South East Coast Ambulance Service NHS
NHS Foundation Trust

	Agenda No

Name of meeting	**To all key stakeholders:** Trust Board members; Executive Management Committee; Quality and Patient Safety Committee; Council of Governors; Operational staff and managers (via teams A to E); Inclusion Hub Advisory Group; Patient Experience Group; Lead CCGs 999 and 111. Health Watch.
Date	2nd July 2019.
Name of paper	Publication of Annual Quality Report and Account 2018/19
Responsible Executive	Bethan Haskins Executive Director of Nursing
Report Author	Judith Ward Deputy Director of Nursing

Introduction

Patients want to know they are receiving the very best quality of care. Providers of NHS healthcare are required to publish a quality account each year. These are required by the Health Act 2009, and in the terms set out in the National Health Service (Quality Accounts) Regulations 2010 as amended ('the quality accounts regulations').

Quality Accounts are annual reports to the public from us about the quality of the healthcare that we provide. They are both retrospective and forward looking as they look back on the previous year's data, explaining our outcomes and achievements, look forward to defining our priorities for the next year to indicate how we plan to achieve these, and quantify their outcomes.

Quality Accounts are mandatory for NHS Trusts.

Publication

The Quality Account for 2018 / 19 has now been published on our website and is available via the following link.

Key priorities for 2019/20

Quality Account Guidance requires the Trust to identify priorities for the coming year. In order to facilitate early and proactive discussions, two stakeholder events have been held in November 2018 and January 2019. The priorities chosen for 2019/20 link to our 'must do' from the Care Quality Commission (CQC) inspection in 2018 and our Clinical and Quality Strategy.

The priorities are listed below:

Improving survival from out of hospital cardiac arrest.

Out of hospital cardiac arrest is a life-threatening condition which is a key responsibility for ambulance services. Cardiac arrest survival is a clinical priority in our Clinical and Quality Strategy. In the UK almost 30 000 people had active resuscitation from out-of-hospital cardiac arrest (OHCA) in 2015; only 25% achieved a return of spontaneous circulation and 8% were discharged alive from the hospital[1]. In Q3 of 2018/19 in SECAmb we had a mean return of spontaneous circulation (ROSC) rate of 22.87% and a survival to discharge rate of 6.52%, both below the national average. The Resuscitation Council of the United Kingdom (RCUK) outline 4 stages to the 'chain of survival'[2]; 1. Early recognition and call for help, 2. Early bystander Cardio pulmonary resuscitation (CPR), 3. Early defibrillation, 4. Early advanced life support and standardised post resuscitation care. In order to improve survival from OHCA we must influence all stages of this chain. This priority builds upon previous work in 2018/19.

Improving the care of patients with mental illness / disorder

The Five year forward view for mental health[3] recognised that "people of all ages have been stigmatised and marginalised, all too often experiencing an NHS that treats their minds and bodies separately". Mental Health Care features in our Clinical and Quality Strategy. Our strategy focusses on getting it right first time so that our patients receive care which is informed by current national and local legislation and guidelines. Our staff will be appropriately trained via programmes designed by our mental health professionals, to ensure that care is non–stigmatising, evidence based and up to date. Some of this work has already begun within the Trust but it is in the early stages. Never the less, we have evidence that people with mental illness/disorder do not always receive the most appropriate category of response time due to the way we work with partner agencies such as the Police. In addition, we have identified areas where we need to train our staff better to respond appropriately. Both of these impact negatively on the experience of patients with mental illness. The view of our stakeholders was overwhelmingly in favour of highlighting progress as a priority within our quality account.

Safety within our Emergency Operations Centre

Patients who use 999, access our services via the Emergency Operations Centre. This is our first opportunity to assess and appropriately respond to their condition. The Care Quality Commission (CQC) inspection published in November 2018 identified potential issues relating to how we identify and manage the stack of patients waiting for an ambulance. At times patients waited outside the times detailed in the policy for a welfare call. Insufficient staffing was also a key issue. Some of these concerns have been reflected by trends for serious incidents and

[1] Hawkes C, Booth S, Ji C, et al; OHCAO Collaborators. Epidemiology and outcomes from out-of-hospital cardiac arrests in England. Resuscitation. 2017; 110:133-140.
[2] Perkins G, et al. Resuscitation Guidelines: Adult Basic Life Support and Automated External Defibrillation. *Resuscitation Council of the United Kingdom.* 2015. London.
[3] The mental health taskforce: five year forward view for mental health. NHS England. 2016.

complaints. Significant work has already been undertaken in respect of safety within our Emergency Operations Centre, but we recognise that this is an improvement journey.

Care of patients who fall

SECAmb receives a large number of calls from patients who have fallen. From 1st April 2018 – 31st March 2019 we attended 35,930 category 3 and 4 calls to patients who had fallen. 49% waited longer than 1 hour for an ambulance. The National Ambulance Response Programme[4] identifies a category 3 response for patients who fall. The CQC inspection in 2018 noted that "Patients classed as category 3 (elderly fallers and long lie patients) were at high risk of deterioration as a result of experiencing long delays". This has also been evidenced internally by serious incidents and complaints have demonstrated the negative experience of these patients. Our stakeholders expressed concerns about the safety of patients who have fallen and have to wait for a response.

Additional information on how we plan to achieve these aims is contained within the report.

Progress in 2018/19

The report outlined areas of improvement from 1st April 2018 to 31st March 2019. These included:

- An improved CQC rating of 'requires improvement'.
- Out of hospital cardiac arrest;
- Safeguarding;
- Learning from safeguarding, incidents and complaints;
- Medicines management;
- Improved incident reporting;
- Hand hygiene;
- Sepsis;
- Care of patients who have had a stroke;
- Maintaining performance in our 111 service whilst introducing a new IT infrastructure and a host Computer Aided Dispatch (CAD system);
- Management of complaints;
- Initial work in relation to response times for patients with mental illness.

The Trust compliance with national Ambulance response times in 2018 / 19 was satisfactory for categories 1 and 2 but room for improvement. The Trust did not compare favourably for categories 3 and 4 and further work to address this will continue in 2019/20.

[4] https://www.england.nhs.uk/urgent-emergency-care/arp/

Monitoring

Regular monitoring of progress against many areas of the Quality Report and Account is via our Quality and Patient Safety Committee or the Integrated Performance Report (IPR) which reports to Trust Board.

In light of learning from previous years, quarterly reports such as this will be provided to all key stakeholders including our staff.