South East Coast Ambulance Service NHS
NHS Foundation Trust

Basics, Time & Safety

Our Clinical & Quality Strategy 2018-2021

Our Overall Trust vision

Aspiring to be

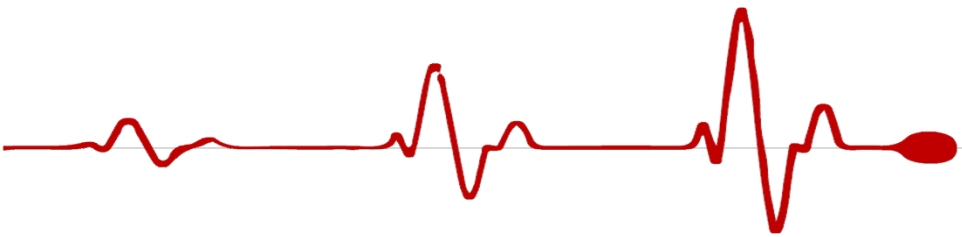
Better Today and Even Better Tomorrow

for our people and our patients

Our Five Year Strategic Plan 2017-2022 details our overall Trust vision.

There are also a number of Trust strategies that influence this Clinical & Quality Strategy. These are:

Our Clinical Education Strategy
Our Volunteers Strategy
Our Medicines Optimisation Strategy
Our Safeguarding Strategy
Our Research & Development Strategy



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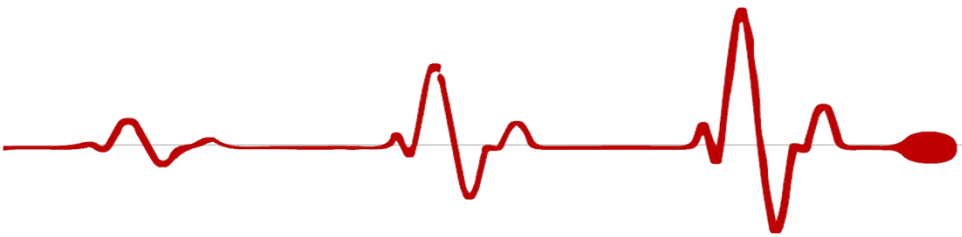


Section 1. Introduction

The purpose of a joint strategy

Introduction

An introduction from our two clinical directors

Director of Nursing & Quality

Our 2017 unannounced Care Quality Commission inspection found that the quality of our services were inadequate. Whilst this is disappointing we must acknowledge the feedback and develop high quality services.

We want to demonstrate the highest possible standards of quality in everything we do. This applies equally to clinical care and the services that support our clinicians. We want the exemplary calibre of our people and our performance to be apparent at all times.

Our definition of quality is defined by our patients. In short, it is our service users' judgement that decides whether the service they have received from us has met their identified needs. Therefore, we are developing an important patient experience strategy which will underpin our methodology for evaluating the effectiveness of what we do.

We have however identified three priorities that we know are important to patients: *basics, time & safety.* It is essential we address the basics first otherwise we will never reach our quality goal.

We know having time to care and responding quickly are important to patients and finally safety is important for all. By focussing on these three elements we believe we will have the right foundations in place from which to build further improvements.

Bethan Haskins, Executive Director of Nursing & Quality

Medical Director

Our clinical services are at the very centre of our business. We want to offer the very best clinical services possible. This means we need strong clinical leadership, highly trained clinicians and effective support services.

The role of the ambulance service has radically changed in recent years. People used to rely on the ambulance service to take them to hospital. Now, the ambulance service is a key service both for preventing hospital admissions and determining the most appropriate destination for some of our most unwell patients. We can only fully undertake this role if we become more multi-professional and continue to develop our clinicians so that they have a wide range of knowledge and skills.

Our clinicians face the widest range of situations in the NHS. In addition to the familiar medical emergencies we receive calls for assistance from care homes, from patients facing mental health crisis and from people whose labour has progressed quicker than expected. Such a diversity in our services requires strong clinical leadership and clinical experts.

We will continue to improve all clinical services but we have identified eight priority areas which will receive specific focus. We will ensure the three quality priorities are addressed as part of the improvement work but will aim to use clinical audit, research awareness, best practice guidance and innovation to ensure our patients receive the best clinical outcomes possible.

Fionna Moore, Executive Medical Director

Introduction

About this strategy

A joint approach to quality and clinical care

This Clinical and Quality Strategy sets out, as simply as possible, our clinical and quality objectives as a Trust.

We believe that quality and clinical care are so interlinked that discussing them in isolation does not present the whole strategic picture. Therefore, we have developed this combined strategy which identifies our next quality and clinical priorities.

The Trust has come under a lot of scrutiny in the last few years and its failings have been well-aired. But through it all our staff have been recognised as professional and caring. Our staff are committed to providing patients with quality care from the moment we answer the call until the time we hand the patient into the care of someone else. Staff are caring, and they are also resilient and committed to learning and to change.

We have a reputation for being forward thinking and innovative, for example in the development of professional roles like the Critical Care Paramedic and Paramedic Practitioner. We are also still leaders in initiatives for individual patient care, for example through the use of our Intelligence Based Information System (IBIS), which allows us to record the circumstances of thousands of patients across Surrey, Sussex and Kent and thereby know the best way of responding to their needs when an emergency arises.

Some of the Trust's other developments were not backed by good governance and careful evaluation.

During 2017/18 the leadership of the Trust has been concentrating on putting right some of the problems identified by the CQC and others.

Although a strategy document is mainly about the future, this document does spend some time describing some of those achievements. Why? Because we want to acknowledge the efforts of the many staff who are responsible for making the improvements, and also to give the reader an idea of where the starting point is for the new strategy.

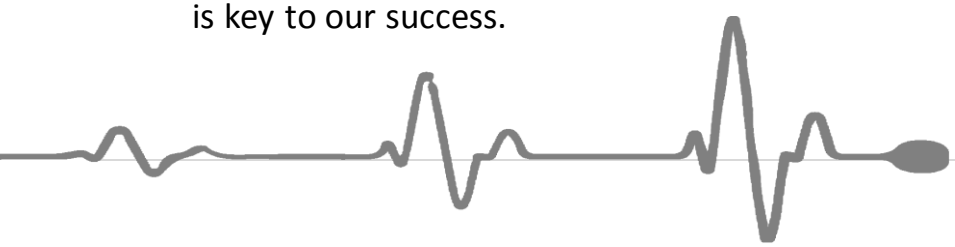
The strategy is structured chronologically. It looks at how the strategy was developed and discusses our recent priorities and achievements in order to show the direction of travel, then looks at immediate priorities and finally at longer term ambitions and challenges.

Introduction

Summary of this section

Main points

1. We see quality and clinical care as interlinked.
2. We want to demonstrate the highest quality and the very best clinical services.
3. We regard patient experience as so essential that this will have its own strategy.
4. We need to become more multi-professional
5. We need strong clinical leadership
6. Development of skills and knowledge amongst our staff is key to our success.



Section 2. Quality

Our approach

There is no single definition or a unified approach to quality within the NHS. Experience is revealing that overarching broad strategies do not deliver the necessary improvements[1].

The King's Fund now recommend that quality is led from within the organisation. This strategy embraces this direction by identifying quality themes and priorities but empowers our staff to be responsible for quality by asking them to identify *how* they plan to make the associated changes to quality through all improvement projects.

Quality

Three themes for quality

How we identified our quality themes

Ideally we would have involved as many staff as possible in the development of this clinical and quality strategy. We understand the importance of engagement for gaining ownership and achieving delivery. However, the Trust is not yet in an ideal situation. A comprehensive engagement exercise had only recently been concluded for the Trust's overarching business strategy. Also, many of the priorities remain obvious and there was a danger of engaging for engagement sake.

However, a number of staff were interviewed. The interview notes were distilled into themes but the majority of staff had very similar thoughts and themes were very apparent.

These thoughts have led to the development of this strategy. However, as the Trust progresses through the identified priorities and as we become more focused on improvement this strategy will be revisited with wider engagement.

Staff acknowledged that good progress had already been made in relatively little time. However, there is still work to be done on the foundations of good clinical care in the Trust.

Much of this is not about *changing* what we do, but getting better at *recording* what we do, so that we have evidence that we are providing the best possible care. This is one example of "being excellent at the ***basics***", which is identified as a quality priority and key theme within this strategy and this was discussed extensively at the interviews.

Another theme of this strategy is "thinking about ***time***". We are proud of the progress we have made in securing the right care for patients rather than automatically taking them to an emergency department. We know that this means that sometimes we will spend a long time with patients and, while this is right for those patients, it can mean that our clinicians are not available to respond to the next 999 call.

It is hard to strike the balance between the needs of the patient that we are with now and the patient who is waiting for us to respond. We want everyone in the service to think about this balance all the time. Sometimes we need to be quicker in our actions. For example, for patients with cardiac arrest we need to be quicker in delivering the first shock with a defibrillator.

The third priority and theme of the strategy is "*caring about* ***safety***". This means carrying out risk assessments; reporting safeguarding concerns, and incidents and "near-misses"; carrying out good infection control procedures; and also, crucially, looking after each other by watching for signs of stress in our colleagues and providing support.

These are our three key quality themes. They will feature as a thread through our improvement work and will be the foundation for the eight clinical priorities that this strategy identifies. These eight priorities are discussed in detail later within this strategy.

Quality

Eleven quality priorities

How we identified our quality priorities

In addition to our quality themes, we have identified eleven key quality priorities that underpin the delivery of our themes.

These eleven areas are dominated by the Trust's initial response to the Care Quality Commission's re-inspection in 2017. They were areas where we needed to improve. We have had success in many of the areas but during the interviews it was revealed that we needed to maintain the focus. The most frequent priorities have been classified under the three quality themes and it is by addressing these priorities that we will make improvements within our strategic quality themes.

Under the theme of "*being excellent at the **basics***" we have identified three quality priorities that are essential ingredients in getting the basics right. These are as follows:

Basics

1.1 Leadership
1.2 Guidelines
1.3 Records

Under the theme of "*thinking about **time***" we have identified five quality priorities that are essential components in our ability to manage time better. These are as follows:

Time

2.1 Getting it right first time
2.2 Giving patients the correct time
2.3 Acting quickly
2.4 Planning ahead
2.5 Working in partnership with others

Under the theme of "*caring about "caring about **safety***" we have identified three quality priorities that are key to the Trust becoming a safer service. These are as follows:

Safety

3.1 Continuous improvement
3.2 Safeguarding staff and patients
3.3 Reporting incidents and risks

Rather than identify an organizational approach to each of the eleven quality priorities we will invite each improvement project to identify how the project will make improvements to each of the eleven areas. This commences with the eight clinical priorities identified in this strategy. The final section illustrates our initial plans for each of these areas.

This approach will allow us to make the biggest impact in each of the eleven areas but also support the approach that improving quality is everyone's responsibility.

Quality

A summary of this section

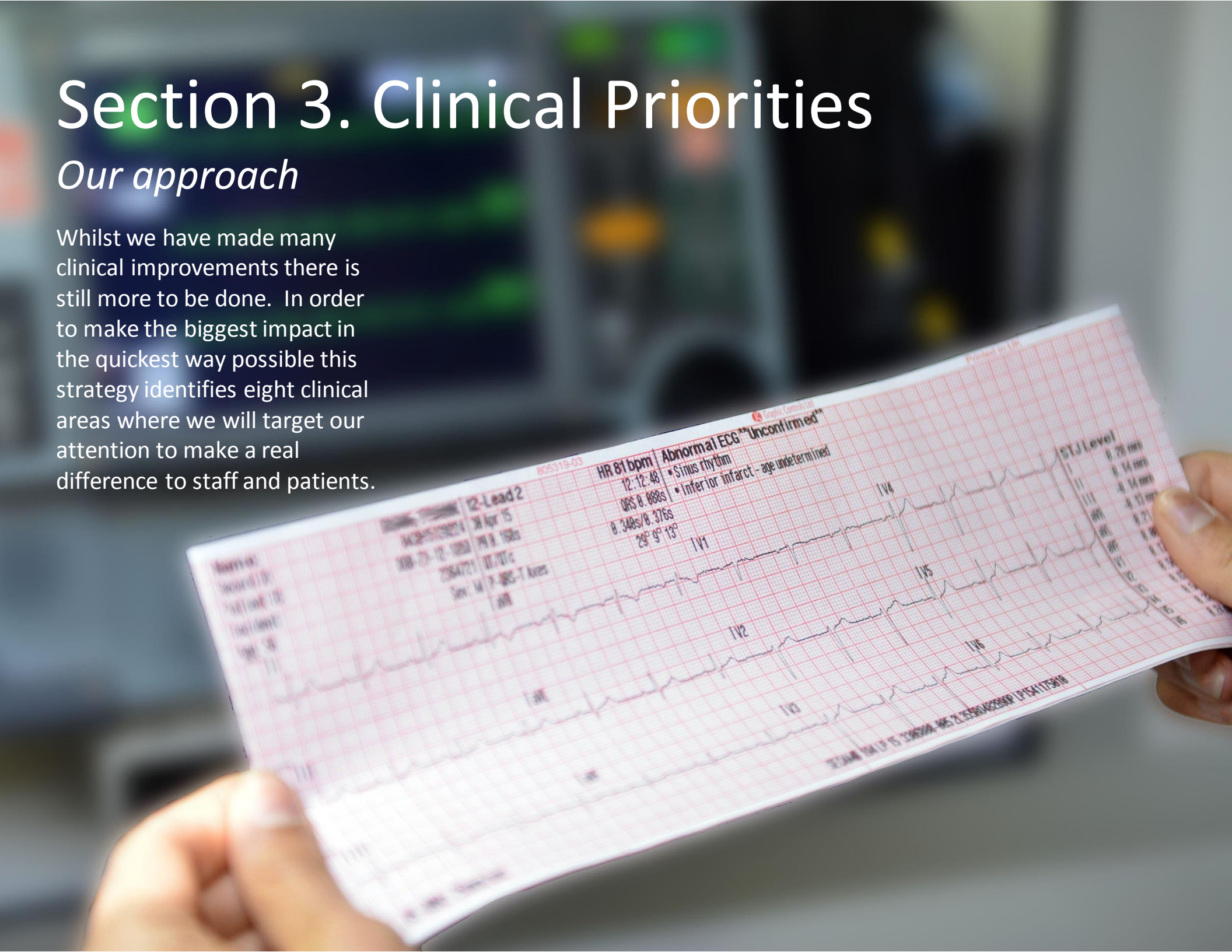
Quality themes & priorities

1. Being excellent at the ***basics***
   - 1.1. Leadership
   - 1.2. Guidelines
   - 1.3. Records
2. Thinking about ***time***
   - 2.1. Right first time
   - 2.2. Giving patients time
   - 2.3. Acting quickly
   - 2.4. Planning ahead
   - 2.5. Working in partnership
3. Caring about ***safety***
   - 3.1. Continuous improvement
   - 3.2. Safeguarding
   - 3.3. Reporting incident and risk

Section 3. Clinical Priorities

Our approach

Whilst we have made many clinical improvements there is still more to be done. In order to make the biggest impact in the quickest way possible this strategy identifies eight clinical areas where we will target our attention to make a real difference to staff and patients.



Our Recent Clinical Priorities

Our achievements

What we have achieved so far

Immediately following our 2017 Care Quality Commission's re-inspection, our priority was to bring greater stability to the systems that support the provision of safe high-quality care.

This work included the creation of enabling strategies, developing associated improvement plans and refocusing priorities. Examples of this work are:

Medicines Management

Our new Medicines Optimisation Strategy sets out a significant programme of work to ensure that we govern the use of medicines in the Trust according to the law and best practice. We have set up a system for auditing that the rules are followed and drugs stored securely.

Safeguarding

Our new Safeguarding Strategy sets out how we will ensure that patients are protected from harm and report concerns when we come across patients who are at risk of abuse. It also addresses the importance of the safety and wellbeing of our staff.

Learning from incidents and complaints

We have encouraged greater reporting of incidents and concerns and are pleased that more are being reported. We have improved the process for investigating serious incidents and for learning from them. We still have to improve the speed of investigation.

IBIS

The Intelligence Based Information System team has been supported and now contains details for 41,386 patients (Aug 2018) individual patients, including those receiving palliative care.

Strengthening clinical leadership

We have appointed to key positions that were vacant, including both clinical director posts and created additional clinical consultant posts.

Employing further clinical support

Over the past 18 months we have recruited into new clinical posts. These include: a chief pharmacist, mental health nurses, a consultant midwife, two further consultant paramedics and an assistant medical director. We will now be recruiting into a new deputy medical director post and a further assistant medical director post.

Infection Prevention and Control

We have developed a brand new approach to infection management called Infection Prevention Ready.

Technology support

We have issued portable devices to all front line staff, facilitating two-way communication, on-line learning and completion of incident and safeguarding forms. This has enabled us to implement further electronic tools such as the electronic Joint Royal Colleges Ambulance Liaison Committee Clinical Guidelines. These are now on the portable devices and provide up to date clinical guidance at the patient side and also permit the Trust to upload SECAmb specific information.

Our New Clinical Priorities

Our intentions

Our eight new priorities

Having addressed the immediate issues, we can now adopt a more strategic approach to clinical improvements. This section provides an overview. The final section of this strategy provides a more detailed view of the specific actions we plan to take in order to generate the intended improvements and how each of the projects will also address the quality priorities.

Cardiac Arrest

The Trust is currently not meeting the national standards for the management of cardiac arrest. For example we are taking longer to administer the first shock than the target time of two minutes from arrival. It is important that we improve this performance.

In addition, this trust is one of few that has invested in defibrillators that can transmit cardiac arrest data at the touch of a button. This is only happening in about 50% of cases at the moment and we want that figure to improve so that we have a better understanding of how we are looking after these patients.

We are starting to train staff in the ten steps to improve Out of Hospital Cardiac Arrest (OHCA) survival developed by the Global Resuscitation Alliance(GRA).

Stroke

Improvements in outcomes for SECAmb's stroke patients is part of a wider NHS initiative to make sure that the diagnostic and treatment facilities are available 24/7 in all the hospitals we take stroke patients to. Progress is being made across Surrey, Sussex and Kent to improve the availability of these services and we will play our full part in ensuring that patients are taken to the right place for the care they need. Kent & Medway have consulted on changes to how they care for stroke patients. Progress in other areas is slightly slower but we will be ready to cooperate with all initiatives.

Mental Health

Patients with mental health problems presenting to the ambulance service range from people who need help to find the right mental health service support (as opposed to a trip to A&E) to those in severe crisis who are detained under the Mental Health Act for their own or others' safety.

In all cases we need to liaise with other agencies including Mental Health Trusts or the police service. We want to improve our procedures and our performance for this group of patients.

Changing Clinical Priorities

We have helped shape local services. For example, some vascular emergencies require very quick action and life-saving surgery. These are not always easy to recognize and increasingly vascular surgeons are considering how to ensure 24 hour availability of surgery. Therefore, we have been required to play a significant role in providing effective system redesign.

We need to ensure our ability to respond to local need is a high priority for our clinicians.

Paediatric emergencies

While most emergencies involving children can be dealt with at their local hospital, some illnesses and injuries require specialists. We will work with the hospitals in our area as they begin to develop networks for paediatric care.

Ourselves, we will convey all patients under one-year-old because of the risk that very young children can deteriorate quickly (and of course are not in a position to explain what is wrong) and we will improve training and risk management for this group of patients.

Older people who fall

At the moment we are not always in a position to respond quickly to patients who do not seem to have serious illness and injuries. However, we know that some patients can suffer consequences while they are waiting. For example an older person who has fallen may be at risk of developing pressure sores if their skin is already vulnerable. We are investigating whether our team of community first responders (CFRs) and colleagues from the Fire and Rescue Service (FRS) could be deployed to make a person comfortable and safe while the ambulance is on its way.

Recognition of acute symptoms including Sepsis

More than 40% of cases of sepsis occur in the community and it is therefore important that ambulance service staff are able to recognise the signs of symptoms of sepsis. Work in the ambulance sector has found that knowledge was not as widespread as it could be [2]. The Royal College of Physicians has developed and now updated the National Early Warning Score (NEWS2) which we are adopting to ensure that we improve recognition and treatment of the signs and symptoms of sepsis and other acute conditions. We will work with partners to ensure that patients receive the right onward transport and care.

Infection prevention

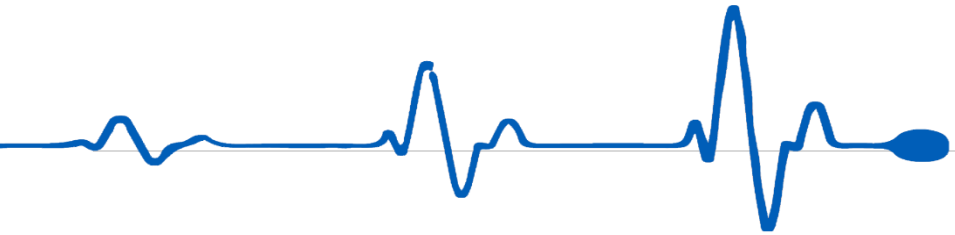
We have recently launched a new strategic approach to infection control. This acknowledges that we are only part of a patient's pathway and that we recognize we need to ensure our practice is as safe as possible in order to protect patients later in their care. We will implement and monitor the effectiveness of this new approach.

Our Clinical Priorities

A summary of this section

Eight clinical priorities

1. Cardiac arrest
2. Stroke
3. Mental health
4. Changing clinical priorities
5. Paediatric emergencies
6. Older people who fall
7. Sepsis
8. Infection prevention



Section 4. Context

Our ambitions and our enablers

This section explores some of the context in which we operate and identifies a number of the key enablers to us making successful improvements.

Our context

Our future ambitions

The context in which our improvements operate

The biggest challenge facing ambulance services, and indeed the whole NHS, is how to provide care to an aging population with limited resources. Achieving that will require unprecedented cooperation between NHS organisations and a willingness to think differently about how we and our partners respond to patient need. Ambulance services can make a big difference to the way that health and social care resources are used as a result of the decisions they make about where to take patients or what alternative care and support to secure for them.

SECAmb serves a population of almost 5 million people across the counties of Kent, Sussex, Surrey as well as a small part of Hampshire. The population is set to grow, with significant housing developments in some parts of our area.

About three quarters of our Clinical Commissioning Group (CCG) areas have numbers of over 65-year-olds and 85-year-olds higher than the England average. Older people, of course, have greater levels of frailty and have more long term conditions and multiple conditions than younger people.

In England as a whole we have seen a "sharp rise in the number of emergency admissions for patients aged 85 years or older (up 58.9%) and in admissions for patients with multiple health conditions. One in three patients admitted to hospital as an emergency in 2015/16 had five or more health conditions, compared with just one in ten in 2006/07 (a percentage increase of 271%). In fact, the number of emergency admissions for patients with just one condition fell over the same period (by 34%)."[3]

999 patients with multiple conditions may not need life-saving care, but they are often the patients who need complex and sophisticated decision-making. A diabetic patient who is developing dementia may be neglecting their medication. They may not need hospital but they may need long-term support in taking their medications that will prevent a diabetic emergency hospital admission. An elderly patient may present with reduced mobility and confusion. This could have a number of causes.

Understanding the range of possibilities and establishing the best response for these patients is a significant skill. When we are called to a patient who has fallen, our main job has been to check for injuries and take the patient to hospital if they need it. But as NICE Guidelines[4] state, first time fallers should receive a multifactorial assessment, and the ambulance service can facilitate that happening.

We are committed to working with geriatricians and specialists in long term conditions in our area to develop pathways for care for this important group of patients.

Our Enablers

And our dependencies

Things we need to consider

Our staff

Although it is these days a cliché to say that our staff are our greatest asset, it is nonetheless true that staff from the control room to the front line, and all our support staff too, are going to be the reason that our clinical care improves.

We will:

- Provide appropriate training and guidance for everyone at every level
- Work towards ensuring that everyone has time to keep their skills up, including time to practice the skills they use rarely
- Value and develop the specialist paramedic staff, expanding and maximising their use, and providing career progression opportunities
- Develop a multi-professional response capability, especially around mental health, pharmacy expertise, and other allied health care skills (either by employing people directly or in cooperation with other Trusts)

Technology enablers

Staff need the tools to do their jobs and there are more and more ways now becoming available that can improve the quality and efficiency of what we do. They often require considerable financial investment, although it is just as important to provide training and support to staff as new technologies are brought in.

We will:

- Provide and maintain appropriate equipment and replace and improve it as resources allow
- Develop information systems, including an electronic patient record tool by April 2019
- Investigate telemedicine to help frontline staff to seek support in their decisions. This is already working well in Kent for Stroke care and we will seek further opportunities for expanding the use of this technology.

Learning as an enabler

Further improvement will come from educations and training; reflective learning; learning from successes and mistakes, and assessing what we do through audit.

We will:

- Encourage reporting of incidents and near misses, investigate quickly and thoroughly and communicate learning
- Preserve time for staff to undertake training and development
- Develop our clinical audit programme and act on the results of audits

Partnership as an enabler

Much quality patient care depends on how people in different organisations work together. From what happens in hospital for the patient we have successfully resuscitated, to how a community mental health team is able to respond to someone in crisis, so that they don't have to go to the emergency department, almost all of the patient care we provide is part of a chain of care provided by the whole NHS.

We also rely on our commissioners to make decisions on investment for patient care.
We are going to:

- Communicate our plans and seek feedback
- Keep our partners updated on our clinical performance and our progress
- Invest in managers who will develop local plans for patient pathways in partnership with other Trusts
- Initiate, where appropriate, new ways of responding to patients, bringing partners together to develop solutions to serve patients better

Measuring success

There are many ways we could measure our success in implementing this strategy.
These include:

- Performance against the national Ambulance Quality Indicators (AQIs)
- Feedback from partners in the NHS that the ambulance service is playing its full part in developments
- Staff satisfaction, particularly with training and having a clear sense of direction from clinical leaders
- Clinical audit reports and evidence that we have improved as a result of them
- Learning from incidents and complaints and evidence that we have improved

Context & enablers

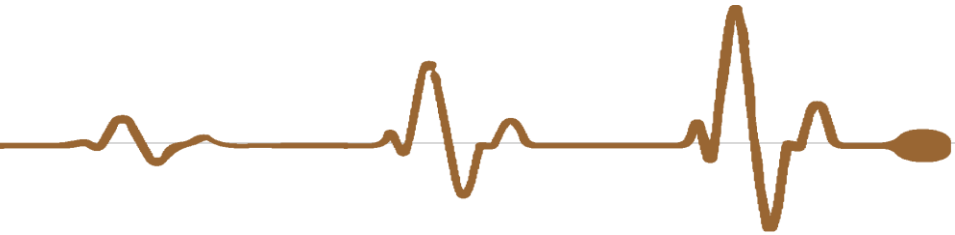
A summary of this section

Context

1. Aging population
2. Limited resources
3. Growing population in the South
4. More patients with multiple problems
5. The need to think differently

Enablers

1. Our staff
2. Technology
3. Learning
4. Measuring success



Section 5. Overview

Overview documents

The aim of our eight clinical priorities is to either improve clinical outcomes, improve safety, or improve the patient experience. However, we are also asking each project to identify how it will impact on our quality priorities. The following section gives a brief outline of each clinical priority and identifies how each one of them will address the improvements in our eleven quality priorities.

This section also includes an infographic that summarises our clinical and quality priorities.

Clinical Priority 1

Cardiac Arrest Survival

Project Outline	Quality Priority	Project Action
Cardiac Arrest Survival **Project aim: *To develop a complimentary cardiac care strategy for the Trust***	Leadership	*Leading the development of a cardiac care strategy will provide an excellent development opportunity for the identified lead*
	Guidelines	*A new cardiac arrest Standard Operating Procedure and a new policy will be developed*
	Records	*The strategy will include guidance on what to document and how best to document our interventions*
	Getting it right first time	*The cardiac care strategy will include clear educational and development guidance for our clinicians*
	Giving patients time	*The focussed work in our Emergency Operations Centre and our 111 centre will ensure patients are identified quickly and afforded the correct time*
	Acting quickly	*The strategy will include a focus on our Emergency Operations centre to ensure we are able to improve our average time to start CPR time from 3.5 minutes*
	Planning ahead	*The development of a strategic approach to cardiac care will accommodate, as best as possible, future needs*
	Working in partnership	*The strategy will be developed in collaboration with colleagues from other providers*
	Continuous improvement	*Cardiac care will feature within our audit plans and we will widely publicise our outcome data across the organisation*
	Safeguarding	*There is no specific aim to improve safeguarding within this initiative*
	Reporting incidents & risk	*The cardiac care guidance will give a clear indication on when staff should report cardiac related incidents*

Clinical Priority 2

Accommodating Changing Clinical Priorities

Clinical Priority	Quality Priority	Action
Changing Clinical Priorities **Project: *To develop a clinical vision and clinical approach that identifies our intention to be responsive and adaptable to changing clinical need.***	Leadership	*This is more of an "approach" rather than a project. We are asking the organisation and our clinical leaders to be responsive and adapt to changing circumstances. As a result, we have already strengthened clinical leadership by the appointment of a Consultant Midwife, additional Paramedic Consultants, Medical Consultants and a new Safeguarding Consultant*
	Guidelines	*Where possible, we will ensure all our guidance is linked to evidence so that our clinicians have the right information at the time needed. We would expect with the introduction of a Consultant Midwife that we will have stronger guidance and support for our staff regarding midwifery care*
	Records	*By ensuring we are able to respond to changing needs we will make every effort to ensure any changes to documentation are as future proof as possible*
	Getting it right first time	*We have the ambition to always get it right first time and the way we will adapt to future changes will ensure this ambition remains at the forefront*
	Giving patients time	*Our adaptive approach includes the way we respond to the demands made of our operational colleagues. We will continue to support and challenge the operational teams' requirement to be more efficient with the requirement to provide appropriate clinical time*
	Acting quickly	*Our vision will ask for senior clinicians to be adaptive and responsive which fulfils our quality priority requirement to act quickly*
	Planning ahead	*Through horizon scanning we will ensure we have a senior clinical leadership team that is able to lead on future clinical issues*
	Working in partnership	*Our vision will clearly identify our need to work in partnership with others*
	Continuous improvement	*We intend to strengthen our clinical audit programme and attempt to engage more clinicians in the audit process and ensure the results influence practice*
	Safeguarding	*We have already introduced a Safeguarding Consultant to the team and anticipate that this role will bring real benefit to the way we manage safeguarding*
	Reporting incidents & risk	*We will encourage incident reporting by asking our clinical leaders to learn and to evaluate service changes through incident analysis*

Clinical Priority 3

Paediatric Care

Clinical Priority	Quality Priority	Action
Paediatrics **Project: *To review current conveyance guidance for children***	Leadership	*The review of paediatric guidance has Executive Clinical Leadership*
	Guidelines	*This project has intention of strengthening guidance for staff by ensuring the guidance is evaluated and new guidance is evidence based*
	Records	*Any new guidance issued will give a clear indication on what our clinicians need to record in the patient record*
	Getting it right first time	*This project has intention of strengthening our ability to get it right first time by having robust evidence based guidance in place*
	Giving patients time	*The new guidance will not specifically address the need to give patients time as it will clearly indicate when conveyance is*
	Acting quickly	*The new guidance will ensure, when appropriate, staff act quickly*
	Planning ahead	*The project does not specifically address this quality priority*
	Working in partnership	*The review is being undertaken in partnership with a university and any consequential changes will have the appropriate partnership discussions*
	Continuous improvement	*The review of the current guidance is being undertaken relatively recently after issuing guidance for staff. This si an indication of our intention to continuously review and improve*
	Safeguarding	*Whilst the guidance does not specifically address the safeguarding quality priority the issuing of clear guidance will have an indirect benefit*
	Reporting incidents & risk	*Any new guidance will clarify when to undertake an incident report*

Clinical Priority 4

Infection Prevention

Clinical Priority	Quality Priority	Action
Infection Prevention **Project: *To develop and implement a whole new approach to Infection Prevention which will engage staff and improve awareness, knowledge and partnership working.***	Leadership	*Infection Prevention has Executive Clinical Leadership*
	Guidelines	*The improvement plans identify the need to have strong clear guidance under the new approach of "Infection Prevention Ready"*
	Records	*There is no specific record-keeping component to the plan but the project has a catalogue of audit tools which will be used to record compliance to the procedures for Infection Prevention Ready and cleanliness standards for vehicles and the built environment*
	Getting it right first time	*As part of our review work we will ensure our Emergency Operations Centre is able to identify infection prevention issues right at the point of contact*
	Giving patients time	*Patients with infection are always given the necessary time and therefore this does not feature in our planned improvement work*
	Acting quickly	*The new guidance will ensure the Trust acts quickly when serious infection is anticipated*
	Planning ahead	*The plans include the intention to develop a fit for purpose Infection Ready Team which is supported by local Champions. This will enable us to regularly review the procedure and its effectiveness*
	Working in partnership	*The new plans and procedures will be developed in partnership with Public Health England, the IPC Lead from the NHS Improvement Team, Patient Representatives from the Trust*
	Continuous improvement	*National and international guidance will be continuously reviewed in the line with the procedure. A library of training and awareness videos are being developed for staff to access*
	Safeguarding	*There is no specific safeguarding component to our infection prevention improvement work*
	Reporting incidents & risk	*The work will raise the profile of Infection prevention and ask staff to ensure they report all relevant infection incidents for the Trust's reporting system*

Clinical Priority 5

Sepsis Care

Clinical Priority	Quality Priority	Action
Sepsis ***Reviewing current Trust practice against national best practice***	Leadership	*We now have a number of clinical consultants. Specifically, the consultant paramedics Chair the Trust's "Deteriorating Patient Group". The DPG comprises "Deteriorating Patient Ambassadors"; operational clinicians from each Operating Unit who are responsible for disseminating information and leading CPD in their localities. This provides leadership and a point of reference for staff in these critically important practice areas*
	Guidelines	*We will be undertaking a review of all practice guidance relating to sepsis*
	Records	*The review of the current documentation will include the ability to record the Quality Indicators for sepsis and NEWS2 scoring*
	Getting it right first time	*We have a good track record of managing sepsis, on the back of the early adoption of the Patient Safety Alert issued in 2014. This project will ensure we continue to aim for rapid identification of potential sepsis*
	Giving patients time	*The outcome for patients with severe sepsis worsens if treatment is delayed. Mortality can increase by up to 7.8% per hour without definitive treatment in hospital. By responding quickly, screening for sepsis and treating accordingly, we promote outcomes and give more time to patients and their families*
	Acting quickly	*Through our partnership working across the region, facilitated by the Academic Health Science Network, we promoted the use of the term "Red Flag Sepsis" among community teams to use when calling for ambulances. Partnership working will continue through the duration of the project*
	Planning ahead	*Our Deteriorating Patient Group will provide resource to ensure that we stay ahead of the curve; reviewing evidence and updating practice accordingly*
	Working in partnership	*This project requires us to work in partnership with the academic network and other provider Trusts*
	Continuous improvement	*Audit data is a vital aspect of evidencing what we do for patients with sepsis, and to help shape better care. This project will involve clinical audit in our ability to evidence improvement and learn*
	Safeguarding	*Making sure our EOLC Lead and Safeguarding leads work together to learn from cases where these very complex patients call 999 has proved vital for promoting care for patients and respecting the limits of care they wish to receive as they near the end of their life*
	Reporting incidents & risk	*We already receive incident reports relating to the care of septic patients. This project will continue to promote recording*

Clinical Priority 6

Patients who Fall

Clinical Priority	Quality Priority	Action
Patients who fall ***Project Aim: to review the current variation in the way we manage patients who have fallen and make best practice recommendations***	Leadership	*Leading this project with the support of a designated Consultant Paramedic will provide excellent leadership development for this important Trust and sector-wide project*
	Guidelines	*The project will result in clearer guidelines and the project will support the development of a falls flowchart for our Emergency Operations Centre*
	Records	*The project will strengthen the documentation currently held on our vulnerable patients database (IBIS)*
	Getting it right first time	*We will evaluate a variety of initiatives such as the Specialist Falls response vehicle crewed by an OT and Paramedic to provide rapid response and full medical and falls risk assessments to patients to ensure we are getting our response right first time*
	Giving patients time	*The project will include the proposal to introduce Community Guardians to provide post fall pastoral care to patients who have fallen to improve psychosocial factors of falling*
	Acting quickly	*This project will allow us to act quicker with the correct response*
	Planning ahead	*By having an agreed approach to patient who have fallen will enhance our ability to maintain a service at times of high demand*
	Working in partnership	*This review will require us to work with a number of provider organisations as some of our approaches to patients who have fallen are a joint venture with partner Trusts*
	Continuous improvement	*We will endeavour to ensure we continually improve by measuring referral rates to falls providers, measuring impact of falls response vehicles, Increased training to EOC and road staff on impact of falls*
	Safeguarding	*Many of these patients are frail and vulnerable. The project will engage with our safeguarding team*
	Reporting incidents & risk	*The project will encourage the use of incident reporting as a method of capturing issues with our falls service*

Clinical Priority 7

Stroke Care

Clinical Priority	Quality Priority	Action
Stroke **Project: *Work in partnership with a major review of stroke services across the three counties***	Leadership	*The Specialist Pathways Lead and Consultant Paramedic will maintain Trust leadership of the project. This is an excellent opportunity to lead and represent the organisation at a sector level*
	Guidelines	*The project will give the need for the Trust to review the current guidance that we have for staff*
	Records	*The documentation of stroke care is currently audited as part of our Quality Indicators. This project is likely to make a positive impact on record keeping*
	Getting it right first time	*SECAmb is also participating in an in-depth analysis (SPRINT audit) with the William Harvey Hospital analysing the entire patient journey from 111 or 999 call to needle (thrombolysis). This data will enable us to streamline the existing journey and identify areas where care can be further improved*
	Giving patients time	*The time it takes us to care for a stroke patient is monitored as part of our Clinical Outcomes data. It is possible that this project lengthens the initial time we spend with some patients but the result is an improvement in getting it right first time*
	Acting quickly	*SECAmb is jointly leading a feasibility study on the use of telemedicine in ambulances for better stroke triage. It is hoped this will not only cut times from call to needle, but prevent patients who are having stroke 'mimics' from bypassing their local ED unnecessarily once the new HASUs have been set up*
	Planning ahead	*The review work will require the Trust to consider current practice and the educational needs of our clinicians for the future*
	Working in partnership	*The whole project is about working in partnership. But specifically the Trust is working in partnership with stroke units in Surrey and Sussex to promote and enable direct calls to stroke nurses. We are also working in close partnership with other Trusts on telemedicine (in one area) and the Get It Right First Time (GRIFT) programme and thrombectomy travel times*
	Continuous improvement	*This project is grounded in sharing best practice across the sector and ensuring that the sector also learns from what has been undertaken in other areas of the country*
	Safeguarding	*There is no specific safeguarding component to our stroke improvement work*
	Reporting incidents & risk	*There are stroke liaison managers in each county who have links with local HASUs/stroke units. They investigate relevant issues. These are fed back and we will make every effort to ensure these are being appropriately captured on our incident reporting system.*

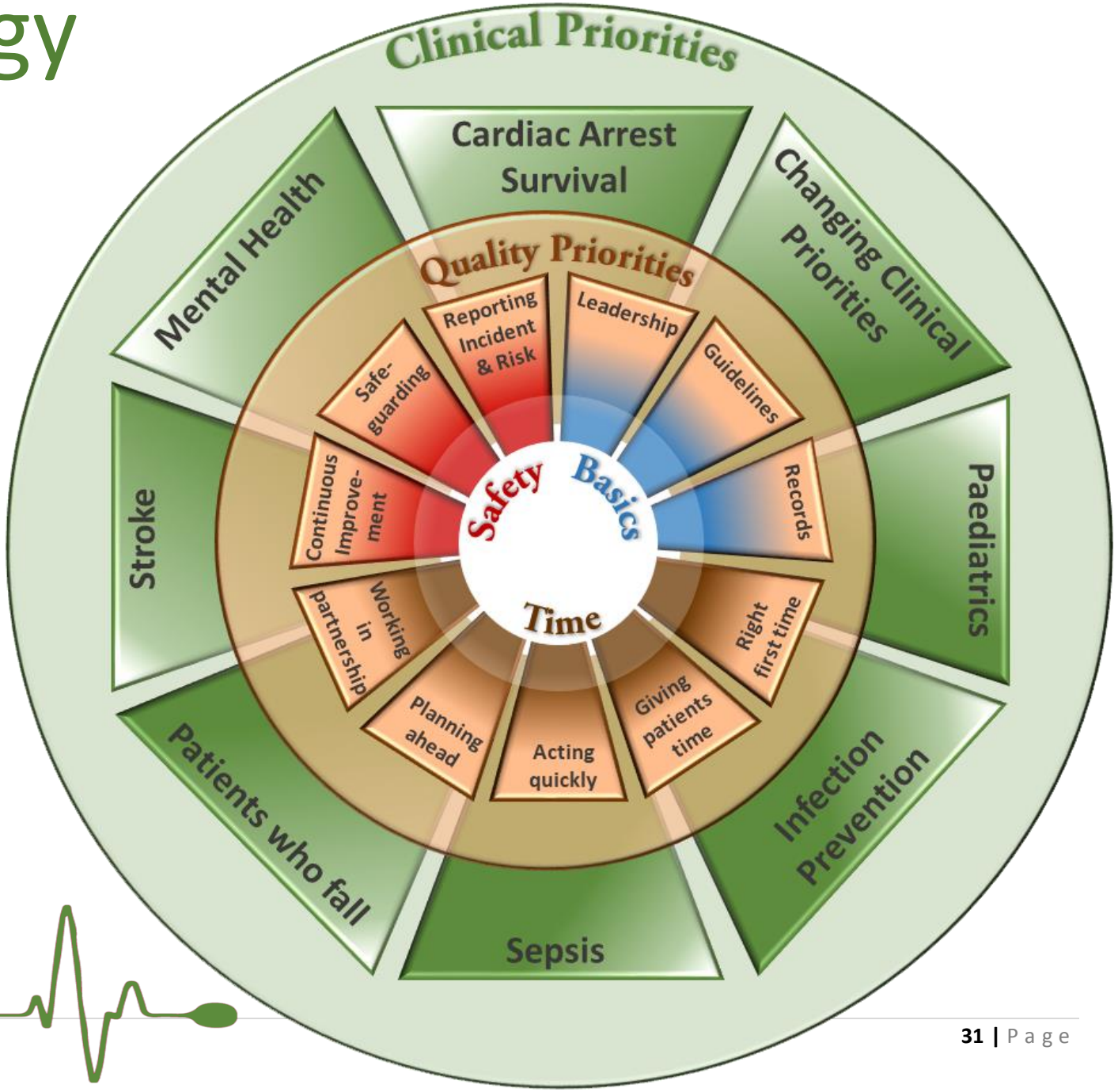
Clinical Priority 8

Mental Health Care

Clinical Priority	Quality Priority	Action
Mental health **Project: *To develop a cohesive and strategic approach to mental health care in the Trust***	Leadership	*Our Mental Health Strategy will be led by our Consultant Mental Health Nurse*
	Guidelines	*Our clinical interventions will be informed by the most current national and local legislation and guidelines e.g. NICE. We will continuously monitor and review our current related policies and procedures to reflect service developments internally and with our partner agencies*
	Records	*We will further develop our specialist clinical assessment tools e.g. Mental Health Risk Assessment to enable their use is compatible with our clinical recording systems and audit processes*
	Getting it right first time	*We will ensure that our frontline staff receive the most up to date and role commensurate training to enable accurate assessment and clinical decision-making. We will explore various delivery methods to ensure the effective engagement of the same. We will recruit mental health professionals to our Emergency Operations Centres to provide interventions, advice and guidance to our frontline staff*
	Giving patients time	*By implementing Registered Mental health professionals into the Emergency operations Centre we will improve our ability to give patients the appropriate level of intervention at the point of contact*
	Acting quickly	*We will ensure that via training and simulation, that our frontline staff our able to confidently assess and plan appropriate clinical outcomes in time critical situations*
	Planning ahead	*Via our representation at various external forums e.g. National Ambulance Mental Health Group and partner agency meetings e.g. Crisis Care Concordats, we will horizon scan for pending developments nationally and locally and make service preparations accordingly*
	Working in partnership	*We will continue to work with our partner agencies and stakeholders e.g. mental health providers, police and commissioners*
	Continuous improvement	*We will benchmark and audit our processes in line with national best practice guidelines via internal audit and continue to report as required to the Executive team e.g. mental health conveyancing*
	Safeguarding	*There will be close collaboration with the Mental Health and Safeguarding Teams to monitor the use of the Mental Capacity Act and safeguarding processes in relation to specific cases involving patients with mental health challenges*
	Reporting incidents & risk	*The Consultant Mental Health Nurse have an overview of all Mental Health specific incidents, and subsequent required changes to practice and points of learning that may arise will be circulated as appropriate*

Our Strategy

Plan on a page



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