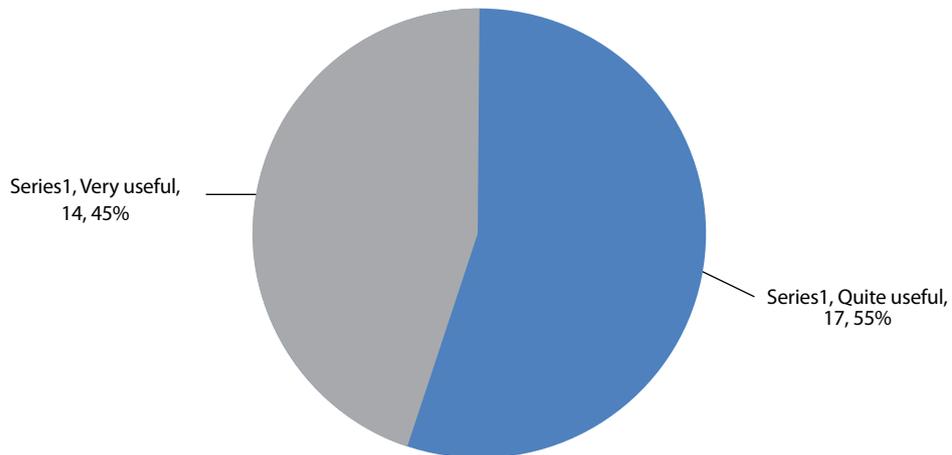


Figure 17: Quality Account Workshop: Feedback on the presentation, language and content of the 2010/11 Quality Account

Quality Account Workshop Participants -
 What feelings will you take away from the event?

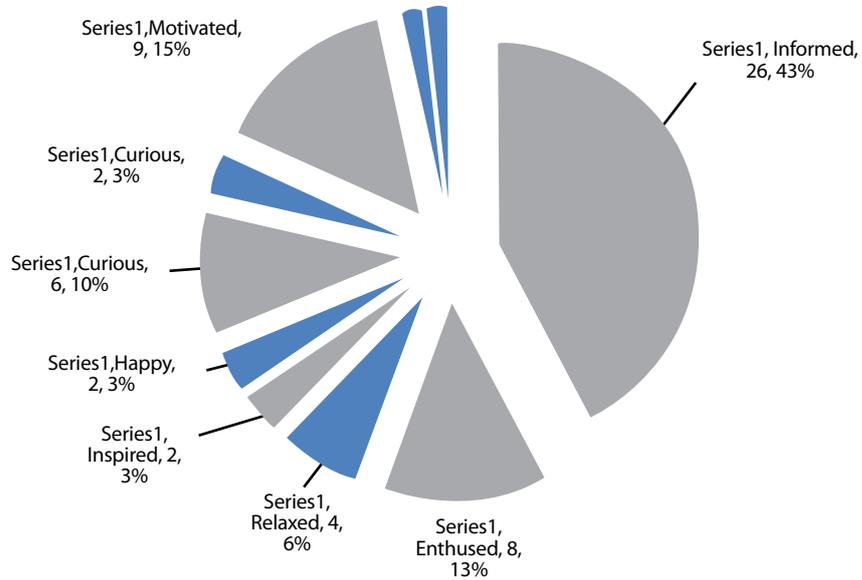


Figure 18: Quality Account Workshop: Feelings taken away from the event?

Quality Account Workshop Participants -
 Rating the Overall Organisation of the Event

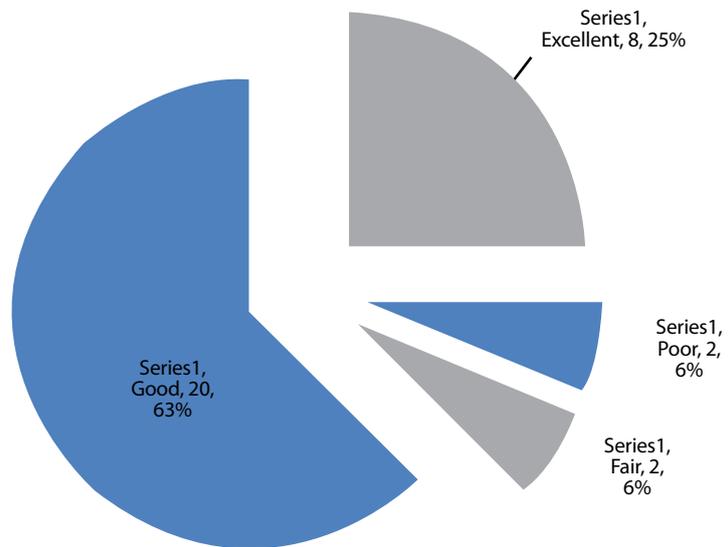


Figure 19: Quality Account Workshop: Rating of overall event

In addition to the workshop we circulated the draft Quality Account and Quality Report to HOSCs, LINKs, Governors, SECAMB Non-Executive Directors and Commissioners for comments.

11. Quality Improvements to be implemented by SECAmb during 2012/2013

11.1 CQUIN (Commissioning for Quality and Innovation) Plan

CQUIN is a national framework for locally agreed quality improvement schemes. It makes a proportion of SECAmb's income conditional on the achievement of ambitious quality improvement goals and innovations agreed between Commissioner and SECAmb, with active clinical engagement. The CQUIN framework is intended to reward excellence, encouraging a culture of continuous quality improvement in all providers.

The SECAmb 2012/13 CQUIN Plan lists four goals, which are:-

- Patient Experience
- Reduction in Unplanned admissions as applied in each cluster
- IBIS Case Management System
- Use of alternative Pathways
- Utilising NHS Pathways triage and Directory of Services
- Increase skill mix in Workforce
- Increase skill mix in EDC
- Increased skill mix at scene
- High Impact Innovations – digital by default (Digital by default is the most relevant to ambulance services, and this goal will support the electronic transfer of data to GPs and community based providers to minimise manual data entry and re-triage).

11.2 IBIS project

As referenced in Section 4, we have introduced this system as part of the 2011/12 CQUIN plan, to improve clinical information sharing with other health care providers.

All areas of the system will be rolled out and fully embedded during 2012/13.

11.3 Research and Development (R&D)

R&D is important to ensure SECAmb are at the forefront of new and innovative clinical care. To ensure we can participate fully and build on SECAmb's reputation as a respected R&D institute, we will be developing the skills and knowledge so that we are able to contribute to developing clinical care and leading in defining best practice.

11.4 MeCCPUS (previously known as the LUCAS Trial)

Throughout 2012/13 SECAmb will be working in conjunction with the Royal Sussex County Hospital, Brighton, the William Harvey Hospital, Ashford Kent, St George's Hospital, London, St Peter's Hospital, Chertsey and the University of Hertfordshire to evaluate the use of mechanical chest compressions that may aid the survival of those patients who suffer the most severe cardiac arrests. The equipment being used to support this study is called the Lund University Cardiopulmonary Assist System (LUCAS 2™) and will be implemented into the patients' care by the Critical Care Paramedic teams across SECAmb's area.

The LUCAS has been devised to compress the chest mechanically at the correct rate

and depth and has been widely used for ambulance transport. It is also the most practical way at present of maintaining chest compressions whilst performing angiography and angioplasty on patients still in cardiac arrest, and is already used in some catheter laboratories (in the UK and elsewhere) for in-patients who are in cardiac arrest resistant to conventional treatment.

11.5 i-STAT Blood Gas Analysis

Another development is the expansion of the range of near patient tests that the CCPs can undertake will increase with the introduction of the i-stat blood gas analyser. This will enable the CCPs to undertake blood tests that would normally be undertaken in hospital, improving the speed that patients can have decisions about appropriate care pathways made, streamlining the flow of the patient through the care system.

11.6 Research with Heart Attack Patients Project

Research with Heart Attack Patients Project has been one of the milestones for SECamb as this is the first, portfolio adopted clinical trial that SECamb has undertaken. This study focuses on patients having an ST segment elevation myocardial infarction (STEMI).

SECamb is one of several ambulances in the UK and abroad participating in a randomised controlled trial to evaluate the efficacy and safety of pre-hospital vs in-hospital initiation of ticagrelor, an oral, fast-acting platelet inhibitor, in patients with ST segment elevation MI (STEMI).

Ticagrelor is already approved by NICE (National Institute for Health and Clinical Excellence) for use in hospital, but there is no data on its use in the ambulance setting.

Paramedics in Hastings have been trained in the study procedures and adopted onto the NIHR (National Institute for Health Research) Portfolio, has MHRA (Medicines and Healthcare products Regulatory Agency), ethics and NHS research and development approval. Currently work is underway to expand the study's recruitment area to include Ashford in Kent.

11.7 Transient Ischaemic Attack (TIA) Project

In a joint research project between SECamb and the University of Surrey, funded by South East Coast Strategic Health Authority, SECamb is undertaking an evaluation study of the ABCD2 score in the pre-hospital assessment of patients with suspected Transient Ischaemic Attack (TIA).

Stroke is a major cause of premature death and disability, affecting approximately 110,000 people and their families every year in England, and accounting for 11% of all deaths. Ambulance services have been recognised as an important component of the 'chain of recovery' following stroke with time-dependent treatments such as thrombolytic therapy being shown to improve outcomes.

A further 20,000 people a year suffer a transient ischaemic attack (TIA), considered an important risk of imminent stroke. Diagnosis and risk assessment of TIA are challenging, not least in the pre-hospital setting. Patients who have continuing symptoms on arrival of ambulance staff are considered to be suffering an acute stroke until proven otherwise and standard pathways for rapid referral apply, but ambulance staff experience suggests that a significant proportion of patients in whom

such symptoms have resolved on ambulance arrival decline transport to hospital as they 'feel better'. Moreover, patients who do agree to go to hospital may not be prioritised for rapid specialist assessment and may therefore fail to receive prompt diagnosis, risk stratification and secondary prevention measures, placing them at risk of progression to a stroke. Therefore identifying patients with TIA who are at high risk of stroke is an opportunity to prevent stroke. However, there is as yet no assessment tool for TIA validated for use in the ambulance setting.

This evaluation study is looking at the implementation of the ABCD2 score which has been widely implemented but has not yet been prospectively validated in the context of pre-hospital care. The objective of this study is to externally validate the ABCD2 score as a tool for identifying patients with suspected TIA, assessed by ambulance staff in the pre-hospital setting, who are at high risk of stroke within 7 and 90 days.

The present study is a pilot study. Two cohorts of patients will be recruited (a) patients with suspected TIA attended by study trained ambulance staff in Surrey and (b) patients with suspected TIA from a similar operational area where ambulance staff have not been trained in ABCD2 (Sussex) over a 3 month period.

The primary outcome measures are (a) test performance of the ABCD2 score estimating the sensitivity and specificity, positive predictive value (PPV) and negative predictive value (NPV) of the ABCD2 score for diagnosis of TIA and occurrence of stroke subsequently (at 7 and 90 days) and (b) proportion of patients with true TIA or not (specialist diagnosis) and subsequent stroke or not (at 7

and 90 days).

The secondary outcome measure is the time to specialist assessment in the ABCD2 group compared to controls. The pilot study commenced during 2011 and is scheduled to conclude in March 2013, with on-going progress reports being submitted to the Research and Development Sub Group.

11.8 Community First Responders (CFRs)

We are planning to recruit 120 CFRs this financial year and install a further 100 Public Access Defibrillator sites throughout South East Coast.

We have also recruited 10 Senior Community Team Leaders spread throughout the South East Coast and each of them are the link between the Volunteer Development Coordinators and the Team leaders.

SECAmb is also developing a similar structure for our Associate Trainers who will be providing clinical support for the team.

At present SECAmb have 650 CFRs over 90 schemes, 60 team leaders and 10 Senior Team Leaders and records show that only 50% of our CFRs are active so work is taking place towards addressing this and understanding the reasons behind this low percentage.

11.9 Stakeholder input

We are planning to continue to develop the Quality Account and Quality Report so that it tells the story of the patient journey but want to continue it to be guided by our stakeholders as to what the priorities are for doing this. The priorities chosen start to tell this story as well as those suggested by meeting with SECAmb's public

representatives, but we know that there is more to show and we want to continue our engagement with stakeholders in agreeing these.

11.10 Understanding patient outcomes

For SECAmb to fully understand and develop its clinical care, it is essential to understand the outcomes of the patients it provides care for at a pathway level i.e. the number of patients referred on a pathway and whether the pathway was effective but also so that our clinical teams receive feedback on the cases that they attend.

11.11 Professional Standards

SECAmb has a Professional Standards team who work with all their clinicians to support maintenance of the quality of care given, and professional accountability of all clinical staff. The focus is to constantly strive to improve the clinical quality of care and patient experience that our patients receive.

11.12 Patient Transport Services (PTS) Quality Measures for 2012/13

SECAmb's PTS will carry out two patient satisfaction surveys, so one measure could be to show an improvement between surveys/ maintain a high level of satisfaction amongst users. They already record complaints (running at >0.5%) so could have a measure around this.

Under the new contract there are 40 key performance indicators to monitor including number of delays, waiting time (travelling to or from appointment, or how long after appointment through time to collection), staff training, green measures etc, so the PTS team could also potentially pick some measures from here. These will be reported on monthly from April 2012 to the monthly commissioners meeting.

12. Responses from HOSCs, LINKs and Commissioners

Who we shared our Quality Account with:

The Quality Account and Quality Report was shared with partners during its development before it was published and the following formal statements have been received from the above named partners.

Statement from NHS Kent & Medway (Lead Commissioners)

NHS Kent and Medway is the lead commissioning Primary Care Trust (PCT) for South East Coast Ambulance Service NHS Trust and welcomes the publication of this quality account for 2011-12.

The account is clear and well set out and NHS Kent & Medway can verify that the information contained in the Quality Account is accurate and an honest reflection of the strong progress made in many aspects of service improvement. The quality account recognises the challenges faced by SECAMB and reflects plans on how they will be addressed.

SECAMB have been successful in achieving their response times across the Trust and have also made improvements in qualified staff attending serious incidents. This is reflected in the delivery of their workforce plans involving paramedic practitioners and critical care paramedics. However, further assurance is required to address the variation in responses across different geographical areas.

SECAMB continue to achieve well in reaching agreed quality indicators and significantly delivered on their Commissioning for Quality and Innovation incentive scheme.

The PCT wishes to see further assurance of

how patient complaints and PALs concerns will inform future patient experience surveys as the detail of current identified themes and trends was not stated in this quality account.

We are assured that SECAMB are procuring a reliable and quality assured product to use in their testing protocol for monitoring the effectiveness of the Trust's infection control procedures for the deep clean process of emergency response vehicles.

NHS Kent & Medway and South East Coast Ambulance Service continue to work very closely to assure the quality of our local health services and ensure the culture of continuous improvement is present in all areas of the Trust.

Sally Allum

Assistant Director – Nursing & Quality (West) and Lead for Clinical Performance

HOSCs

Comment from Surrey Health Overview and Scrutiny Committee

The Health Overview & Scrutiny Committee is pleased to be invited to comment on the Trust's Care Quality Account for 2011/12. At present the Health Overview & Scrutiny Committee does not have a robust process in place for commenting on a trust's Care Quality Accounts; however, this is under review.

The main priority for Health Overview & Scrutiny Members is to seek assurances that any planned changes to the way health services are commissioned and delivered in

the future will not have a detrimental impact on the health of people living in Surrey.

In May, the Committee will look at setting its priorities and work programme for the next year. We look forward to working with the Trust on any areas of scrutiny in which you may be asked to be involved.

Leah O'Donovan, Scrutiny Officer
Adult Social Care Select Committee and
Health Overview & Scrutiny Committee
Surrey County Council

Comment from Kent Health Overview and Scrutiny Committee

In recent weeks, the HOSC has received a number of draft Quality Accounts from Trusts providing services in Kent, and may continue to receive more. I would like to take this opportunity to explain to all Trusts the position of the Committee this year.

Given the large number of Trusts which will be looking to the HOSC at Kent County Council for a response, and the standard window of 30 days allowed for responses, the Committee does not intend to submit a statement for inclusion in any Quality Account this year.

Through the regular work programme of HOSC, and the activities of individual Members, we hope that the scrutiny process continues to add value to the development of effective healthcare across Kent and the decision not to submit a comment should not be interpreted as a negative comment in any way.

At part of its ongoing overview function, the Committee would appreciate receiving a copy of your finalised Quality Account for this year and hope to be able to become more

fully engaged in next year's process.

Michael Snelling
Chairman, Health Overview and Scrutiny Committee, Kent County Council

Comment from West Sussex County Council

Thank you for offering the Health & Adult Social Care Select Committee (HASC) the opportunity to comment on the 2011-12 Quality Account for South East Coast Ambulance Service (SECamb). I apologise for missing your deadline for a response.

Unfortunately, it is difficult for the HASC to comment on Quality Accounts this year. As you may be aware, this is a new Committee, formed by the merger of the former Adults' Services Select Committee and Health Overview and Scrutiny Committee (HOSC). HASC has a new membership, and until last Friday (when I was appointed) did not have a Chairman for the past month. In addition, the former HOSC's liaison arrangements with NHS Trusts will need to be reviewed, given changes to the new Committee's membership, and its wider remit covering both health and adult social care. We will therefore not be providing a comment on the SECamb Quality Account this year.

However, this is in no way a reflection of the importance of the work of the Ambulance Service, and I would like to reassure you that the Committee will maintain a strong interest SECamb, and will aim to build on the positive relationships established with you by the HOSC. We will be in touch in the near future to confirm our liaison arrangements for the year ahead.

Mrs Margaret Whitehead
Chairman, Health & Adult Social Care Select

Committee, West Sussex County Council

Statement from East Sussex Health Overview and Scrutiny Committee

East Sussex Health Overview and Scrutiny Committee (HOSC) is made up of elected local councillors from East Sussex County Council and District and Borough Councils in the county, together with representatives from the local voluntary sector. The Committee has reviewed the Trust's Quality Account 2011/12 and makes the following observations:

General observations

HOSC welcomes the themes covered by the Trust's Quality Account. In particular HOSC fully supports the emphasis being given to patient experience alongside clinical quality.

The Committee recognises the efforts made by the Trust to engage stakeholders, including patients and the public, in the development of its priorities particularly through the successful 'Shaping the Future' events. The Trust's recent adoption of an inclusion strategy is also a positive step forward in embedding engagement across its work.

The Trust has engaged positively with HOSC throughout the year and has been responsive to issues raised. This has included an opportunity for HOSC Members to visit the Trust's Sussex Control Room and speak in detail with senior staff about the Trust's plans for the future. This gave the Committee considerable assurance regarding the Trust's aspirations and specific programmes to develop services.

Quality priorities for 2011/12

The five priority areas are clearly set out and explained, with good reasoning for their selection. HOSC welcomes the Trust's acknowledgement that there is further scope for improvement in those areas which are a continuation of priorities from the previous year.

The Committee judges that the selection of priorities for 2011/12 does reflect issues of importance to patients and the public, notably seeking alternatives to hospital admission where appropriate and infection control measures. HOSC also welcomes the Trust's focus on patient outcomes.

Councillor Rupert Simmons, Chairman
Health Overview and Scrutiny Committee

LINKs

Statement from West Sussex LINK

The West Sussex LINK was disappointed to note that there were several points at which data were to be inserted after validation; the LINK would have preferred to have been shown a later version of the draft that included these data. The LINK was also disappointed to see that, despite efforts having obviously been made to ensure that the Quality Account was intelligible to the lay reader, there remained instances of jargon. In particular, the LINK was dismayed to see the continued use of the expression 'Front Loaded Model' which is a patently ridiculous term in the ambulance context, and which the LINK had understood would be dropped.

Although representatives of the LINK took part in the discussions around the Draft Inclusion Strategy, they did not attend the

stakeholder workshop in January 2012, which was a matter of regret. But these reservations are relatively minor, and the LINK was generally satisfied that the Quality Account represents a true reflection of SECAMB's quality, and is content with the priorities identified. The LINK has been privileged to have a seat at the table where the South East Coast Specialised Commissioning Group and PCTs hold monthly meetings with SECAMB.

An issue not covered in the Quality Account is that of Category A response times in rural areas. The LINK is fully aware that the distances involved can make meeting the target difficult, and accepts that patients in urban areas of West Sussex are better served; the LINK knows that the overall performance in the county is satisfactory. But the LINK is concerned that, for patients in villages that are on the boundary of more than one Operational Dispatch Area, there have been instances of problems with locating the patient's address, leading to lengthy delays. The LINK knows that GPs and other means of direction finding are not infallible, and hopes that SECAMB will continue to explore ways of overcoming these difficulties.

The LINK is pleased that various initiatives aimed at improving aspects of quality are bearing fruit, and expects that the introduction of IBIS will lead to further improvements. The LINK is still not entirely convinced, however, that Critical Care Practitioners are cost-effective, and awaits proof. On the other hand, the LINK recognises the contribution SECAMB has made to improving Stroke and Trauma pathways, and appreciates the impact these will have on patient outcomes.

The LINK was glad that SECAMB was awarded the pan Sussex Patient Transport Service

contract in the face of stiff competition, and is confident that patients' experience of PTS will continue to be consistently good, with even fewer instances of poor experience. The smooth discharge of patients from hospital to home or nursing home in the evening is a potential problem that will require contributions from all concerned, including SECAMB, to solve. SECAMB's active participation in the Sussex Together initiative and in the Managed Clinical Networks shows what can be achieved.

Dr Vicki King, Chair,
West Sussex LINK Stewardship Group

Statement from Kent LINK

The Kent LINK would like to thank South East Coast Ambulance NHS Foundation Trust (SECAMB) for the opportunity to comment on their Quality Account prior to publication. The Kent LINK has used various methods throughout the year to collect patient experience data from users of SECAMB services in order to provide this statement for the Account:

- Kent LINK Governors' Group and Priorities Panel members comments, in line with Department of Health document 'Quality Accounts: a guide for Local Involvement Networks'.
- Kent LINK participants and SECAMB service users, commenting on their experience of using the services, as well as the Trust's performance against last year's priorities and how appropriate they felt this year's priorities are, via an online and paper survey.
- Face to face interviews with patients and visitors within hospitals throughout Kent, who were also asked to comment on the

above areas.

- The LINK has also used intelligence gathered throughout the year through its projects and community engagement events.
- LINK participants with a registered interest in ambulance services were also asked to comment on the presentation and layout of the Account.

1. Is the Quality Account clearly presented for patients and public?

The draft presented to the Kent LINK contained various references to more material yet to be provided, so it is difficult to know what the final presentation will look like. However, what was available is well structured with each priority, its current status and the proposed actions for improvement explained.

The Kent LINK found that there was a large amount of detail contained within the Quality Account, which tended to make each section overly long. This amount of detail, coupled with the length of the document (71 pages in its draft format) could make the document inaccessible to the lay reader. Respondents also noticed that there was a high amount of repetition throughout the document. Whilst the Kent LINK acknowledges that some details relate to more than one priority, a reduction in repetition would perhaps enable the Quality Account to be reduced in size.

Respondents commented that there was a good use of photos and diagrams throughout the Quality Account and that there was also a good use of colour. For the lay reader, the amount of acronyms used throughout the document can be daunting, but the Kent LINK would note that these are clearly referenced

and explained.

2. Priorities for 2011 / 2012

Respondents to Kent LINK surveys and those who took part in face to face engagement indicated that the Trust appear to have made good progress with their priorities laid out in last year's Quality Account, and have clearly identified in this year's Quality Account where there are still improvements to be made.

3. Priorities for 2012 / 2013

Respondents were in agreement with the priorities set out within the Quality Account, and the Kent LINK would like to commend the Trust for placing the priorities together at the beginning of the document. Respondents were also positive about the Trust's decision to clearly identify staff members (Board Sponsors and Implementation Leads) responsible for delivery of the priorities laid out with the Quality Account.

4. Safety, Communications and Staff

The Kent LINK has received comments throughout the year rating the services provided by SECAmb as highly efficient, effective and of a high quality. In particular, users of the services have commented on the attitudes of staff members indicating that staff were kind, caring, professional, informative and friendly. Respondents to Kent LINK surveys commented that SECAmb staff often '*went out of their way*' to help, and treated patients with respect whilst maintaining patient privacy and dignity. This is to be commended, and indeed the Quality Account suggested that the Trust receives more compliments than it does complaints.

5. Who has been involved in the preparation of the Quality Account?

SECAmb has clearly demonstrated with their Quality Account that the Trust has engaged with a wide variety of stakeholders, including the public, in the creation of its Quality Account. The LINK was included in this engagement and throughout the year the Trust has shown a great willingness to involve LINK participants in its work.

The LINK would like to take this opportunity to congratulate the Trust on the progress it has made over the past year, and the excellent feedback received by the Kent LINK regarding SECAmb services. Under the Health and Social Care Act 2012, LINK's are to be abolished in March 2012 and a Local Healthwatch will commence operation in Kent in April 2012. Kent LINK would like to recommend that the Local Healthwatch utilizes the LINK's Quality Accounts toolkit when making a statement on next year's SECAmb Quality Account, and would hope that Local Healthwatch and SECAmb can continue the good working relationship that exists between Kent LINK and the Trust.

John Ashelford
Kent LINK Governor and Quality Accounts
Project Lead

Statement from Medway LINK

Introduction

The Medway LINK would like to thank South East Coast Ambulance Service NHS Foundation Trust for the opportunity to comment on their Quality Account. This commentary has been compiled using information assembled from numerous responses from:

- Medway LINK participants and service users, commenting on their experience of using the services, as well as the Trust's performance against last year's priorities an online and paper survey carried out between 30 January and 15 March 2012
- Face to face interviews with service users and visitors within the Outpatients areas of Medway Maritime Hospital site, who were also asked to comment on the above key areas.

1. Is the Quality Account clearly presented for patients and public?

As per last year, the document is well structured with each priority, its current status and the proposed actions for improvement explained. Acronyms are clearly referenced and explained.

However, as per our commentary last year, there remains a tendency to include a large amount of detailed explanation that makes the sections overlong and difficult for the lay reader to understand. Last year we commented that *'at over 49 pages in draft format, reading and understanding the whole document is likely to be a daunting prospect for the lay reader'*. This years draft is 71 pages long.

8. Section 6 details a huge rise in the number of 'compliments' received by the Trust, but also apparently significant levels of complaints, which have increased from last year. This carries no explanation of the specifics of the complaints or why they have increased. The document also fails to explain the process by which complaints are investigated and categorised as justified, unjustified, unproved etc. As the Medway LINK stated in last years commentary, *'if (these*

are) not explained (they) may cause the reader concerns’.

2. Priorities for 2010 / 11

The overwhelming majority of participants felt that the Trust had met their last year priorities well with respondents reporting that they felt the trust was “improved”, noting the need to “be vigilant and continue to strive to improve”.

3. Priorities for 2012 /13

When asked what the Trust’s priorities for improvement in the coming year should be, there were a few specific suggestions, for example to “review training for ambulance support workers” and “reduce the numbers of patients being taken to hospital by utilising paramedics” both of which are addressed in this years priorities.

However the majority of respondents felt that the trust was doing well and felt that the priority should be to “maintain standards” and “continue to improve on all areas”.

4. Safety, Communications and Staff

Respondents were asked to comment on their perceptions of the above three elements

The overwhelming majority reported that they felt very safe, using words such as efficient, professional, first class and superb. Respondents were unanimously positive about experiences and communications with staff and the levels of dignity and respect shown to them. All reported that they were very satisfied across the three questions and

commented on the polite, professional and caring attitudes of staff, saying that they felt “put at ease” and reassured”. All respondents rated their overall experience as excellent.

5. Who has been involved in the preparation of the Quality Account

In last years commentary, the Medway LINK recommended inclusion of an explanation of ‘how service users and the community were engaged and consulted, and how they were involved in SECamb’s decision making about the services it provides’.

This years Quality Accounts includes detailed information on how the account was developed and SECamb are to be commended for involving a range of key stakeholders

In summary the Medway LINK feel the Trust should be commended on the excellent feedback received regarding patient experience.

For and on behalf of Medway LINK

David J Harris
Chairman, Board of Governors, Medway Link

13. Useful information on regulatory requirements

Care Quality Commission registration

From 1 April 2010 all NHS Trusts were required to be registered with the Care Quality Commission (CQC) in accordance with the requirements of the Health & Social Care Act 2008.

For SECAmb, we received confirmation of registration without conditions in the following areas:

- Treatment of disease, disorder or injury
- Transport services, triage and medical advice provided remotely
- Diagnostic or screening procedures

In January 2012, SECAmb were inspected by the CQC and received glowing feedback from patients following a wide-reaching independent inspection.

The positive feedback from patients formed part of a review of the SECAmb's services to establish whether it meets key government standards of quality and safety. The report highlighted that people who had used the service said that ambulance crews were polite and treated them with respect. One patient surveyed said: "Yes they were respectful, they were calm and reassuring."

Inspectors for the CQC, the independent regulator of all social and health care services in England, spent three days visiting ambulance stations, offices and A&E

departments speaking to patients, frontline staff and managers.

The Compliance Review, which was published on Wednesday, 14 March 2012, found that SECAmb was meeting all of the essential standards of quality and safety and made some suggestions for improvement in only two areas.

Chief Executive, Paul Sutton said: "It is always very pleasing to learn that the commitment and dedication that is shown and expressed by our staff when treating patients has been validated in such a positive way through the words and experiences of our patients.

"We are not complacent and of course there are always improvements that can be made. We will be taking swift action to address the concerns which were raised in two areas of this review."

The two areas where the CQC has suggested that improvements should be made are around improving training records to ensure training for all staff is recorded accurately and is up to date, and that all staff regularly receive safe-guarding training.

14. Independent Auditor's Report

Independent Auditor's Report to the Council of Governors of South East Coast Ambulance Service NHS Foundation Trust on the Annual Quality Report

I have been engaged by the Council of Governors of South East Coast Ambulance Service NHS Foundation Trust to perform an independent assurance engagement in respect of South East Coast Ambulance Service NHS Foundation Trust's Quality Report for the year ended 31 March 2012 (the "Quality Report") and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2012 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- Category A call – emergency response within 8 minutes; and
- Category A call – ambulance vehicle arrives within 19 minutes.

I refer to these national priority indicators collectively as the "indicators".

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the *NHS Foundation Trust Annual Reporting*

Manual issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

My responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to my attention that causes me to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the Quality Report is not consistent in all material respects with the sources specified in the Statement of Directors' Responsibilities in respect of the Quality Report; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual* and the six dimensions of data quality set out in the Detailed Guidance for External Assurance on Quality Reports.

I read the Quality Report and consider whether it addresses the content requirements of the *NHS Foundation Trust Annual Reporting Manual*, and considered the implications for my report if I became aware of any material omissions.

I read the other information contained in the Quality Report and consider whether it is

materially inconsistent with:

- Board minutes for the period April 2011 to May 2012;
- Papers relating to quality reported to the Board over the period April 2011 to May 2012;
- Feedback from the commissioners dated 25/05/2012;
- Workshop with the governors took place on the 31/1/12 and subsequent feedback on the draft document was obtained in April / May 2012;
- Workshop with the LINKs took place on 31/1/12 and subsequent feedback on draft document obtained in April / May 2012;
- SECAmb's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 (Patient Experience Report), dated July 2011 to the Risk Management and Clinical Governance Committee;
- The national patient survey (no routine national annual patient survey is required of ambulance services);
- The 2011 national staff survey;
- The Head of Internal Audit's annual opinion over SECAmb's control environment dated 28/05/2012;
- CQC quality and risk profiles dated 29/2/2012;

- Any other information included in my review.

I consider the implications for my report if I become aware of any apparent misstatements or material inconsistencies with those documents (collectively the "documents"). My responsibilities do not extend to any other information.

I am in compliance with the applicable independence and competency requirements of the Chartered Institute of Public Finance and Accountancy (CIPFA) Standard of Professional Practice and Ethics. My team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of South East Coast Ambulance Service NHS Foundation Trust as a body, to assist the Council of Governors in reporting South East Coast Ambulance Service NHS Foundation Trust's quality agenda, performance and activities. I permit the disclosure of this report within the Annual Report for the year ended 31 March 2012, to enable the Council of Governors to demonstrate that it has discharged its governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Council of Governors as a body and South East Coast Ambulance Service NHS Foundation Trust for my work or this report save where terms are expressly agreed and

with my prior consent in writing.

Assurance work performed

I conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – ‘Assurance Engagements other than Audits or Reviews of Historical Financial Information’ issued by the International Auditing and Assurance Standards Board (‘ISAE 3000’). My limited assurance procedures included:

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- Making enquiries of management;
- Testing key management controls;
- Limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- Comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- Reading the documents.

A limited assurance engagement is less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual.

The nature, form and content required of Quality Reports are determined by Monitor. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS Foundation Trusts.

In addition, the scope of my assurance work has not included governance over quality or non-mandated indicators which have been determined locally by South East Coast Ambulance Service NHS Foundation Trust.

Conclusion

Based on the results of my procedures, nothing has come to my attention that causes me to believe that, for the year ended 31 March 2012:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the Quality Report is not consistent in all material respects with the sources specified in the Statement of Directors' Responsibilities in respect of the Quality Report; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual* and the six dimensions of data quality set out in the *Detailed Guidance for External Assurance on Quality Reports*.

Paul Grady

District Auditor / Officer of the Audit Commission

Bridge House
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12 June 2012

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