



Quality Account & Quality Report 2013/14

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



The Quality Account and Quality Report can be accessed on the SECAmb website or alternatively for copies of the document please e-mail qualityaccount@secamb.nhs.uk

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ii) List of Abbreviations/Glossary

Abbreviations	Full Expression	Abbreviations	Full Expression
A&E	Accident and Emergency	LTC	Long Term Condition
AHSN	Academic Health Science Network	NRLS	National Reporting and Learning System
CAG	Clinical Advisory Group	NIHR	National Institute for Health Research
CATF	Cardiac Arrest Task Force	OHCA	Out of Hospital Cardiac Arrest
CCGs	Clinical Commissioning Groups	OHCAO	Out of Hospital Cardiac Arrest Outcomes
CCP	Critical Care Paramedic	PAD	Public Access Defibrillator
CFR	Community First Responder	PALS	Patient Advice and Liaison Service
CPI	Clinical Performance Indicator	PP	Paramedic Practitioner
CQC	Care Quality Commission	pPCI	Primary Percutaneous Coronary Intervention
CQUIN	Commissioning for Quality and Innovation	PSI	Patient Safety Incident
CRN	Clinical Research Network	PTS	Patient Transport Service
CWG	Compliance Working Group	QIG	Quality Improvement Group
DA	Domestic Abuse	RDG	Research and Development Group
ECSW	Emergency Care Support Worker	R&D	Research and Development
EOC	Emergency Operations Centre	ROSC	Return of Spontaneous Circulation
ePCR	Electronic Patient Clinical Record	RMCGC	Risk Management and Clinical Governance Committee
FLSM	Front Loaded Service Model	SECAmb	South East Coast Ambulance Service NHS Foundation Trust
HOSC	Health Overview and Scrutiny Committee	SIRI	Serious Incident Requiring Investigation
IBIS	Intelligence Based Information System	STEMI	ST Segment Elevation Myocardial Infarction
ICAS	Independent Complaints Advocacy Service	TIA	Transient Ischaemic Attack
IHAG	Inclusion Hub Advisory Group		
ITV	Intermediate Tier Vehicle		
KPI	Key Performance Indicator		
KSS	Kent, Surrey and Sussex		

Part 1

1. Executive Summary

South East Coast Ambulance Service NHS Foundation Trust (SECAmb) provides ambulance services to over 4.6 million people living in Kent, Surrey, Sussex and parts of Hampshire. We are one of 10 ambulance trusts in England. We work across a diverse geographical area of 3,600 square miles which includes densely populated urban areas, sparsely populated rural areas and some of the busiest stretches of motorway in the country.

Clearly 2013/14 was a difficult year for SECAmb. We had much to do, with mobilising the NHS 111 service across our entire area, continuing to improve the performance of Surrey and Sussex Patient Transport Services (PTS) for patients, whilst delivering our 999 service against the highest rise in demand SECAmb has ever seen of around 9%.

This rise in demand placed real pressure on our 999 service and as a result we did not meet some of our response time targets. We are measured on a quarterly basis with Quarter 1 covering the months of April to June and so on and we have to reach 75% of Red 1 (life threatening) and Red 2 (serious but not the most life threatening) calls within 8 minutes and to reach 95% of these calls within 19 minutes.

We achieved our Red 1 target for the year reaching 76.8% of these patients within 8 minutes against 75.2% for the previous year. We missed our Red 2 target for the year arriving at 73.9% of these patients within 8 minutes against 75.6% for the previous

year. We achieved the 19 minute target for the year arriving at 97% of these calls within 19 minutes. We achieved all three of these standards for Quarter 4 of 2013/14.

Responding to this significant increase in demand, in order to protect our response time to patients, naturally became the Trust's main focus for much of the year. This had consequences such as having to postpone the annual key skills refresher training for staff, although much developmental training and education did take place through the year. Situations like this are far from ideal and present challenges for the forthcoming year as we look to rectify some of the consequences of this focus.

Whilst there is further explanation of the causes of this increase in demand and the actions taken through the year to address it within the report, it is always disappointing to miss a response time target since it means patients waiting longer for our care than they should. However, I must say I was very impressed with the hard work our staff put in throughout the year to respond to the challenge of this overwhelming demand.

Our NHS 111 service went live just before the 2013/14 financial year started. However, we quickly realised during April 2013 that the demand patterns used as part of the commissioner and Department of Health authorisation process, against which we had planned our numbers of staff, were inaccurate. This meant that we had to go through a period of 'rectification' to get the service performing at an acceptable level. This meant a very significant recruitment campaign to

identify, recruit and train a large number of additional staff. Again, I was very impressed with the way all of our staff responded to this challenge. Our recruitment team, our NHS 111 staff and our 999 staff, all rallied and brought our performance up to acceptable levels as quickly as possible. For example, we have met what is called our 'abandoned calls' monthly target since June 2013. During the difficult Easter and bank holiday period when NHS 111 demand was at its peak, we were the best performing NHS 111 service in the Southern region and in the top three nationally for our main key performance indicators.

On the non-emergency side we have seen definite improvements in the delivery of the Patient Transport Services we provide in Surrey and Sussex during 2013/14 and recently both services have received highly positive feedback from patients. The financial challenge of providing these services in a cost-effective way remains and it is vital that we ensure we can match the challenge of providing a quality and responsive service that meets the needs of both patients and those commissioning the services, in an affordable and sustainable way that SECAmb can deliver.

During 2013/14 SECAmb completed statutory returns on Key Performance Indicators (KPIs), which included 999 emergency response, clinical performance etc. Full details can be found in Section 5 "Assurance on 2013/14 Mandatory Performance Indicators".

We have also included updates on other quality improvements we planned to

introduce during 2013/14 (see Section 3) and a separate chapter on quality improvements we proposed to implement during 2014/15 (see Section 9) which are in addition to the five quality measures.

I recognise that the significant demands the Trust is under and some of the actions required to respond to these demands, creates real pressure for our staff and the annual staff survey results paint a difficult picture of how our staff feel about their working lives and this is a cause of great concern to me. Whilst it can be hard to reconcile these results with the more positive feedback reported by the Care Quality Commission when they visited us in December 2013, it is important to understand the issues that lie behind the survey results and take action to address them. The new Staff Friends and Family Test, which all NHS organisations will be introducing during 2014/15, will also provide us with an opportunity to explore key questions about how staff feel about working for SECAmb and the care we provide on a regular basis.

Despite the tough year there were as ever a number of high points in 2013/14. In November 2013, the Department of Health published Professor Sir Bruce Keogh's initial report "Transforming urgent and emergency care services in England". We were delighted that the approach we have taken at SECAmb to tackle the growing demand for urgent care, developing our clinicians into the new front-line Paramedic Practitioner role, was singled out for particular praise within the report.

Part 1

This served to reaffirm our commitment to developing SECAmb into an ambulance service that is so much more than merely an emergency transport organisation.

The success of this commitment was also strongly borne out in our response to the massive road traffic collision on the Sheppey Bridge in Kent in September 2013, in which 250 vehicles were involved. Dozens of SECAmb staff attended the scene to assess and treat all those involved; miraculously there were no fatalities, and our Paramedic Practitioners and other clinicians were able to treat more than 200 people at the scene, thus avoiding unnecessary trips to hospital. At the other end of the care spectrum, our Critical Care Paramedics, HART Teams and other staff were also able to provide the very best care to the 35 patients who did require hospital treatment.

Our staff faced a very different kind of challenge during the prolonged bad weather and flooding from December 2013 into February 2014, which brought such disruption and misery to many parts of the country, including our region. Through close working with our partners in the Police and Fire services and local authorities we were able to continue to meet the needs of our patients, despite the challenging travel conditions and the difficult personal circumstances many of our staff found themselves in. As always, our staff responded magnificently, earning special recognition from the Prime Minister for their efforts.

Looking forwards, I feel that 2014/15 will be a challenging but also an exciting year.

The improvements we are bringing in to “how” we work – with the creation of new Make Ready Centres, the development of new Operational Units, which seek to bring more decision making down to a local level for managers and staff, and on-going clinical developments for our staff – should bring real and tangible benefits for staff and patients. I am also keen that we continue the emphasis we have seen during 2013/14 on driving up our clinical performance in key areas like cardiac arrest and stroke.

In 2014/15, SECAmb is maintaining the maximum five quality measures which support some of the service development areas of our Annual Plan, demonstrating that we embrace innovation by reporting on the initiatives that can directly affect the strong reputation and positive public image that SECAmb has developed.

Section 8 “Details of Quality Measures 2014/15” fully explains each quality measure for the year ahead by providing a description of the measure, the aims/initiatives and how we will know if we have achieved the quality measure by the end of the year i.e. 31 March 2015.

In addition to the quality measures for 2014/15, Section 10 “Review of 2013/14 Quality Performance” details our performance on a further three indicators within each quality domain of Patient Safety, Clinical Effectiveness and Patient Experience.

Equally we must not under estimate the challenges ahead. We have already driven the service to provide year on year efficiencies, in order to ensure we can afford

to invest in our staff and in developments like Make Ready which we believe will significantly improve the care we provide. Continuing to make further efficiencies will become increasingly difficult but is vital if we want to develop our services for patients further. We also need to continue to recognise that we deliver our service through our staff and responding to the ever growing and often unpredictable demand we face. This remains a tough challenge.

But, SECAmb is a "can do" organisation and is one I am proud to lead. I am sure that we can meet the challenges ahead and continue to provide the caring, compassionate and skilled clinical care that we are known for.

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

A handwritten signature in blue ink, appearing to read "P Sutton".

Paul Sutton, Chief Executive

Date: 29 May 2014

Part 1

2. Introduction to the Quality Account and Quality Report

Welcome to SECAmb's Quality Account and Quality Report for 2013/14. We hope that you will find it an interesting and informative read, providing you with a good understanding of the progress that has been made during 2013/14.

Our patients have a right to expect SECAmb 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 assure you that SECAmb is working consistently to improve services for our patients?

This document is one method we use to provide more insight into just how effective SECAmb's services are. It also explains how these services are measured and how they will be improved. In short, the Quality Account and Quality Report is aimed at making all NHS trusts 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 their members.

However, the format of the Quality Account and Quality Report is prescribed under regulation and forms three parts which must appear in the following order:

- + **Part 1.** Statement on quality from the chief executive of the NHS foundation trust;
- + **Part 2.** Priorities for improvement and statements of assurance from the board; and

+ **Part 3.** Other information:

- + statements from NHS England or relevant Clinical Commissioning Groups (CCGs) (as determined by the NHS (Quality Accounts) Amendment Regulations 2012), Local Healthwatch organisations and Health Overview and Scrutiny Committees; and
- + a statement of directors' responsibility of the quality report.

In addition to this document, we also have a number of national measures which all ambulance trusts and NHS organisations are subject to. Current areas that are measured and monitored include;

- + operational performance, including response time performance;
- + clinical care and patient outcomes (measured through the Care Quality Commission (CQC) Quality and Risk Profile);
- + how our staff feel about the organisation (measured through the NHS Staff Survey);
- + how our patients and local residents feel about the organisation (measured through patient and public surveys, engagement events and feedback from complaints and concerns);
- + how our patients feel about patient transport service (measured through a quarterly patient survey); and
- + how our patients feel about 111 (measured by two patient surveys per annum).

SECAmb was routinely inspected by the CQC in December 2013, with full details being found within Section 6 "Statement of Assurance relating to Quality of NHS services provided during 2013/14".

Definitions of quality vary, tending to revolve around concepts (some of which can seem rather vague). However, 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 believes patient safety should now be added as an explicit requirement (Figure 1).

High Performance Ambulance System

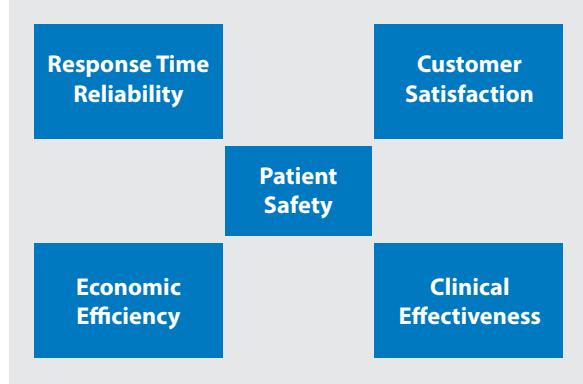


Figure 1: Model of High Performance Ambulance System

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.

Following the Francis Report¹ (the review of Mid-Staffordshire NHS Foundation Trust), SECAmb carried out a review of all the recommendations applicable to an ambulance trust, which was led by Kath Start, Director of Nursing and Urgent Care, supported by Dr Jane Pateman, Medical Director and myself, Andy Newton, Consultant Paramedic and Director of Clinical Operations. As part of this on-going work an action plan is regularly reviewed by the Board.

Professor Andy Newton, Consultant Paramedic & Director of Clinical Operations

Date: 29 May 2014

¹ Francis, R QC, 2013. Report of the mid Staffordshire NHS Foundation Trust Public Inquiry Executive Summary p.96. London: The Stationery Office

Part 2

3. Quality improvements implemented by SECAmb together with patient journey data 2013/14

3.1. IBIS (Intelligence Based Information System)

IBIS supports one of the core principles of SECAmb; putting the patient at the heart of everything we do. This system has developed and has two main functions:

- + the clinical coding aspect collects information for non-conveyed patients, which can be shared, collated and analysed, as well as providing the basis for clinical summaries to GPs and for falls referrals. The clinical coding will also provide an early alert for emerging frequent callers; and
- + the case management aspect allows patients with long-term conditions (LTCs) to be placed on IBIS by their community team. The purpose of IBIS is to safely provide care closer to home for patients who are at risk of calling 999, but for whom, with the correct levels of information, can be referred back to their community team without needing to go to A&E.

IBIS is not just about the number of conveyances and admissions avoided; it is about increasing patient choice and ensuring that the care goals agreed between the patient and their care team are followed, regardless of the time of day or day of week. SECAmb clinicians continuously access care plans via IBIS and this information assists our crews when assessing patients. It places patient-centred care at the forefront of

the 999 call, and allows SECAmb to make decisions based on the patient's normal health state; the context of their condition, and any other information pertinent to that person. Without care plans available via IBIS, clinical decisions are made without the additional expert input from the patient's community team, therefore, for many patients with LTCs they are treated as if their problem is new, rather than long-standing.

SECAmb will continue to work on increasing the use of care plans by ensuring our staff understand the importance of advanced care planning on patient outcomes. In addition, we will continue to improve the infrastructure which supports IBIS to further optimise our contribution to patient care.

IBIS has grown significantly during 2013/14, with over 300 external users now trained. More and more partner organisations have been adopting the system, with some being more proactive than others. The number of patients on the system has also grown to around 7000, with the total number of care plans (including those which have now been withdrawn) being over 9,500. As part of our 2013/14 Commissioning for Quality and Innovation (CQUIN) plan, quarterly reports were submitted to our Commissioners which included details of patients registered on IBIS, together with associated activity.

As well as external users accessing IBIS to upload care plans from community specialisms, we hope to be using IBIS during 2014/15 to provide information about frequent callers. One of the SECAmb CQUIN projects in 2013/14 was to develop a system to identify and manage frequent callers and this system, when completed, will utilise the benefits of IBIS to safely

improve the experience for patients.

Working with GP and other partner agencies, we hope that patients with unmet care needs who contact 999 regularly will benefit from a better care package, which in turn will reduce the reliance on calling 999.

More generally, IBIS is having a big impact on reducing conveyances to hospital, and in turn avoiding admissions. IBIS helped avoid around 1,455 conveyances to hospital for patients with a care plan, and this equates to around 480 avoided admissions. The addition of frequent caller care plans will further enhance the success of the system.

However, in our discussions with Commissioners for 2014/15 we have discussed putting the finances for IBIS on a sustainable footing. Our 22 Clinical Commissioning Groups (CCGs) have differing views about the future of IBIS based on their own strategies for integrating patient information. Together we have agreed to ring fence funding for 2014/15 and agreed to work together to develop an integrated strategy which will provide a clear path for the future of IBIS.

3.2. Paramedic Practitioners (PPs) in Emergency Operations Centres (EOCs)

In 2013/14, the pilot PP desks in EOC were made substantive and PPs recruited. The number of PPs required will be reviewed in line with demand.

The PP desks in EOC provide the following services:

- + clinical advice;
- + conveyance decision support;
- + referral management (crew calling to book a PP referral for their patient); and

- + IBIS care plan information transfer (crews call the PP desk when notified of the presence of a care plan on IBIS).

During 2013/14, the PP desk has assisted in reducing the number of patients requiring conveyance, with incidents dealt with by this desk achieving a conveyance rate of only 20%.

We have introduced more robust reporting of activity on the PP desk and, to demonstrate this improvement, the total recorded activity in 2012/13 was 9,500 incidents and by March 2014 the PP desk handled nearly 16,000 incidents.

3.3. Developing an Intermediate Tier

In 2013/14, SECAmb deployed an increasing number of Intermediate Tier Vehicles (ITVs). These fully equipped ambulances are crewed by two Emergency Care Support Workers (ECSWs) who can undertake urgent journeys/provide emergency transport for patients who have been attended by a paramedic but do not need the paramedic to travel with them to A&E. ECSWs can provide basic life support, are trained and experienced in recognising life-threatening problems and are able to call for paramedic assistance as required.

However, ECSWs are not trained to make clinical decisions and when working on an ITV follow a plan of care that has been developed for the patient. For example, this could be a journey booked by a GP, who has asked for the patient to be looked after on a stretcher en-route, or, similarly, a paramedic may request an ITV to transport a patient with a suspected fracture to A&E, with the crew undertaking and recording clinical observations during this time.

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3.4. Clinical Pathways

During 2013/14 SECAmb continued to build on the clinical pathways of Primary Percutaneous Coronary Intervention (pPCI), Stroke, Major Trauma and End of Life Care by engaging with the newly established Strategic Clinical Networks and Operational Delivery Networks, liaising with Commissioners and other service providers to promote the best possible care and outcomes for patients across the South East Coast region.

Subsequently, the Heart Clinical Advisory Group (CAG) is focusing on acute cardiology presentations including ST Segment Elevation Myocardial Infarction (STEMI), Non-STEMI and Post Cardiac Arrest Care including access to pPCI; whilst the Stroke CAG is providing advice to Commissioners and stakeholders across Surrey and Sussex in assessing how 24 hour stroke care can best be provided to these populations. The Mental Health CAG is developing a public and patient engagement strategy reviewing access to timely specialised care and support in the community for these patients and the Children's CAG is looking at the transition of children with diabetes, epilepsy and asthma into adult services.

Links to the IBIS system continue to be identified as important for the effective management of these patients across the region.

SECAmb continues to work with partners in embedding the concepts of the Trauma Networks, have engaged in Department of Health Peer reviews for South West London and Surrey (SWLSTN) and South

East London Kent and Medway (SELKAM) Trauma Networks and is awaiting the Sussex Trauma Network review.

During 2013/14 End of Life Care was included within the training programme for SECAmb's operational staff and a 'train the trainer' package was launched in April 2013 to enhance staff awareness of this crucial area of practice. Further work on Advanced Decision to Refuse Treatment (ADRT) has continued effectively.

3.5. Community First Responders (CFRs)

In 2013/14 SECAmb established 104 new Public Access Defibrillator (PAD) sites as well as recruiting and training 193 new CFRs. However, during the same period 172 previously trained CFRs left the Trust, with the current number of CFRs now standing at 957.

It is not unusual for volunteers to resign when their personal or work circumstances change. Work has taken place to identify ways to encourage the retention of CFRs, with the outcome being, changes in the CFR scope of practice and increased engagement to continue in 2014/15.

In August 2013 CFRs commenced completion of certain fields on the Patient Clinical Records form, and in October 2013 their scope of practice was extended to enable them to administer the drug Salbutamol.

CFRs are asked to commit between four and six hours of their time per week on average to retain active status. Work has commenced on reviewing inactive CFRs

and, for those who wish to continue, we will be providing additional mentoring/support as required. For those who no longer wish to remain a CFR, their equipment is being reallocated to new CFRs.

Four Senior Associate Trainers are now in situ, with a good network of Associate Trainers working alongside them to ensure training is provided to local teams on a regular basis. SECAmb has also recruited five new Senior Team Leaders to support local teams. Team Leader and Associate Trainer Development Days are held to share information, encourage interaction amongst CFRs and strengthen the CFR network.

The Community Partnership Leads aim to attend each CFR team meeting at least once per year, with Trust Chaplains also in attendance.

3.6. Patient Transport Services (PTS)

Surveys: PTS are committed to understanding and utilising the intelligence gathered from surveys and have conducted four patient surveys during 2013/14 which show very high patient satisfaction. Amongst the many other questions, patients continue to report that over 90% are either "satisfied" or "very satisfied" with the service provided.

KPIs: there are a number of KPIs across a range of indicators including safeguarding, training and complaint management, with the most meaningful relating to the timeliness of the service provided as follows;

- + to ensure patients arrive within 15 minutes of their appointment time;

- + are collected following their appointments within an hour; and
- + for patients who have been discharged, they are collected within two hours (95% of the time).

3.7. 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 Commissioners and the Trust, with active clinical engagement. The CQUIN framework is intended to reward excellence, encouraging a culture of continuous quality improvement in all providers.

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The SECAmb 2013/14 CQUIN Plan indicators (top level detail) can be found as follows:

Healthcare Professional Calls (GP pilot in an EOC)	To design and implement a mechanism for intervention in healthcare professional calls from GPs to ensure appropriateness or redirection.
Healthcare Professional Calls (Nursing Homes)	To design and implement a mechanism for intervention in healthcare professional calls from Nursing Homes to ensure appropriateness or redirection.
IBIS - Access to anticipatory care plans (initial focus on East Sussex, then whole of SECAmb region)	To enable anticipatory care plans to be utilised by EOC, 111 and crews.
Interoperability between IBIS and clinical care plan registers	Explore opportunities to develop interoperability between IBIS and other clinical registers to ensure that clinical registers are promoted and that care plans are enacted effectively.
Supported Conveyance (Pilot areas only)	Clinicians attending patients who have no time critical features/life threats or obvious diagnostic/A&E treatment need (i.e. suspected fracture etc.) will discuss conveyance decision with Senior Clinician/Supervisor in EOC.
Frequent Caller Management	System to identify patients who make frequent calls to 999 and develop care planning process to mitigate demand/meet patient need.
Audit of identified sites re ambulance arrivals using previous methodology	Examine a statistically significant sample of patients arriving at A&E who are discharged from the department within four hours, with minimal diagnostics or treatments. Feed this information back into practice via supported conveyance project and education for staff.
Reduced handover and turnaround delays	Reduce patient delays due to handover delay at hospital, and delays in vehicles reaching patients due to crews at hospital.

During 2013/14 we have provided quarterly monitoring reports to the Lead Commissioners.

3.8. Professional Standards

SECAmb has a dedicated Professional Standards team who work with all colleagues in supporting continuous improvement in the clinical quality of care and patient experience provided.

Another key focus of this team is to cascade learning to staff throughout SECAmb e.g. following investigation of complaints.

3.9. Specialist Paramedics (PPs and CCPs)

SECAmb will continue to develop Specialist Paramedics - Paramedic Practitioners (PPs) and Critical Care Paramedics (CCPs) – of which we already have 129 PPs and 39 CCPs plus a further six in training. 2013/14 saw additional students begin their education pathway (48 PPs and 12 CCPs). As SECAmb nears its original plan to deploy 300 PPs and 60 CCPs, consideration is being given as to whether this number needs to be increased to meet the greater than expected demand in activity.

3.10. Vehicles/Fleet Projects for 2013/14

The Fleet team within SECAmb have been working on the following:

- + 20 new 'modular' ambulances were delivered on time and on budget, however, the plan to defer the decommissioning of 'old' vehicles also provided Clinical Operations with additional vehicles during the winter period to alleviate vehicle pressures and provide further flexibility;

- + development of a new 'van conversion' emergency ambulance was deferred due to technical issues by the supplier. However, it is essential this work continues in 2014/15 as the requirement for an Intermediate Tier Vehicle (ITV) remains;
- + the specification for provision of a purpose built, clinically focused, PP vehicle has developed well and has been finalised, with the chassis ordered. The conversion will take place in early 2014/15;
- + the Black Box technology project (driver safety system/telematics) was agreed by the Board at the end of February 2014. It is anticipated that this project will be completed over the next 18 months;
- + the installation of dynamic speed limiters on our A&E fleet (configured specifically to account for blue light use) is now part of the black box project as above;
- + during 2013/14 50 vehicles were fitted with CCTV technology and it is now considered 'standard' as part of the specification for a Double Manned Ambulance (DMA); and
- + the trial of a tyre pressure monitoring system to improve safety for public, patients and staff will continue to be assessed during 2014/15. The benefits are self-evident, but our assessment has seen a number of limiting factors which must be overcome before this technology becomes standard on our operational fleet.

Part 2

3.11. Front Loaded Service Model (FLSM)

Included in SECAmb's plans for 2013/14 was the implementation of key service developments which will see an increase in the number of registered clinicians first on scene. This has been referred to as the "Front Loaded Service Model".

The term "Front Loaded Service Model" does not describe adequately our aspirations for the future. Whilst the project is still ongoing, it has been devolved into individual directorate portfolios, taking on much more of an iterative service development feel as opposed to a step-wise change in direction.

The original investment objectives are still being monitored, and form the on-going strategic direction for promoting high quality care. The project itself will move to formal project closure, and this will be the final report on FLSM in this form. The overarching ethos of FLSM will continue in line with the needs of our population, with the objectives being:

- + safely reducing the number of patients we convey to hospital following a 999 call (this objective has already been achieved in relation to the original success criteria);
- + increasing the number of patients needing critical care skills being attended by CCPs;
- + increasing the percentage of patients referred to community services by 15%; and
- + increasing the number of patients who are attended by a paramedic.

The final point, when conceived, did not consider the proliferation of paramedics practicing roles within the EOC, and therefore the way this is measured is being reviewed.

3.12. Listening to our Patients²

SECAmb has long recognised the importance of listening to patients and carers to understand and improve their experience of our services. Following the publication of the Francis report in 2013 SECAmb made plans to establish a Patient Experience Group and whilst this has not yet been achieved, we have continued to engage patients and the public in other ways.

Patient surveys are carried out regularly, on an annual basis for 999 callers, twice a year for NHS 111 callers and on a quarterly basis for Patient Transport (PTS) patients. As NHS 111 is a relatively new service, only one survey has been undertaken so far, but for 999 and PTS patients, satisfaction levels remain consistently high, with between 90% and 97% of patients either satisfied or very satisfied.

The latest 999 survey was developed with the involvement of the Trust's Inclusion Hub Advisory Group, who kindly appraised the questionnaire to ensure it was readable and easy to navigate before it was sent out to patients.

During 2013/14 we have improved the contact pages on the Trust website, creating a new online form via which patients can lodge complaints and concerns. We are also soon to produce a leaflet providing

²This refers to Section 10.12 "The Francis Report" in the 2012/12 Quality Account and Quality Report

information to patients, carers and the public about how to feedback concerns, comments, suggestions, complaints and compliments, and this will be made available in hospitals and GP surgeries.

3.13. Inclusion Hub Advisory Group (IHAG)

A key element of our Inclusion Strategy delivered a single, inclusive IHAG made up of a representative group of stakeholders. These stakeholders include patients, staff, governors, Foundation Trust (FT) members, volunteers, people from other NHS organisations and voluntary/community partners, and people with protected characteristics (or their representatives). This mechanism enables involvement and engagement with the right people, at the right time, in the right way.

Members of IHAG were recruited from a broader 'Inclusion Hub' which comprises staff and public FT members against criteria established during the development of the Inclusion Strategy. SECAmb recognise there are groups and communities who will always struggle to be heard and following the recruitment process, some gaps still existed and partnership arrangements with a number of organisations have been put in place to eliminate these gaps. Partnership arrangements are in place with the following organisations:

- + Friends Families and Travellers
 - representing the interests of Gypsies and Travellers;
- + The Aldingbourne Trust –
 - representing the interests of people with learning disabilities; and

- + Gender Identity, Research and Education Society – representing the needs of trans people.

Working with a diverse membership in IHAG provides us with insight at the start of our planning, and throughout development where relevant. This assists us in getting more things right, first time, more of the time. It also enables members to easily raise issues with us.

3.14. Sustainability and Carbon Reduction

During 2013/14 the Trust has been able to deliver on many of their plans as follows:

- + the Board have approved an Environmental Policy Statement which sets a clear commitment to minimising our environmental impacts as much as possible;
- + we have a Waste Management Policy and a Waste Management Working Group to oversee the delivery of our new three year Waste Management Contract. Significant savings are expected from this contract as well as the establishment of a high quality recycling system;
- + high definition video conferencing technology has been installed in our Head/Regional office board rooms to provide an alternative sustainable option to car travel for managers who would normally need to attend meetings in these three locations. The remaining phases of this project will provide virtual meeting spaces to staff through their laptops/computers and in time allow access to video and virtual meetings by external partners such as Commissioners;

Part 2

- + partnership work on sustainability has intensified during 2013/14 and we have worked closely with Sustrans, Volvo UK, South East Electric Vehicle Network and the Energy Savings Trust. SECAmb has run two cost benefit analysis trials:
 - + one with a Volvo hybrid V60 D6 car, the results of which are currently being analysed; and
 - + one with the Energy Savings Trust on driver behaviour and smarter driving skills which was piloted amongst nine staff and showed potential annual fuel savings in the region of £1,600, plus 2.5 tonnes of CO₂.
- + we will continue to work with the Sustrans Charity to develop the 'active travel' element of our Travel Pathway to encourage staff to use more active forms of travel such as walking and cycling, which will save staff money and improve their health and wellbeing.

3.15. Research and Development (R&D)

Over the last 12 months there has been significant organisational change within the National Institute for Health Research (NIHR) Clinical Research Networks. The network for the South East of England will be known (from 1 April 2014) as the NIHR Clinical Research Network (CRN): Kent, Surrey and Sussex and will be hosted by the Royal Surrey County Hospital NHS Foundation Trust, who currently host the Academic Health Science Network (AHSN) which was established in April 2013. The new CRN aims to strengthen

research delivery and participation within Kent, Surrey and Sussex (KSS) contributing to a vibrant culture of research and development across all partners in the region to enhance the quality of patient care through evidence based practice.

Overall it has been a year of change within KSS with the implementation of transition arrangements for the CRN whilst, at the same time, the AHSN has been establishing itself as a key player in health research, evaluation and innovation, facilitating links between industry, health care organisations and higher education institutions. Members of SECAmb's Research and Development Group (RDG) have engaged in these transitional meetings and events to ensure that SECAmb maintains a public, visible and active presence and are seen to be a Trust that is research active, innovative and able to meet the challenges of delivering quality research studies which recruit to target and complete on time. It will be important in 2014/15 to maintain and, indeed, increase our activities with these organisations (and others) to ensure that SECAmb is engaged in relevant and appropriate research which puts patients first.

All ambulance services need to be prepared, engaged and responsive to the demands they will encounter in the coming years as the demands on the service are likely to increase. Research remains core business for all NHS Trusts no matter what the size and nature of the Trust and SECAmb continues to develop a diverse research portfolio to ensure that its service users receive excellent clinical care grounded in best evidence.

Currently the Trust undertakes research and development and although SECAmb does not have a dedicated unit this remains high on the agenda to ensure that its staff are 'research ready' in order to be responsive to the wider demands on research and innovation within healthcare.

Over the past 12 months, we have participated successfully in a number of different research activities for example:

3.15.1. A Thirty Day Study to Evaluate Efficacy and Safety of Pre-hospital vs. In-hospital Initiation of Ticagrelor Therapy in STEMI Patients Planned for Percutaneous Coronary Intervention (PCI) (ATLANTIC)

Research with heart attack patients has been one of the milestones for SECAmb as this is the first portfolio adopted clinical trial. This study was a 30-day international (involving 12 countries), randomised, parallel-group, placebo-controlled study in male and female patients (aged >18 years) who are diagnosed as having STEMI, with intended primary PCI.

SECAmb was one of nine ambulance services in the UK to participate in this 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 STEMI. The SECAmb sites involved in this trial were Hastings, Eastbourne and Ashford.

As a first clinical trial for SECAmb this study has been an enormous success in terms of research implementation, management and monitoring. The results of this study will be released later in 2014/15 and may have an impact on future recommendations for treatment of patients with STEMI.

3.15.2. Evaluation of the ABCD2 score in pre-hospital assessment of patients with suspected Transient Ischaemic Attack (TIA): Pilot study

SECAmb has undertaken an evaluation study of the ABCD2 score in the pre-hospital assessment of patients with suspected Transient Ischaemic Attack (TIA). This study received funding to support one of SECAmb's Paramedics as a researcher throughout the duration of the study.

This evaluation study examined 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 was to externally validate the ABCD2 score as a tool for identifying patients with suspected TIA, assessed by ambulance crews in the pre-hospital setting, who are at high risk of stroke within seven and 90 days. This was a pilot study which has now concluded, with results due by July 2014.

3.15.3. Out of Hospital Cardiac Arrest Outcomes (OHCAO)

This is a national study funded by the National Institute for Health Research led by the Clinical Trials Unit at the University of Warwick.

This research aims to establish the epidemiology and outcome of out of hospital cardiac arrest and explore sources of variation in outcome. In addition it hopes to develop the infrastructure for an on-going OHCA database.

This is a high profile national study which started in 2013 and is in its early stages of data collection.

Part 2

3.15.4. Consensus towards Understanding and Sustaining Professionalism in Paramedic Practice Project

This project is a collaborative venture between SECAmb and the School of Health and Social Care at the University of Surrey. The research is being conducted by a team with members of both organisations.

The project aims to develop an in-depth understanding of professionalism in paramedic practice; and to produce and disseminate research-informed professionalism-promoting educational materials with a view to improving patient, family and paramedic experience. The research started in 2013 and is currently on-going.

3.15.5. Decision making and safety in emergency care transitions

This study funded by the Service Delivery and Organisation Research and Development Programme of the National Institute for Health Research has been led by the University of Sheffield.

This study aims to explore the various influences on safe decision making by emergency care staff in order to identify areas where interventions are needed to improve patient safety during transitions, to recommend intervention strategies and to identify areas where further research is needed. Data collection has concluded and the findings will be released during 2014/15.

3.15.6. Research and Development Group (RDG)

In addition, RDG members continue to represent the Trust on the following external Research Committees which frequently generate additional activity for the RDG such as engagement in development of grant applications; participation in new and existing research studies; presentations at meetings, conferences and clinical development events; preparation of reports and/or activity plans:

- + College of Paramedics' Research and Development Advisory Committee;
- + National Ambulance Research Steering Group;
- + 999 Research Forum;
- + Kent and Medway Comprehensive Local Research Network (CLRN);
- + Surrey and Sussex CLRN;
- + Sussex Research Consortium; and
- + Kent Surrey and Sussex Academic Health Science Network.

3.16. Overview of the patient journey/experience during 2013/14

The following paragraphs describe SECAmb's performance against selected metrics.

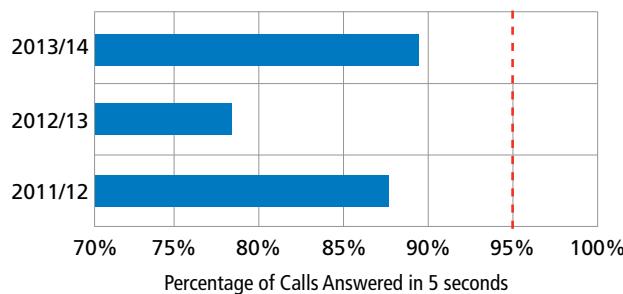
3.16.1. Taking the 999 Call

During 2013/14 SECAMB answered 89.35% of the 862,466 emergency calls it received in less than five seconds, with the national target being 95%. However, this was a higher number of calls received than in the previous two years (2012/13; 716,416 calls/78.28% and 2011/12; 729,987 calls/87.61%).

The EOC made significant progress in reducing call answer times throughout 2013/14. Although recruitment was on-going throughout the year, internal progression and recruitment shortfall meant some vacancies remained in EOC and, with increased call activity, this resulted in challenges for the Trust.

The EOC and Scheduling management teams are working together to develop a more robust planning tool to provide greater flexibility to cover EOC shifts at peak times, which will be in place summer 2014.

SECAMB Emergency Call Answer Performance (Target 95%)



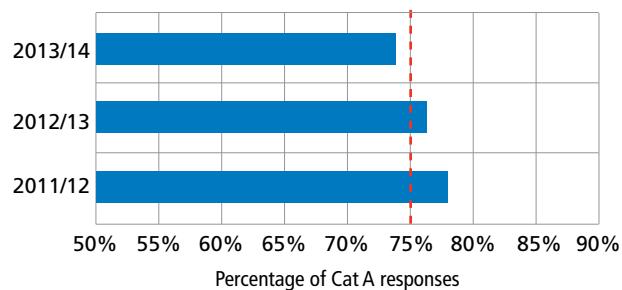
Data Source: info.secamb

3.16.2. Response Times

3.16.2.1. Category A 8 Minute Response

For the period 2013/14, SECAMB responded to 262,276 Category A calls, of which we were able to provide a response within eight minutes 73.96% of the time against the target of 75%.

SECAMB Cat 'A' 8 Minute Performance (Target 75%)



Data Source: NHS England

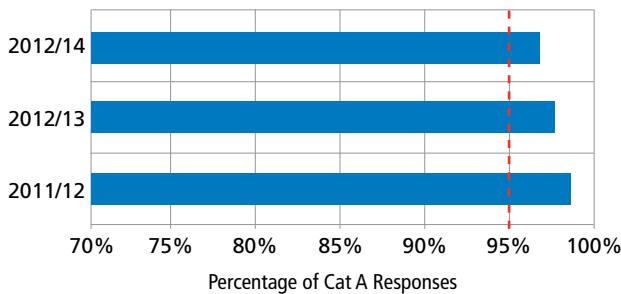
Part 2

3.16.2.2. Category A 19 Minute Response

For 2013/14, SECAmb provided a response to Category A 19 minute response calls 97.0% of the time, against a national target of 95%. However, this was a slight decline on the previous two years (2012/13: 97.3% and 2011/12: 98.1%).

SECAmb Cat 'A' 19 Minute Perf

(Target 95%)

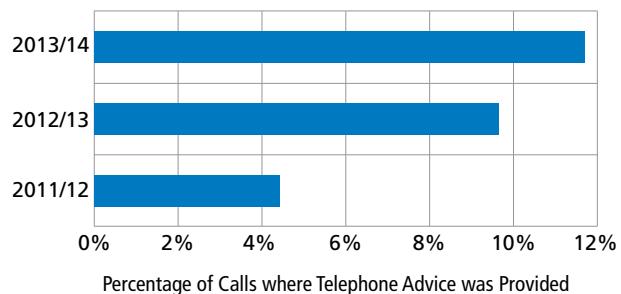


Data Source: NHS England

SECAmb was unable to achieve Category A performance throughout 2013/14 due to the significant activity growth above plan (8.4% compared to 4.3% planned). Much of this additional activity was at weekends and evenings and was significantly different to our historic demand profile and rotas. This activated an independent capacity review under the terms of the A&E contract.

3.16.2.3. Hear and Treat

SECAmb Hear and Treat

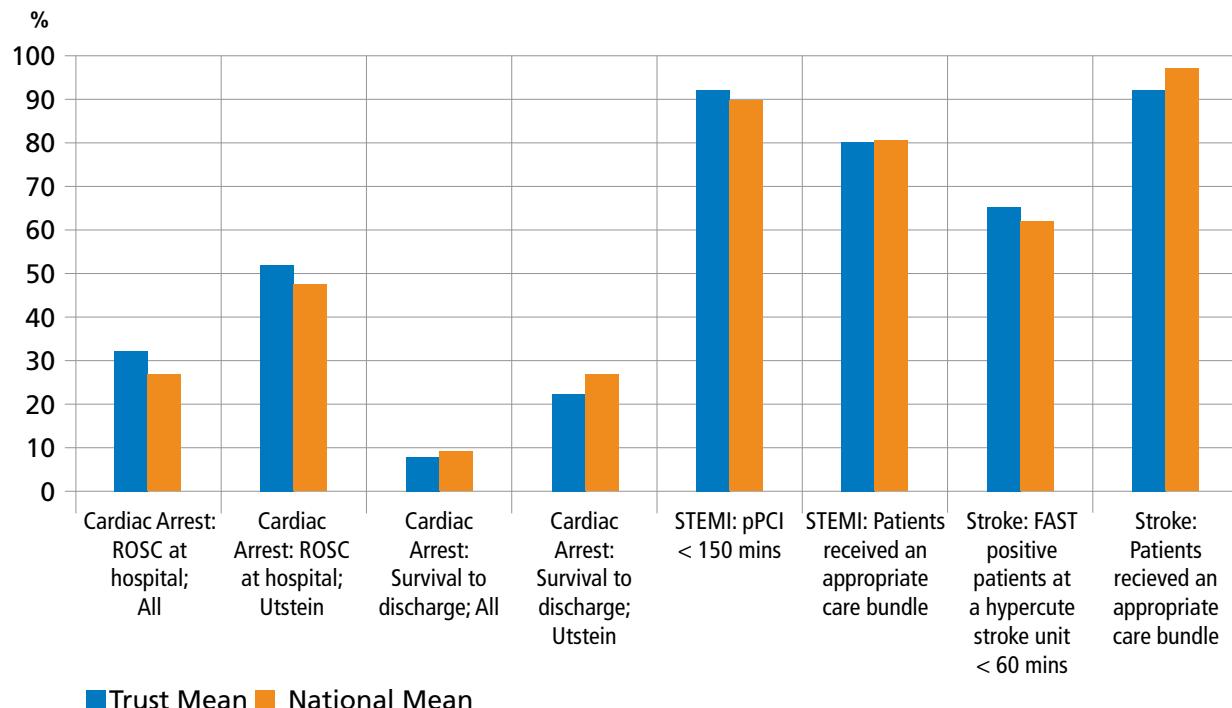


Data Source: NHS England

During 2013/14 SECAmb provided telephone advice to 11.80% of emergency calls received into our EOCs. This is an improvement on 2012/13 (9.7%) and 2011/12 (4.20%).

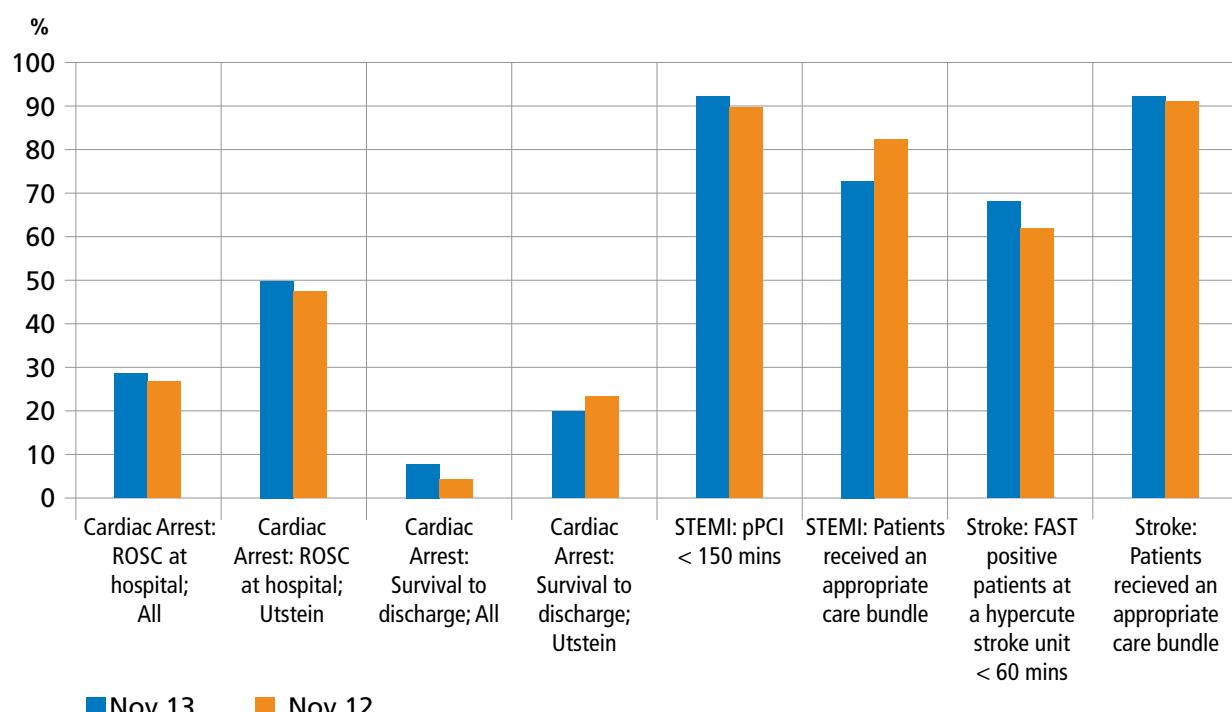
3.16.3. Outcome of Care

Clinical outcome indicator performance: April-October 2013



Data Source: NHS England

Trust Comparative Clinical Outcome Indicator Performance



Data Source: NHS England (Nov 12) and Medical Directorate (Nov 13)

Part 2

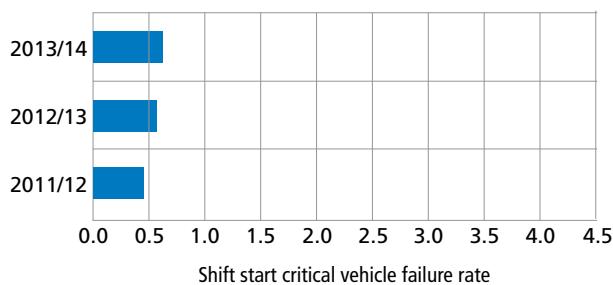
3.16.4. Patient Safety

3.16.4.1. Make Ready Only A&E Critical Vehicle Failure Rate per 25,000 miles (shift start)

The make ready A&E critical vehicle failure rate at shift start for 2013/14 was 0.57 which is higher than the previous two years (2012/13: 0.54 and 2011/12: 0.46).

SECAmb A&E Critical Vehicle Failure Rate – Shift Start

(yearly average I max limit = 4)

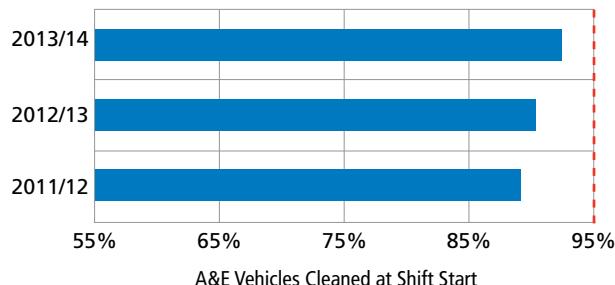


Data source: info.secamb

3.16.4.2. Make Ready Only A&E Vehicles Cleaned at Shift Start

During 2013/14 SECAmb cleaned 92.96% of the planned vehicles at shift start against a target of 95%. Although our target was not achieved, due to the increased A&E demand experienced, it was, however, an improvement on the previous two years (2012/13: 90.33% and 2011/12: 89.35%).

SECAmb Make Ready A&E Cleaned at Shift Start (Target = 95%)

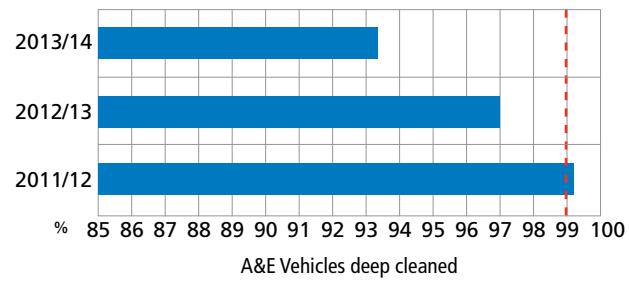


Data source: Info.secamb

3.16.4.3. Make Ready Only A&E Vehicles Deep Cleaned

During 2013/14 93.35% of the planned vehicles to be deep cleaned were processed, however this was below the 99% target and also below performance for the previous two years (2012/13: 96.99% and 2011/12: 99.39%), again due to the increased A&E demand experienced.

SECAmb Make Ready Only A&E Vehicles Deep Cleaned (target = 99%)

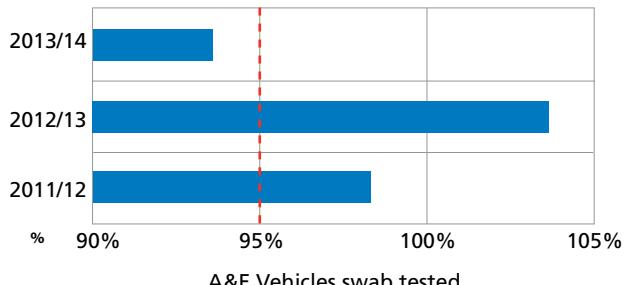


Data source: info.secamb

3.16.4.4. Make Ready Only A&E Swab Testing

During 2013/14 SECAmb planned to swab test 100 make ready A&E vehicles, of which 93 were completed (93%) against a target of 95%. This was a reduction in performance compared to the previous two years due to the increase in A&E demand (2012/13: 103.45% and 2011/13: 98.21%) although the number of vehicles planned to be tested was greater.

SECAmb Make Ready A&E Vehicles Swab Tested (Target = 95%)

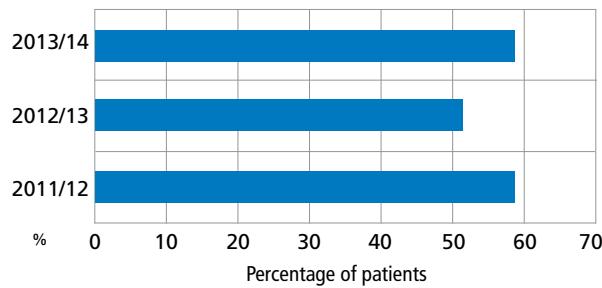


Data source: info.secamb

3.16.4.5. Patient Handover at Hospital – 15 Minutes

Where patients were handed over within 15 minutes and times were able to be recorded during 2013/14, 58.50% were handed over to hospital clinicians within the specified timescale. This is an improvement on the previous two years (2012/13: 51.20% and 2011/12: 58.40%).

SECAmb Patient Handover Times (<15mins) (where time was captured)

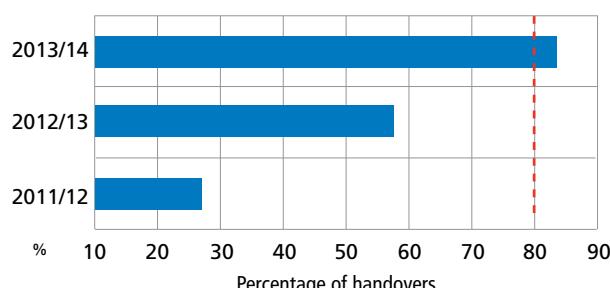


Data source: info.secamb

3.16.4.6. Hospital Handover Captured Times

During 2013/14 82.30% of hospital handover times were captured. This is an improvement on the previous two years (2012/13: 58% and 2011/12: 26.4%).

SECAmb Hospital Handover Times Captured (target 80%)

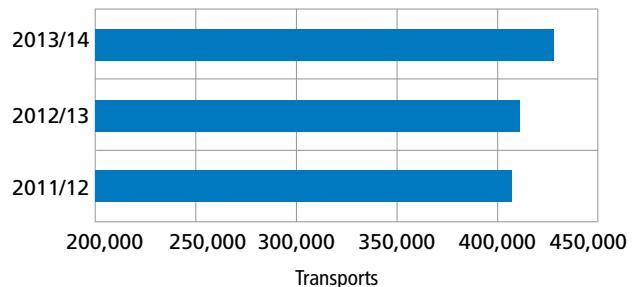


Data source: info.secamb

3.16.5. Transports to Hospital

SECAmb transported 423,060 patients to hospital during 2013/14. This is an increase of 2.86% on 2012/13 which was an increase of 1.22% on 2011/12. However, during 2013/14 emergency responses increased by 6.3% (with emergency calls increasing by 8.4%).

SECAmb A&E Transport to Hospital

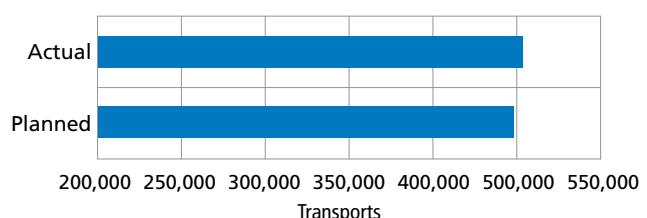


Data source: NHS England

3.16.6. Patient Transport Service (PTS)

During 2013/14 PTS transported 501,590 patients to and from appointments for treatment against a forecasted figure of 498,074 patients.

SECAmb Patient Transport Service



Data source: Commercial Services Directorate

Part 2

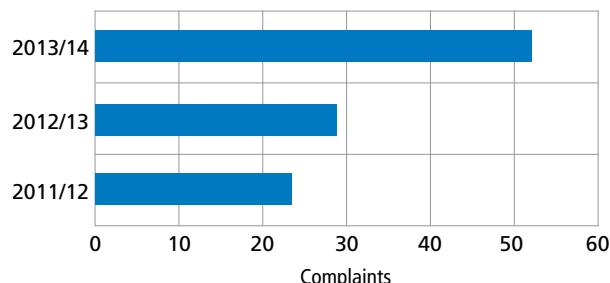
3.16.7. Patient and Public Experience

(Further information/breakdown of figures can be found in Section 10.3)

3.16.7.1. Complaints

The monthly average number of complaints received by SECAmb for 2013/14 was 51.4 compared with 29 for 2012/13 and *23.08 for 2011/12.

SECAmb Complaints (monthly average)

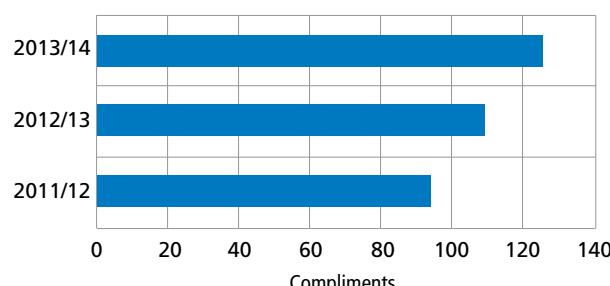


Data source: PALS team, *2011/12 corporate dashboard

3.16.7.2. Compliments

The monthly average number of compliments received by SECAmb for 2013/14 was 125.4 compared to 110 in 2012/13 and *93.25 in 2011/12.

SECAmb Compliments (monthly average)

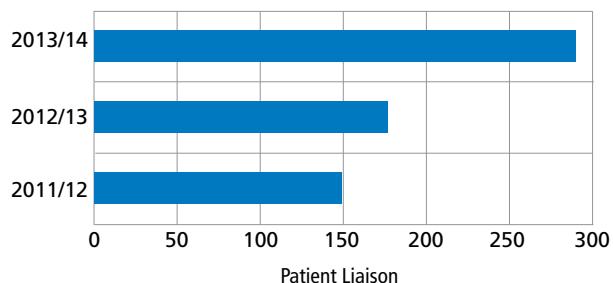


Data source: PALS team, *2011/12 corporate dashboard

3.16.7.3. Patient Advice and Liaison Service (PALS) contacts

The monthly average for PALS contacts for 2013/14 was 282.6 compared to 183 in 2012/13 and *150.5 in 2011/12.

SECAmb PALS (monthly average)

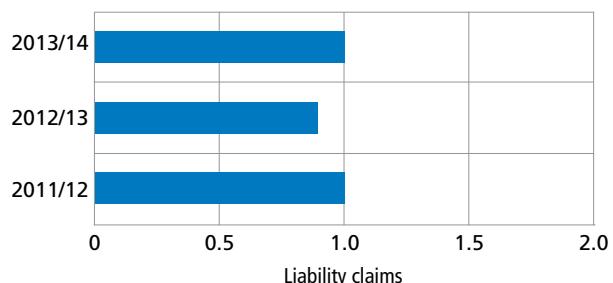


Data source: PALS team, *2011/12 corporate dashboard

3.16.7.4. Liability Claims

The monthly average for clinical negligence and liability claims for †2013/14 was 1 compared with 0.9 in 2012/13 and *1 in 2011/12.

SECAmb Liability Claims (monthly average)



Data source: PALS team, *2011/12 corporate dashboard †Compliance Department

4. Updates on 2013/14 five Quality Measures

The Quality Account published last year (June 2013) allowed SECAmb to focus on five quality measures. Monitoring has taken place during the year culminating in 2013/14 figures as follows:

Quality measure "A" was to monitor the effectiveness of SECAmb's infection control procedures for emergency response and patient transport vehicles that are deep cleaned and swab tested across SECAmb.

+ A&E Fleet

Performance for the deep clean process of the A&E fleet (77.76%) was below the required target of 85% which was due, earlier in the year, to vehicle availability issues as a result of increased activity. The swab test performance for our make ready centres has also dropped below the 95% target with a performance of 93.55%.

+ PTS Fleet

The deep clean process for 2013/14 has exceeded the required performance level of 85% by 5.81% (90.81%). However, the swab test performance has unfortunately suffered from poor vehicle availability and, following an investigation earlier in the year, it was established there was a supply issue with the swab test kits which was corrected. This can be demonstrated as the 2013/14 year end figure was 81.25%, although during the period July 2013 – March 2014 this was 92.59% of the 108 planned vehicles being swab tested (2.59% above the target of 90%). The reader is asked to note the small volume

of the data set involved here and the progress made since the investigation.

The elements of this quality measure will continue to be monitored internally via the Trust's Infection Control Lead and at a local operational level.

Quality measure "B" related to the effectiveness of the 111 service/facility in providing patients with the appropriate service.

- + The clinical KPIs continue to be a challenge and we have provided a rectification plan to Commissioners to show how we will improve performance in line with other NHS 111 services. The rectification plan is being monitored via regular Commissioners meetings.
- + Given the significant increase in the number of calls received throughout the year by the NHS 111 service, two areas that showed improvement were:
 - + the number of abandoned calls at 3.1% against a target figure of 5% or less; and
 - + the number of calls answered within 60 seconds at 90% which, although below the yearly target of 95%, was achieved for four months and for a further five months we were over 90%.
- + A revised single management structure was introduced within NHS 111 during January 2014 which has had a positive impact on performance and has enabled a single approach to service delivery and improvements

Performance of the NHS 111 service is monitored via the Trust's Finance and Business Development Committee.

Part 2

Quality measure "C" involved carrying out a survey on a sample of patients that dialled 999 asking for their opinion on satisfaction with the service provided.

- + A survey was undertaken during a specified month in 2013/14 where views were sought from 2,400 patients (representing just over 3% of that month's emergency calls received and resulting in a response rate of 29.45%). This showed an overall satisfaction rate of 97%, which is the highest ever achieved by SECAmb (when combining those who were 'very satisfied' (86%) and those 'satisfied' (11%)). Some key factors from the survey are as follows:
 - + reasons for calling 999: 33.6% reported calling for a non-life threatening emergency, with 21.6% reporting they were telephoning for a life threatening emergency;
 - + advice sought before calling 999: almost 40% stated that they did seek advice before calling 999; with more than 50% of these respondents having first called NHS 111 and 30% having consulted a GP;
 - + respondents' views of call-taking: we asked whether they were able to answer the questions, whether the call-taker explained the questions clearly, and whether they were clear at the end of the call what would happen next, to which 97.65%, 98.8% and 97.04% respectively agreed or strongly agreed; and

- + respondents' views about our ambulance staff: When asked whether they felt our staff were kind and caring, 98.6% of respondents stated that they were, and 98.4% also said that our staff respected their dignity and privacy.
- + The full findings report has been shared with SECAmb's Board at its March 2014 public meeting and is available at http://www.secamb.nhs.uk/about_us/news/2014/999_patient_survey.aspx
- + An action plan on areas for improvement is being implemented.

Quality Measure "D" involved monitoring patients with long term conditions (LTC) who are registered on our IBIS system to enable us to provide the best possible care by attending ambulance crews.

- + During 2013/14 we continued to capture clinical information on non-conveyed patients registered on IBIS. We collected approximately 44% of non-conveyed IBIS patients responded to by SECAmb clinicians.
- + The Case Management/Care Plan function has been able to help over 58% of patients whose details are registered on IBIS to avoid hospital attendance. The PPs are also able to support and assist crews in decision making as to whether or not to convey patients. On just over 48.5% of occasions where a PP has been involved with the IBIS patient a clinical discharge summary has been sent to the patient's GP.

Quality Measure "E" contained two elements, the first being (E1) to improve the number of registered clinicians who attend those patients deemed to have a life-threatening condition at the time the 999 call was raised and secondly (E2) to monitor where a PP attends a patient through a PP referral where that patient is then subsequently transported to a hospital A&E department.

+ **E1**

During the period 2013/14 SECAmb sent a registered clinician to 84.2% of category 'A' calls, which was 1.5% less than 2012/13. This was due to a reduction in the number of category A calls received during 2013/14 when compared to 2012/13, however, the total number of 999 calls received and responded to increased in 2013/14.

+ **E2**

During 2012/13 the conveyance rate from a PP referral was 10.20%, and during 2013/14 this improved to 10%. Year on year the number of PP referrals has increased from 7,077 (2012/13) to 7,945 (2013/14) meaning more patients have been treated outside of an A&E department.

Part 2

5. Assurance on 2013/14 Mandatory Performance Indicators

5.1. Reporting on Core Indicators

Prescribed Information	Formal Statement	Performance Data 1/4/13– 31/3/14	Performance for last two reporting periods
<p>The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre</p> <p>.....</p>			
<p>..... with regard to the percentage of Category A telephone calls (Red 1 and Red 2 calls) resulting in an emergency response by the trust at the scene of the emergency within 8 minutes of receipt of that call during the reporting period.</p> <p>The South East Coast Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons</p> <ul style="list-style-type: none"> + The data has been fully validated in line with SECAmb's data validation procedures + Data has been submitted in accordance with the Ambulance Quality Indicator (AQI) Guidance 2013/14 + Data quality has been subject to internal and external audit, which provided reassurance to the quality of the reported data. <p>The South East Coast Ambulance Service NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by developing an action plan and carrying out the following actions to improve Q4 in 2013/14:</p> <ul style="list-style-type: none"> + Additional unit hours have been provided + Lower Response Unit Hour Utilisation (UHU) + Focus on maximising SRV provision + Power shifts targeted at weekends + RCMs deployed + Demand Management of NHS 111 Out of Hours <p>In 2014/15 plans, in addition to detailed resource planning in line with predicted demand include:</p> <ul style="list-style-type: none"> + Continued demand management within NHS 111 of dispositions to 999 and A&E + Continued recruitment of ECSW and Paramedic + Rota review + Contracts with external providers 	<p>The South East Coast Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons</p> <ul style="list-style-type: none"> + The data has been fully validated in line with SECAmb's data validation procedures + Data has been submitted in accordance with the Ambulance Quality Indicator (AQI) Guidance 2013/14 + Data quality has been subject to internal and external audit, which provided reassurance to the quality of the reported data. <p>The South East Coast Ambulance Service NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by developing an action plan and carrying out the following actions to improve Q4 in 2013/14:</p> <ul style="list-style-type: none"> + Additional unit hours have been provided + Lower Response Unit Hour Utilisation (UHU) + Focus on maximising SRV provision + Power shifts targeted at weekends + RCMs deployed + Demand Management of NHS 111 Out of Hours <p>In 2014/15 plans, in addition to detailed resource planning in line with predicted demand include:</p> <ul style="list-style-type: none"> + Continued demand management within NHS 111 of dispositions to 999 and A&E + Continued recruitment of ECSW and Paramedic + Rota review + Contracts with external providers 	<p>SECAmb performance: R1=76.8%. R2=73.9%.</p> <p>The National Average: R1=75.6%. R2=74.8%.</p> <p>Highest: R1=80.2%. R2=78.4%.</p> <p>and</p> <p>Lowest: R1=71.3%. R2=71.4%.</p>	<p>Data for April to February 2014 validated and resubmitted for AQI return by 15th April 2014, March14 data submitted 21st April 2014.</p> <p>February 2014 R1=79.4%. R2=73.8%.</p> <p>March 2014 R1=81%. R2=75.4%.</p>

Prescribed Information	Formal Statement	Performance Data	Performance for last two reporting periods
		1/4/13–31/3/14	
..... with regard to the percentage of Category A telephone calls resulting in an ambulance response by the trust at the scene of the emergency within 19 minutes of receipt of that call during the reporting period.	<p>The South East Coast Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons</p> <ul style="list-style-type: none"> + The data has been fully validated in line with SECAmb's data validation procedures + Data has been submitted in accordance with the Ambulance Quality Indicator Guidance 2013/14 + Data quality has been subject to internal and external audit, which provided reassurance to the quality of the reported data. <p>The South East Coast Ambulance Service NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by the detailed planning of resources in line with predicted demand.</p>	<p>SECAmb performance: 97.0%.</p> <p>The National Average: 96.1%. Highest: 97.9% and Lowest: 92.9%.</p>	<p>SECAmb performance February 2014: 97.1%. March 2014: 97.4%.</p>
..... with regard to the percentage of patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction who received an appropriate care bundle from the trust during the reporting period.	<p>The South East Coast Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons:</p> <ul style="list-style-type: none"> + data is based on analysis of SECAmb performance as per the national clinical indicator programme + the indicator programme defines the reporting criteria to ensure data standardisation from all reporting trusts + SECAmb performance is benchmarked alongside all other ambulance trusts in the country <p>The South East Coast Ambulance Service NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services, by establishing a Quality Improvement Taskforce to facilitate clinical peerreview of STEMI care.</p>	<p>Data is reported nationally with a data lag to allow analysis of records. This data is for the period 1/4/13 to 31/10/13.</p> <p>SECAmb performance: 79.9%.</p> <p>The National Average: 80.5%. Highest and Lowest: 83.3% and 77.0%.</p>	<p>Data is reported nationally with a data lag to allow analysis of records. This data is for the period 1/4/13 to 31/10/13.</p> <p>September 2013: 83.3%. October 2013: 81.2%.</p>

Part 2

Prescribed Information	Formal Statement	Performance Data 1/4/13– 31/3/14	Performance for last two reporting periods
<p>..... with regard to the percentage of patients with suspected stroke assessed face to face who received an appropriate care bundle from the trust during the reporting period.</p>	<p>The South East Coast Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons</p> <ul style="list-style-type: none"> + data is based on analysis of SECAmb performance as per the national clinical indicator programme + the indicator programme defines the reporting criteria to ensure data standardisation from all reporting trusts + SECAmb performance is benchmarked alongside all other ambulance trusts in the country <p>The South East Coast Ambulance Service NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services, by establishing a Quality Taskforce to facilitate clinical peer review of Stroke care.</p>	<p>Data is reported nationally with a data lag to allow analysis of records. This data is for the period 1/4/13 to 31/10/13.</p> <p>SECAmb performance: 91.5%.</p> <p>The National Average: 96.3%.</p> <p>Highest and Lowest: 96.6% and 89.1%.</p>	<p>Data is reported nationally with a data lag to allow analysis of records. This data is for the period 1/4/13 to 31/10/13.</p> <p>September 2013: 62.1%.</p> <p>October 2013: 67.2%.</p>
<p>The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends'?</p>	<p>The South East Coast Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons</p> <ul style="list-style-type: none"> + data is based on analysis of the 2013 National NHS Staff Survey, question 12d, Key Finding 24 (KF24). + The South East Coast Ambulance Service NHS Foundation Trust intends to take the following actions to improve this percentage/score, and so the quality of its services, by + introduction of the Friends and Family Test 2014/15 (National CQUIN indicator) + utilising input regarding the Friends and Family Test from the Foundation Council and Joint Partnership Forum + Linkage to Quality measure 1 in 2014/15 	<p>NHS 2013 Staff Survey.</p> <p>SECAmb Response Rate: 42% (which is average for ambulance trusts).</p> <p>SECAmb performance: 50% (Q12d) and 2.89 for KF24.</p> <p>The National Average for Ambulance Trusts: 53% (Q12d) and 3.14 for KF24.</p> <p>Best 2013 score for Ambulance Trusts KF24 = 3.31.</p> <p>(Key for KF Scoring: 1=Unlikely to Recommend and 5=Likely to Recommend).</p>	<p>NHS 2012 Staff Survey SECAmb performance: 54% (Q12d) and 2.98 for KF24.</p>

Prescribed Information	Formal Statement	Performance Data 1/4/13– 31/3/14	Performance for last two reporting periods
<p>The data made available to the National Health Service trust or NHS foundation trust by the National Reporting and Learning System (NRLS) with regard to the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.</p>	<p>The South East Coast Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons</p> <ul style="list-style-type: none"> + The NRLS have reported that directly comparing the number of reports received from organisations can be misleading as ambulance organisations can vary in size and activity. The NRLS are currently looking into ways to make comparisons across this cluster more effective. + It is therefore advised that comparisons drawn within this report should not be used as a basis for assurance. <p>The South East Coast Ambulance Service NHS Foundation Trust has taken the following actions to improve this number, and so the quality of its services; ensuring that employees are encouraged to report ALL incidents which relate to patient safety which may mean an increase on reported numbers in subsequent reports. This may not mean the trust is less safe but rather that it is reporting more no harm or low harm incidents. In addition, Serious Incidents are now being included in the NRLS figures and as some of these relate to severe harm or death it is likely that this category will also increase in the next report.</p>	<p>Dataset for reporting period 1/4/13 - 30/9/13 published by NRLS in April 2014.</p> <p>SECAmb total number of incidents occurring = 321.</p> <p>Total number of incidents that resulted in severe harm or death = 7.</p> <p>Percentage of incidents that resulted in severe harm or death = 2.2%.</p> <p>The National Ambulance Cluster Average total number of incidents occurring = 307.8.</p> <p>Highest = 709.</p> <p>Lowest = 106.</p> <p>The National Ambulance Cluster average number of incidents that resulted in severe harm or death = 8.1.</p> <p>Highest = 26.</p> <p>Lowest = 0.</p> <p>The National Ambulance Cluster average percentage of incidents that resulted in severe harm or death = 2.9%.</p> <p>Highest = 9.4%.</p> <p>Lowest = 0%.</p>	<p>Dataset for reporting periods 01/10/12 – 31/03/13 and 1/4/13 - 30/9/13 combined.</p> <p>SECAmb total number of incidents occurring = 558.</p> <p>Total number of incidents that resulted in severe harm or death = 8.</p> <p>Percentage of incidents that resulted in severe harm or death = 2.6%.</p> <p>The National Ambulance Cluster Average total number of incidents occurring = 521.8.</p> <p>Highest = 709.</p> <p>Lowest = 63.</p> <p>The National Ambulance Cluster average number of incidents that resulted in severe harm or death = 11.1</p> <p>Highest = 39</p> <p>Lowest = 0.</p> <p>The National Ambulance Cluster average percentage of incidents that resulted in severe harm or death = 5%.</p> <p>Highest = 9.4%.</p> <p>Lowest = 0%.</p>

Part 2

5.2. Audit Findings on Patient Safety Incidents (Governors Choice)

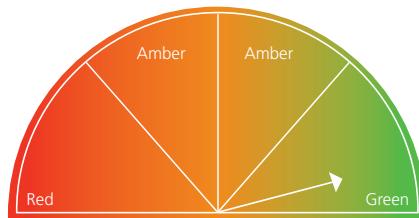
5.2.1. In line with the Department of Health and Monitor guidance issued in February 2014 to all Foundation Trusts, Governors were asked to agree a local quality indicator to be audited. Due to the short timescale, SECAmb circulated a Briefing Paper to their Governors explaining the change in regulations and sought their support to approve the local quality indicator audit, as previously agreed with the Auditors and prepared brief on Patient Safety Incidents (PSIs). This was achieved by 19 March 2014 and was formally included in the minutes of the Council of Governors meeting dated 31 March 2014.

5.2.2. The audit was commenced in March 2014 and the scope was "To evaluate the adequacy of risk management and control within the system and the extent to which controls have been applied, with a view to providing an opinion. Control activities are put in place to ensure that risks to the achievement of the organisation's objectives are managed effectively".

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

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".



5.2.4. The above conclusions, which fed into the overall assurance level, are based on the evidence obtained during the review. The key findings from this review are as follows:

5.2.4.1. The Auditors were able to confirm from the testing conducted on figures presented in last year's Quality Account relating to the number of PSIs that occurred within SECAmb and the percentage of such PSIs that resulted in severe harm or death could be validated back to source information retained on the internal incident reporting system (DATIX). All data to be reported to the NRLS was confirmed to have been completed in a timely manner.

5.2.4.2. A high level review of the system used by SECAmb to capture all PSIs was conducted and the Auditors confirmed that it is robust and functions as stated. They also confirmed that since the introduction of the electronic reporting in January 2012 incidents have been consistently reported which continues to demonstrate SECAmb's strong incident reporting culture.

5.2.4.3. One recommendation identified in the 2012/13 audit report on PSIs was for the inclusion of all death and severe harm PSIs to be included in the risk management KPIs which are reported to RMCGC and this was confirmed as completed.

5.2.5. No recommendations have been raised following this audit.

6. Statement of Assurance relating to quality of NHS services provided during 2013/14

(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 for 2013/14 that SECAmb is required to declare.

Statements of Assurance from the Board

Information on the Review of Services

During 2013/14 SECAmb provided and/or sub-contracted nine relevant health services.

SECAmb has reviewed all the data available to them on the quality of care in nine of these relevant health services.

The income generated by the relevant health services reviewed in 2013/14 represents 10 per cent of the total income generated from the provision of relevant health services by SECAmb for 2013/14.

Clinical Audits

During 2013/14 four national clinical audits and one national confidential enquiries covered relevant health services that SECAmb provides.

During that period SECAmb participated in 100% national clinical audits and 100% 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 2013/14 are as follows:

- Clinical indicators subset of Ambulance Quality Indicators;
- Clinical Performance Indicators;
- Myocardial Infarction National Audit Programme (MINAP); and
- Sentinel Stroke National Audit Programme (SSNAP).

The national clinical audits and national confidential enquiries that SECAmb participated in during 2013/14 are as follows:

- Clinical Indicators subset of Ambulance Quality Indicators;
- Clinical Performance Indicators;
- Myocardial Infarction National Audit Programme (MINAP); and
- 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 2013/14, 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:

- Clinical Indicators subset of Ambulance Quality Indicators (100%);
- Clinical Performance Indicators (100%);
- Myocardial Infarction National Audit Programme (MINAP) (100%);
- Sentinel Stroke National Audit Programme (SSNAP): Data requirements not yet determined nationally.

Part 2

The reports of three national clinical audits were reviewed by the provider in 2013/14 and SECAmb intends to take the following actions to improve the quality of healthcare provided:

- progress existing and establishment of new Quality Improvement Task Forces, comprised of clinical peers, to review in depth the care delivered to patients suffering cardiac arrest, heart attack (STEMI) and stroke. These groups will identify areas requiring improvement and implement programmes of work to bring about those improvements; and
- active engagement with the Cardiovascular Network to ensure that they are cited on resuscitation across the whole South East.

The reports of four local clinical audits were reviewed by the provider in 2013/14 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 and these include:
 - + review of the Trust's pain management ladder tool to aid crews in the assessment and management of pain and documentation of pain scores;
 - + review of analgesic options for patients in severe sickle cell crisis;
 - + development of and implementation of a severe sepsis management plan; and

- + development of a cascade learning package in respect of suspected fractured neck of femur.

Research and Development

The number of patients receiving relevant health services provided or subcontracted by SECAmb in 2013/14 that were recruited during that period to participate in research approved by a research ethics committee was 11.

CQUIN

A proportion of SECAmb (999 service) income in 2013/14 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 relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2013/14 and for the following 12 month period are available electronically at: http://www.monitor-nhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/_openTKFile.php?id=3275.

Quality Report: An additional 2.5% of income in 2013/14 for CQUIN schemes was available which totalled just over £3.7m. The goals were around Healthcare Professional Calls - GP and Nursing Homes (£1.1m); IBIS – access to care plans and interoperability (£1.1m); Supported Conveyance Pilot/ Frequent Caller Management and A&E Arrival Audit on nominated sites (£1.1m) and Reduce Hospital Handover

and Turnaround delays (£400k).

2013/14 CQUIN income = £3,733,389.
(In 2012/13 the financial payment
for CQUIN was £1,295,000).

For 2014/15, SECAmb is working with Commissioners to set achievable CQUIN targets which can deliver benefits to the wider health economy over future years.

Care Quality Commission

SECAmb is required to register with the Care Quality Commission and its current registration status is to carry out the following legally regulated activities:

1. transport services, triage and medical advice provided remotely;
2. treatment of disease, disorder or injury; and
3. diagnostic and screening procedures.

SECAmb has the following conditions on registration – nil.

The Care Quality Commission has not taken enforcement action against SECAmb during 2013/14.

SECAmb has not participated in any special reviews or investigations by the CQC during the reporting period.

Quality of Data

SECAmb did not submit records during 2013/14 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

SECAmb's Information Governance Assessment Report overall score for 2013/14 was 71% and was graded GREEN.

SECAmb was not subject to the Payment by Results clinical coding audit during 2013/14 by the Audit Commission. (Payment by Results does not currently apply to services provided by Ambulance Trusts).

SECAmb will be taking the following actions to improve data quality:-

- consider and implement recommendations arising from Audit Reports.

Part 2

7. How the Quality Measures were prioritised for 2014/15

Patient outcomes are the benchmark of quality for all healthcare providers and that is why improving outcomes for patients is at the heart of SECAmb's vision - our patients deserve nothing less. We aspire to deliver clinical excellence that matches and exceeds international best practice.

In considering which quality measures SECAmb would report, we held an external workshop in December 2013 and we invited Governors, Inclusion Hub Advisory Group (IHAG) members, patients, Healthwatch, Health Overview and Scrutiny Committee members (HOSCs), Foundation Council Members, Commissioners and staff.

During the above workshop participants proposed a wide range of quality measures which they wished to be considered for 2014/15. These proposals were discussed and explored throughout the workshop and the top five were agreed upon by the stakeholders. The stakeholders were aware that they needed to ensure that at least one quality measure was within each quality domain (Clinical Effectiveness, Patient Experience and Patient Safety).

The workshop was very well received and at the end of the day we asked participants to complete an evaluation form of which the summary findings are as follows.

We asked all participants how useful they found each element of the day.

	Very useful	Quite useful	Not very useful	Not at all useful
What is a Quality Account: what is it for and what should it include?	12	10	1	0
What is Quality and the Commissioners Role?	8	13	2	0
Trust Vision, Aims and Objectives, including Performance on 2012/13 Quality Account Measures	8	8	6	0
Developing new Quality Measures for inclusion in the next Quality Account	9	12	2	0
Thoughts on the format, language, design and accessibility of the 2012/13 Quality Account	4	11	3	1

The final question was based on whether they found attendance at the workshop overall worthwhile, which resulted in the following:

Yes, definitely	20
Yes, probably	3
Not really	1
Not at all	0

A report was then presented to our Risk Management and Clinical Governance Committee (RMCGC) in January 2014 highlighting the top five quality measures identified from the workshop for inclusion within this document and to be monitored during 2014/15. These quality measures were then approved by SECAmb's Board at the February 2014 meeting. (Previous editions of the Quality Account and Quality Report are available at [South East Coast Ambulance Service | Quality Account](#)).

The quality measures selected for 2014/15 are focused on improving outcomes for our patients; how we are going to do this is described in the detail of each quality measure throughout this document and identifies the responsible designated Board Sponsor and Implementation Lead.

Quality Domain: Patient Experience

- + Quality Measure 1 – To consider whether there might be a relationship between SECAmb staff satisfaction levels and clinical care/patient experience.
- + Quality Measure 2 – Patient Drop Off and Pick Up Times for PTS Patients

Quality Domain: Patient Safety

- + Quality Measure 3 – NHS 111 Service for Patients with Long Term Conditions/Special Patient Notes

Quality Domain: Clinical Effectiveness

- + Quality Measure 4 – IBIS
- + Quality Measure 5 – Cardiac Arrest Management

As part of the consultation, the draft 2013/14 Quality Account and Quality Report was shared with Commissioners, Governors, Healthwatch, HOSCs, IHAG, Non-Executive and Executive Directors and Workshop attendees.

In year monitoring arrangements of our achievements

The RMCGC will focus in detail on the key areas of quality and receive progress updates on delivery of the quality measures. The Board will receive regular updates via the RMCGC report on achievements against the quality measures.

The Commissioners receive updates on the five quality measures at the joint SECAmb/ Commissioner Quality Focus meetings.

Part 2

8. Details of five Quality Measures for implementation during 2014/15

8.1. Quality Domain: Patient Experience

8.1.1. Quality Measure 1 – To consider whether there might be a relationship between SECAmb staff satisfaction levels and clinical care/patient experience

Aims

- + To consider SECAmb's 2013 NHS Staff Survey results, drawing out particular areas of dissatisfaction among our emergency staff and addressing these with a view to **a)** improving staff satisfaction and **b)** ascertaining whether this might have a positive impact on SECAmb's clinical performance indicators and on patient-reported satisfaction levels.

Initiatives

- + Using the 2013 Staff Survey results (published February 2014) to enhance local action plans within each of our five emergency Operational Dispatch Areas (ODAs).
- + Develop and implement local action plans for the Emergency Operations Centres (EOCs), 111 and PTS (Patient Transport Service) to address issues highlighted by staff in these areas.
- + Review progress on actions taken to address issues highlighted by the 2012 Staff Survey (published February 2013).

- + Review results of SECAmb's Clinical Performance Indicators (CPIs) throughout the year.
- + Review the results of SECAmb 999 patient surveys in terms of overall satisfaction.

How will we know if we have achieved this quality measure?

- + This is an exploratory measure to see whether there may be a discernible positive impact on patient care and experience as a result of any improvement in staff satisfaction. If so, we would hope to see:
 - + Improved levels of staff satisfaction from the 2014 NHS Staff Survey;
 - + Improved performance in the Trust's Clinical Performance Indicator returns; and
 - + Patient satisfaction levels consistent with recent years' surveys, i.e. with a minimum 92% overall satisfaction rate.

Board Sponsor

- + **Geraint Davies**, Director of Commercial Services

Implementation Leads

- + **Janine Compton**, Head of Communications
- + **Louise Hutchinson**, Patient Experience Lead

8.1.2. Quality Measure 2 – Patient Drop Off and Pick Up Times for PTS Patients

Throughout Sussex and Surrey PTS provides pre-planned routine transport for patients who need to attend hospital, medical centres and outpatient appointments but are unable to make their own way. PTS also provides pre-planned transport to patients who require clinically trained staff to transport them due to their medical requirements e.g. patients requiring dialysis.

Another element of PTS includes undertaking of hospital discharges, transfers to hospices, nursing and care homes as well as assisting SECAmb's 999 service in a supporting role for patients with non-life threatening conditions.

Aims

- + The three areas identified below are not currently meeting targets but plans to improve our performance by 31 March 2015 to 90% are identified within this quality measure:
 - + for patients arriving within 15 minutes of their appointment, during 2013/14 (where times have been recorded) 81% arrived on time against a target of 95%;
 - + for patients departing the hospital following their appointment, during 2013/14 83% departed within two hours, against a target of 95%; and
 - + also during 2013/14, 71% of patients awaiting discharge from hospital were conveyed within the required two hour window against the target of 95%.

Initiatives

- + To achieve the improvements outlined within this quality measure we plan to introduce two initiatives as follows:
 - + the first being to reduce patient handover times, which will release up to 500 hours per week currently lost to patient handover times exceeding 30 minutes; and
 - + the second is to reduce 'on the day demand' for unplanned journeys from 70% to 50%.

How will we know if we have achieved this quality measure?

- + The agreed targets for patients arriving for appointments and then departing the hospital, as well as patient discharge times occurring within the agreed time limits, will have been reached or exceeded.

Board Sponsor

- + **Professor Andy Newton,** Director of Clinical Operations

Implementation Lead

- + **Rob Mason,** Acting Head of PTS

Part 2

8.2. Quality Domain: Patient Safety

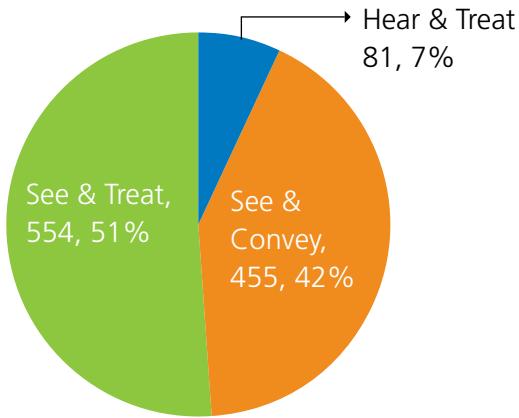
8.2.1. Quality Measure 3 – NHS 111 Service for Patients with Long Term Conditions/Special Patient Notes

To provide feedback from SECAmb 999 service to the NHS 111 service in order that 111 patients with long term conditions (LTCs) and “special patient notes” can receive appropriate care when passed to the 999 service.

Aims

- + With the NHS 111 service in its infancy, some patients with special patient notes and LTCs are transferred to the 999 service as the care pathway they require is unavailable. Therefore, the aim is to reduce the number of these 111 calls to 999 for the patient groups identified above.
- + The following diagram illustrates how SECAmb have responded to the identified patient groups during 2013/14 and shows that during this period:
 - + 7% of these transfers were categorised as a Hear and Treat call. This type of call is one that has been identified as being minor or self-limiting, where care advice is provided to the patient by one of our EOC clinicians;
 - + 51% were given the appropriate care by an attending clinician without the need to convey the patient to A&E (this is known as See and Treat); and
 - + 42% of this group of patients were transported to another location in order to receive their required care (this is known as See and Convey).

111 Patients with Special Notes Transferred to the 999 Service - Ambulance Response Type - 213/14



Initiatives

- + To monitor the 999 responses to these patients which result in Hear and Treat, See and Treat or See and Convey and provide the NHS 111 service with feedback to enable them to make any necessary adjustments to the relevant care pathways.

How will we know if we have achieved this quality measure?

- + This quality measure will have been achieved with an evidence based reduction in 999 transports to hospital for this category of NHS 111 patients.

Board Sponsor

- + **Kath Start**, Director of Nursing and Urgent Care

Implementation Lead

- + **David Webster**, KMSS 111 Directory Of Services Lead

8.3.Quality Domain – Clinical Effectiveness

8.3.1.Quality Measure 4 – IBIS

To monitor the IBIS system so that those patients with LTCs are provided with the best possible care by attending paramedics and ambulance crews.

Aims

- + With the continued capture of non-conveyed patient details during 2013/14 averaging 44%, the IBIS system is gathering clinical data which will assist us in operational planning and sharing of information with primary care providers. The Case Management function of IBIS has been able to help over 58% of the patients whose details are registered on the system to avoid hospital attendance. The PPs are also able to support and assist crews in decision making as to whether or not to convey patients and on just over 48.5% of occasions where a PP has had involvement with the patient a discharge summary was sent to the patient's GP.
- + To increase the percentage of captured details of IBIS non-conveyed patients who are attended by a SECAmb clinician.
- + To increase the percentage from the 2013/14 non-conveyance rate of patients matched to an IBIS care record.
- + To increase the number of PP clinical discharge summaries sent to GPs via IBIS.

Initiatives

- + A scorecard has been developed to allow Senior Operations Managers to

see the compliance of non-conveyed coding with the aim being to promote local improvement in this area.

- + SECAmb has been successful in its bid for funding in 2014/15 to pay for dedicated software development work regarding integration between IBIS and other clinical registers.

How will we know if we have achieved this quality measure?

- + The percentage of captured details of non-conveyed IBIS patients will increase on the 44% achieved in 2013/14 by at least 10%.
- + To increase the number of patients who are registered on IBIS.
- + To monitor and maintain the rates of the IBIS patients who avoid hospital attendance benchmarked from the 2013/14 figure of 58%. SECAmb will work to ensure that a safe conveyance profile is achieved which is clinically safe.
- + To ensure that staff contact EOC for IBIS data when notified of an IBIS match. A Senior Operations Manager scorecard continues to be developed to assist in managing this.
- + To increase the number of clinical discharge summaries sent by PPs to the patient's GP from 48.5% achieved in 2013/14.

Board Sponsor

- + **Professor Andy Newton,** Director of Clinical Operations

Implementation Lead

- + **Andy Collen,** Clinical Development Manager

Part 2

8.3.2. Quality Measure 5 – Cardiac Arrest Management

Survival from cardiac arrest must remain the paramount task for ambulance trusts. By increasing the quality of care for these patients by reducing the variations in approach, it is hoped to increase the number of patients who are successfully resuscitated.

Aims

- + To ensure there are continued developments in improving the outcome for patients who suffer out of hospital cardiac arrest.

Initiatives

- + Continuation of SECAmb's Cardiac Arrest Task Force group.
- + A root and branch review of the current arrangements for scene/incident management of cardiac arrests.
- + Timely and appropriate deployment of appropriate clinician (at least paramedic level) to all cardiac arrests.
- + Maintenance of CPRs on scene to practically assist with resuscitation events, freeing up ambulance crews to manage the patient clinically without interrupting the resuscitation.
- + Ensuring defibrillators are on scene as quickly as possible, being an

essential part of the care received.

- + Active and standard deployment of SECAmb Response Capable Managers to all cardiac arrests in their vicinity, to undertake scene management and scene supervision.
- + Analysis of cardiac arrest calls outside of the national response target.
- + Analysis of how many actual cardiac arrests were defined as being a cardiac arrest (as opposed to something else) by the team taking the call initially and if necessary the development of clearly defined escalation and de-escalation protocols for these staff.

How will we know if we have achieved this quality measure?

- + Sustained performance measures for Return of Spontaneous Circulation (ROSC) in SECAmb's National Clinical and Outcome Performance Indicators.

Board Sponsor

- + **Dr Jane Pateman**, Medical Director

Implementation Lead

- + **Joe Emery**, Quality Improvement Lead

9. Quality improvements to be implemented by SECAmb during 2014/15

9.1.Thanet Make Ready Centre

The transformation of the current Thanet Ambulance Station into a Central Reporting Make Ready Centre incorporating the new Service Delivery Model will bring together staff from Thanet, Canterbury, Herne Bay and Deal under one roof during the summer of 2014. The provision of high quality Community Response Posts strategically located within the Thanet Operational Dispatch Area will provide emergency cover throughout the area and provide a comfortable, safe and secure environment for staff.

Changes to the management structure will provide:

- + a clinically focused strategic and tactical structure;
- + local training and clinical updates;
- + team based, team focused rosters; and
- + a duty and clinical supervisory Clinical Team Leader role.

The outcome from this structure will provide improved quality performance and efficiency via flexible unit hour provision, clinical quality assurance, leadership and development, local engagement with CCGs to produce pathways in line with local community needs and engagement with local communities to ensure provision of high quality, clinically focused services for the public and patients.

9.2. Research and Development (R&D)

SECAmb has agreed in principle to participate in the following studies and preliminary work to support these studies has begun:

- + PRINCESS - use of early targeted temperature management intra cardiac arrest;
- + ImPACT-ASCQI – Improving Pre-hospital and Ambulance Care and Treatment following the Ambulance Services Cardiovascular Quality Initiative; and
- + understanding variation in rates of 'non-conveyance to an emergency department' of emergency ambulance users.

In addition, there are several research grant applications that have either been submitted already or are in development including:

- + what is the impact of the introduction of 'Hear and Treat' services for emergency ambulance callers on outcomes, process, access and cost? (submitted and shortlisted);
- + impact on patient outcome of expanded scope of practice for paramedics:
 - + PP
 - + CCP
- + implementation of mental healthcare pathways;
- + management of atrial fibrillation in pre-hospital settings; and
- + investigation of stress when working in EOC.

Part 2

9.3. NHS 111

The NHS 111 service continues to make progress towards the full achievement of the service and clinical quality targets as specified by the Commissioners. This work is supported by a new clinical quality education grant from Kent, Surrey and Sussex Health Education England (KSS HEE) to design and run a module for 999 and NHS 111 clinical advice nurses and paramedics in advanced assessment and decision making. This work will be audited and evaluated during 2014/15 to inform the national work on clinical advice safety in 999 and NHS 111. SECAmb is the only service to have been awarded this grant and this work reports to both the local KSS HEE Urgent and Emergency Care Board and to the 111 National Medical Director.

9.4. Clinical Strategy

A new Clinical Strategy for 2014-2019 is to be published which builds upon the clinical and quality elements of the operational and strategic plans, and takes account of the annual planned service developments.

9.5. Clinical Quality Improvements

SECAmb is committed to being an organisation at the forefront of excellence in clinical care and undertakes this by identifying current best practice and benchmarking itself against this. We continue to engage with and participate in the National Ambulance Clinical Quality Programme, as defined in the NHS Operating Framework which covers a number of measures regarding the quality of ambulance services in England in terms

of both system and clinical indicators.

SECAmb will continue to identify and refine suitable new quality indicators and associated metrics that are reflective of good clinical care leading to improved patient outcomes. In addition, continued application of existing indicators and the introduction of new ones for testing, refinement and implementation will be progressed as part of the broader annual Clinical Audit plans.

9.5.1. Cardiac Arrest Task Force

As background, a Cardiac Arrest Task Force group (CATF) was established during 2013/14 to focus on reviewing the quality of care given to cardiac arrest patients and to positively impact on ROSC at hospital (both all and Utstein groups). Data is used by the CATF group to calculate ROSC to Operational Dispatch Area and station level. A peer review process identifies any incidents where care could have been improved or was not potentially delivered in accordance with clinical guidelines. These are reported back to the local Clinical Operations Managers in order that they can speak to the respective member of operational staff. A new cardiac arrest form has been developed and implemented to improve documented assurance that reversible causes had also been addressed.

This group comprises operational and non-operational staff and following its success this will continue during 2014/15.

9.5.2. Quality Improvement Group (QIG)

A Quality Improvement Programme has been developed to oversee and manage the implementation and management of the outcomes from clinical audits and resultant changes to clinical practice. Building on the successful work of the CATF group, a QIG is to focus on improvements in Stroke and STEMI performance during 2014/15 and will include both operational and non-operational staff. In addition, a formal procedure for the monitoring and management of STEMI <150 minute breaches is being developed.

9.6. Medicines Management

Medicines management governance is essential to ensure SECAmb systems are appropriate, robust and safe whilst protecting the organisation, its staff and patients from inappropriate use of medicines and ensuring compliance with legislative statutory requirements. Robust medicines management is key to the successful treatment of patients and listed below are developments scheduled to take place during 2014/15:

- + recent changes in the law require SECAmb to expedite plans to re-engineer existing systems for medicines supply, storage, distribution and governance during 2014/15 and beyond. Centralised medicines repositories will be developed in line with our estates plans and will ensure medicines are consistently available whilst enabling greater purchasing economies and increased governance and resilience;
- + a new scheme to manage the supply of medicines to CFRs has been launched. This scheme focuses on providing

medicines in a quick and responsive manner to allow our volunteers to continue to provide lifesaving care. Specially designed pouches will be packed centrally within the service with appropriate medicines, checked and then sealed before being dispatched direct to the local area for the CFR, rapidly decreasing any downtime awaiting supply;

- + in order to reduce the number of breakages of controlled drugs from ampoules falling and smashing on the floor, the service is introducing rubber mats to all sites that manage medicines. Each mat is also branded with key legal messages to remind crews of the importance of safe and secure management of medicines; and
- + SECAmb is working on a project to introduce secure medicine cabinets and controlled drugs safes accessed by biometric technology providing the very highest level of security whilst introducing paper-free records during 2014/15. This advancement in technology, if introduced, will lead the way in the ambulance sector for medicines management.

9.7. Electronic Patient Clinical Record (ePCR)

SECAmb's long terms plans include the introduction of a system for electronic patient clinical records which will lead to standardised and auditable standards of care and better access to specialised information in real time. The procurement process for the ePCR should be completed during 2014/15, with full roll out to follow. ePCR will allow faster and more accurate collection of clinical data, enabling more effective analysis to support clinical performance improvement.

Part 2

9.8. Safeguarding

A review of the current model of managing incoming referrals to the Safeguarding Department is underway. During 2014/15 a leaner process of managing incoming referrals directly into the safeguarding database will be established. The current process of referrals is paper-based, with crews required to complete a form and scan it to an internal network fax-server accessed by the Safeguarding team on their next working day. Crews are instructed to await confirmation that the scan has been successfully received and then to send the original paper referral via internal post to the Safeguarding office, where a cross-check is undertaken to ensure the fax has been received.

On a Monday-Friday basis, the Safeguarding team forward the faxed referrals to the appropriate adult or child services; when all referrals have been shared in this way the details need to be manually entered on to a Trust managed Structured Query Language database. This is time consuming and, with an ever increasing volume of referrals being received, is no longer a viable way of keeping up to date referral information for data mining to inform reporting, assurance and strategy. Creating a bespoke referral form on the Trust's incident reporting tool (DATIX) will allow crews to complete an on-line referral form, removing the need for paper and any associated risks of data loss or delay in referrals, plus the need for manual database entry by the Safeguarding team and enabling dynamic referral data availability.

Staff who work in patient interfacing roles are required to complete enhanced Disclosure and Barring Service (DBS) checks (formally known as Criminal Records Bureau checks) as part of the recruitment process. New DBS checks are completed every three years through an on-going cycle of employee screening. All offers of employment are subject to specific conditions concerning DBS disclosures and the requirement is actively monitored through the SECAmb's centralised resourcing function.

9.9. Domestic Abuse (DA)

During 2013/14 SECAmb undertook a DA pilot supported by the Department of Health. A DA toolkit was developed, with DA staff champions established and trained. A full evaluation of the pilot has been completed and we will be scoping the best approaches to continue this work stream during 2014/15 and beyond.

9.10. Fleet Update

In view of the changing model of care, it is important that our vehicles/fleet reflect the needs of the communities we serve, ensuring better patient experience, as well as providing value for money and working towards reducing the impact on the environment:

- + 2014/15 will see the commissioning of four specialist neo-natal vehicles, designed in conjunction with Kent, Surrey and Sussex retrieval teams. The design has seen the exploitation of new technology to support the staff and baby whilst in transit;

- + three specialist incident support vehicles will be delivered during the middle of 2014/15. The development of these vehicles will enable our Contingency Planning and Resilience team to reduce their overall fleet requirement by half; and
- + a new car for Clinical Operations Managers is expected to be rolled out throughout 2014/15 following a very successful evaluation of an appropriate vehicle. It is anticipated that this will provide the basis of a new Single Response Vehicle also required for frontline operations.

9.11. Patient Experience – our plans for 2014/15

In 2013 SECAmb undertook a review of its complaints and PALS processes, which are managed by the Patient Experience Team. The review yielded a range of recommendations for improvement, which were well received and are to be implemented during 2014/15. These include:

- + increasing and better publicising the mechanisms available to the public for making complaints, comments and suggestions, to include production of a leaflet, introduction of a lo-call telephone number and better web functionality;
- + bolstering the Patient Experience Team to provide sufficient capacity to deal with complaints, comments, concerns and compliments in a timely and robust manner following the introduction of new services;
- + the introduction of a system for

grading complaints and concerns according to seriousness to ensure that they are investigated thoroughly and proportionately; and

- + provision of report-writing training for investigating managers, to improve the quality of investigation reports and thereby reduce the amount of time undertaking quality assurance.

We also plan to engage more with our staff, sharing with them the information we elicit from our patients about their needs and preferences, as well as encouraging staff involvement in the development of measures for improving our patients' experiences.

9.12. Community First Responders (CFR)

As previously mentioned in Section 3, the scope of practice for CFRs has been and continues to be reviewed. During 2014/15 this will include:

- + CFRs being able to take blood pressures, temperatures and oxygen saturation levels; and
- + a pilot group of CFRs to trial an extended scope of practice whereby they will be able to administer Entonox to patients, as appropriate.

In order to incorporate these new developments, together with conflict resolution and manual handling training, a modified five day course for CFRs is to be rolled out commencing May/June 2014 and will be delivered by the Community Partnership Leads to ensure consistency.

Part 3

10. Review of 2013/14 Quality Performance

This section provides an overview of the quality of care offered by SECAmb on performance in 2013/14 against indicators selected by the Board in consultation with stakeholders, with an explanation of the underlying reason(s) for selection.

10.1 Patient Safety Indicators

10.1.1. Serious Incidents Requiring Investigations (SIRIs)

SECAmb has adopted the Serious Incident Framework, March 2013 issued by the NHS Commissioning Board which updates the National Framework for Reporting and Learning from SIRIs. Every SIRI is investigated to identify the root causes, learning outcomes and develop action plans for implementation which will prevent, as far as practicably possible, similar incidents recurring in the future. We provide our Commissioners, via the Kent and Medway Commissioning Support Unit, with regular updates on the investigation process and our findings are presented to them on completion of the investigation. It is only with their approval each SIRI investigation can be closed.

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

The following information has been collated from our SIRI management database and our current incident reporting system (DATIX):

1 April 2013 - 31 March 2014	
Ambulance (General)	22
Ambulance Accidental Injury	2
Ambulance Delay	4
Confidential Information Leak	2
New Category (111)	11
Unexpected Death (General)	3
Total number of SIRIs investigated	44

Figure 2: Number of Reported SIRIs (April 2013-March 2014)

1 April 2012 - 31 March 2013	
Ambulance (General)	20*
Ambulance Accident – RTC	2
Ambulance Accidental Injury	1
Ambulance Delay	2
Confidential Information Leak	2
Drug Incident (General)	4
Total number of SIRIs investigated	31

Figure 3: Number of Reported SIRIs (April 2012-March 2013)

* NB Due to re-categorisation the SIRI reported as "other" was moved to "Ambulance General" and therefore the number in this category increased from 19 to 20 and "other" from 1 to 0.

The number of SIRIs has increased by 13 between the above two comparative years, of which 11 (as shown as "new category") directly relate to the NHS 111 service which SECAmb has delivered since April 2013.

10.1.2.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 contra indications associated with drugs. The administration of drug types is bound by the scope of practice of each operational role. For example, PPs are able to administer a wider range of drugs than Technicians, because they are more highly qualified and trained.

SECAmb was inspected by the CQC in December 2013 where they identified that medicine management processes were not being consistently applied across the organisation by operational staff. They also identified that we should re-run a self-assessment against national security standards for medicines management and this is to be repeated following completion of the revised Medicines Management Manual during early 2014/15. They expressed that these concerns have a minor impact on people who use the service and we have submitted an action plan to the CQC which explains how we will rectify these concerns.

Where medication errors do occur the most common circumstances are incorrect drug doses and incorrect drug types. SECAmb monitors both of these 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 4 and 5 has been collated from SECAmb's Incident Reporting system (DATIX) and is based on clinical patient safety incidents, both actual and near miss.

2013 – 2014	Incorrect drug dose administered	Incorrect drug type	Totals per month
April	0	2	2
May	1	1	2
June	6	1	7
July	0	2	2
Aug	1	4	5
Sep	1	5	6
Oct	0	2	2
Nov	2	2	4
Dec	1	2	3
Jan	0	2	2
Feb	0	2	2
Mar	1	4	5
Total	13	29	42

Figure 4: Medication Errors (April 2013-March 2014)

2012 – 2013	Incorrect drug dose administered	Incorrect drug type	Totals per month
April	2	0	2
May	2	1	3
June	2	0	2
July	0	1	1
Aug	0	0	0
Sep	4	0	4
Oct	0	1	1
Nov	1	0	1
Dec	0	1	1
Jan	0	3	3
Feb	0	1	1
Mar	0	1	1*
Total	11	9	20

Figure 5: Medication Errors (April 2012-March 2013)

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*NB With reference to March it had previously been reported that there were "0" errors for this month. The increase in this month to "1" (and therefore the total for the year to 20) was due to the incident being reported to the NRLS on 15 April 2013, after publication of the data.

It will be seen from figures 4 and 5 that there has been a significant increase in the medication errors for the year 2013/14 compared to 2012/13, and an analysis of these incident reports (2013/14) has shown the following:

- + 39 resulted in no harm to patients;
- + 3 resulted in low harm to patients; and
- + 0 incidents resulted in moderate or serious harm.

Of these 42 incidents:

- + 18 related to the incorrect drug/medication administered and 10 where glucose was given instead of Sodium Chloride;
- + 12 related to contra-indication with regard to drugs or conditions; and
- + 12 related to incorrect dose administered.

Whilst there has been an increase in the reporting of medication errors during 2013/14, SECAmb has undertaken considerable work to encourage staff to report errors and to foster a culture of openness and transparency, which is helping to develop a stronger reporting culture. Whilst 93% of the medication errors reported resulted in no harm and 7% resulted in low harm, SECAmb is not complacent and, as already mentioned, has developed an action plan to address this

and to minimise the potential for future recurrence.

10.1.3. Number of Patient Safety Incidents (PSIs)

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.

PSIs are recorded on our local incident reporting system (DATIX). All incident reports and their subsequent investigations are reviewed, where it is identified that an incident could have or did lead to harm for patients receiving NHS funded healthcare the National Reporting and Learning System (NRLS) are informed. The NRLS is provided with the details of the incident, the stage of care and the effect on the patient, such as degree of harm. SECAmb undertakes regular uploads to the NRLS to ensure that information is available in a timely manner however the process of identification and clarification can produce lead in times for upload which could lead to a temporary discrepancy in figures.

PSIs are one of our risk management KPIs and as such are reported at the RMCGC, Central Health and Safety Working Group and Local Health and Safety Sub Groups. Benchmarking of these occurrences is undertaken in association with the National Ambulance Service Quality and Governance and Risk Directors (QGARD).

The information in figures 6 and 7 has been collated from SECAmb's incident reporting system (DATIX) and is based on both actual and near miss incidents.

1 April 2013 - 31 March 2014	
Patient safety incident: Clinical	505
Patient safety incident: Non Clinical	111
Totals:	616

Figure 6: Number of Patient Safety Incidents (April 2013-March 2014)

1 April 2012 - 31 March 2013	
Patient safety incident: Clinical	362
Patient safety incident: Non Clinical	107
Totals:	469*

Figure 7: Number of Patient Safety Incidents (April 2012-March 2013)

*NB It is noted from last year's published Quality Account that there is a difference of 17 incidents (11 Clinical, 6 Non-Clinical) recorded as PSIs. The difference in figures is due to a combination of reporting to the NRLS after publication of the data and in certain instances, where our robust review process identified incidents not previously recorded as PSIs, these were re-categorised and reported.

The data above indicates that there has been a significant rise in the reported figures relating to PSIs in 2013/2014 compared to 2012/13, this has been regularly monitored at the RMCGC. Analysis has shown that there is no emerging trend of causation but is reflective of an increase in activity and better reporting culture by staff. In addition, it has also shown that there has not been a significant increase in patients being harmed; in fact it shows more incidents where patients did not suffer any harm. This will continue to be a KPI and monitored at RMCGC.

10.2 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. In 2012/13 the conditions of Paediatric care: febrile convulsion and lower limb fracture were formally adopted as national audits.

These indicators are underpinned by a number of metrics, with continual refinement of these indicators essential to the on-going move to improve patient care; the inclusion and exclusion criteria for each indicator are defined and agreed nationally.

Data is collected by individual trusts and submitted to the National Ambulance Service Clinical Quality Group (NASCQG). The performance of trusts is compared and reported to the National Ambulance Services Medical Directors Group with the final report for each cycle published nationally. The data samples are obtained through a mixture of automated reporting and some manual interrogation by the Clinical Audit Department of individual patient clinical records. The sample size for each indicator is 300 cases; not all participating trusts have this number of cases for the indicator conditions and the comparative data is adjusted to accommodate this.

Where clinical markers are monitored over an extended period of time, initial clinically important improvements are replaced by oscillations about a static level which do not have the same clinical relevance. Continued intense

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focus can then become counterproductive, and result in de-emphasis of other areas where improvements could be made; however, although the long term conditions of asthma and hypoglycaemia have been subject to 11 published cycles of monitoring now, SECAmb still holds value in these as indicators while improvement is demonstrated to be required. Living with long-term conditions is an important part of the South East Coast 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 asthma, hypoglycaemia and stroke are again focussed on in this report.

10.2.1 Asthma

The indicators in figure 8 show SECAmb's performance for the last two completed 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.

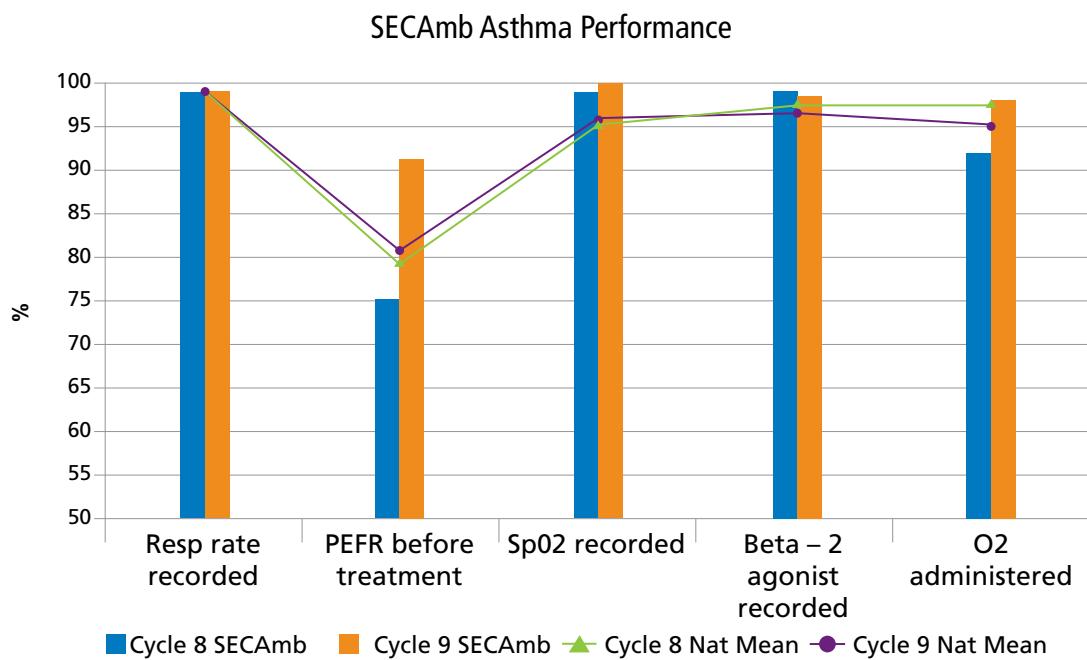


Figure 8: Asthma Data (January 2013-July 2013)

Data Source: National Ambulance Service Clinical Quality Group

10.2.2 Hypoglycaemia

The indicators in figure 9 show SECAmb's performance for the last two completed 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.

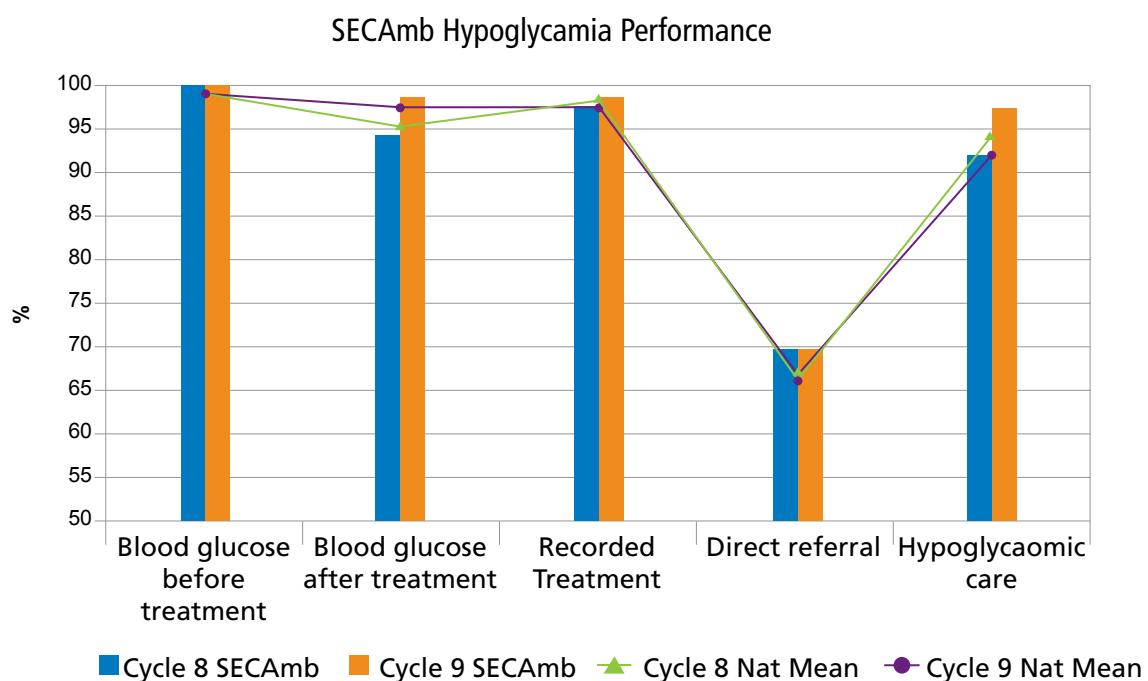


Figure 9: Asthma Data (February 2012 to July 2012)

Data Source: National Ambulance Service Clinical Quality Group

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10.2.3 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. Our performance in the first two quarters of 2013/14 for getting FAST (Facial weakness, Arm weakness, Speech problems, Test all three) positive patients to treatment centres within 60 minutes of a face to face assessment is shown in figure 10.

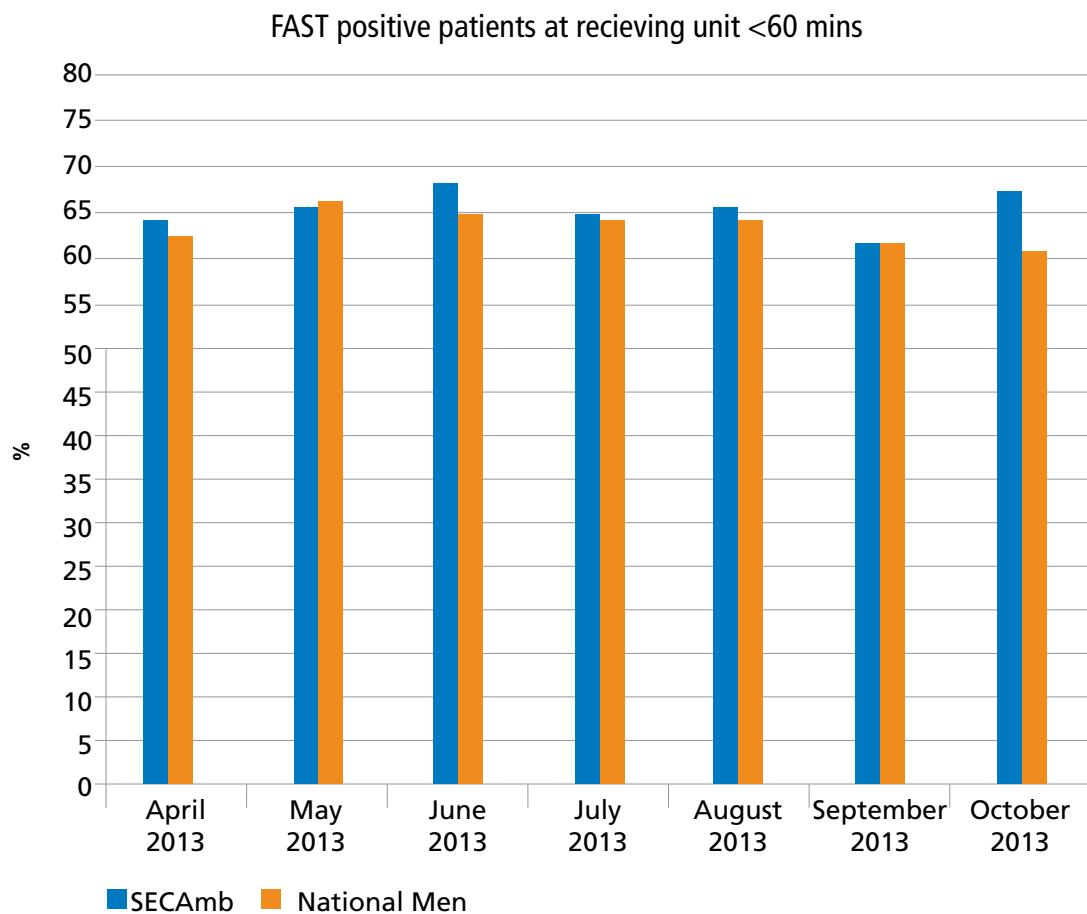


Figure 10: Stroke Care Data (April 2013-October 2013)

Data Source: NHS England

10.3 Patient Experience Indicators

10.3.1 Patient Advice and Liaison Service (PALS)

Our PALS team provides help and information for patients, their carers and relatives, other NHS organisations and the general public who have queries or concerns about SECAmb's care/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 and direct them to agencies who can provide support 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) and Compliance Working Group (CWG) every two months. The RMCGC report is also shared at each public Board meeting, and is provided to our Commissioners at their Quality Focus meetings.

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.

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

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During 2013/14 our PALS team handled 3,999 enquiries, broken down as follows:-

Enquiry Type/ Department	2013 - 2014									Totals
	NHS 111 and Urgent Care	Commercial Services (Non Operational)	Medical Directorate	Clinical Operations (A&E)	Clinical Operations (PTS)	Clinical Operations (EOC)	Clinical Operations (Other/Non Operational)	Unknown/Other Directorate	Workforce Development	
Administration	56	0	0	5	0	5	0	0	0	66
Communication issues	278	1	0	10	1	11	3	0	0	304
Information request	36	1	5	246	18	151	37	27	2	523
Lost property	0	0	0	21	2	0	1	0	0	24
Miscellaneous	14	0	0	62	13	10	0	3	1	103
Patient care	493	1	1	136	26	119	1	0	0	777
Issues raised by staff	2	0	0	0	0	0	0	0	0	2
Staff attitude/conduct	25	0	1	297	93	19	2	2	1	440
Timeliness	132	0	0	18	1,028	60	1	0	0	1,239
Transport arrangements	0	0	0	2	517	1	1	0	0	521
Totals:	1,036	3	7	797	1,698	376	46	32	4	3,999

Figure 11: Number of PALS Enquiries (April 2013-March 2014)

Enquiry Type	2012-2013
Administration	6
Communication issues	67
Information request	697
Lost property	116
Miscellaneous	104
Patient care	301
Issues raised by SECAmb staff	1
Concern about staff	327
Timeliness	247
Transport	324
Totals:	*2,190

Figure 12: Number of PALS Enquiries (April 2012-March 2013)

*Following scrutiny of the database used to record complaints and PALS, we found that the PALS data reported for 2012/13 was incorrect. PALS statistics were reported by 'subject' and it was later found that the subject had not been added to several of the records, which meant that they had not been selected nor included.

10.3.2 Compliments

People, including our staff, are often surprised to find that SECAmb receives more letters and calls thanking our staff for the wonderful work they do ('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 report provided every two months to the RMCGC, the Board and to the Commissioners Quality Focus meeting.

All compliments received are recorded, be they letters, cards or telephone calls, and members of staff who receive plaudits from patients and the public then receive a letter of thanks from our Chief Executive.

During 2013/14 SECAmb received 1,518 compliments, thanking our staff for the treatment and care they provide. Once again, it is pleasing to see this number increase from 2012/13 when we received 1,318 compliments.

Compliments	2013 - 2014
NHS 111 and Urgent Care - 111 Service	81
Clinical Operations - A&E	1,390
Clinical Operations - PTS	41
Clinical Operations - EOC	4
Unknown / Other Directorate	1
Workforce Development	1
Totals:	1,518

Figure 13: Number of Compliments (April 2013-March 2014)

Compliments	2012 - 2013
Total:	1,333*

Figure 14: Number of Compliments (April 2012-March 2013)

*At the time the numbers of compliments received were reported in 2012/13 (1,318) there was a backlog waiting to be added to the database. This resulted in 15 additional compliments for the year 2012/13 (1,333).

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

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10.3.3 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 we provide, as this valuable feedback helps us to learn and continually improve.

During 2013/14 we made over one million emergency responses and PTS journeys and received 615 formal complaints. Although the national target to respond

to formal complaints within 25 days no longer exists, SECAmb continues to be committed to responding to as many as possible within this timeframe.

When a formal complaint is received a manager is appointed to investigate, who on most occasions 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 upheld, upheld in part, not upheld or unproven. As this report was compiled, 559 of the 615 complaints for the year 2013/14 had been concluded, with outcomes as follows:

Formal Complaints by Outcome and Directorate	2013 - 2014											
	NHS 111 and Urgent Care *	Chief Executive's Office	Commercial Services (Non Operational)	Finance	Medical Directorate	Clinical Operations (A&E)	Clinical Operations (PTS) *	Clinical Operations (EOC)	Clinical Operations (Other/Non Operational)	Workforce Development	Still Open	Totals
Complaint justified	90	0	1	1	1	38	90	46	0	1	0	268
Justified in part	37	0	1	0	1	60	31	21	0	3	0	154
Complaint unjustified	38	1	2	0	1	29	9	20	0	2	0	102
Unproven	7	0	0	1	0	19	6	0	1	1	0	35
Still open	0	0	0	0	0	0	0	0	0	0	56	56
Totals:	172	1	4	2	3	146	136	87	1	7	56	615

Figure 15 : Number of Formal Complaints (April 2013-March 2014)

*It should be noted that the NHS 111 service was introduced in March 2013 which led to a large increase in complaints in the initial months, as well as a new PTS contract.

During April 2013 – March 2014 the Trust received 615 formal complaints.

Service area	Number	Activity	% of calls/journeys receiving a complaint
A&E	250	864,193**	0.03%
Patient Transport Service	166	522,747	0.03%
NHS 111	181	954,161^	0.02%
Totals:	597		

**Number of calls = 'all calls'

^ Total number of calls offered to the NHS 111 provider

Complaint Outcomes	2012 - 2013
Complaint upheld	127
Upheld in part	110
Complaint not upheld	70
Unproven	33
Still open	7
Totals:	***347

Figure 16: Number of Formal Complaints
(April 2012-March 2013)

***As complaints figures are provided by 'outcome', when the figure of 275 was submitted for 2012/13, several complaints had not at that point been concluded and, as they had no 'outcome' at that time, they could not be included in the figures in the chart. As stated in the text in last year's Quality Account, there were in fact 349 complaints received during 2012/13, two of which were later downgraded to 'PALS concerns'. For 2013/14 we have included in the chart the number of complaints still open at the time this report was prepared.

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 disseminated throughout SECAmb by a number of methods e.g. reflective practice, peer reviews and the issuing of clinical/operational instructions etc.

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.

Annex 1

Annex 1: Formal responses from Lead Commissioners, HOSCs and Healthwatch

Who we shared our Quality Account with:

The Quality Account and Quality Report was shared with our partners during its development Lead Commissioners, HOSCs included West Sussex County Council, Brighton and Hove City Council, East Sussex County Council, Kent County Council, Surrey County Council and Medway Council. Also, Healthwatch organisations included England, Kent, Medway, Surrey, East Sussex, Brighton & Hove and West Sussex, IHAG, Governors, Executive and Non-Executive Directors and Stakeholder Workshop attendees.

Formal statements from the Lead Commissioner, HOSCs and Healthwatch organisations are as follows:

Statement from Commissioners

The CCG welcomes the 2013/14 draft quality account and confirms that the performance related figures have been reviewed along with the narrative supplied. The CCG concurs that the data is a true reflection of the progress made and is in line with national reporting requirements.

The CCG acknowledges the progress made by the trust with regard to quality improvement and recognises achievement gained. The Intelligence Based Information System, IBIS is shown to improve patient outcomes as well as reduce conveyance to acute settings. The CCG endorses the

proposed enhancements to the system 14/15. The CCG also acknowledges the inclusion of Paramedic Practitioners within the Emergency Operating Centres as a means to hear and treat thus offering an alternative dispatch/care pathway for the patient.

The CCG notes the engagement by the trust in developing clinical pathways in order to promote the best possible outcomes for patients across the South Coast region. The CCG welcomes initiatives proposed for 14/15 such as the Cardiac Arrest Task Force and Quality Improvement Group in order that the pathway work already commenced can be expanded and improve patient outcomes further.

The CCG would also concur that the 'Make Ready Centre' initiatives have resulted in positive outcomes in relation to improved infection control of Fleet vehicles across the trust.

The trust have achieved positively in regard to reporting, investigating and embedding learning from incidents, as detailed within this report. The CCG welcomes this culture as a baseline for improving further within 14/15.

Disappointingly there is little included regarding the 111 service within the report, which has had significant issues associated during the first year of delivery although positive progress in delivery through the rectification process is noted. There is also very little reference to training, either from a mandatory perspective or continual professional development of clinical

competencies. A further point to note is that it would be advantageous within the quality account to have a breakdown of the data between 999, 111 and the PTS service as well as County / CCG data.

The trust has highlighted in this report their internal governance and reporting structure ward to board and their process for measurement of performance and quality indicators and outcomes. The trust has also evidenced the level of scrutiny welcomed by other agencies across the health economy in line with a transparent and open culture.

Swale CCG acknowledges and supports the priorities for improvement for 14/15 as detailed within the report and will continue to work closely with the trust in order to support continued improvement for patients and the progression of partnership working with the trust.

Patricia Davies

Accountable Officer, Swale Clinical Commissioning Group

Health Overview and Scrutiny Committees (HOSCs)

Kent County Council HOSC

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 you 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.

As part of its on-going 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.

Kind regards.

Robert Brookbank

Chairman, Health Overview and Scrutiny Committee, Kent County Council

Medway HOSC

Over the past year the Health and Adult Social Care Overview and Scrutiny Committee has received two presentations from SECAmb on NHS 111 and recently undertaken a visit to the Call Centre in Ashford to see for themselves how the NHS 111 system operates.

The Committee Members had been concerned at the initial teething problems, which had been encountered at the set up of the NHS 111 service, which had impacted on the level of service received from those people trying to access it. In view of the concerns the Committee requested a further update to check progress and while they accepted the

situation was improving they will continue to keep the matter under review.

A presentation on the operation and use of public access defibrillators was given to the Committee and Members look forward to receiving further details in due course.

During the next year the Committee will look to having a more detailed report/briefing on the overall SECAmb performance to enable them to scrutinise some of the targets which are falling below national average.

Rosie Gunstone

Democratic Services Officer,
Medway Council

Surrey HOSC

The Health Scrutiny Committee is pleased to be offered the opportunity to comment on South East Coast Ambulance NHS Foundation Trust Quality Account for 2013/14. The Trust is thanked for working with the Health Scrutiny Committee over the last year on the key issues of patient transport and the new 111 service.

The Committee has delegated the monitoring the Trust's quality account to a smaller group of Members who have engaged throughout the year with the Trust. The group would like to increase the level of contact in 2014/15 as this has proved useful.

Based on the information available and the structure of the draft report presented to its members, the Committee makes the following comments on the South East Coast Ambulance NHS Foundation Trust:

- + Notes the missed targets for the A&E Fleet in 2013/14 priority 'A' and the difficulty surrounding the effectiveness of the 111 service in priority 'B'. The Committee also notes with caution that these priorities have not been taken forward for 2014/15 despite requiring improvement
- + The Committee commends the Trust for 999 caller satisfaction levels
- + Notes that the large increase in the number of emergency calls received appears to have adversely impacted the call response times and ambulance arrival times. Calls for continued work to reduce the number of unnecessary attendances
- + Regarding priority 'D' the Committee encourages the Trust to continue increasing the levels of information on patients with long term conditions
- + Cardiac Arrest Management. Notes the work that has been done to date with partners to improve clinical pathways, particularly with those associated with heart attacks and trauma
- + Notes that the increase in the number of Serious Incidents Requiring Investigations (SIRIs) - from 31 to 44 - albeit heavily influenced by the problems with the 111 service, needs more supporting information
- + Similarly, the Committee notes the increase in the number of medication errors (although relatively modest in number) is more than twice that of the previous year

The Committee commends the level of interaction with stakeholders in the prioritisation of quality measures for 2014/15 and lends its approval for the chosen priorities. However, the Committee wishes to highlight the following points:

- + The need for clarity on performance measures for each priority e.g. specific aims for Cardiac Arrest Management
- + Suggests the creation of a Patient Experience Group and improvements to the complaints process to ensure prompt responses
- + That the priorities in 2013/14 which did not meet the expected targets for improvement remain as actions for the Trust
- + PTS drop-off and pick-up times - should aim to increase the proportion of drop off and pick up times that are recorded. The Committee understands that reducing the number of same day discharges will require commitment from the Acute Hospitals as well

The Committee hopes to build on the engagement between its Member Reference Group and SECAmb in 2014/15 and has identified a number of areas in this Quality Account for further discussion. It will pursue these points with the Trust as part of its routine liaison throughout the year.

Ross Pike

Scrutiny Officer, Surrey County Council

West Sussex HASC

Thank you for offering the Health &

Adult Social Care Select Committee (HASC) the opportunity to comment on South East Coast Ambulance Service NHS Foundation Trust's Quality Account for 2013-14. The comments set out below are based on feedback from HASC's liaison members for SECAmb during 2013-14.

SECAmb has continued to show a strong commitment to engaging with HASC, with regular informal liaison meetings during 2013-14 as well as attendance at three formal Committee meetings (for reviews of NHS 111, A&E Services and Stroke Services). SECAmb has kept the Committee updated on its performance and the challenges and pressures it faces, and its Quality Account reflects issues of key concern to the HASC – NHS 111, Patient Transport Services, emergency response times and the development of community first responders.

HASC is aware of the many challenges facing the NHS, with rising demand on services, financial constraints and plans to transform services through integration between health and social care. The Ambulance Service is central to achieving the necessary changes, and therefore it is critically important that we (and the public) understand how it is performing in this time of change. So whilst the Quality Account provides a considerable amount of information and data on performance and plans, it would be helpful to understand more about why activity levels are increasing – and how SECAmb is working with the wider health and social care system to address these

and to ensure that the quality of services (and particularly patient outcomes and experience) are maintained and improved.

Overall, we do not necessarily find the Quality Account format very "user friendly" – but understand that you are following national requirements. Quality Accounts tend to be too long and too detailed to provide the kind of information that is readily digestible by the public and lay-people. However, SECAmb's Quality Account for 2013-14 provides a useful summary of the quality of services and plans for the future. We would like further information on the outcomes of the capacity review and also on whether recommended increase in baseline funding was achieved. It is clear from the Quality Account that the Ambulance Service is facing challenging times, with a number of areas not reaching key performance targets.

West Sussex HASC is particularly concerned at performance against emergency response targets in the rural areas of the County (Horsham, Chichester, Mid Sussex) and will be exploring this with the Trust at its meeting in June 2014. One key way of addressing this will be through the Community First Responders (CFRs) scheme, and we are disappointed that a number of these volunteers have resigned and hope that SECAmb will focus on recruiting and retaining more CFRs in the future. We reiterate the point we made last year - that it would be helpful if the Quality Account could include data to show performance within the different areas covered by SECAmb (to include rural/urban areas). This would help us, and the wider

public, to better understand how you are performing across the wide area you serve.

Mrs Margaret Evans

Chairman, Health & Adult Social Care Select Committee, West Sussex County Council

Healthwatch

West Sussex Healthwatch

Healthwatch West Sussex acknowledges the example set by SECAmb in engaging stakeholders in the QA criteria selection process through its annual QA workshops (p.34/5). We also commend the inclusion of section in Part 3 of the draft reviewing patient experience indicators. However we would have anticipated that the Executive Summary (p.5/6) also includes some discussion of the key issue of patient experience during the year under review. From the consumer perspective, it is reassuring to note that review of the applicability of the Francis Report findings (p.8) to the work of SECAmb is under way. However we would welcome an indication of key changes made as a result of this review, in particular the action plan under Quality Measure C arising from the survey of users of the 999 service on their satisfaction levels (p.24/5).

We welcome the increasingly positive impact of the introduction of IBIS on avoidance of patient admissions and patient experience generally. We would be interested to see disaggregated data on where community teams have registered so far to support and consolidate this innovative approach. Similarly it is encouraging to note the high satisfaction rates experienced with the Patient Transport Service (in Sussex

and Surrey) with 92% of patients who responded saying they were satisfied or very satisfied with the service they received. We are pleased that this rate is exceeded by the 97% satisfaction rate recorded under Quality Measure C above.

The Healthwatch West Sussex report 'Can't Complain?' makes recommendations on improvements which could be made by Trusts in their complaints processes. It is gratifying to note the Trust is planning to distribute leaflets with relevant contact information during this year to hospitals and GP surgeries. The 'Concerns and Complaints' tab on the SECAmb website is clearly written and we hope that good use will be made of both of these potentially rich sources of patient feedback.

Despite their relatively small numbers compared with emergency responses and PTS journeys, we note the apparently significant increase in complaints and PALS contacts during 2013/14 (p.51/2) over 2012/13. It is explained that the complaints data in particular takes into account the introduction of the NHS 111 service in March 2013 (and presumably the greater transparency in complaints handling which this offers). Up to 10/4/14 there were approximately double the number of complaints upheld by the Trust compared with 2012/13 with 110 cases still to be adjudicated.

As the Trust itself states, it is of central importance that the organisation assimilates learning points from this increase in complaints alongside the more than double (figure still to be verified) the rate of liability claims over 2012/13. Of course the steady

increase in Compliments received by the Trust is also acknowledged alongside the relatively few complaints which Healthwatch West Sussex has received on its database regarding Patient Transport Service and SECAmb ambulance staff performance (3 and 1 complaints respectively over the 6 month period 1/10/13 to 31/3/14).

Healthwatch West Sussex looks forward to developing its relationship with the Trust and jointly reviewing performance from the patient and public perspective.

Frances Russell

Chair of the Board, Healthwatch West Sussex

Medway Healthwatch

Within the timescale of these SECAmb Quality accounts a range of high-profile independent Government reviews (Francis Report (2013), Berwick (2013), Keogh (2013) and Clwyd Hart (2013)) took place all highlighting the critical need to 'put patients first' and for services to have mechanisms in place to continually learn from patient experience.

Healthwatch Medway is the' independent consumer champion' of Medway residents who use care and health services in Medway. As a result of the role is to champion rights in health and care and the comment for these Quality Accounts focuses on the systems and processes which SECAmb has in place to hear, learn and improve from patient experiences.

SECAmb Performance during 2013/2014

Healthwatch Medway welcomes:

- + SECAmb running on 13 March 2014 an engagement event in Medway to provide Medway citizens with information about SECAmb services and providing an opportunity to directly ask SECAmb officers questions about the SECAmb service.
- + SECAmb engaging, in partnership with the SECAmb Inclusion Hub, a patient survey for its 999 and 111 service.
- + The Inclusion of information on complaints, compliments and serious incidents within the Quality Accounts.
- + SECAmb actively engaging with Healthwatch Medway in connection with the SECAmb Quality Accounts 2013/2014.
- + Receiving a copy of SECAmb's quality of accounts in advance to allow additional time to provide a considered response for inclusion in the Quality Accounts.
- + SECAmb engaging with Healthwatch Medway as a stakeholder and providing regular SECAmb communications e.g. press releases.

Healthwatch Medway notes:

- + The SECAmb Patient Engagement Group – a key action of the 2013 SECAmb Francis report Action Plan, has not been established.
- + That there appears to be no agreed SECAmb definition of 'patient experience' and 'involvement'.
- + The SECAmb Inclusion Hub is central

for stakeholder engagement to do with SECAmb quality issues; however there is a lack of data, within the accounts, to demonstrate how the Hub is representative of those individuals and communities with perceived 'protected characteristics' (according to the Equality Act 2010).

- + A lack of clarity within the Quality Accounts about how SECAmb ensures that it gains meaningful, patient feedback about its services from individuals and communities who may identify as having 'protected characteristics' (according to the Equality Act 2010).
- + A lack of transparency about how SECAmb continues to use patient experience and opinion to influence its service provision e.g. the last minutes of the Inclusion Hub (a key mechanism in SECAmb's patient involvement structure) meetings on the SECAmb website are 18 July 2013.
- + The SECAmb website and Quality Accounts do not provide Medway specific information – instead providing information for Kent as a whole.
- + SECAmb Quality Accounts 2013/2014 use a lot of 'service-based language' which as a direct result means that they are inaccessible to many Medway residents.
- + SECAmb has not produced an Easy-Read or any alternative versions of their 2013/2014 Quality Accounts – limiting the accessibility of the Quality Accounts to Medway citizens.
- + A lack of specific Medway related information within the report.

SECAmb Priorities for 2014/2015

Healthwatch Medway welcomes:

- + That SECAmb has actively involved Healthwatch Medway in setting the SECAmb Priorities for 2014/2015.
- + That SECAmb's will be producing a leaflet providing information to patients, carers and the public about how to feedback concerns, comments, suggestions, complaints and compliments, and this will be made available in hospitals and GP surgeries.
- + SECAmb's priorities for 2014/2015 including a Quality Domain regarding 'Patient Experience that is intrinsically linked to good practice as outlined in the Francis Report.

Healthwatch Medway notes:

- + A lack of clarity about how SECAmb will be improving its engagement activity with patients and increasing its understanding of the patient experience of SECAmb services in Medway.
- + A lack of reference by SECAmb to ensuring that meaningful data is captured about the patient experience of those individuals and communities with perceived 'protected characteristics' (according to the Equality Act 2010)
- + That SECAmb does not state whether it's 2014/2015 Quality Accounts will be provided in alternative formats – (a request made in 2013/2014 by Healthwatch Medway) in order to extend the reach of citizens that are able to access this information.

Conclusion/comment

Healthwatch Medway believes that it is important to understand what matters to consumers, especially those least included or who have protected characteristics, by always starting with their needs and rights. Healthwatch Medway is disappointed that SECAmb's Quality Accounts lacks clarity about this important issue.

Healthwatch Medway welcomes the opportunity to engage with SECAmb in 2014/2015. In addition, Healthwatch Medway looks forward to learning about the action that has been taken by the SECAmb service following the Healthwatch Medway comments on its 2013/2014 Quality Accounts.

The Very Reverend Dr Mark Beach

On behalf of Healthwatch Medway CIC

Brighton and Hove Healthwatch

Healthwatch Brighton and Hove is pleased that SECAmb is sharing important issues with us, and working with us more closely as we have transitioned from LINk.

The information that Healthwatch Brighton and Hove receive through our helpline and other sources have unfortunately shown that many are dissatisfied with the patient transport service locally. People have told us about journeys being regularly delayed and missing hospital appointments as a result of this. Healthwatch Brighton and Hove will continue to work on this issue.

We understand that there has been one patient survey regarding the 111 service. We believe that as the 111 has received lots of public interest and criticism

both locally and nationally another survey of users and potential users of the 111 service would be advisable.

Last year Healthwatch Brighton and Hove released an urgent care report, which contained a section about NHS 111. We have been pleased to see that nationally and locally there has been a more medical emphasis than before, which is something we recommended in our report. SECAmb informed us that many of the issues we raised in the urgent care report were set nationally. In response to this, we escalated the issues mentioned to Healthwatch England, who are now influencing the issues on a national scale.

Claire Jones

Healthwatch Manager (Strategic and Stakeholder), Healthwatch Brighton and Hove

Kent Healthwatch

As the independent champion for the views of patients and social care users in Kent we have read the Quality Accounts with great interest.

Our role is to help patients and the public to get the best out of their local health and social care services and the Quality Account report is a key tool for enabling the public to understand how their services are being improved. With this in mind, we enlisted members of the public and Healthwatch staff and volunteers to read, digest and comment on your Quality Account to ensure we have a full and balanced commentary which represents the view of the public.

On reading the Accounts, our initial feedback is that the report is succinct and well structured. The Executive Summary and the abbreviations proved very helpful to members of the public reading the document.

The report references engagement with the public and patients. We would like to hear more detail about how you are working with patients and the public and would be happy to help you to develop ideas for the year ahead as this is such a vital part of your work. We note in the report that over 200 Community First Responders have left the Trust but we can't see any information as to the reason or plans to reduce departures.

We were disappointed to be given such little time to respond to the report (initially only an afternoon!) and we would very much like to further our relationship with South East Ambulance Service Trust. As part of that we would like to offer our help and support to develop a better, more meaningful Quality Account for next year which can truly help the public understand your achievements and priorities. We have a group of volunteers who could be a willing test bed for this.

In summary, we would like to see more detail about how you involve patients and the public from all walks of life in decisions about the provision, development and quality of the services you provide. We hope to further develop our relationship with the Trust to ensure we can help you with this.

Steve Inett

Chief Executive Healthwatch Kent

Annex 2

Annex 2: Statement of Directors' Assurance/ Responsibilities in respect of the Quality Report 2013/14

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 2013/14;
- + 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 2013 to May 2014;
 - + Papers relating to quality reported to the board over the period April 2013 to May 2014;
 - + Feedback from the commissioners dated 22 May 2014;
- + Workshop with the governors took place on 2 December 2013 and subsequent feedback from the draft document was obtained April/May 2014;
- + Workshop with local Healthwatch organisations took place on 2 December 2013 and subsequent feedback from the draft document was obtained April/May 2014;
- + The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 8 May 2014;
- + The 2013 national staff survey – survey went live 24 September 2013 and closed on 3 December 2013;
- + The Head of Internal Audit's annual opinion over the trust's control environment, dated 28 May 2014;
- + Care Quality Commission quality and risk profiles dated 28 February 2014;
- + 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.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the quality report (available at www.monitor.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/openTKFile.php?id=3275)).

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



Chairman
29 May 2014



Chief Executive
29 May 2014

Annex 3

Annex 3: Independent Auditor's Report

Independent Auditors' Limited Assurance Report to the Council of Governors of South East Coast Ambulance Service NHS Foundation Trust on the Quality Report

Introduction to our review

The Quality Report

The Quality Report is an annual report to the public from providers of NHS healthcare about the quality of services they deliver. The primary purpose of the Quality Report is to encourage boards and leaders of healthcare organisations to assess quality across all the healthcare services they offer. It allows leaders, clinicians, governors and staff to show their commitment to continuous, evidence-based quality improvement, and to explain progress to the public.

We have been engaged by the Council of Governors of the Trust, as required by Monitor, to perform an independent assurance engagement in respect of the Trust's Quality Report for the year ended 31 March 2014 (the "Quality Report") and certain performance indicators contained therein.

This report to governors provides a summary of the findings from this engagement. It is issued in conjunction with our signed limited assurance report, which is disclosed with the Quality Report section of the Trust's Annual Report for the year ended

31 March 2014. This enables the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the Quality Report.

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 Monitor.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us 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 information sources specified in Monitor's 2013/14 Detailed Guidance for External Assurance on Quality Reports.
- + the two indicators in the Quality Report, identified as having been the subject of limited assurance, 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.

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust

Annual Reporting Manual, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially consistent with the specified documents in Monitor's 2013/14 Detailed Guidance for External Assurance on Quality Reports.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents. Our responsibilities do not extend to any other information.

This report to Governors, including the conclusion, has been prepared solely for the Council of Governors of the Trust.

To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and the Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with Monitor's 2013/14 Detailed Guidance for External Assurance on Quality Reports. This is based on 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'). Our 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
- + reading the documents.

Other procedures

In addition to our responsibilities in regard to the limited assurance opinion noted above (and excluded from it), we are required by Monitor to undertake the following additional procedures:

- + undertake substantive sample testing on one locally selected indicator included in the quality report, and;
- + provide a written report to the NHS foundation trust's council of governors and board of directors (the Governors' Report) of our findings and recommendations for improvements concerning the content of the quality report, the mandated indicators and the locally selected indicator.

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.

Annex 3

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 scope of our assurance work has not included the Trust's arrangements for quality governance or non-mandated indicators which have been determined locally by the Trust

Unqualified Conclusion

Our limited assurance opinion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014:

- + 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 Detailed Guidance for External Assurance on Quality Reports

- + 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.

Key messages

We would like to highlight the following key messages arising from our review:

- + During the preparation of the 2013/14 Quality Report and Accounts management identified that it had failed to publish its 2012/13 complaints report as required under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009. This matter was rectified and the 2012/13 complaints report was published on 8 May 2014.
- + Management have improved arrangements for the production and publishing of the 2013/14 complaints report.

Acknowledgements

We would like to thank the Trust staff for their co-operation in completing this review.

Compliance with regulations

We checked that the Quality Report had been prepared in line with the requirements set out in Monitor's Annual Reporting Manual.

Requirement	Work performed	Conclusion
Compliance with regulations	We reviewed the content of the Quality Report against the requirements of Monitor's published guidance which are specified in paragraph 7.76 and Annex 2 to Chapter 7 of the NHS Foundation Trust Annual Reporting Manual 2013/14.	Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014, 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.

Consistency of information

We checked that the Quality Report is consistent in all material respects with the sources specified in Monitor's Detailed Guidance for External Assurance on Quality Reports 2013/14.

Requirement	Work performed	Conclusion
Consistency with other sources of information	We reviewed the content of the Quality Report for consistency with specified documentation, set out in the auditor's guidance provided by Monitor. This includes the board minutes for the year, feedback from commissioners, and survey results from staff and patients.	<p>Based on the results of our procedures, with the exception of the matter reported below, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014, the Quality Report is not consistent in all material respects with the sources specified in the Detailed Guidance for External Assurance on Quality Reports.</p> <p>In preparing the quality report, directors are required to take steps to satisfy themselves that the content of the quality report is not inconsistent with internal and external sources of information, including the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009.</p> <p>During the preparation of the 2013/14 Quality Report and Accounts management identified that it had failed to publish its 2012/13 complaints report as required under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009. This matter was rectified and the 2012/13 complaints report was published on 8 May 2014.</p> <p>Management have improved arrangements for the production and publishing of the 2013/14 complaints report.</p> <p>Our testing of the complaints data within the report has confirmed that it is consistent with the Trust's records.</p>

Annex 3

Requirement	Work performed	Conclusion
Other checks	We also checked the Quality Report to ensure that the Trust's process for identifying and engaging stakeholders in the preparation of the Quality Report has resulted in appropriate consultation with patients, governors, commissioners, regulators and any other key stakeholders.	Overall, we concluded that the process has resulted in appropriate consultation.

Consistency of information

We checked that the Quality Report is consistent in all material respects with the sources specified in Monitor's Detailed Guidance for External Assurance on Quality Report 2013/14.

Requirement	Work performed	Conclusion
Other checks	We also checked the Quality Report to ensure that the Trust's process for identifying and engaging stakeholders in the preparation of the Quality Report has resulted in appropriate consultation with patients, governors, commissioners, regulators and any other key stakeholders.	Overall, we concluded that the process has resulted in appropriate consultation. It is noted that some stakeholders declined to comment on the Trust's Quality Report because of the number of such requests received.

Data quality of reported performance indicators

We undertook substantive testing on certain indicators in the Quality Report.

Selecting performance indicators for review

The Trust is required to obtain assurance from its auditors over three indicators. Monitor requires that we test two specified indicators for ambulance trusts. These two indicators are subject to a limited assurance opinion: we have to report on whether there is evidence to suggest that they 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.

In line with the auditor guidance, we have reviewed the following indicators:

- + **Category A call** – emergency response within 8 minutes: mandated by Monitor
- + **Category A call** – ambulance vehicle arrives within 19 minutes: mandated by Monitor

In 2013/14, NHS foundation trusts also need to obtain assurance through substantive sample testing over one additional local indicator included in the quality report, as selected by the governors of the Trust. Although the Trust's external auditors are required to undertake the work, it is not proposed that this is subject to a formal limited assurance opinion in 2013/14 (this may be reviewed by Monitor in future years).

In line with the auditor guidance, we have reviewed the following local indicator:

- + Number of Patient Safety Incidents (PSIs).

The governors selected this indicator following discussions with the Trust and the Trust's internal auditors.

Indicators subject to limited assurance opinion

Indicator & Definition	Indicator outcome	Work performed	Conclusion
Category A call – emergency response within eight minutes Improved health outcomes from ensuring a defibrillator and timely response to immediately life-threatening ambulance calls	Red 1 76.8% Red 2 73.9%	We reviewed the process used to collect data for the indicator. We then tested a sample of 4, in order to ascertain the accuracy, completeness, timeliness, validity, relevance and reliability of the data, and whether the calculation is in accordance with the definition. We also checked that the indicator presented in the Quality Report reconciled to the underlying data.	Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014, the indicator has not been reasonably stated in all material respects.
Category A call – ambulance vehicle arrives within 19 minutes 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.	97.0%	We reviewed the process used to collect data for the indicator. We then tested a sample of 2, in order to ascertain the accuracy, completeness, timeliness, validity, relevance and reliability of the data, and whether the calculation is in accordance with the definition. We also checked that the indicator presented in the Quality Report reconciled to the underlying data.	Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014, the indicator has not been reasonably stated in all material respects.

Annex 3

Local indicator not subject to limited assurance opinion

Indicator & Definition	Indicator outcome	Work performed	Conclusion
Patient Safety Incidents The number of patient safety incidents reported within the Trust during the reporting period.	616	We reviewed the process used to collect data for the indicator. We then tested a sample of 25, in order to ascertain the accuracy, completeness, timeliness, validity, relevance and reliability of the data, and whether the calculation is in accordance with the definition. We also checked that the indicator presented in the Quality Report reconciled to the underlying data.	Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014, the indicator has not been reasonably stated in all material respects.

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The Quality Account and Quality Report can be accessed on the SECAmb web site or alternatively for copies of the document please e-mail qualityaccount@secamb.nhs.uk or write to:

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This document can be made available in alternative formats and languages on request. On occasion a summary will be provided in the requested language or format.

