South East Coast Ambulance Service
NHS Foundation Trust

4

Quality Account & Quality Report 2017/18

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Introduction

Introduction to the Trust's 2017/18 Quality Account

The purpose of this document is to report on the quality of care provided by South East Coast Ambulance Service NHS Foundation Trust (SECAmb) during 2017/18.

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

These quality reports help Trusts to improve public accountability for the quality of care they provide. The quality report incorporates all the requirements of the quality accounts regulations as well as some additional reporting requirements mandated by NHS Improvement.

NHS Foundation Trusts are also required to obtain external assurance on their quality reports. The Trust's auditors provide this assurance and it follows the framework set out by NHS Improvement. This scrutiny offers assurance to our patients on our performance reporting.

The format of the Quality Account is mandated. The regulations prescribe the three sections of the Quality Account that 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. To include:
  - Priorities for improvement
  - Statements of assurance
  - Reporting against core indicators
- Part 3 – Other information; two annexes and links:
  - Annex 1 – Statements from external partners
  - Annex 2 – Statement of directors' responsibilities for the quality report
  - Links to supporting documents (additional information not mandated)

The quality account also contains a number of patient stories, all of which have been published by the Trust through the year.

For further information on the quality improvements the Trust is making, please refer to the Trust's website

www.secamb.nhs.uk

Patient Story 1 – Des

Cardiac arrest patient thanks ambulance team

24 April 2017

Des Crockford, now 50, collapsed at his Southwick home in the early hours of 30 May 2016. His daughters, Jade and Georgia, now 21 and 18, were woken by their dog, Brooke, who was restless, and while dealing with her, discovered their dad in bed making strange noises, unconscious and not breathing.

The pair acted quickly by dialling 999 and followed the instructions provided by the Emergency Medical Advisor. Jade, who is studying Medical Sciences at Exeter University and currently on placement at St George's Hospital in Tooting, began chest compressions in the minutes before the ambulance crews arrived.

Colin was first to arrive on scene with crew mate Charles. Together they continued Jade's CPR efforts and were able to restart Des's heart by delivering a shock with a defibrillator. "We were travelling on the Shoreham flyover on our way to another job when we were stood down to attend Des," said Colin. "It was close to the end of a 12-hour shift. Jade's actions were vital as they ensured we had a chance of saving her dad."

Colin and Charles were soon joined by Richard and Paramedic Practitioner Katie and the team set about stabilising Des.

However, with Des's room located in a loft

conversion with steep stairs, the team had to call for the assistance of East Sussex Fire and Rescue Service. This meant Des could be expertly lifted out of the loft window while still lying flat in order to not impact on his fluctuating blood pressure. With the complicated exit negotiated, Des was taken to Royal Sussex County Hospital with his daughters, and wife Michelle, who had rushed back from working nights, following behind.

Des's expert treatment continued in hospital and he was fitted with an internal defibrillator a little over a week later. Weeks of rehab and three months off work followed as he recovered. He has since returned to work as a civil servant and also to his love of cycling. "My recovery has gone very well," said Des. "I'm back at work and back cycling. I'm being sensible but physically I'm starting to feel as fit as I did before my cardiac arrest. Emotionally it's been hard on all of us and I can't imagine what Jade was thinking having to do CPR on me. It's a debt I'll never be able to repay. It's been hard but we've faced it all as a family and we're looking forward to going away on holiday soon. I'm really pleased we have been able to say thank you in person."

Jade, who is hoping to specialise in cardiology said: "I've been trained in CPR but obviously it was difficult and very different having to perform it on a member of your own family. I'm just so grateful for everything everyone did." Richard Crabb paid tribute to the quick thinking of the sisters and added: "All credit to the girls. Their actions made all the difference. It's great to see that Des has come full circle. His recovery is amazing. It was also great to see a patient in much better circumstances and on behalf of the whole team I wish him and family all the best for the future."

Part One

Part 1: Statement on quality from the chief executive of the South East Coast Ambulance Service NHS Foundation Trust

This has been my first year with the organisation. It has certainly been a challenging first twelve months and whilst we have faced some significant challenges, there have also been a number of successes and increased improvements, particularly in quarter 3 and 4 of the year. I feel proud to lead an organisation that has responded so well to these difficult challenges.

In May 2017, we began the move into our superb new facility in Crawley. This was not just an office move. The transfer involved moving two of our previous Emergency Operations Centres (EOC) – in Banstead and in Lewes – into a brand-new EOC covering the west of our region. This was a complex service change that had required detailed planning; it was carefully managed by the project team and I was very pleased with how smoothly it went.

In July 2017, we went live in our EOCs with a new Computer Aided Dispatch (CAD) system, used to record all data related to 999 and urgent requests for ambulance assistance and is primarily used by EOC staff to assess, prioritise and, if necessary, dispatch ambulance crews to 999 calls.

The move to the new CAD was complex and required a planned transition from old to new systems. Again, this required careful planning and management, but I was very pleased that it was a safe and seamless transition.

In the same month, I was very pleased when the Trust was awarded the 'Gold Standard' award, for the fourth year running, at the national Employers Network for Equality & Inclusion (ENEI) awards.

In August 2017, the Trust published a report, commissioned by the Chair, into the culture of the organisation. The report made difficult reading and was a clear message that we needed to embark on a substantial programme of change. Building on the ongoing work, a more comprehensive programme of work will be launched in the early part of 2018/19.

Following an unannounced inspection by the Care Quality Commission (CQC) in May 2017, we received notice that we needed to improve our medicines governance and the recording of our emergency calls. We immediately implemented a corrective action plan and on re-inspection in September, the notice was lifted.

In October 2017, the CQC published their Report following their inspection in May. Although I was pleased to see our staff rated as 'good' for caring and our NHS 111 service also receive a 'good' rating, overall the findings were disappointing, with an overall rating of 'inadequate'.

Since receiving the report, we have continued implementing our plans to improve the quality of the services we provide and, as a result, have already seen some significant improvements in our services.

We are creating a safer service for our patients and staff and have made significant improvements to the practice and governance of medicines. We have improved our ability to learn through incident reporting and have strengthened safeguarding by publishing a new safeguarding strategy with a supporting delivery plan.

We have also made improvements to the patient experience, by ensuring all complaints are responded to appropriately and in a timely way.

In November 2017, the Trust successfully moved to the new national Ambulance Response Programme (ARP) standards. This made significant changes to the way we categorise and respond to patients. It also improved

communication to patients, who now receive a clearer indication as to their waiting time.

Since the move to ARP, I am pleased that we have improved our response to our most seriously ill and injured patients (Categories 1 & 2); we know from patient feedback that timeliness is a key issue for them. However, we have performed less well in our response to Category 3 and 4 patients and need to 'do things differently' to provide these patients, who are often elderly, with a better response.

Despite making progress, we still have work to do. In December 2017, after listening to feedback from our staff, we launched our Learning from an Honest Mistakes Policy. Whilst our aim is to be a learning organisation, there are still a number of areas where we need to improve. We are working hard to be as effective as we can with the resources available to us, although recruitment challenges are at the heart of some of these initiatives. This is very much linked to the on-going demand and capacity review, being undertaken jointly with our commissioners. This work will determine the level of resources and funding we require moving forwards, to enable us to respond to our patients in an appropriate and timely way.

Many of the examples I have highlighted are discussed in detail within this Quality Account. Where possible, we have included a description of our achievement against the identified performance metrics.

I hope that you find the document provides a balanced picture and highlights both successes and challenges. Additionally, I hope the Quality Account gives you confidence that we take improving both safety and quality to be our most important ambitions.

Finally, I would like to acknowledge that this has been a particularly demanding year for our staff. Some areas, such as our Emergency Operations Centres, have seen significant challenges in recruitment, which inevitably puts additional demand on the staff who remain. With this in mind, I would like to thank our staff, on behalf of the Trust Board and our patients, for their continuing dedication and professionalism.

I can confirm that the Board of Directors has reviewed this Quality Account and can confirm that it is an accurate description of the Trust's quality and performance.

Daren Mochrie QAM , Chief Executive

Patient Story 2 – Daniel

Massive thank you for paramedic team

24 April 2017

10 May 2017 (published)

A Sussex man who fell from approximately 40 feet was delighted to meet two paramedics who were part of the team who responded to his neighbour's 999 call.

Just over two years ago, Daniel fell from the window four floors up in the early afternoon. "I really don't remember anything at all of the incident itself," said Daniel, "but it has been on my mind ever since to thank the medical people who came out to rescue me and now that I have recovered enough I wanted to thank them in person."

A neighbour saw Daniel's fall and raised the alarm rushing out to help him. An off duty doctor had just walked past and also stopped to help. Clinical Team Leader Liam McDine received a call that a man was unconscious. Liam, who reached the incident in less than two minutes after receiving the call said: "This is a job that I can distinctly remember from being first on scene. When I arrived I didn't know yet what had happened and to be confronted with a crowd around a seriously injured man was totally unexpected. It was immediately clear this was serious and that I needed urgent back-up." Several other ambulance crews were dispatched to attend, including the air ambulance service. SECAmb student paramedic Scott Fraser

said: "Daniel had suffered severe trauma and showed obvious injuries across his body. Air ambulance medics carried out further checks and treatment before Daniel was taken to Hospital.

It was found that Daniel had suffered a spinal cord injury from a broken back, multiple fractures to his left arm and wrist, and numerous fractured ribs. "I needed four weeks of rehabilitation to re-learn the smallest of things like walking and making a cup of tea," said Daniel. "But I have been so extremely lucky that I received immediate help from two members of the public, then the ambulance and air ambulance teams were with me so quickly and I did not have any internal organ damage." "I will have to live with the life-long consequences of the accident and I have learnt to accept that. I was a keen runner before but due to my injuries I'm no longer able to do that, so I've now taken up cycling which I'm really enjoying. I have learnt a lot about myself over the course of my recovery, and the whole journey has helped me refocus on what is important in life. I have realised that, over everything, what's most important is friends, family and unrelenting positivity. That's what's helped me come back to as normal a life as possible."

Daniel received the all clear last December. He's back to working all the hours he did before his accident. Both Scott and Liam were amazed to see their patient in such remarkably good health following the traumatic injuries they dealt with. Liam said: "We were just doing our job and somehow you get used to not knowing, not having feedback about your patients. It's great to see how well Daniel has recovered and how positive he is about everything." Scott added: "It's been fantastic to see him face-to-face and to know that our interventions made a difference and helped Daniel to get back to where he wants to be."

Part Two

Part 2: Priorities for improvement and statements of assurance from the board

This section of the Quality Account describes areas for improvement in the quality that the Trust intends to provide in 2018/19.

Introduction

This section identifies three priorities for improvement in 2018/19. The Trust board has agreed these priority areas and the rationale for identifying the three priorities is described, including the association with considered data, audit and reports.

An outline is also given on how the Trust intends to achieve the three priorities and how they will be monitored, measured and reported.

The section also includes progress made with the improvement priorities identified in the last Quality Account (2016/17), which includes the performance during the year against each priority.

Looking forward - the 2018/19 quality improvement priorities

Initial priority suggestions

An initial shortlist was created to support the Trust in identifying which improvements to prioritise.

The main driver for creating the shortlist was the Care Quality Commission Unannounced Inspection Report 2017. This report was an independent and comprehensive review of the Trust's services. It identified 17 areas that the Trust must address and 16 areas that the Trust should address.

The Trust agreed to draw the shortlist of quality improvement priorities from the 17 must do areas. To give an indication of priority within the 17 areas, the Trust also considered other information alongside the Inspection Report. This included any areas where the Trust was in potential breach of legislative requirements and a review of the clinical outcome data that the Trust held and any concerns from the Trust's external partners.

The final shortlist of proposed quality improvement areas was as follows:

Proposal Area 1. Development of Quality Improvement methodology within SECAmb

This suggestion directly arose from a Care Quality Commission Must Do: "The Trust must ensure that governance systems are effective and fit for purpose. This includes systems to assess, monitor and improve the quality and safety of services".

Additionally, as part of the Trust's improvement journey for a number of the domains following the CQC re-inspection, the Trust appreciated the need to have a single cohesive approach to improvement that all Trust employees understood and could engage with. This would also assist in making sustainable improvement across the organisation.

Proposal Area 2. Improving outcomes from out of hospital cardiac arrests

This suggestion directly arose from a Care Quality Commission Must Do: "The Trust must improve outcomes for patients who receive care and treatment". It had been selected as an improvement priority the preceding year and whilst work had been undertaken (reported later in this quality account) it was identified that further work could be done.

At the time of identifying the priority area, patient outcomes from out of hospital cardiac arrests were below the national average when compared to the other Ambulance Trusts in England. Additionally, the Trust's performance in this clinical outcome indicator had deteriorated over the past three years.

Priority Area 3. Learning from incidents, complaints and safeguarding reviews

This suggestion arose from a number of must

do actions from the Care Quality Commission Report. Within the report there is a recurrent theme that the Trust is not maximising the opportunity to learn from feedback.

Priority Area 4. Improving timeliness of completion of complaint responses to patients

This suggestion directly arose from a Care Quality Commission Must Do; "The Trust must ensure the systems and processes in place to manage, investigate and respond to complaints, and learn from complaints are robust".

Whilst the Trust does have some areas of complaint management that are well received, such as the patient story at Trust Board, the Board recognises that it was taking too long to address complaints and that there was an opportunity to improve the learning from complaint feedback.

Priority Area 5. Mandatory training on patient groups directions for all staff that administer medicines under the legal framework

Whilst patient group directions were not explicitly a Care Quality Commission Must Do, the area of medicine's management received a higher warning; a "Notice of Proposal to impose a condition on the Trust's registration for the regulated activity of treatment of disease, disorder or injury".

Considerable improvement work was already taking place but updating the patient group directions was proving difficult. This was identified as a priority area as there are legislative requirements within this area of practice.

Priority Area 6. Patient-facing staff adequately trained to manage safeguarding concerns and to report them appropriately

This suggestion directly arose from a Care Quality Commission Must Do: "The Trust must ensure all staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns receive an appropriate level of safeguarding training".

Additionally, this priority area has received considerable external attention and the area is regarded as a priority area for our commissioners.

Priority Area 7. 111/999 integration with enhanced clinical intervention and hear & treat

This was identified as part of the consultation with stakeholders and was raised by the 111 team.

Part Two

The selection process

A consultation and selection event was held with a range of invited stakeholders on Monday 27 November 2017. Representatives from the following groups attended: Council of Governors, Inclusion Hub Advisory Group (IHAG), Staff Engagement Forum, and Clinical Commissioning Groups, along with members of the Trust's senior management team and Trust Board.

Each of the seven priority areas had a sponsor and this individual gave a brief case for inclusion before answering arising questions.

At the end of the presentation, the participants voted on the priority area that they thought would make the biggest difference. The participants voted twice, initially as a group and then as individuals.

The following table illustrates how the participants voted.

Table 1: Voting Results

Quality Account Proposal	Group Vote	Individual vote
Clinical Effectiveness		
Development of Quality Improvement Methodology within SECAmb	0	4
Improving outcomes from Out- of-Hospital Cardiac Arrests (OHCA)	5	22
Patient Experience		
Learning from Incidents, Complaints and Safeguarding reviews	3	23
Improving timeliness of completion of complaint responses to patients	2	3
Patient Safety		
Mandatory Training on Patient Groups Directions (PGDs) for all staff that administer medicines under PGD legal framework	1	7
Patient-facing staff adequately trained to manage safeguarding concerns and to report them appropriately	3	14
111/999 integration with enhanced clinical intervention and hear & treat	2	14

Three priority areas were selected for 2018/19. These were as follows:

- **Improving outcomes from out-of-hospital cardiac arrests**
- **Learning from incidents, complaints and safeguarding reviews**
- **Patient-facing staff adequately trained to manage safeguarding concerns and to report them appropriately**

These were endorsed by the Executive Management Board on 7 March 2018 and the Trust Board on 27 March 2018.

Learning and reflection on the selection Process.

Feedback from some of the participants suggested there was minimal opportunity to suggest measures not presented by the Trust. This was not the intention. It appears that the Trust's plan of focussing on the CQC findings and presenting these up front had restricted innovative thinking.

This is important feedback. The participants all chose to attend the meeting and were keen to support the Trust on its improvement journey, and some felt the process disempowered them. Going forward the Trust will review how it can consider involving stakeholders in the initial selection of a long list of priority areas.

Planned action and the monitoring process

This section takes each of the three selected priorities and identifies the aim of the priorities and how the Trust intends to achieve an improvement. The section also identifies how the priorities will be monitored, measured and reported.

Priority Area 1. Improving outcomes from out-of-hospital cardiac arrests

The aim of this quality measure is to improve the return of spontaneous circulation in patients (knows as ROSC) and improve the survival to discharge of patients who have experienced a cardiac arrest (known as StD).

This was a priority for the previous year but on review of the data (which is reported extensively in this Quality Account) it was agreed to include this priority in the 2017/18 measures. The improvements will be achieved through the identification of cardiac arrest calls as soon as possible and by ensuring that appropriate dispatch of the correct resource is achieved with complete adherence to the Joint Royal College Ambulance Liaison Committee's guidelines.

The Trust will develop and implement a Trust-wide cardiac arrest strategy (either as a strategy in its own right or as part of the new clinical strategy), implement a structured "PITSTOP" model for all responding staff and provide clear and robust clinical guidelines.

The metrics for this will be:

- Return of spontaneous circulation
- Survival to discharge.

These established metrics are already subject to rigorous audit and validation.

These will form part of the quality metrics in 2018/19 reported within the monthly Quality & Safety Report and presented to Area Governance Meetings and to the Executive Board. The metrics will also be added to the Integrated Performance Report for Trust Board.

Priority Area 2. Learning from incidents, complaints and safeguarding reviews

The aim of this quality measure is to develop systems where staff are able to access information about errors or omissions, can demonstrate understanding, and where appropriate have improved their professional practice as a result.

This will be achieved through the better use of 'patient story' videos, which are shared with staff via the intranet to promote learning on a wider scale.

The Trust will produce a communications plan with clinical staff and the communications team. In addition, the teams will develop monthly case studies and information posters for publication on the Trust's website/local display boards and produce a repository on the intranet for access and reference for all staff.

A number of metrics are already in place, such as shared learning from complaints and sharing of incident feedback. Metrics will be further developed that will allow the Trust to maintain an overview of improved learning.

Monitoring of Trust-wide learning will be in the monthly Quality & Safety Report, discussed at relevant Area Governance Meetings, and disseminated as appropriate.

Priority Area 3. Patient-facing staff adequately trained to manage safeguarding concerns and to report them appropriately

The aim of this quality measure is to ensure our staff feel adequately trained and competent to manage a range of safeguarding issues.

This will be achieved by making safeguarding training a mandatory requirement for another year. Having trained over 85% of the clinical staff at Level 3 in 2017/18, the Trust will now develop a bespoke training package. This will further enhance competence, and awareness, in wider safeguarding issues.

The Trust will also develop a process that ensures safeguarding expertise has oversight of complaints and all allegations/incidents that have a potential safeguarding theme

This will be achieved through the delivery of the training and if possible the involvement of a service user to help personalise the training. The Trust's safeguarding dashboard will be strengthened so that trends become more apparent.

In addition, the Trust will ensure a process is in place to feed back to clinical staff on immediate actions taken following their safeguarding referrals.

The measure for assessing this will be the direct feedback of Trust staff when asked about safeguarding during the Trust's recently implemented Quality Assurance Visits. The Trust's ambition is that at least 90% of Trust staff when asked will articulate that they feel sufficiently trained, informed and supported to identify and report safeguarding concerns and know how to obtain assistance.

Monitoring of the improvement will be undertaken by the Trust's Safeguarding Sub-Group which forms part of the Trust's clinical governance structure. Additionally, information will be contained within the monthly Quality & Safety Report.

Monitoring

All three priority areas will be reported through the monthly Quality & Safety Report. During 2017/18 this report was created to be a single reference point for all quality and safety metrics. It will evolve further during 2018/19 and the report is reviewed by the Area Governance Meetings, the Executive Management Board and also the Clinical Commissioning Group.

Additional assurance is gained through quarterly and annual reports by the relevant corporate functions which are received by the Executive Board and the Trust's Quality & Patient Safety Committee (a sub-committee of the Trust Board).

All of the developed metrics for the above quality priorities will be reported in the appropriate reports.

Looking back; a review of the 2017/18 quality priorities

In last year's Quality Account the Trust identified the following three quality priorities;

- **Learn from incidents and improve patient safety**
- **Patient and family involvement in investigating incidents.**
- **Improving outcomes for out-of-hospital cardiac arrest.**

This section reports on the progress against the three identified priorities.

2017/18 Priority 1. Learn from incidents and improve patient safety

AIM:

Improve patient safety by reducing harm

MEASURE 1:

10% increase in near-miss reporting in quarter 4

MEASURE 2:

10% increase in low harm reporting in quarter 4

MEASURE 3:

Compliance with fundamental standards

STATUS:

Fully Achieved

Considerable work has been undertaken during the year to make improvements to incident reporting. A comprehensive Improvement Plan was developed and progress against actions were overseen weekly by members of the executive team.

Most notably the following have been undertaken:

- Face to face training by the DATIX™ incident reporting team has been introduced and is being rolled out across the organisation.
- The original incident reporting form has been re-designed to facilitate completion and a trial was undertaken in the Guildford area.
- A target of 20 days was agreed as an acceptable timeframe for an incident to be closed.
- A significant reduction in the number of incidents taking longer than 20 days.
- Implementing daily checks of all incidents by the incident team.

Part Two

Project goals

At the start of the project three goals were identified;

a) A 10% increase (with previous year comparison) in near-miss reporting by the end of 2017/18.

b) A 10% increase (with previous year comparison) in low harm reporting by the end of 2017/18.

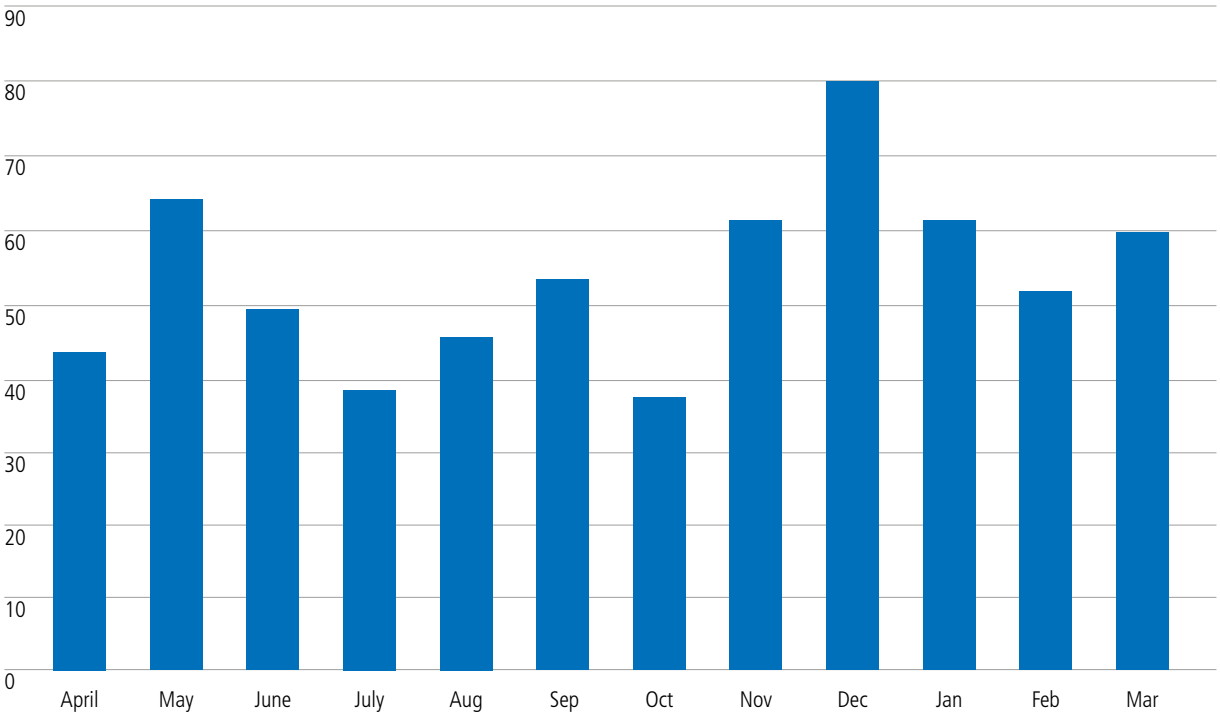
c) Compliance with the Care Quality Commission's fundamental standards.

There is a large amount of information within incidents that are graded as low harm or those graded as no harm and those that were averted (near miss). An organisation that is more aware of the value of incidents is more likely to report these lower graded incidents. Therefore, these goals were identified as an indication of the organisation's awareness.

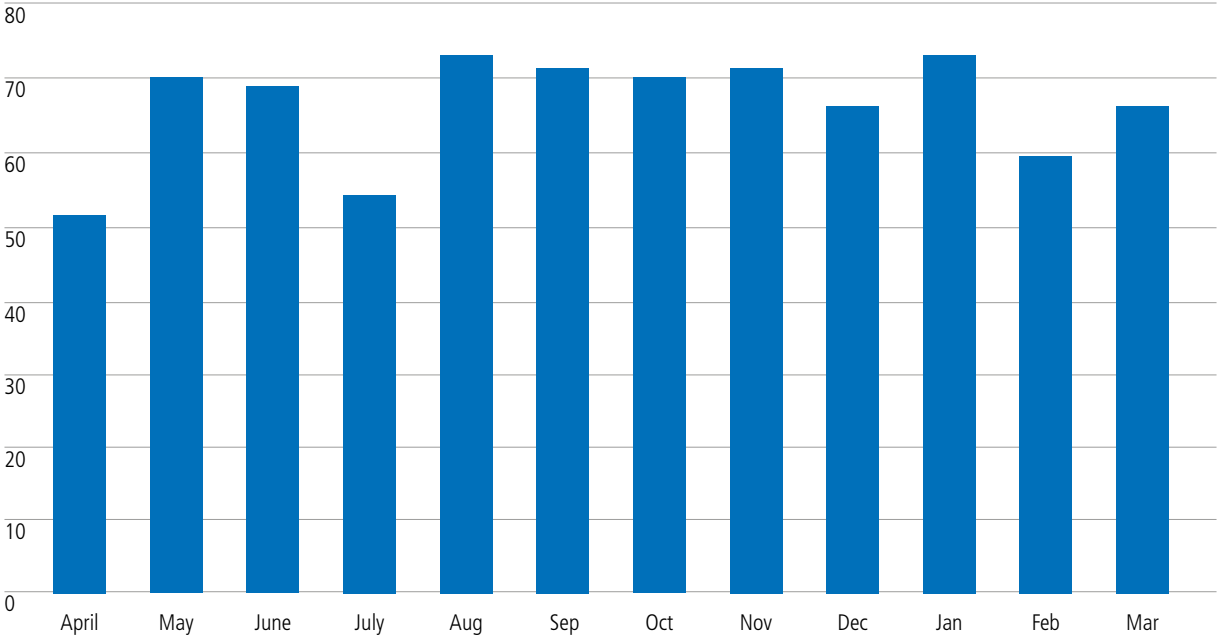
Progress

The following two graphs illustrate the improvements made in the Trust's effort to increase the reporting of near-miss incidents by 10% on the previous year.

Graph 1. Incident reporting (near-miss) in 2016/17



Graph 2. Incident reporting (near-miss) in 2017/18

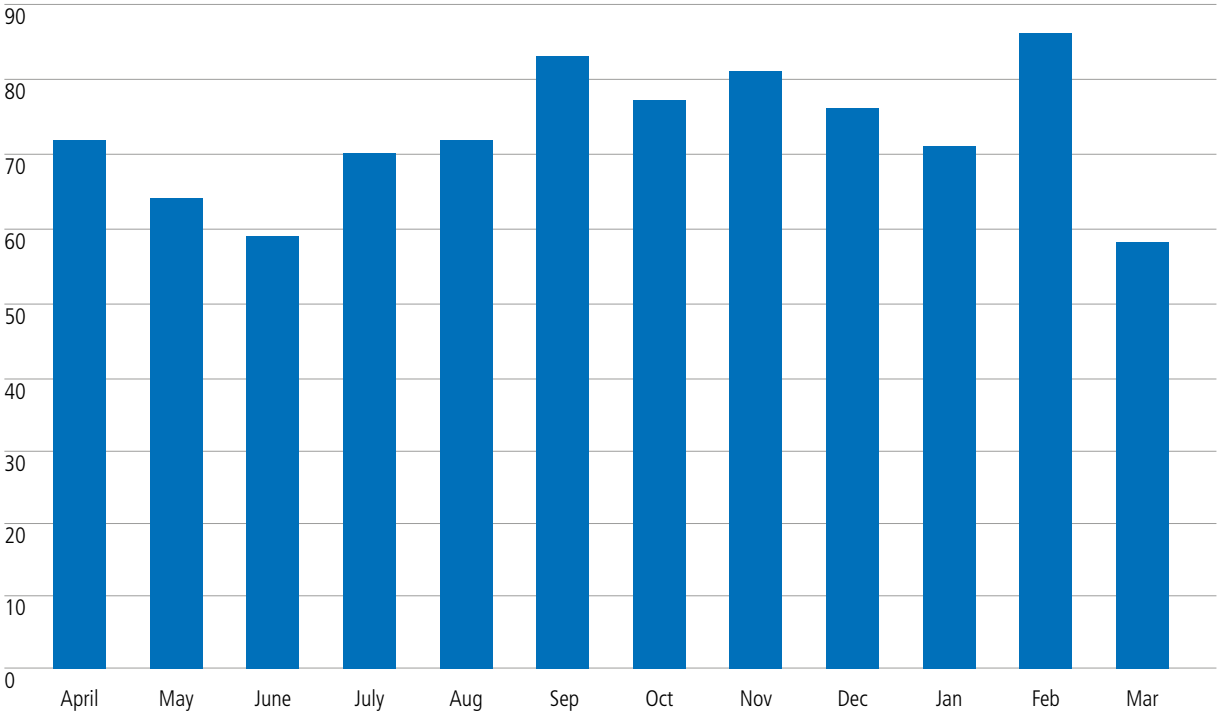


Graph 1 illustrates the month on month reporting for all incidents regarded as a "near miss" during 2016/17. The total number for the year was 644.

Graph 2 illustrates the same "near-miss" field but for the following financial year (the year of the improvement priority). The total number for the year is 794, an improvement of 23%.

The following two graphs (Graph 3 & Graph 4) illustrate the improvements made in the Trust's effort to increase the reporting of "low harm" by 10% on the previous year.

Graph 3. Incident reporting (low-harm) in 2016/17



Graph 3 illustrates the month on month reporting for all incidents regarded as "low harm" during 2016/17. The total number for the year was 869.

Graph 4 illustrates the same "low harm" field but for the following financial year (the year of the improvement priority). The total number for the year was 931, an improvement of 7.1%.

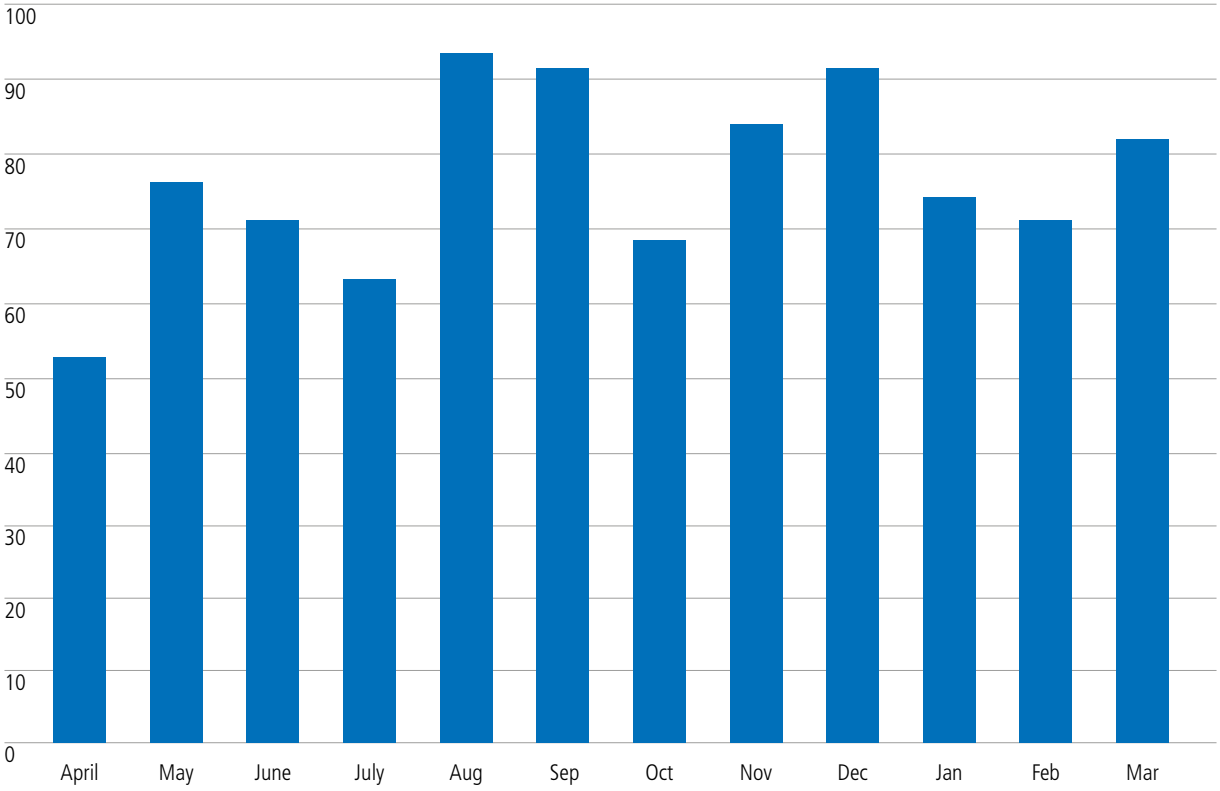
Achievement of this last aim is not within target. However, as part of the improvement work the Trust also aimed to increase the number of "no-harm" incidents, but this was not identified as a specific target in the 2016/17 Quality Account. When taking into consideration all three levels of harm (no-harm, low-harm and near miss), the Trust has improved reporting by 27%. Therefore, this aim is considered to be achieved.

The third goal was "Compliance with the Care Quality Commission's fundamental standards". This is a challenging goal to quantatively measure as there are 13 standards that are regarded as "fundamental" by the Care Quality Commission that have a number of sub sections.

These fundamental standards are the Care Quality Commission's response to the Francis Report (2013), which made a number of recommendations about basic standards that should be met by organisations that provide health and social care services. The report recommended the introduction of new Fundamental Standards below which care should never fall, covering those basic things that everyone agrees are important.

The Trust has undertaken a review of the year's annual incident reporting to identify areas where the Trust may not have been compliant with the Fundamental Standards of Care.

Graph 4. Incident reporting (low-harm) in 2017/18

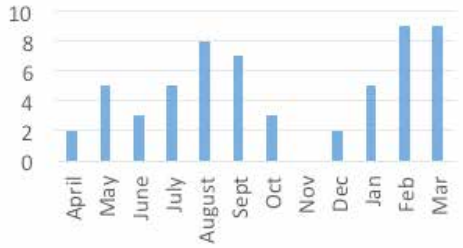


The following table (Table 2) identifies the 13 Fundamental Standards and provides an overview of each of the 13 standards.

The table identifies that there have been areas where an individual patient or service user may not have received all of the standards of care that they should have expected. This does not necessarily mean that there has been a systematic failure to deliver that standard.

In addition, whilst the Trust has significantly increased incident reporting it is also possible that not every breach in failure to deliver a fundamental standard of care is captured. In fact, Table 2 suggests the Trust has further work to do in raising awareness of these standards across the organisation. However, it is a positive change that the Trust has oversight of breaches and is now reporting these breaches within its incident reporting system.

Table 2 CQC Fundamental Standards of Care

Fundamental Standard	Overview (from incident reporting)
Person-centred care You must have care or treatment that is tailored to you and meets your needs and preferences.	No incidents on Datix
Dignity & Respect You must be treated with dignity and respect at all times while you're receiving care and treatment. This includes making sure: • You have privacy when you need and want it. • Everybody is treated as equals. • You're given any support you need to help you remain independent and involved in your local community.	No incidents on Datix
Consent You (or anybody legally acting on your behalf) must give your consent before any care or treatment is given to you.	No incidents on Datix
Safety You must not be given unsafe care or treatment or be put at risk of harm that could be avoided. Providers must assess the risks to your health and safety during any care or treatment and make sure their staff have the qualifications, competence, skills and experience to keep you safe.	
Safeguarding from abuse You must not suffer any form of abuse or improper treatment while receiving care. This includes: Neglect Degrading treatment Unnecessary or disproportionate restraint Inappropriate limits on your freedom.	Multiple safeguard entries on Datix but none specific to concerns identified regarding the Trust's provision of care.

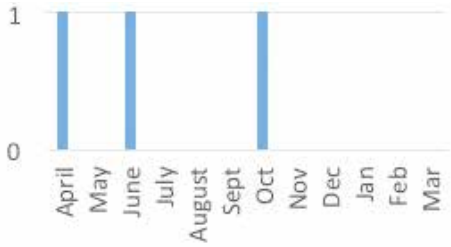
Food and Drink You must have enough to eat and drink to keep you in good health while you receive care and treatment.	No incidents on Datix
Premises & Equipment The places where you receive care and treatment and the equipment used in it must be clean, suitable and looked after properly. The equipment used in your care and treatment must also be secure and used properly.	This is now linked to safe care and treatment. There are multiple entries for missing equipment and the malfunction of equipment.
Complaints You must be able to complain about your care and treatment. The provider of your care must have a system in place so they can handle and respond to your complaint. They must investigate it thoroughly and take action if problems are identified.	No incidents on Datix
Good Governance The provider of your care must have plans that ensure they can meet these standards. They must have effective governance and systems to check on the quality and safety of care. These must help the service improve and reduce any risks to your health, safety and welfare.	
Staffing The provider of your care must have enough suitably qualified, competent and experienced staff to make sure they can meet these standards. Their staff must be given the support, training and supervision they need to help them do their job.	No incidents on Datix
Fit and Proper Staff The provider of your care must only employ people who can provide care and treatment appropriate to their role. They must have strong recruitment procedures in place and carry out relevant checks such as on applicants' criminal records and work history.	No incidents on Datix
Duty of Candour The provider of your care must be open and transparent with you about your care and treatment. Should something go wrong, they must tell you what has happened, provide support and apologise.	Reported elsewhere in this Quality Account.
Display of ratings The provider of your care must display their CQC rating in a place where you can see it. They must also include this information on their website and make our latest report on their service available to you.	Not reports on Datix.

Table 2 suggests there are areas where the Trust may have met the required standards and also identifies areas where the Trust needs to focus on making improvements. Additionally, the Trust needs to undertake additional work in raising awareness across the Trust of the Fundamental Standards and when to report breaches.

2017/18 Priority 2. Patient and family involvement in investigating incidents.

AIM:

To improve compliance with Duty of Candour requirements placed on the Trust following severe harm being caused to a patient

MEASURE 1:

Introduction of a process

MEASURE 2:

Upward trajectory of compliance with the Duty of Candour requirements across the year

STATUS:

Partially Achieved

Considerable work has been undertaken during the year to make improvements to the Trust's processes for involving patients and their family in the investigation of incidents. Most notably the following actions have been undertaken:

- Centralising the initial contact for informing patients/relatives that a serious incident has occurred (this process is known as Duty of Candour).
- Launched a training programme in root cause analysis for a variety of staff across the Trust.
- Introducing an experienced "buddy" to support newly-trained investigators.
- Developed a comprehensive Improvement Plan for incidents and serious incidents. This had weekly oversight by members of the Executive Team.
- Introduce three new roles to support the investigation of serious incidents and undertake Duty of Candour.

At the start of the project two goals were identified:

1) Introduction of a process to monitor and report the number of incidents meeting the Duty of Candour requirements.
2) Upward trajectory of compliance with the Duty of Candour requirements across the year, particularly with regard to timescales for informing patients that the Trust has caused them harm.

Progress

The Trust held a conference in October 2017 entitled "Listen, Learn, Change" where a variety of presentations enhanced the awareness and skills of over 100 delegates.

However, despite the conference and the extensive training delivered, the Trust has had significant challenges in meeting all its responsibilities to inform and involve relatives.

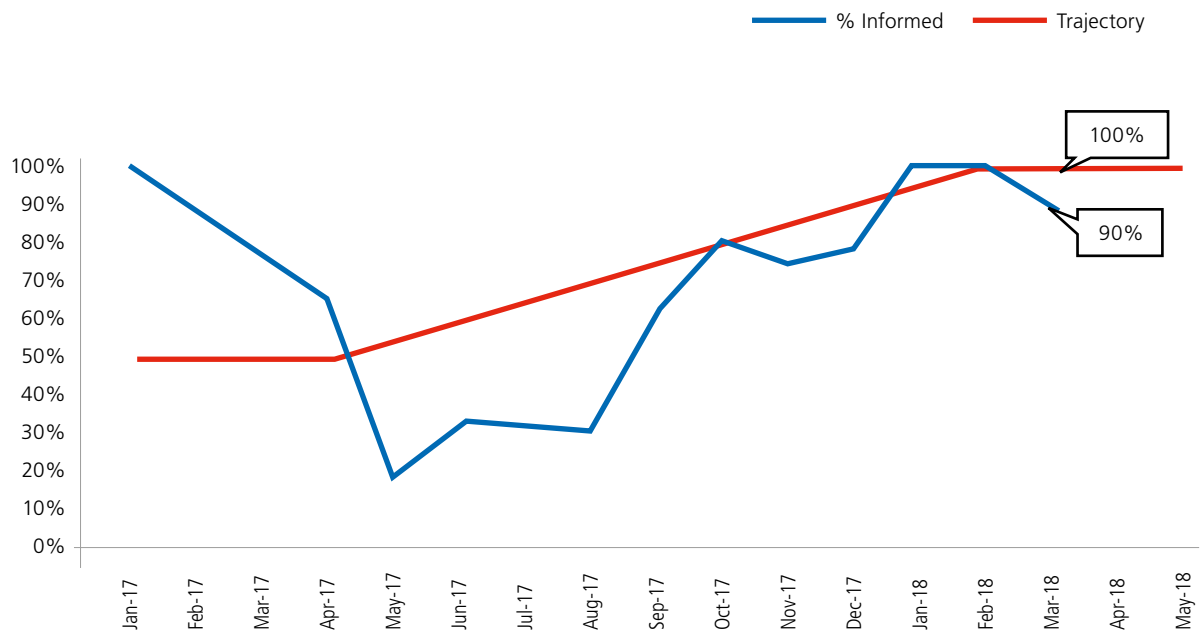
One of the challenges is the added complexity that the Trust may not be informed that an incident has occurred for several months after the Trust's involvement with the care of the patient. However, despite this challenge the Trust is determined to meet expectations in this area of care.

In order to make necessary improvements a project plan was developed. This plan identified two main groups of patients where there was a need to undertake Duty of Candour.

The first group consisted of the Trust's most serious incidents (SIs) and the second group consisted of those incidents that were not graded as serious but where moderate harm had been a consequence of the incident. The Trust identified the first group to be the initial priority.

The following graph illustrates month on month performance across the year for those groups where Duty of Candour had been undertaken for the incidents regarded as serious incidents.

Graph 5. Month on month reporting of Duty of Candour for serious incidents 2017-18



Information prior to January 2017 has not been included as the data was not being collected using the same methodology and confidence in the data is not high.

Graph 5 indicates that there was an initial decline in the Duty of Candour between January and August 2017. After a period of time, a steady improvement was made until 100% achievement in January 2018.

The initial decline was due to a significant backlog that occurred within the serious incident portfolio. The devolved model, where operational clinicians were required to make initial contact with patients, became unmanageable with this increasing backlog. As the year progressed, the model was gradually centralised and by the time compliance reached 100% the responsibility for Duty of Candour had been completely centralised.

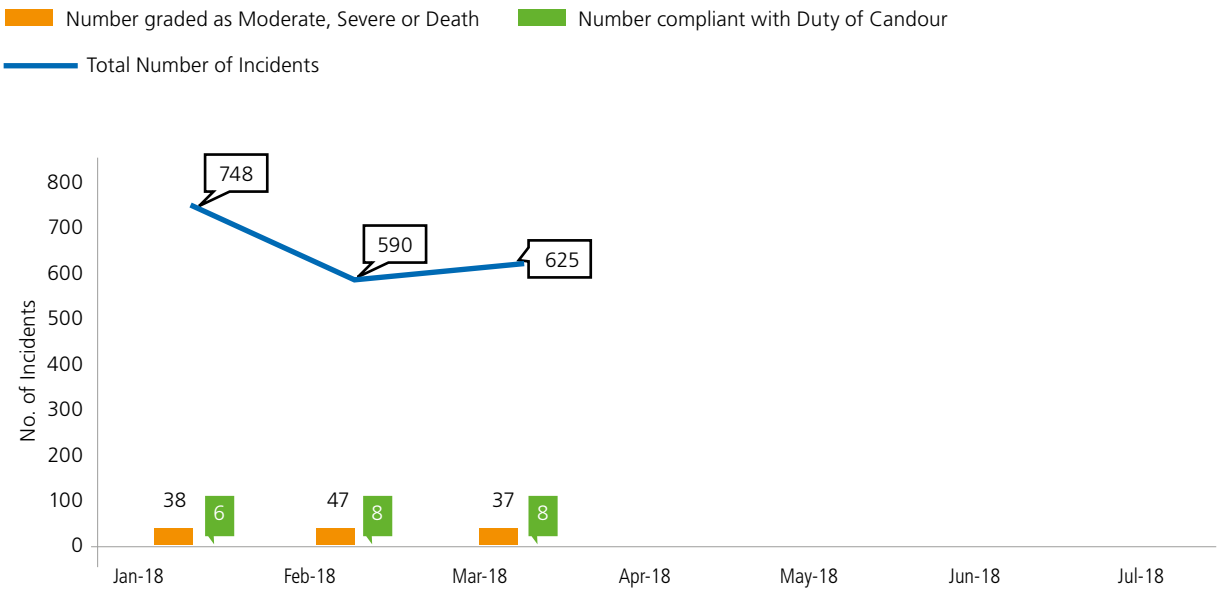
Graph 5 suggests that the Trust has been successful in meeting both of the identified goals for this priority.

However, this is only part of the picture. The Trust also has an obligation to inform patients who have experienced moderate harm or above. This was identified as group two in the improvement plan.

This was launched in quarter 4 of 2017/18. The following graph (Graph 6) illustrates month on month performance across the year for those groups where Duty of Candour had been undertaken for the incidents regarded as moderate harm or above.

Graph 6. Month on month reporting of Duty of Candour for moderate harm & above

Compliance with Duty of Candour (Moderate Harm and Above-excluding Serious Incidents)



On considering both graphs the Trust concludes that this priority has been partially achieved in meeting the goals associated with this quality priority.

Improving compliance with moderate harm and above is now a primary part of the Trust's continuing improvements.

2017/18 Priority 3. Improving outcomes for out-of-hospital cardiac arrest

AIM:

Early identification of cardiac arrest calls and appropriate dispatch in order to improve outcomes

MEASURE 1:

Improve return of spontaneous circulation rate

MEASURE 2:

Improve survival to discharge rate

STATUS:

Not Achieved

Considerable work has also been undertaken during the year to make improvements to the Trust's cardiac arrest outcomes. Most notably the following have been undertaken:

- In November 2017 new cardiac arrest guidelines were introduced for all staff. These were in line with the national guidance from the Resuscitation Council UK.
- Undertaking a programme of local roadshows targeted at the Trust's Operational Team Leaders. These included instruction on the interpretation of cardiac diagnostics and a discussion about the new guidelines.
- The Trust introduced monthly analysis of the cardiac arrest data produced for the Trust Board and for Trust staff.
- The introduction of dashboards down to an operating unit level that identify areas of best practice.

At the start of the project two goals were identified:

a) Analysis of the Survival to Discharge data through the national data sets.

b) Early recognition of cardiac arrest by implementing Nature of Call (NOC) and the Ambulance Response Programme (ARP).

Progress

In order to drive improvements an initial diagnostic was undertaken by the Trust's newly-appointed Paramedic Consultant in Cardiac Care. This led to a number of actions being put in place:

- Documentation was identified as a factor. At the time a number of patient records (13.8%) were not matched to the actual incident. As part of another improvement plan considerable effort has been made in improving this area.
- Building on the excellent practice of clinical audit feeding back to clinical staff on their cardiac diagnostics (ECG recording).
- Education was identified as a key element. An update on Resuscitation Guidelines, (incorporating the best practice guidelines from the Association of Ambulance Chief Executives (AACE)), was developed and has formed a template for training which will commence in April 2018.
- A project plan was developed to ensure all of the Trust's defibrillators were able to offer all necessary interventions.
- A review of the way the Trust allocates volunteers (community first responders) was also undertaken.

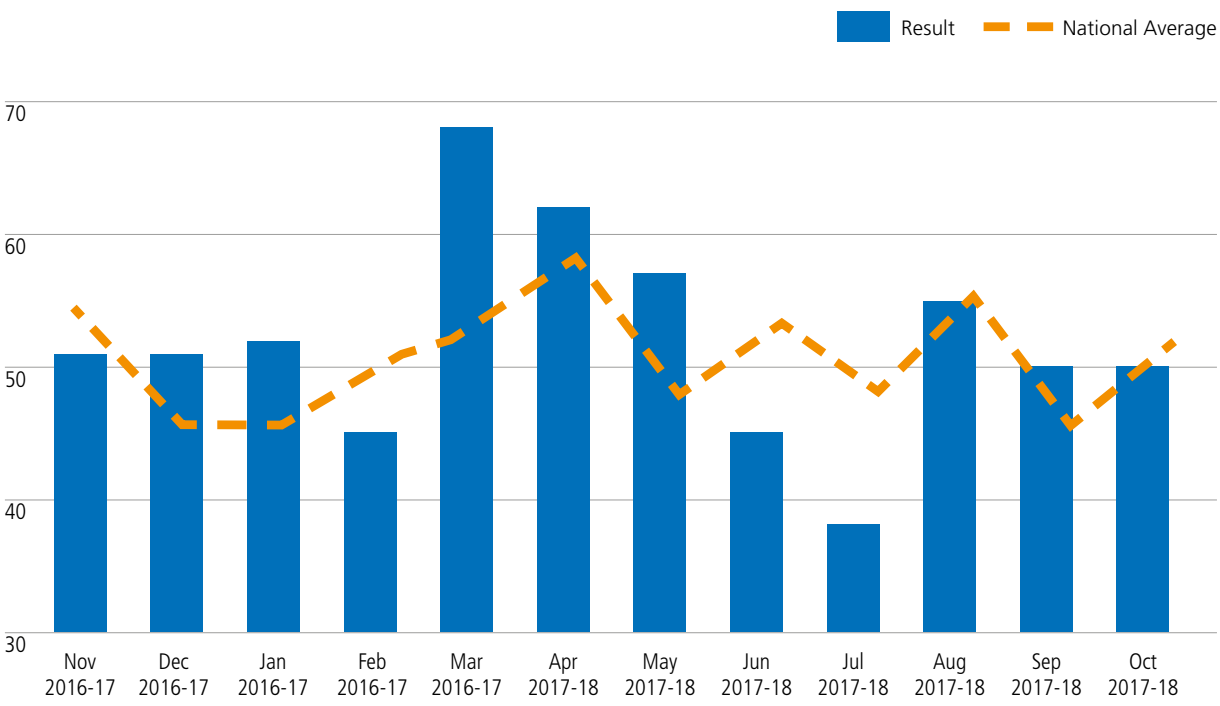
Part Two

In order to measure success the Trust identified two measures. Measure one was an improvement in the Return of Spontaneous Circulation data. Measure two was an improvement in the survival to discharge data.

The following two graphs (Graphs 7 and 8) illustrate the month on month performance across the year for those two measures. The information is presented for a 12-month period. The published data is significantly behind due to the validation process required prior to national publication.

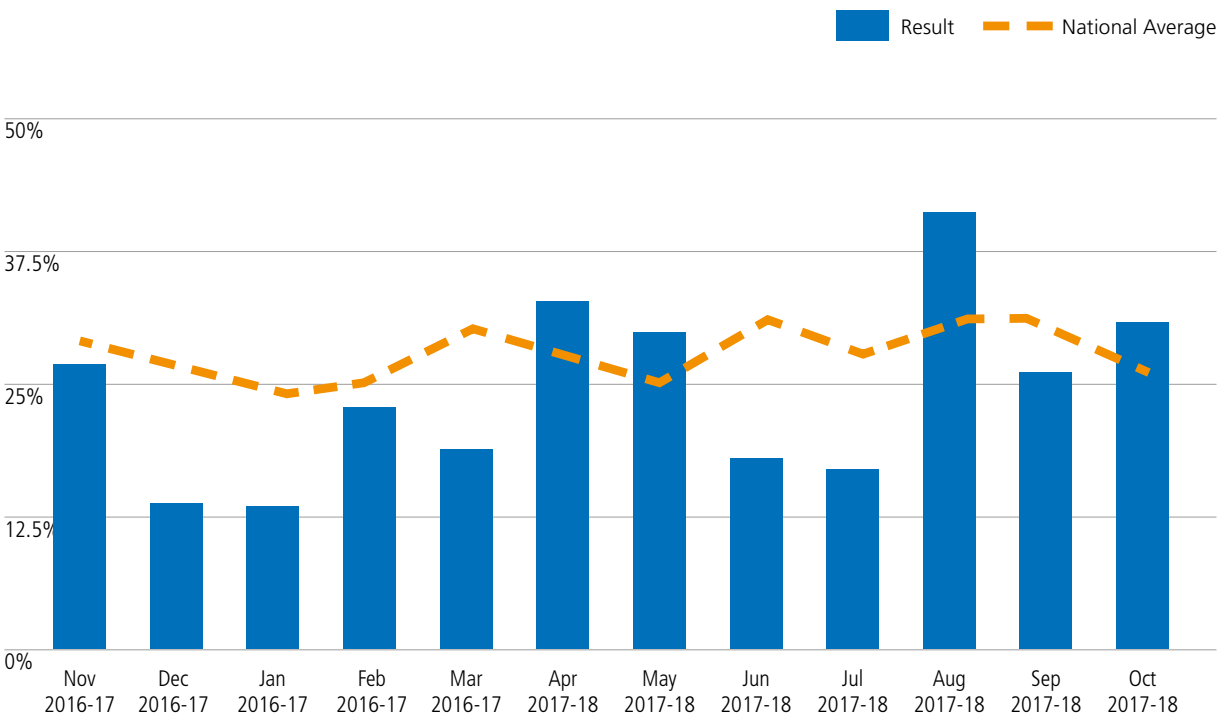
In section 2 of this Quality Account the indicators are re-presented as part of the Trust's measures for Clinical Effectiveness where the data is for the financial years 2016/17 and 2017/18. Section 2 also details some of the further improvements made during the year.

Graph 7. Month on month reporting of return of spontaneous circulation 2016/17[1]



[1] This is a measure of the number of patients who have suffered a cardiac arrest, but as a result of life-support started or continued by the ambulance service, had a pulse again by the time they arrived at hospital, and went on to be discharged from hospital.

Graph 8. Month on month reporting of survival to discharge 2016/17[2]



Both graphs reveal that the Trust has not made the sustained improvements that it anticipated. Therefore, this priority area has not been achieved.

Recognising the importance of this particular priority area the Trust has identified this as a priority area for 2018/19.

[2] This is a measure of the overall number of patients who were witnessed suffering a cardiac arrest and received life support started or continued by the ambulance service and treatment in hospital so they were successfully resuscitated, and where their initial heart rhythm allowed it to be shocked with a defibrillator, and survived.

Part Two

This following section of the Quality Account reports on the mandatory assurance statements.

Introduction

The various assurance statements are mandated by national reporting requirements for the annual Quality Account. The majority are simple statements of compliance or fact whilst others are more detailed descriptions of activity.

The published guidance mandates this section and is available via the following web link:

https://improvement.nhs.uk/resources/quality-accounts-requirements-201718/

Service provision

During 2017/2018 South East Coast Ambulance Services NHS Foundation Trust provided and/or sub-contracted two relevant health services.

- A&E Contract
- NHS 111 Contract

Data quality

South East Coast Ambulance Services NHS Foundation Trust has reviewed all the data available to it on the quality of care in both of these relevant health services.

Income

The income generated by the relevant health services reviewed in 2017/18 represents 95% of the total income generated from the provision of relevant health services by SECAmb for 2017/18.

Audit and enquiries (total)

During 2017/2018, ten national clinical audits and no national confidential enquiries covered relevant health services that SECAmb provides.

Audit & enquiries (participated)

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.

Audit & enquiries (eligible)

The national clinical audits and national confidential enquiries that SECAmb was eligible to participate in during 2017-2018 are as follows:

- Cardiac Arrest – Return of Spontaneous Circulation (All Cases)
- Cardiac Arrest – Return of Spontaneous Circulation (Utstein Group)
- Cardiac Arrest - Survival to Discharge (All Cases)
- Cardiac Arrest – Survival to Discharge (Utstein Group)
- ST Elevation Myocardial Infarction (STEMI) – Delivery of Care Bundle
- ST Elevation Myocardial Infarction (STEMI) – Call to Hospital in 150 minutes
- Stroke – Delivery of Care Bundle
- Stroke – Call to Hospital in 60 minutes
- Out of Hospital Cardiac Arrest Outcomes (OHCAO) – Warwick Clinical Trials Unit
- Stroke – 'Act FAST' Campaign – Public Health England.

National audits (participated)

The national clinical audits and national confidential enquiries that SECAmb participated in during 2016-2017 are as follows:

- Cardiac Arrest – Return of Spontaneous Circulation (All Cases)
- Cardiac Arrest – Return of Spontaneous Circulation (Utstein Group)
- Cardiac Arrest - Survival to Discharge (All Cases)
- Cardiac Arrest – Survival to Discharge (Utstein Group)
- ST Elevation Myocardial Infarction (STEMI) – Delivery of Care Bundle
- ST Elevation Myocardial Infarction (STEMI) – Call to Hospital in 150 minutes
- Stroke – Delivery of Care Bundle
- Stroke – Call to Hospital in 60 minutes

- Out of Hospital Cardiac Arrest Outcomes (OHCAO) – Warwick Clinical Trials Unit
- Stroke – 'Act FAST' Campaign – Public Health England.

National audit (participated and number of cases)

The national clinical audits and national confidential enquiries that SECAmb participated in, and for which data collection was completed during 2017/18, 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.

Cardiac Arrest – Return of Spontaneous Circulation at Hospital (All Cases)

Total: 2728 cases submitted.

737 confirmed ROSC at hospital

26.5% performance in this national audit*

Cardiac Arrest – Return of Spontaneous Circulation (Utstein Group)

Total: 374 cases submitted

193 confirmed ROSC at Hospital

51.6% performance in this national audit*

Cardiac Arrest - Survival to Discharge (All Cases)

Total: 2633 cases submitted

168 confirmed as Survival to Discharge

6.3% performance in this national audit*

Cardiac Arrest – Survival to Discharge (Utstein)*

Total: 350 cases submitted

90 confirmed as Survival to Discharge

25.7% performance in this national audit*

ST Elevation Myocardial Infarction (STEMI) – Delivery of Care Bundle

Total: 1243 cases submitted

805 confirmed as receiving full STEMI Care Bundle

64.8% performance in this national audit*

ST Elevation Myocardial Infarction (STEMI) – Call to Hospital in 150 minutes

Total: 1017 cases submitted

884 confirmed as arriving at hospital within 150 minutes of call

86.9% performance in this national audit*

Stroke – Delivery of Care Bundle

Total: 5322 cases submitted

5021 confirmed as receiving full Care Bundle

94.3% performance in this national audit*

Stroke – Call to Hospital in 60 minutes

Total: 4144 cases submitted

2457 confirmed as arriving at hospital within 60 minutes of call

59.2% performance in this national audit*

Out of Hospital Cardiac Arrest Outcomes (OHCAO)

Total: 1800 cases submitted

Stroke – Act FAST Campaign

Total: 32167 cases submitted

*Data collection for these indicators occurs three months in arrears, so the performance shown is for Q4 of 2016/2017 and Q1-3 of 2017/2018.

National audit (Improvements)

The reports of nine national clinical audits were reviewed by the provider in 2017/18 (a report is not produced for the 'Act Fast' Audit) and SECAmb intends to take the following actions to make improvements to the quality of healthcare provided:

Cardiac arrest

- The Trust has introduced a new resuscitation procedure that will drive high quality, evidence-based care for victims of cardiac arrest.
- The Trust has purchased additional mechanical CPR devices so that more victims of cardiac arrest receive continuous high quality CPR at the scene of a cardiac arrest and en route to hospital.
- Additional resuscitation training will be provided in the Trust's 2018-2019 annual mandatory training programme for clinical staff.
- The Clinical Audit team will expand the cardiac arrest data it collects in order to provide further evidence for improvement. (Measures to be considered include home/public place, call to first shock time, time taken to commence bystander CPR.)

ST elevation myocardial infarction (STEMI)

- Additional ECG training will be provided in the Trust's 2018/19 annual mandatory training programme for clinical staff to increase the accuracy and timeliness of STEMI diagnosis.
- Communications will be made to clinical staff to stress the importance of and the evidence base for completion of the STEMI care bundle.
- A programme of work to improve ambulance response times aims to improve the timeliness of arrival of definitive care for patients who are suffering a STEMI.
- A programme of work to promote good record keeping is expected to increase our evidence of high quality care in this area.

Stroke

- Communications will be made to clinical staff to stress the importance of and the evidence base for completion of the stroke care bundle.
- A programme of work to improve ambulance response times aims to improve the timeliness of arrival at definitive care for patients who are suffering a stroke.
- A programme of work to promote good record keeping is anticipated increase our evidence of high quality care in this area.

Local audit (improvements)

The provider reviewed the reports of nine local clinical audits in 2017/18 and SECAmb intends to take the following actions to make improvements in the quality of healthcare provided:

Management of presentations for mental health conditions

The Trust should:

- Combine the Risk of Suicide Assessment tool with the SECAmb Mental Health Risk Assessment tool.
- Review current key skills training to accommodate new assessment tool training.
- Consider the development of a mental health aide memoire for iPad use.
- Consider a separate drugs and alcohol audit independent of mental health audit, to build evidence for the development of crew condition coding.
- Update the SECAmb crew condition codes, as they do not reflect the range of mental health conditions that present to emergency medical services.
- Develop and disseminate a quick reference guide for patients cared for under Section 135 and 136 of the Mental Health Act.
- Consider undertaking an audit of use of the Mental Capacity Act.

Outcomes for older adults after falling

The Trust should:

- Increase the proportion of incidents where a full set of observations is recorded.
- Increase the proportion of falls incidents where a history of previous falls is taken and recorded.
- Increase awareness, amongst both clinicians and dispatchers, of the increased risk associated with falls to attempt to reduce response times.
- Consider the introduction of a dedicated falls response vehicle in each area, to respond solely to patients who have fallen.

Use of National Early Warning Scores (NEWS) in Red 1 calls

The Trust should:

- Include NEWS training in the key skills syllabus, using the SECAmb 'Discover' E-learning platform.
- Raise awareness of NEWS in the weekly bulletin by running alongside other clinical care bundle reminders.
- Include NEWS guidance on the intranet clinical guidance area.
- Re-audit after the other recommendations have been actioned.

Rocuronium administration by critical care paramedics (CCPs)

The Trust should:

- Carry out further audit of rocuronium administration.
- Add all administrations of rocuronium to CCPBase.
- Collect data on instances where patients have not been administered rocuronium through CCPBase and SECAmb CAD.
- Compare blood gas readings on admission of patients who have received Rocuronium to patients who did not experience prehospital paralysis, but went on to receive it within an hour of arrival at hospital.
- Complete patient follow-up and comparison to non-CCP managed ROSC patients in SECAmb.

Amiodarone infusion by critical care paramedics

The Trust should:

- Decide whether the administration of amiodarone by infusion should be ceased.
- Review the dataset that must be completed on the CCPBase and communicate this expectation to all CCPs.

Calcium chloride administration by critical care paramedics (CCPs)

The Trust should:

- Make a decision regarding the continued use of Calcium Chloride by CCPs for peri-arrest patients.
- Communicate the indications and use of the drug for cardiac arrest where there is very clear history of renal failure present.
- Undertake a review of the dataset that must be completed on the CCP Base and communicate this expectation to all CCPs.
- Undertake a re-audit to reassess whether compliance with the calcium chloride PGD has improved.

Identification and management of severe sepsis

The Trust should:

- Explore the rationale for pre-alert in patients where perfusion was not affected, with further educational needs considered if appropriate.
- Attempt to compare crew diagnosis of severe sepsis with final diagnosis at hospital.
- Explore and address factors affecting the delivery of the pre-hospital sepsis care bundle.

Record keeping

The Trust should:

- Agree and publish the standards expected when completing patient care records.
- Develop a suite of patient care records that are fit for purpose and user friendly.
- Implement a system for the audit and feedback of patient care records.
- Raise awareness of the benefits of good record keeping and the risks associated with poor record keeping.
- Build on the staff's intrinsic motivation for good record keeping.

Documentation accuracy

The Trust should:

- Introduce a consistent audit and feedback process.
- Raise awareness of the expected standards and the benefits that good documentation bring for the patient, the clinician and the Trust.
- Build motivators for staff to keep safe and effective clinical records.

Research

The number of patients receiving relevant health services provided or sub- contracted by SECAmb in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee was 0.

Conditional income

A proportion of SECAmb's income in 2017/18 was conditional on 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 2018/19 and for the following 12- month period are available electronically at:

https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/ .

In 2017/18, SECAmb received £5,296k of income that was conditional on achieving quality improvement and innovation goals. For 2016/17, this value was £2,749K.

CQC registration

South East Coast Ambulance Service NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is "Inadequate".

The Care Quality Commission has taken enforcement action against South East Coast Ambulance Service NHS Foundation Trust during 2017/18 in relation to Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment by issuing a notice of proposal to impose conditions. The reasons for this were:

- By 22 September 2017 the registered provider must ensure they have a complete and accurate record of all 999 calls.
- By 22 September 2017 the registered provider must ensure that:

a) all medicines including controlled drugs and medical gases are stored securely in line with best practice and safe custody regulations, where applicable, in line with relevant licenses.

b) effective processes, including monitoring, are in place to ensure all medicines are stored within their recommended temperature ranges within buildings.

c) medicines are only administered or supplied by staff within the relevant medicines legislation and best practice, and appropriate records are kept.

The notice also required SECAmb to submit to the Care Quality Commission a copy of a medicines optimisation action plan by 22 July 2017. Then to ensure the medicines optimisation action plan was implemented by 22 September 2017 for all sites for completion of each action referred therein.

Following intensive improvement work and a re-inspection the Notice of Proposal was lifted in October 2017.

CQC reviews

South East Coast Ambulance Service NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Hospital episode statistics

SECAmb did not submit records during 2017/18 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics, which are included in the latest published data.

Information governance

SECAmb Information Governance Assessment Report overall score for 2017/18 was 73%.

Payment by results

SECAmb was not subject to the Payment by Results clinical coding audit during 2017/18 by the Audit Commission.

Data quality

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

The Trust is continuing work to improve data quality; this began with the implementation of the new CAD system. Recent areas of progression include a sign-off process for internal and external reporting when reports receive adjustment; internally it receives author and senior analyst/performance manager sign-off. External reports require executive sign-off when a new change is enacted.

In addition, the new data warehouse structure is going through the final update stages to prepare for go-live.

To coincide with this, the Trust has also purchased a new reporting platform. This will enable faster report creation, an interactive user interface and for wide-scale sharing of data, improved data protection systems in place.

Mortality and morbidity

Acute Trusts have been mandated to report on patient deaths in some detail. This has not been extended to Ambulance Trusts in this reporting year. However, SECAmb believes it is important for the Trust to participate in this important initiative and has used the Acute Trust template to report on patient deaths.

Defining the number of deaths is difficult. Some of the Trust's patients may have died prior to arrival, such as a road traffic accident, or may have died on the way to hospital. The Trust has used the figures reported on the National Reporting and Learning System (NRLS) as the measure for this assurance statement.

During 2017-18, 18 of SECAmb's patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

3 in the first quarter;

3 in the second quarter;

5 in the third quarter;

7 in the fourth quarter.

Case reviews

By 19 March 2018, no case record reviews and 15 investigations have been carried out in relation to the 18 deaths included in the above statement.

In 0 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

3 in the first quarter;

3 in the second quarter;

5 in the third quarter;

7 in the fourth quarter.

The Trust has used the definition of Case Review as defined by the Royal College of Physicians as a Structured Judgement review.https://www.rcplondon.ac.uk/projects/outputs/national-mortality-case-record-review-nmcrr-programme-resources

Part Two

Problems in the care provided

Zero cases, representing 0% of the patient deaths during the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of:

Zero cases representing 0% of the number of deaths which occurred in the quarter given in item "number of deaths" for the first quarter;

Zero cases representing 0% of the number of deaths which occurred in the quarter given in item "number of deaths" for the second quarter;

Zero cases representing 0% of the number of deaths which occurred in the quarter given in item "number of deaths" for the third quarter;

Zero cases representing 0% of the number of deaths which occurred in the quarter given in item "number of deaths" for the fourth quarter.

These numbers (18) have been drawn from the Trust's report to the National Reporting and Learning System (NRLS) by using the sub category of incident where care to a patient, including triage or treatment, but excluding delayed attendance.

However, the Trust has also undertaken 3 "Deep Dive Reviews" to review Serious Incidents and complaints around a potential theme. These reviews do not follow the Structured Judgement Review Case Note methodology as this is difficult to apply in the Ambulance setting. However, themes and learning are identified and escalated as appropriate.

Mortality and morbidity (Learning)

The Trust held three Deep Dive Reviews" during the year.

Quarter 1 deep dive

Theme: Paediatrics

Six Serious Incidents were identified and reviewed. Two potential themes were identified; 1) incorrect triage and 2) ambulance response not sent. The review group concluded that there needed to be a review of current staffing in the Emergency Operations Centre and the number of Clinical Supervisors. It was also agreed that for the under 1's a decision not to send an ambulance must have a clinical review and any child under 5 that is not conveyed should have additional safety advice.

Quarter 2 deep dive

Theme: Handover delay

The Trust Board requested this theme be considered. For the period 1 October 2016 to 30 September 2017 there had been no Serious Incidents reported with the reporting reason of hospital delay; neither were there any Serious Incidents reported with delayed attendance that cited hospital delays as a contributory factor.

Hospital delays greater than 45 minutes should be reported by the receiving hospital under the service-wide agreement.

Datix was also interrogated and in the preceding 12 months there were 43 incidents (not Serious Incidents) reported under this category.

Four other Serious Incidents were reviewed at the Deep Dive and these were regarding high demand and a lack of available resources.

The review group could draw no conclusions but acknowledged there was an under-reporting of handover delays.

Quarter 3 Deep Dive

Theme: Telephone triage (999 & 111)

19 Serious Incidents were reported in the previous 12 months and 12 investigations were completed and reviewed at the Deep Dive.

A theme in the triage undertaken at the 111 service relating to patients with cardiac problems was identified. This is being further reviewed at the time of completing the Quality Account.

Quarter 4 Deep Dive

Theme: To be decided

The Deep Dive for Quarter 4 had not taken place at the time of closing this Quality Account.

Mortality & Morbidity (actions)

A number of actions have arisen from the Deep Dives. These are:

- A significant change in service provision regarding the conveyance of children under one year old where the majority of calls are now conveyed to hospital for a second and specialist opinion.
- A review of staffing in EOC which identified the need to strengthen clinical oversight of the work in EOC.
- A new surge management policy is being introduced to assist in the management of high demand.
- A review of the welfare call procedure to ensure it correctly identified when to undertake such calls.

Mortality and morbidity (impact)

The learning and the subsequent actions have not been evaluated. However, a review of the impact of the conveyance change for the under 1s is planned.

Mortality and morbidity

Zero case record reviews and no investigations completed after March 2017 which related to deaths that took place before the start of the reporting period.

Mortality and morbidity (prior to 2017/18)

Zero cases representing 0% of the 11 reviewed patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the cases reported to the National Reporting and Learning Scheme.

Patient safety (NRLS)

1,149 patient safety incidents were reported to the National Reporting Learning Scheme in 2017/18 and 89 (7.7%) of such patient safety incidents resulted in severe harm or death.

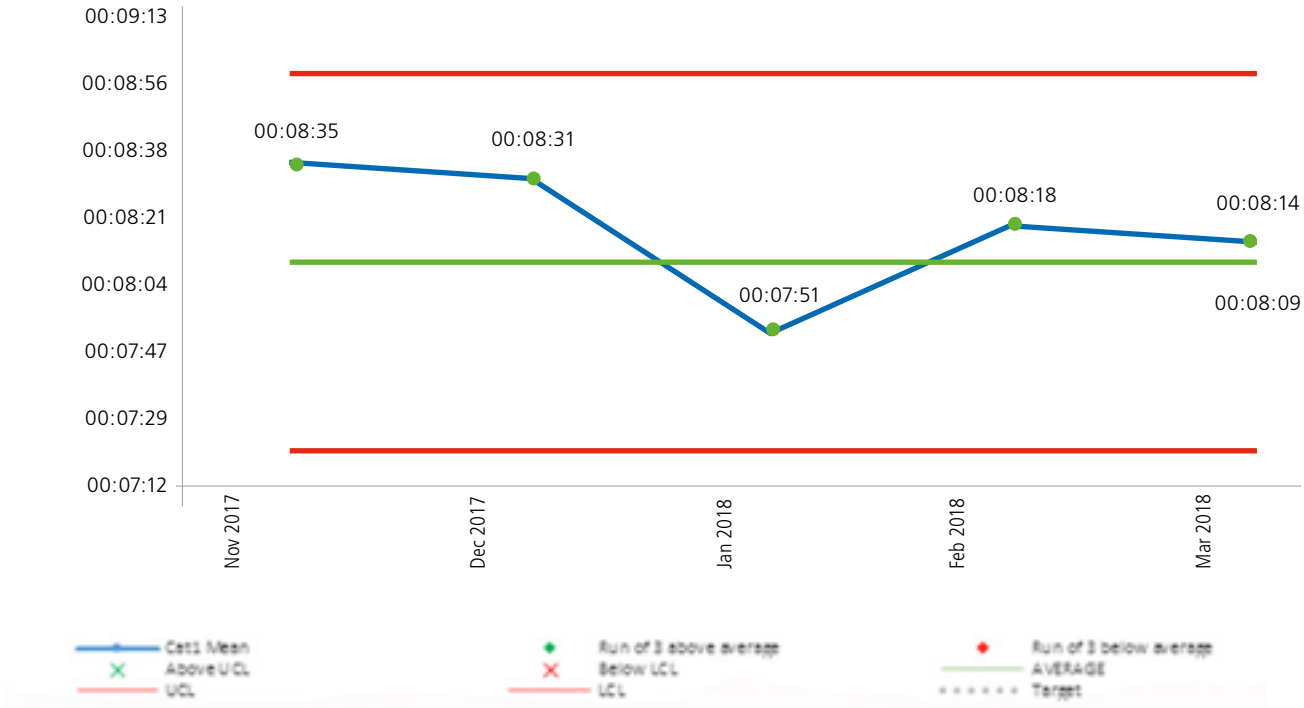
Part Two

Performance Cat 1

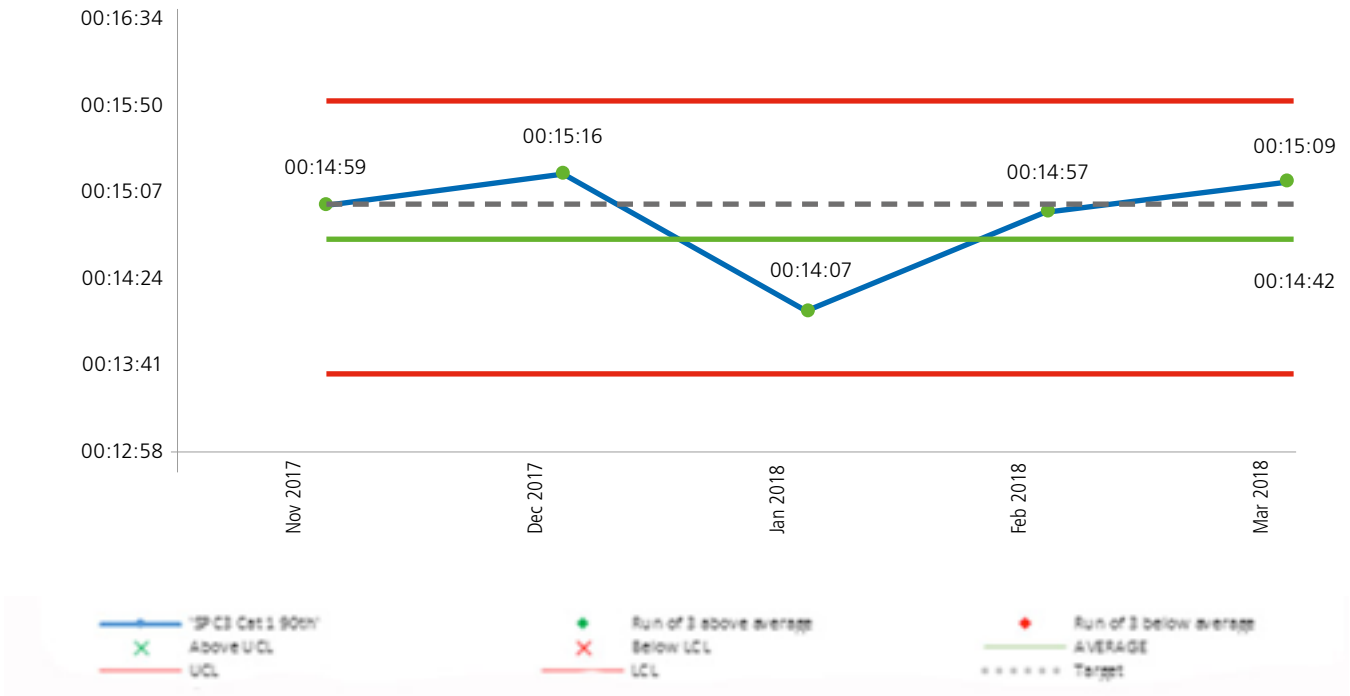
Category 1 is a mandated indicator. It is also reported within Section 3 where the measure shows performance against other ambulance services.

The Trust implemented the new Ambulance Response Programme (ARP) performance measures in November 2017 and the data is not comparable with previous years.

Graph 9. Category 1 mean response times 2017/18



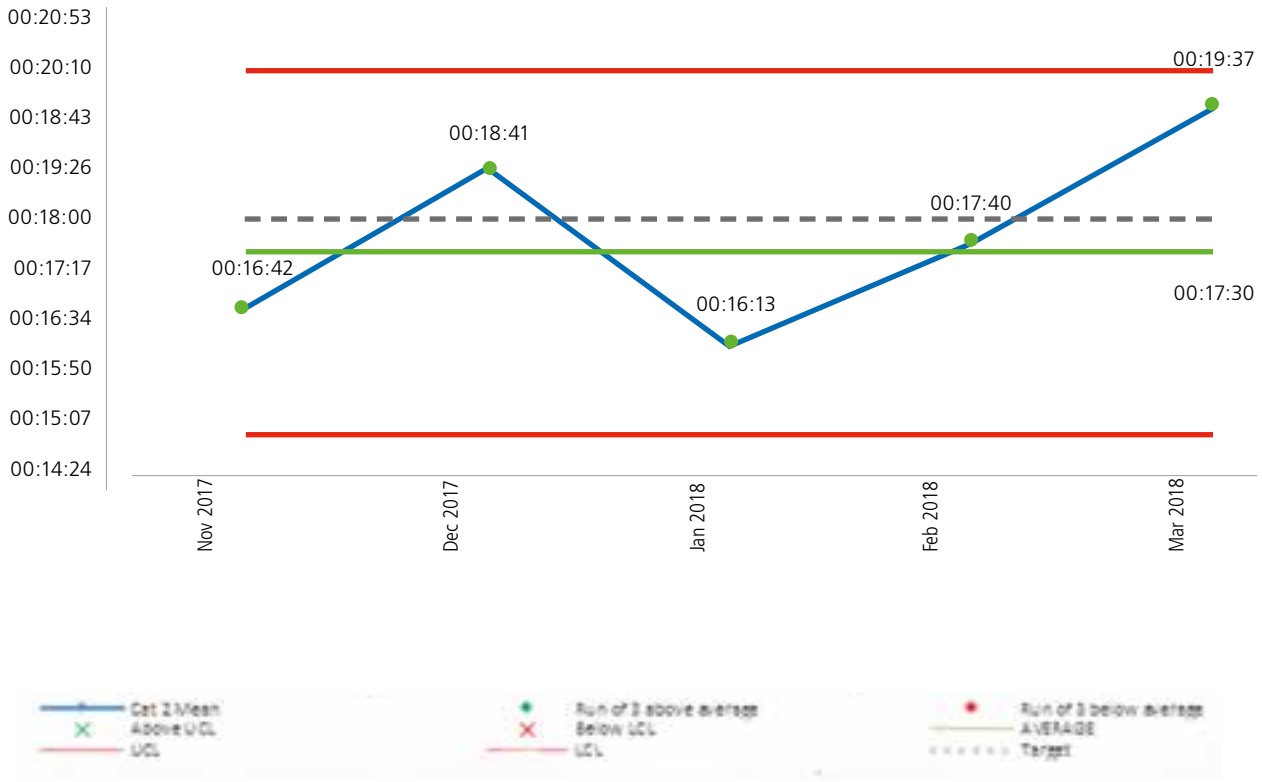
Graph 10. Category 1 90th centile response times 2017/18



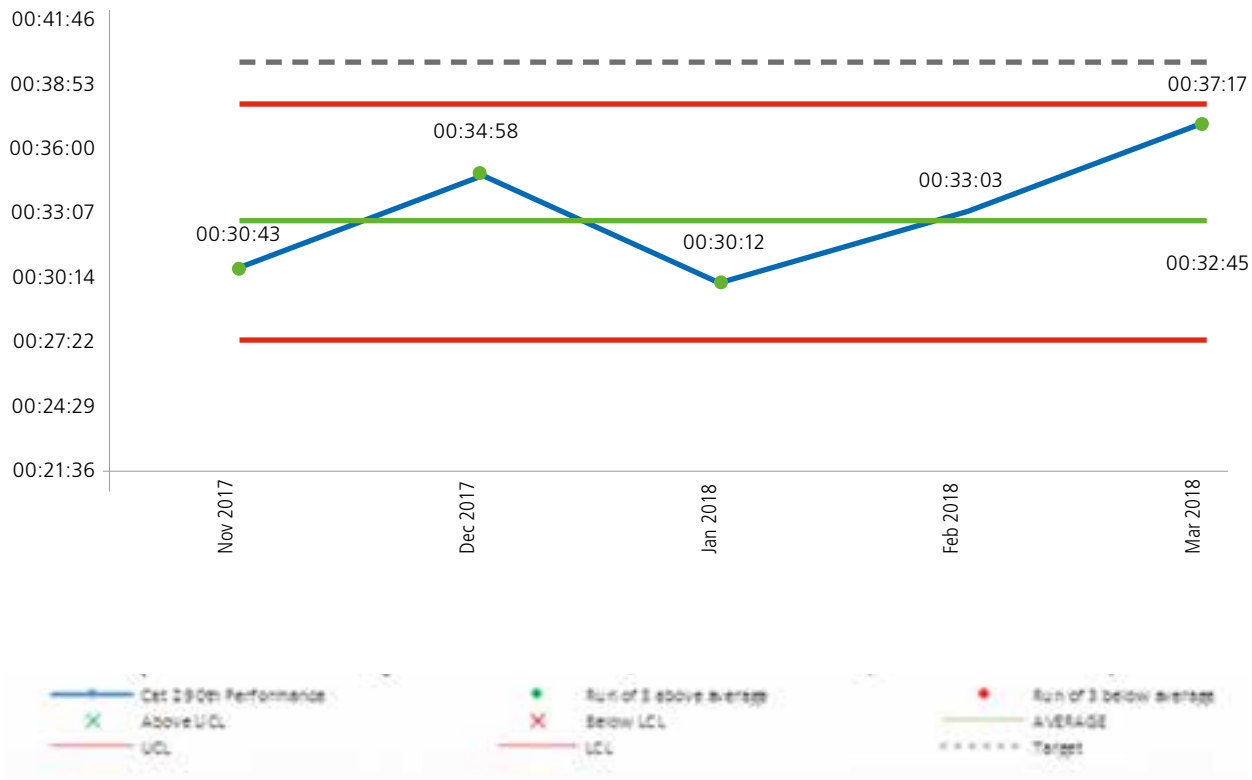
Performance Cat 2

Category 2 is a mandated indicator. It is also reported within Section 3 where the measure shows performance against other ambulance services.

Graph 11. Category 2 mean response times 2017/18



Graph 12. Category 2 90th centile response times 2017/18



SECAmb implemented the new ARP programme in November and has been supplying data since December 2017.

The data is published against two performance measures; mean response time (standard of 7 minutes) and 90th centiles (standard of 15 minutes).

Data Quality

South East Coast Ambulance NHS Foundation Trust considers that this data is as described for the following reasons:

- This indicator is part of the national reporting requirements. NHS England maintains the specification for the data that ambulance services collect, based upon user requirements and discussion with data providers. Provider groups include the National Ambulance Information Group (NAIG) for ambulance Systems Indicators (SI) data; and the National Ambulance Service Clinical Quality Group (NASCQG) for Clinical Outcomes (CO) data. NAIG and NASCQG represent the 11 Ambulance Services in England that provide and use the data.

Action being taken

South East Coast Ambulance Service NHS Foundation Trust has taken the following actions to improve this indicator, and the quality of its service:

- The Trust developed a comprehensive Improvement Plan for improving performance. This plan includes actions that aim to increase the Trust's capacity through recruitment initiatives, reducing absence and improving efficiency.
- The performance data is discussed each week with the Executive Management Team meetings and a number of actions arise as a result of that discussion.

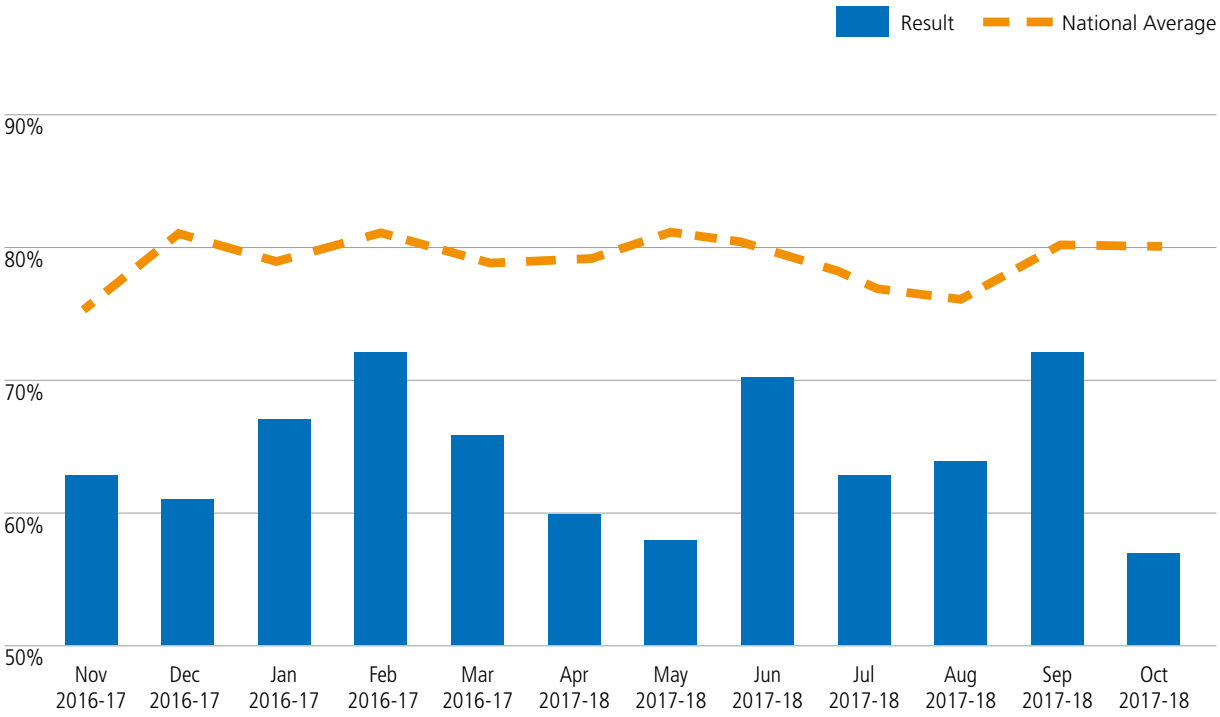
STEMI care

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.

In this section the performance is presented as a full 12 months across 2016-2017 but the data is re-presented in Section 3 across the two years with comparisons with other Trusts.

Graph 13. ST Elevation care bundle 2016/17

STEMI Care & Treatment 2016/17



Part Two

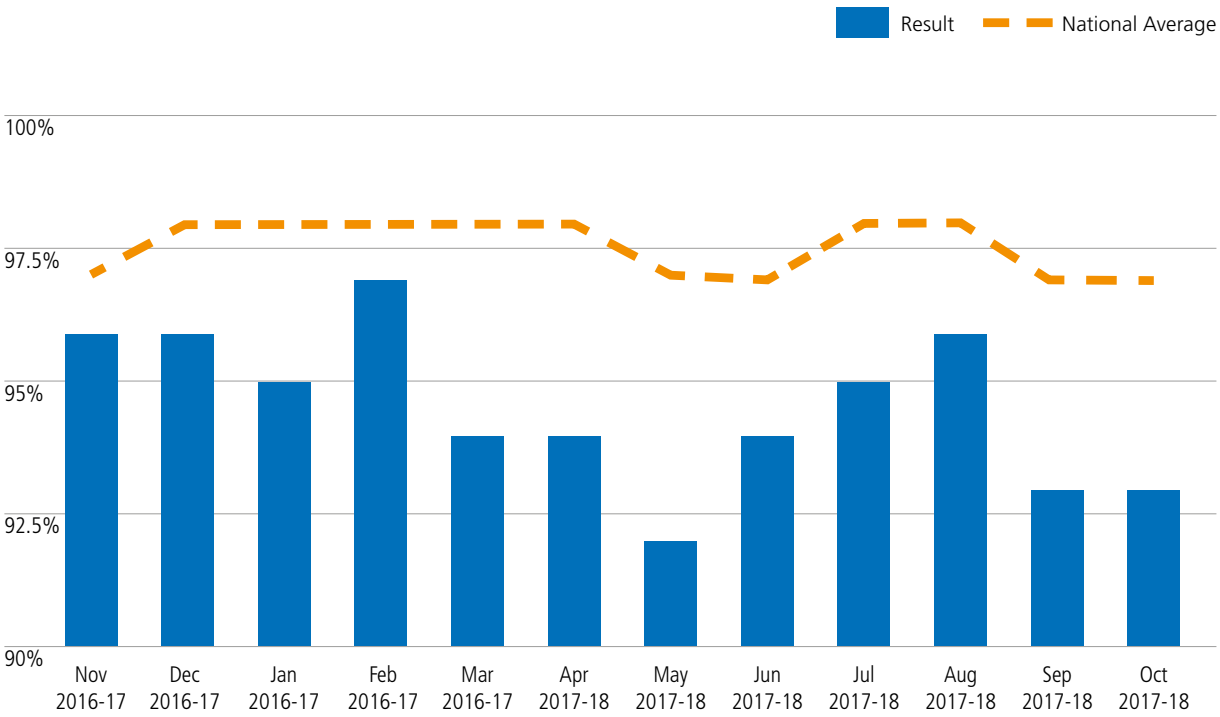
Stroke care

The percentage of patients with suspected stroke assessed face to face who received an appropriate care bundle from the Trust during the reporting period

In this section the performance is presented as a full 12 months across 2016-2017 but the data is re-presented in Section 3 across the two years with comparisons with other Trusts.

Graph 14. Stroke Care Bundle 2016/17

Stroke Care & Treatment 2016/17



The South East Coast Ambulance NHS Foundation Trust considers that this data is as described for the following reasons;

- This indicator is part of the national reporting requirements. NHS England maintains the specification for the data that Ambulance Services collect, based upon user requirements and discussion with data providers. Provider groups include the National Ambulance Information Group (NAIG) for Ambulance Systems Indicators (SI) data; and the National Ambulance Service Clinical Quality Group (NASCQG) for Clinical Outcomes (CO) data. NAIG and NASCQG represent the eleven Ambulance Services in England who provide and use the data.

The South East Coast Ambulance NHS Foundation Trust has taken the following actions to improve this indicator, and the quality of its service by

- Developing an appropriate improvement Plan.
- The stroke data is also part of the monthly Quality Dashboard and is detailed down to a local level. This is discussed monthly by the Executive team and also at the Area Governance Meetings where local managers come together to discuss and action a number of issues.

Conclusion of Section 2

This section has identified the three quality priorities for 2018/19. These are:

- Improving outcomes from out-of-hospital cardiac arrests
- Learning from incidents, complaints and safeguarding reviews
- Patient-facing staff adequately trained to manage safeguarding concerns and to report them appropriately

These priorities have been identified through a consultation process with key stakeholders and agreed by the Trust Board.

One of the indicators has been taken forward from the previous year.

In addition, this section reported on progress made against the quality priorities identified for 2017/18. These were;

- Learn from incidents and improve patient safety
- Patient and family involvement in investigating incidents
- Improving outcomes for out-of-hospital cardiac arrest

In summary, whilst it is disappointing to note that the improvement priority for cardiac outcomes has been brought forward into 2018/19, the Trust has made progress on improving quality. The incident portfolio has achieved the improvement intended. The Trust will continue to build on this success as part of the overall Improvement plan.

In addition, whilst there is work to be done on Duty of candour, the Trust is now regulalrly fulfilling its fundamental obligations to inform patients and families when serious incidents have occurred.

The section also reported on a number of mandatory indicators, many of which have prescribed wording and phrasing.

Patient Story 2 – Daniel

Car accident survivor reunited with life-saving ambulance crews

23 June 2017

A Sussex man who suffered life-threatening injuries and spent six months in hospital after a serious car accident, has been reunited with the ambulance team who helped save his life.

Drew was travelling in his car on the A24 between Horsham and Dorking, when his vehicle left the road shortly after 6am on 9 September 2016. Luckily for mechanic and father Drew, a member of SECAmb control room staff, dispatcher Kate Nebbett, spotted his car in trees down an embankment on her way to work. Kate stopped to help, alerted her clinical colleagues and stayed to assist the medical team. Kate's actions for going above and beyond the call of duty were recognised at the Trust's annual staff awards earlier this year.

The first clinicians to arrive at the scene were Paramedic Rebekah Vonk and Associate Practitioner Heidi Gaskins after details had been gathered and support provided by Emergency Medical Advisor Laura Staplehurst. Rebekah and Heidi were backed by paramedics Julie Marchant and Johnathan Harrold before air ambulance team Mike Rose and Mark Salmon attended the scene by road. The crews worked together to provide emergency care to Drew before he was taken to Hospital in London.

The prognosis for Drew was uncertain and

he was kept in an induced coma for a month. Things weren't any more certain when he failed to gain consciousness when attempts were made to wake him from the induced coma. However, over time, and with expert hospital treatment, he made improvements and following a six-month hospital stay with intense rehab, he was able to return home.

Drew, who has had to teach himself to walk again due to a brain injury which affects his short term memory, was full of praise for everyone who helped him. He said: "I'm just so grateful to everyone for everything they did. You don't realise when you out and about quite how much the NHS does. It's been a real eye opener. I'm really pleased to have been able to meet everyone face-to-face to say thank you."

Drew's dad, Colin, a retired police officer, who now who works for SECAmb as an equipment officer at Banstead said: "As a former police officer I know how nice it is to have people let you know how thankful they are. I wanted to say a massive thank you from all of us. Everyone, from Kate who initially stopped and helped to the guys in the control room, from the crews who attended the scene to all the hospital teams - they all did a brilliant job."

Paramedic Rebekah added: "On behalf of the whole team it's been a real pleasure to meet Drew and Colin. It's essential in incidents such as this that everyone works together as a team and that's exactly what we did. We all wish Drew and his family all the very best for the future and for his continued recovery."

Part Three

Part 3: Other Information relevant to the quality of the Trust's health services

This section of the Quality Account describes the quality of the services provided through a set of indicators selected by the Trust Board in March 2018.

Introduction

NHS Foundation Trusts are mandated to use section 3 of the Quality Account to present an overview of quality across the Trust's services.

The indicators selected must include a range of measures across three domains. These are:

- At least three indicators for patient safety
- At least three indicators for clinical effectiveness
- At least three indicators for patient experience

There is also a fourth domain of indicators that are mandated by NHS Improvement.

Unfortunately, the national guidance on the 2017/18 Quality Account had not been published at the time of the Trust's Stakeholder meeting (Monday 27 November 2017). Therefore, there has been limited consultation on which indicators to include in the Quality Account. However, opportunity has been given for comments and contribution by stakeholders. The Trust's commissioners were written to, inviting comments, and other stakeholders were present at the Single Oversight Meeting on 16 March 2018 when the indicators were discussed. In addition, the indicators were presented to the Health Overview Scrutiny Committees at their regional meeting on 19 March 2018. They were finally agreed at a public Board meeting on 27 March 2018.

As a result of the discussions, two of the indicators selected for patient experience were changed.

Indicator Changes

In the 2016/17 Quality Account the following indicators were selected;

- Incident Reporting
- Medication Errors
- Asthma Care
- Febrile Convulsions
- Single Limb Fractures
- Mental Health
- Complaint volume
- Complaints outcome

Two of the indicators in the 2017/18 Quality Account remain the same (incident reporting and complaint volume). These have been re-selected as they are a good representation of safety (incidents) and patient experience (complaints).

The remaining indicators have been changed. This is for a number of reasons:

- The clinical indicators used in 2016/17 Mental Health, Asthma, Febrile Convulsions and Single Limb Fractures were not part of clinical audit in 2017/18 and therefore could not be selected.
- Medication errors was not selected as there was insufficient data at the start of the year and the intentional attempts to drive an increase in reporting makes comparison difficult. However, the subject area of medicines has been reselected.
- Complaint outcome was considered less helpful as an isolated indicator but the complaints measure has been considerably expanded on the previous year.

Data changes on previous year

The Quality Account guidance ask Trusts to report and explain any changes in data from the previous year. This section considers the data for the two indicators that have been reselected for 2017/18.

Incident reporting

The guidance suggests, where possible, that data be presented on a month by month basis. This has been undertaken for the 2017/18 Quality Account. However, the 2016/17 Quality Account reported aggregated data for the previous seven years, year by year. Therefore, comparisons with last year's published data are not possible. Therefore, the relevant 2016/17 data has been re-represented here for comparison month by month.

Complaint reporting

Again, the data has been presented monthly in this Quality Account whilst in the previous Quality Account the data was presented by service area rather than month by month.

This year some of the data has been removed from the 2016/17 data set (such as Patient Transport Services) as that service is no longer operated so is not useful for comparison purposes.

Comparisons

The Quality Account guidance invites Trusts to publish, where possible, comparative data. This Quality Account fulfils this requirement where data is available.

Patient safety indicators

Safety is the Trust's first priority. Over the past year the Medical Director and the Director of Nursing & Quality have developed a comprehensive monthly "Quality & Safety" report that contains an overview of the main indicators. This is discussed at the Executive Board, by Operating Unit Managers and with commissioners. During the course of the year it has evolved and is developing into a single source of information regarding the Trust's quality and safety performance.

The three areas reported under safety are:

- Incident Reporting
- 999 Call Recording
- Medicines Management

Part Three

Incident reporting

REASON CHOSEN:
Incident management is considered a key element of managing safety and a marker of a safety culture. In addition, the Trust has undertaken considerable improvement work in this area

DATA SOURCE:
Electronic database (Datix)

CONFIDENCE IN THE DATA:
(INDICATED IN BOLD):
Low, **Medium**, High

This year the Trust identified incident reporting as one of the measures of patient safety.

The Trust is embarking on a large cultural change programme. Part of this change is to become more transparent and acknowledge the learning within errors and near misses. It is recognised that an organisation that is developing a true safety culture will have a high level of incident reporting. This is because staff will be keen to register a wide range of incidents where learning can lead to real improvements.

Therefore, in 2017/18 the Trust set an ambitious target to increase overall incident reporting by 20%. This target has been exceeded (as illustrated in graphs 15 and 16).

However, in order to achieve this the Trust had to ensure incident reporting was valued and that staff were aware that incident reports were scrutinised and brought about real change. Over the course of the year the monthly Quality & Safety Report identified the top themes within incident reporting and described the changes that resulted from the reporting. Additionally, learning is now summarised in a monthly poster on incidents which is circulated for display at all stations.

The Trust had to significantly improve the time frame associated with the identification, investigation and closing of an incident. Again, the Trust set an ambitious time scale to ensure at least 75% of incidents were closed within the allocated time. This is on track to be achieved.

Finally, a programme of training was introduced across the Trust. This was to raise awareness of incident reporting and to improve the quality of the information within the actual incident report. In 2017/18 the Trust trained 253 members of staff on incident reporting.

Learning

Examples of change that has resulted from incident management include the following:

Life Pack (defibrillator) incidents

In August 2017 it was apparent that there was an increase in the number of incidents being reported that were related to the Trust's defibrillators. These were initially regarding the life of the battery charge. A drive to ensure all vehicles had the most up-to-date model available in the Trust was introduced, together with the replacement of all batteries older than four years. This reduced the number of incidents regarding battery failure.

However, a new issue arose in quarter three where 61 incidents were reported regarding the connector pad from the ECG leads to the patient. As a result a new and more robust connector was purchased which has significantly reduced the number of incidents.

Medication Incidents

The Trust has undertaken a significant amount of work regarding medicines management and this is detailed later in this section. However, medicines management was identified as an area that required rapid improvement by the Care Quality Commission.

The resulting focus paid to medicines management allowed the staff to become more aware of the need to report any type of medication issue as an incident. This increase has been attributed to this heightened awareness and an increasing understanding that medicines management is a professional issue and any failings are potential breaches in safety.

In quarter two, the period when the Trust commenced its improvement programme, there were 295 medication incidents being reported, which compares to 414 medication incidents in quarter three and 431 in quarter four.

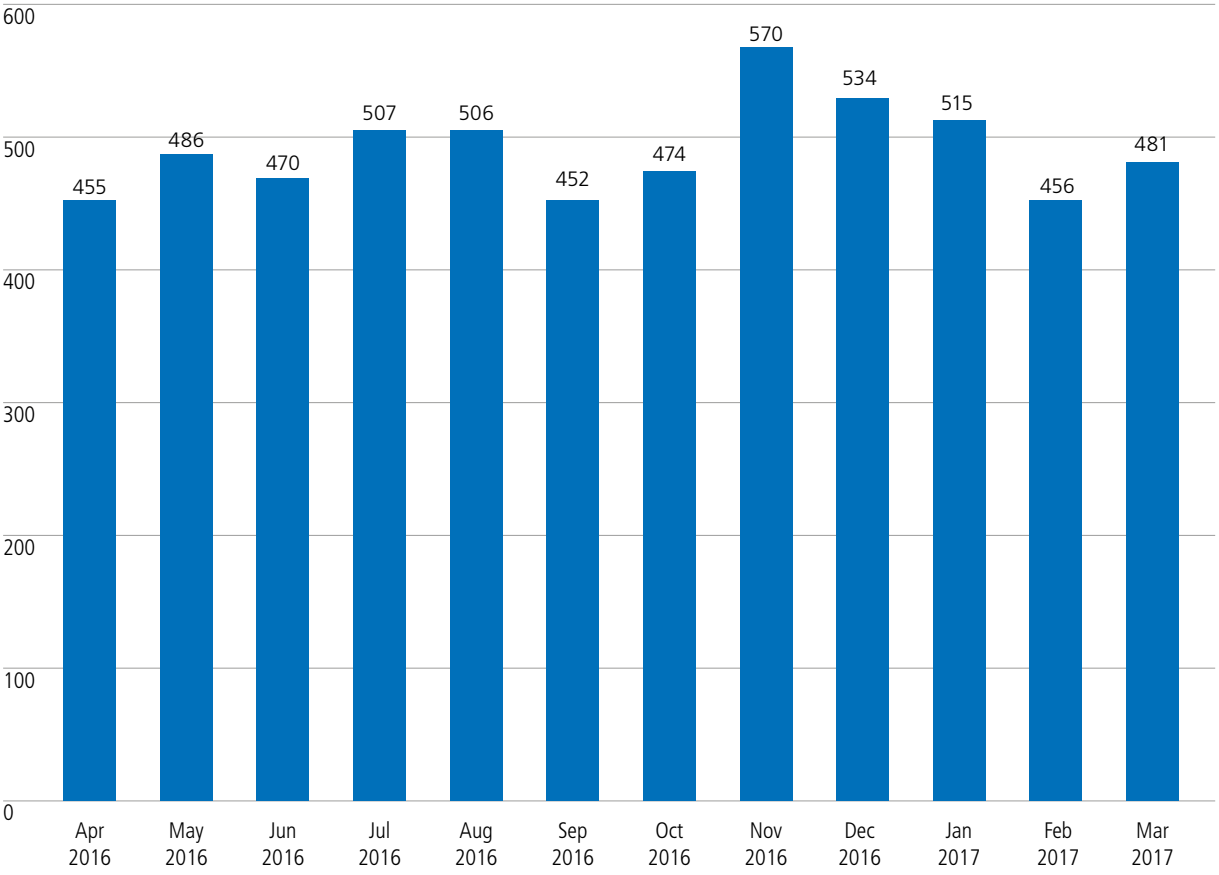
One of the most frequently reported incidents was the breaking of ampoules of controlled drugs. Consequently, a new storage system was introduced and this led to a significant reduction.

The number of reported incidents

The following graphs represent the number of incidents reported in 2016/17 (graph 12) and the number of incidents reported in 2017/18 (graph 13).

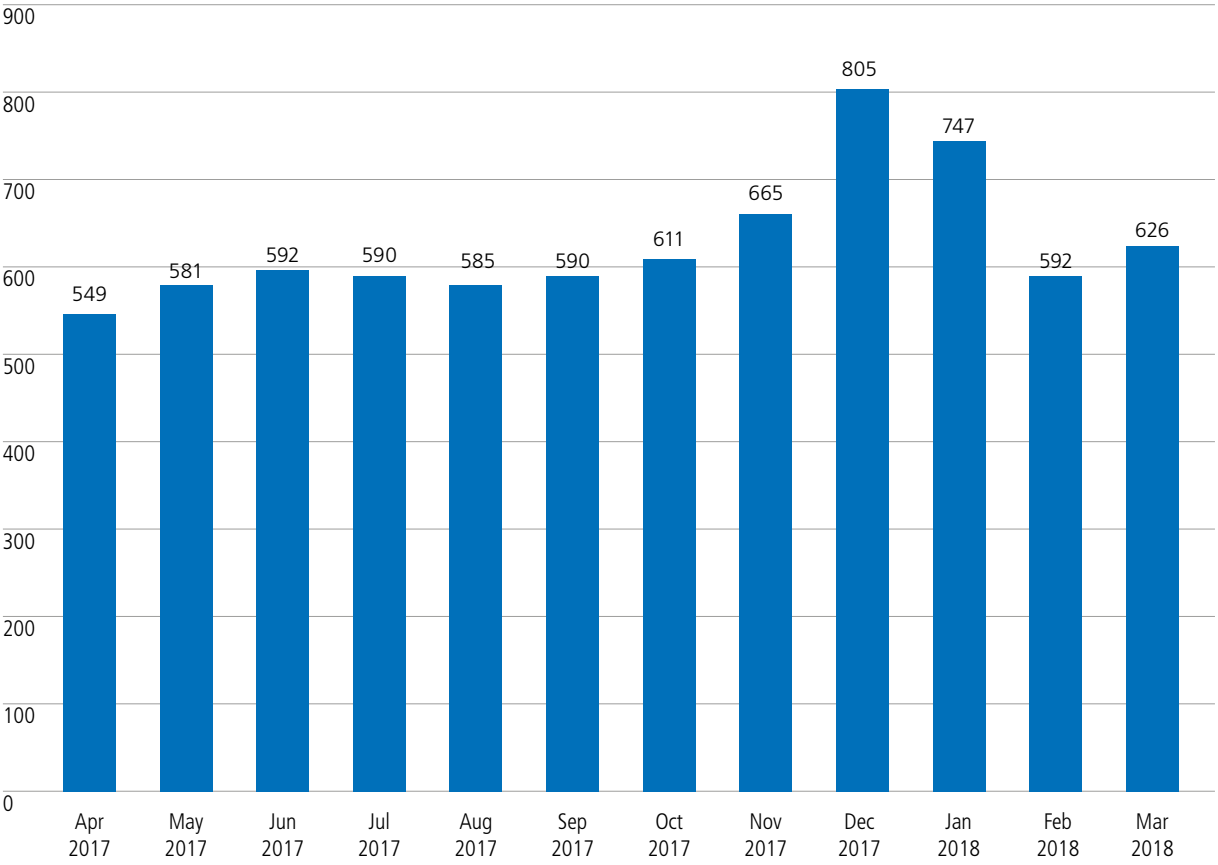
Graph 15. Incident reporting 2016/17

Number of incidents Reported April 2016 - March 2017



Graph 16. Incident reporting 2017/18

Number of incidents Reported April 2017 - March 2018



It is clear that the Trust has considerably improved incident reporting across the organisation. The percentage growth is 27.5% which is a considerable achievement and one which the Trust is proud of.

However, it is clearly not enough to simply report the incident. The organisation also has a responsibility to use incident analysis as a way of learning and making improvements.

Consequently, an innovative communication mechanism was developed that clearly communicates the data and main themes arising from a monthly analysis. This information is detailed every month in a poster format and circulated to all stations for display as part of the quality and safety metrics. This is supported by a more detailed case study which others can also learn from.

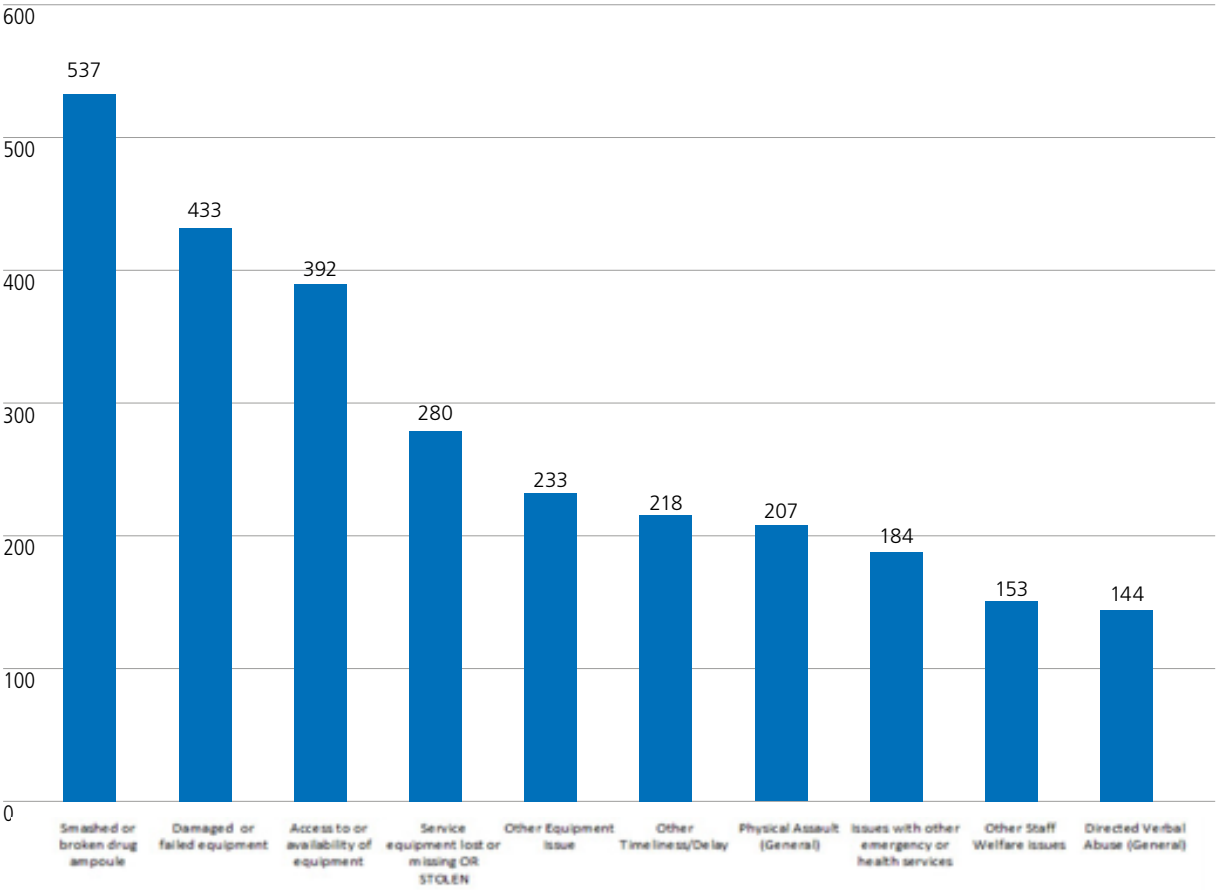
Themes and learning

The themes have been varied and there appears to be a relationship in reporting with the awareness raising undertaken across the Trust, such as medication incidents.

The following two graphs illustrate the main themes across 2016/17 (graph 17) and the main themes across 2017/18 (graph 18).

Graph 17. Incident themes 2016/17

Top 10 Sub Category of Incidents Reported April 2016 - March 2017



Graph 18. Incident themes 2017/18

Top 10 Sub Category of Incidents Reported April 2017 - March 2018

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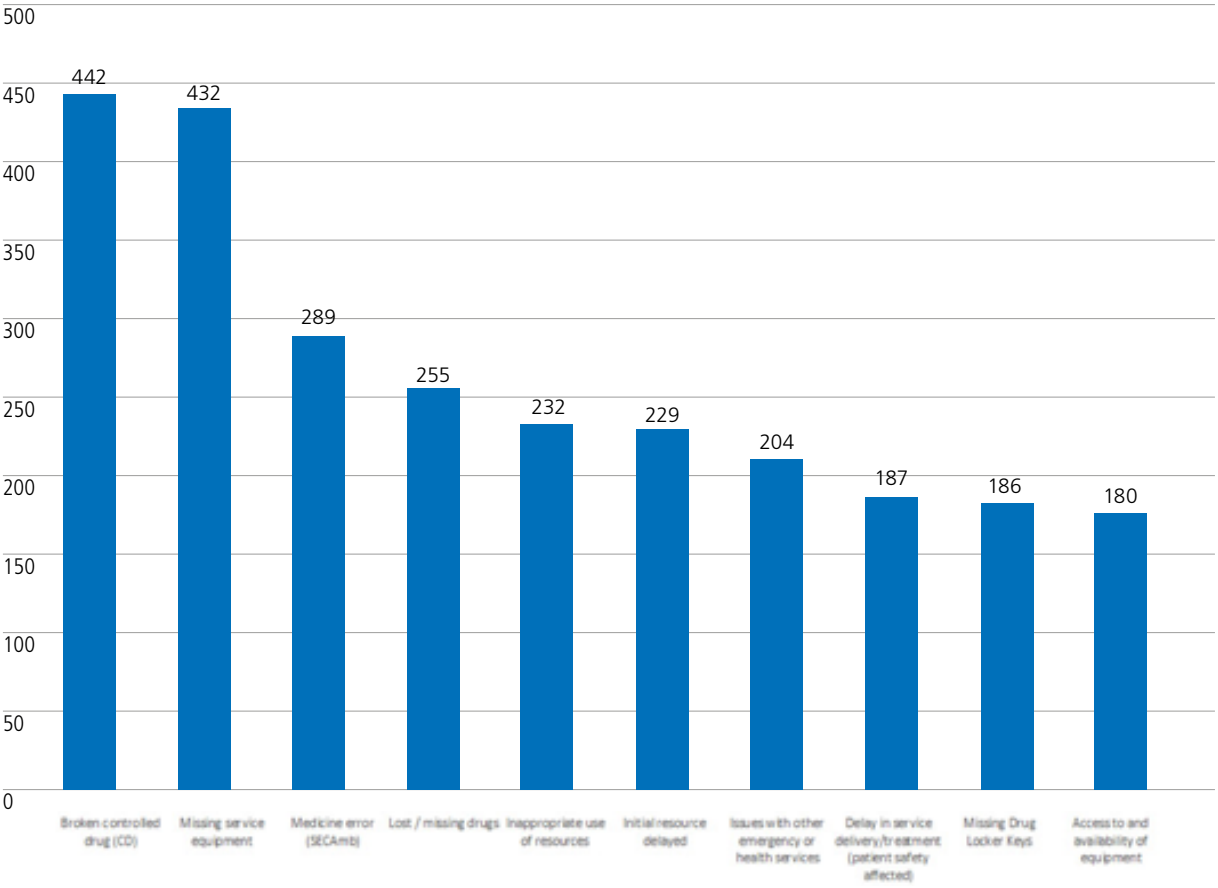


Data definition and comparisons

There are no specific national data definition for incidents. Each NHS Trust is able to guide staff via local policy and procedures, which makes comparisons between different ambulance providers difficult.

However, incidents reported to the National Learning Reporting System (NRLS) are guided by a national definition. This is:

"A patient safety incident is any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS care".

The six monthly published report by NHS Improvement provides comparative data by provider Trusts. The full report can be accessed via the NHS Improvement website;

https://improvement.nhs.uk/resources/monthly-data-patient-safety-incident-reports/

However, the following table (table 3) is represented for comparison purposes in the Quality Account.

NRLS has also changed to monthly publications of incident data. This has allowed Trusts to scrutinize their data more effectively.

The Trust has had some difficulty in initially capturing and then uploading NRLS data due to complexities in the Datix set up. This initially meant that only a small part of the data was sent to NRLS.

However, this was resolved in July 2017 and since this time all data has been uploaded to NRLS and the backlog of data was uploaded at the end of Q3 2017. The Trust is now uploading data on a weekly basis from newly-reported incidents.

On average, from April 2017 to August 2017, the Trust uploaded 35 incidents on average per month. From September 2017 to January 2018, the Trust uploaded on average 175 incidents per month.

The London Ambulance Service NHS Trust reported the most incidents to NRLS between April 1-September 30 2017 and South Central Ambulance Service NHS Foundation Trust reported 60. It is difficult to draw comparisons as this is not converted into a rate based on population but the data does not give cause for concerns for SECAmb.

Table 3. NRLS Reporting (Organisational level data for the first 10 months) April 17 – January 18

Organisation name	Number of incidents occurring
SOUTH WESTERN AMBULANCE SERVICE NHS FOUNDATION TRUST	**2,371**
LONDON AMBULANCE SERVICE NHS TRUST	**2,313**
NORTH EAST AMBULANCE SERVICE NHS FOUNDATION TRUST	**1,614**
YORKSHIRE AMBULANCE SERVICE NHS TRUST	**1,572**
SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST	**1,046**
NORTH WEST AMBULANCE SERVICE NHS TRUST	**891**
EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST	**758**
WEST MIDLANDS AMBULANCE SERVICE NHS FOUNDATION TRUST	**630**
EAST MIDLANDS AMBULANCE SERVICE NHS TRUST	**541**
SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST	**126**
All Ambulance trusts	**11,862**

Part Three

Data quality

The data is drawn from the Trust's electronic database, Datix. The data presented in this Quality Account has been compiled from a report that was pulled from the system twice in order to ensure accuracy. The data has then been evaluated by the Datix Manager and the Head of Risk to check for consistency and abnormalities.

The incident data is regularly presented and is featured in the monthly quality & safety report which is presented to the Executive Team, Commissioners and Area Governance Meetings.

The NRLS data in table 3 is produced by NHS Improvement.

999 Call Recording

REASON CHOSEN:

999 call recording is a key element of the Trust's clinical documentation and is consequently a fundamental element of patient safety. This was a key failing identified by the care Quality Commission in 2017.

DATA SOURCE:

Electronic database.

CONFIDENCE IN THE DATA:

(INDICATED IN BOLD):

Low, Medium, **High**

This year the Trust identified 999 call recording as one of the measures of patient safety.

Call recording was identified by the Care Quality Commission as a significant failure which resulted in a "Notice of Proposal" in 2017. This was rapidly corrected and as a result the notice was lifted in September 2017.

However, the infrastructure that is required to undertake 999 call recording requires investment and whilst this has been authorised by the Trust Board there is a time lag between business case, approval, procurement and implementation. Consequently, a monitoring system has been put into place which gives oversight of any failings in the Trust's ability to record 999 calls.

999 Call auditing process

The monitoring system is a weekly audit of compliance. The Trust's Compliance Steering Group maintains a weekly overview of the audit results and if there are any failings escalates these issues to the Executive Management Board.

Table 4 illustrates that the recording issues are being actively managed.

Since October there have only been two cases identified through the audit process.

Date	Number of Missing Calls	Number of Calls Audited	Number of Partial Recordings	Number with Static in Recording	Number of Conjoined Recordings	Number of Transferred calls not recorded
19-09-17	30	408	67	91	0	0
2-10-17	9	2622	1	60	0	0
13-10-17	18	2402	14	105	0	0
20-10-17	0	2473	0	0	0	0
27-10-17	0	2252	0	0	44	0
10-11-17	0	2547	0	0	0	0
17-11-17	0	2603	0	0	0	1
23-11-17	0	2576	0	0	0	0
05-01-18	0	1555	0	0	0	0
26-01-18	1	1408	0	0	0	0
02-02-18	1	2064	0	0	0	0
09-02-18	0	2416	0	0	0	0
02-03-18	0	400	0	0	0	0
23-03-18	0	799	0	0	0	0

Data definition and comparisons

There are no data definitions and comparisons are not possible.

Data quality

The Trust's Computer Aided Dispatch system (CAD) is used as the baseline for the audit. It contains records for every call made into the control room and also out of the room to the Trust's clinical staff. Also captured are the subsequent calls made into the control room (patient or a clinician ringing a patient back).

The data is located by members of the audit team where each call selected for audit is traced back. To date the Trust has audited over 20,000 voice records since commencing the audit.

There is a high confidence in the quality of the data.

Part Three

Medicines management

REASON CHOSEN:
Medicines Management is a key element to keeping staff and patients safe. This was a key failing identified by the care Quality Commission in 2017

DATA SOURCE:
Manually audited

CONFIDENCE IN THE DATA:
(INDICATED IN BOLD):
Low, Medium, **High**

Over the past year the Trust has placed a considerable emphasis on the need to improve medicines management. For the summer months of 2017 this was the Trust's primary focus on improving safety.

The care Quality commission report was useful in the way that it assisted the Trust to prioritise and take rapid action. The Care Quality Commission's immediate conclusions were that the Trust was significantly failing in this area of practice which resulted in a "Notice of Proposal" in 2017. This was rapidly corrected and as a result, the notice was lifted in October 2017 following a re-inspection the month previously.

Improvements

A number of work streams were implemented via the creation of a new Improvement Plan. These included;

- The recruitment of a Chief Pharmacist.
- Controlled Drugs Accountable Officer (CDAO) appointed and medicines safety officer (MSO) appointed.
- Recruitment into an expanded medicines governance team.
- Training for staff through workshops and facilitated discussions.
- Training for the new standard operating procedures.
- The creation of a system of audit and assurance to monitor compliance against standards.
- A complete review of the suite of policies and procedures that guide medicines management
- A revision of the Trust's Patient Group Directions (an agreement that permits some staff to administer medications in the absence of a prescription).
- New medicines storage for staff carrying medicines on their person.
- A revision of drug security and the locking of medicines and medical gases.
- Commissioning an external review into medicines management.
- Development of a medicines optimisation strategy.
- Introduction of a system to monitor temperature recordings of medicines storage conditions.
- Review of the use of medicines within the clinical training team.
- Development of performance metrics for monitoring.
- Undertook training for the Controlled Drugs Accountable Officer (CDAO).

The Trust implemented a wide range of metrics that are thoroughly audited in order to ensure compliance. Operational Team Leaders are required to audit medicines compliance on a weekly basis. Operating Unit Managers are required to undertake monthly audits and the Chief Pharmacist leads quarterly audits.

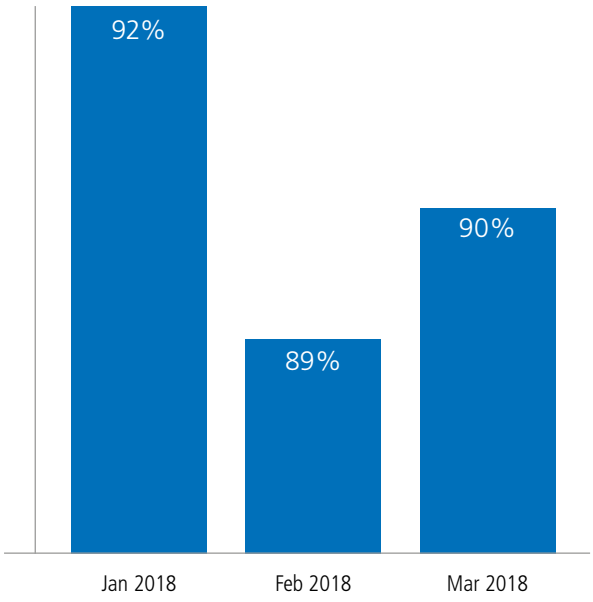
These are supplemented by ad hoc site checks and also additional checks form part of station assurance visits that are coordinated across the service.

Compliance with Medicines Standards

The graph below illustrates the compliance with the monthly audits. These were only introduced in January 2018. No further data is available.

Graph 19. Compliance with Medicine Standards 2017/18

% Compliance with Medicines Standards



As the medicines standards and subsequent audits were only introduced in late 2017 the Trust is unable to provide data for the whole year and for the previous year.

When an area reports a breach in compliance, relevant actions are identified and implementation of the actions is monitored. In addition, the central team track any identified themes and plans are developed to rectify corporate issues. For example, through analysis it was identified that there was a problem with the tagging of medicines pouches (the tagging allows quick identification as to the status of the contents). Appropriate changes were identified and have been implemented. The intended improvements are currently being observed and monitored.

Data definition and comparisons

There are no data definitions and comparisons are not possible.

Data quality

The improvement plan has delivered considerable improvement to the management of medicines. There is a high level of confidence in the data as the audits are undertaken in three different time frames, weekly, monthly and quarterly, by different people and the results are compared and discussed by the senior management team.

Clinical effectiveness indicators

The nature of the emergency and urgent care service means that patients are under the care of the Trust for a limited time and many more professionals are often involved with the care of the patient. So evaluating the effectiveness of the ambulance intervention is challenging as there are fewer metrics that solely measure the care and treatment given by the ambulance service.

Nevertheless, the Trust has identified three indicators for clinical effectiveness.

Part Three

Clinical audit programme

REASON CHOSEN:

Clinical audit is a vital component of the Trust's evaluation work. Through audit the Trust can examine how effective it has been. In previous years the Trust has had difficulty fully delivering the audit programme and identified this as an area of quality improvement

Clinical audit was identified by the Care Quality Commission as an area that required immediate attention

DATA SOURCE:

Various sources

CONFIDENCE IN THE DATA:

(INDICATED IN BOLD):

Low, Medium, **High**

Each year the Trust creates a clinical audit programme. The programme includes a range of locally identified audits and the nationally mandated ambulance clinical quality indicators.

Documentation

As the majority of the audits are document based, the Trust's clinicians are required to maintain a high standard of documentation. Therefore, sitting alongside the audit programme is an improvement plan aimed at improving clinical documentation.

The health records team are a vital part of this process and are responsible for the timely scanning and indexing of all paper-based patient care records. This ensures the data is available for the audit process.

Considerable work has been undertaken to improve this process and whilst some challenges remain there has been improvement.

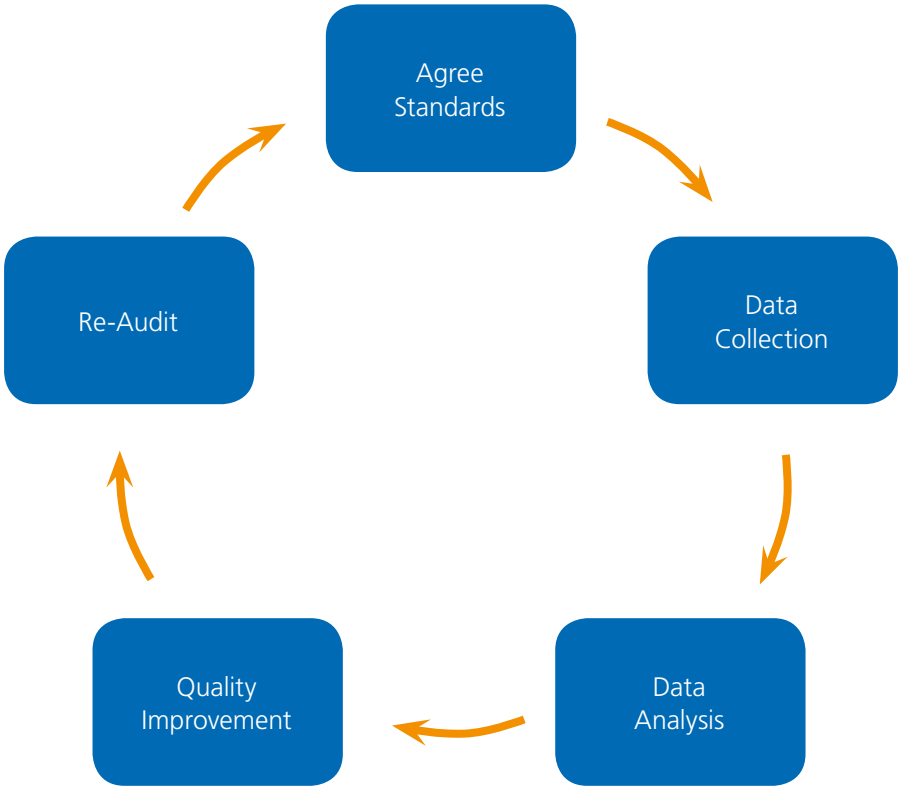
Additionally, the Trust has improved the accuracy of documentation. In July 2017, the start of the improvement journey, the Trust had a compliance rate of 28% for all documentation containing all the relevant data. By the end of March the compliance rate was 51%.

Clinical audit

NHS Trusts have a statutory and mandatory requirement to have well-designed clinical audit and improvement systems in place, in order to provide safe and effective care to the population they provide for.

Clinical audit is the quality improvement cycle that SECAmb uses to measure the quality of care delivered against agreed and proven standards, and to produce improvements by bringing practice into line with these standards.

Fig 1: Improvement Cycle



The Clinical Audit Team have defined high quality care as being:

Safe – avoiding injuries to service users from the care that is intended to help them.

Timely – reducing waits and sometimes harmful delays for both those who receive and those who give care.

Efficient – avoiding waste, including waste of equipment, supplies, ideas and energy.

Equitable - providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, sexuality, geographic location and socio-economic status.

Effective – providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit.

Person-centred – providing care that is respectful of and responsive to individual service user preferences, needs and values and ensuring that patient values guide all clinical decisions

During the year the Trust produced an improvement action plan, which included appointing the Clinical Audit Support Centre to undertake a review of the clinical audit function.

The clinical audit programme

The 2017/18 clinical audit programme comprised of 13 locally identified clinical audits. The list of all 13 audits is given in Table 5. This is the first year in three years that all of the audits will have been fully completed (graph 20). This is a significant achievement for the organisation.

In addition, the audit team are required to audit the following national requirements:

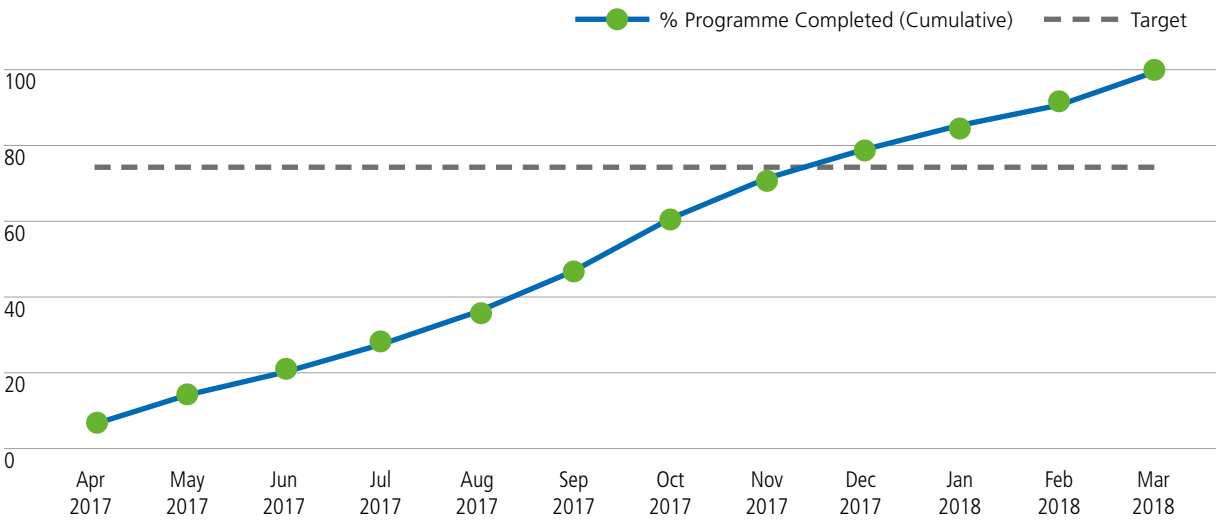
- Stroke Care
- STEMI Care
- Stroke arrival at hospital within 60 minutes.
- STEMI and treatment received within 150 minutes
- Cardiac arrest survival
- Return of Spontaneous Circulation (ROSC)

Whilst the achievements within the audit programme are significant for the Trust there remains further work. There needs to be a more active role in monitoring improvements and for identifying accountability for incorporating audit results into clinical practice.

The Trust's clinical audit group will be instrumental in driving the recommendations and outcomes from clinical audit.

Audit Area
Fractured neck of femur
Patient risk assessment in mental health conditions
Condition coding, incident categorisation and documentation for mental health
Management of mental health conditions
Correct diagnosis of non-conveyed chest pain
Falls - patient outcome
Falls – referrals
Early warning scoring
Adherence to guidance for Rocuronium
Patient outcome for Rocuronium
Head injury management
Sepsis management
Amiodarone use

Graph 20. Compliance with clinical audit programme across 2017/18



Data definition and comparisons

There is no data definition and comparisons are not possible.

Data quality

The data used to populate graph 17 is of low volume and has been manually counted a number of times.

The Head of Clinical Audit maintains an oversight of all the data and reports this weekly to the Trust's Compliance Steering Group. There is a high confidence in the data.

Cardiac arrest survival

REASON CHOSEN:
One of the most important clinical outcome measures for patients

DATA SOURCE:
Clinical Records

CONFIDENCE IN THE DATA:
(INDICATED IN BOLD):
Low, Medium, **High**

Cardiac arrest survival is also one of the mandated indicators for clinical audit.

Ambulance services in the whole of England attempt resuscitation in nearly 30,000 people suffering out-of-hospital cardiac arrest every year.

Approximately eight percent of people in whom resuscitation is attempted survive to the point of hospital discharge.

The presence of a clinician significantly improves response to, and outcome from, a cardiac arrest, as the clinician on scene can begin the correct advanced life support at the earliest opportunity.

However, the indicator is a measure of more than just the ambulance intervention. It is a whole system measure. Survival can be increased significantly by the early use of cardiopulmonary resuscitation (CPR) and automated external defibrillators (AEDs) either by members of the public or the ambulance service.

The chances of survival are time-dependent; the longer the attempted resuscitation is delayed, the worse the outcome. In patients with a shockable heart rhythm, there is approximately a 10% reduction in survival for every minute's delay in providing defibrillation .

There are two measures for evaluating the outcome of this indicator. The first is the overall number of patients suffering a cardiac arrest but as a result of life-support started or continued by the ambulance service, and treatment in hospital, they were successfully resuscitated and survived to discharge at hospital. The second measure is known as the Utstein group. This is an internationally-recognised method of calculating out-of-hospital cardiac arrest survival rates and focuses on a sub-group of patients who have the best chance of a successful resuscitation. The calculation takes into account the number of patients discharged alive from hospital who had resuscitation attempted following a cardiac arrest of presumed cardiac aetiology, and who also had their arrest witnessed by a bystander and an initial cardiac rhythm of ventricular fibrillation or ventricular tachycardia.

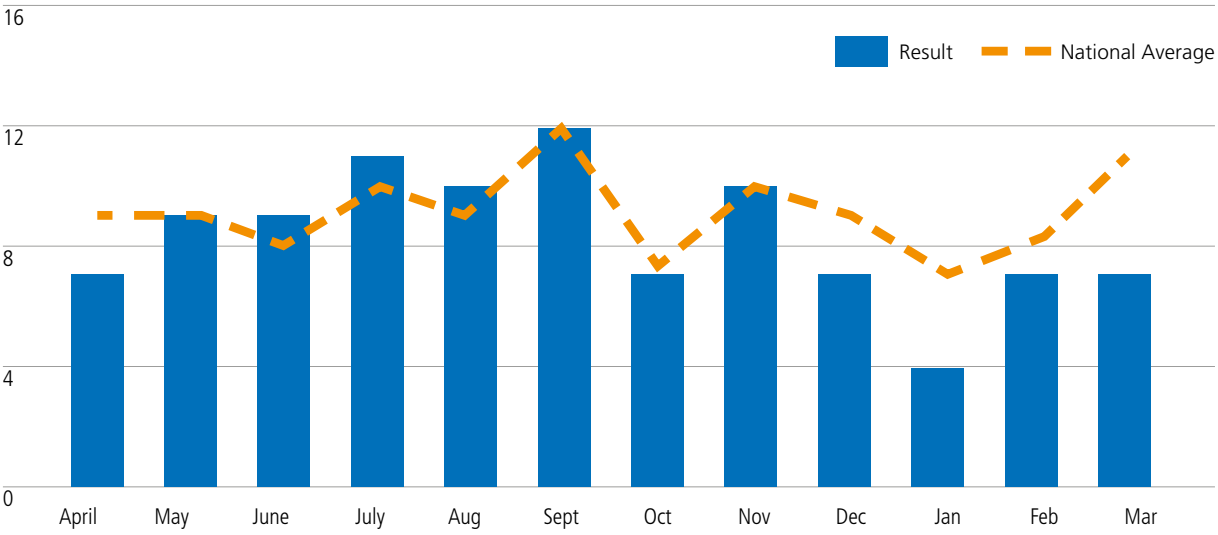
The Utstein group is regarded as the best of the two measures as it more accurately measures the care and treatment given to those patients most likely to survive.

The Utstein measure has already been provided in section 2 of the Quality Account but is reproduced again here for convenience.

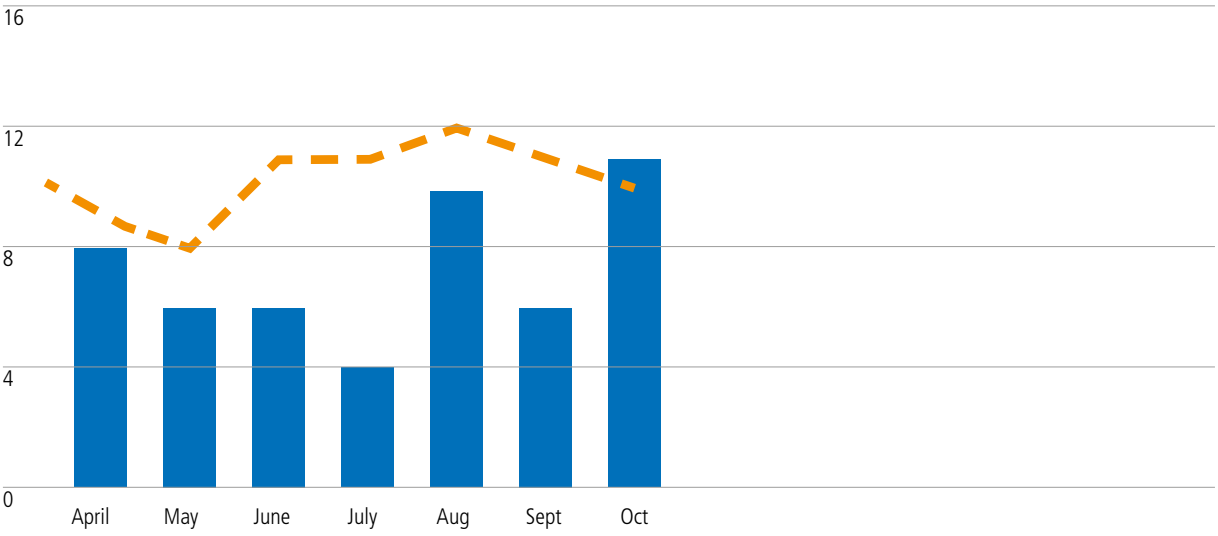
The following graphs show the Trust's performance across the last two years.

[4]Taken from Resuscitation to Recovery. A National Framework to Improve Care of People with Out of Hospital Cardiac Arrest in England. March 2017.

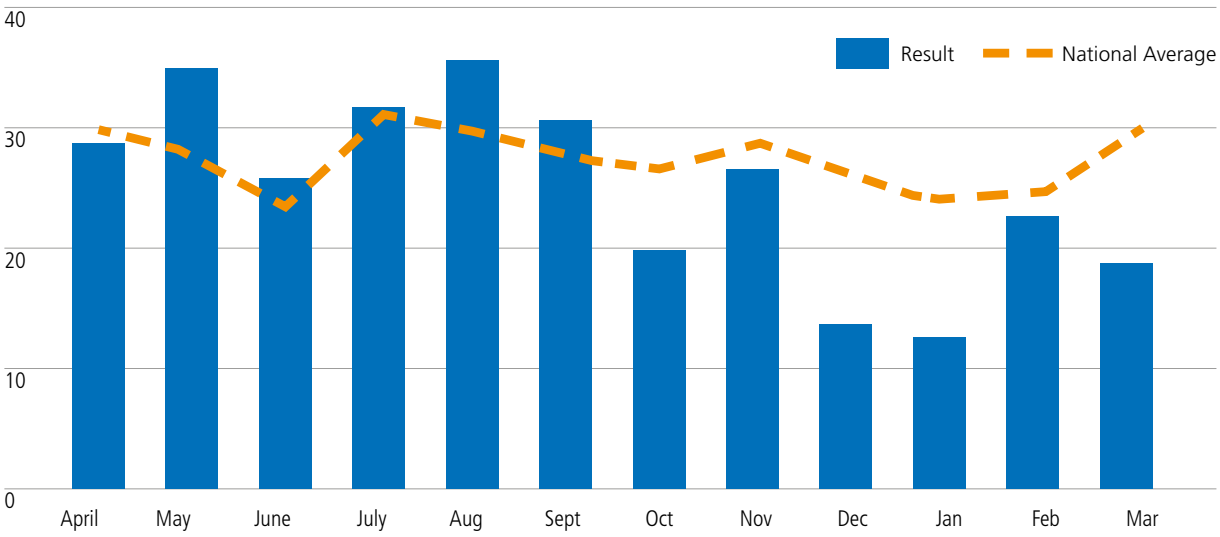
Graph 21. Survival to discharge following cardiac arrest (All) 2016/17



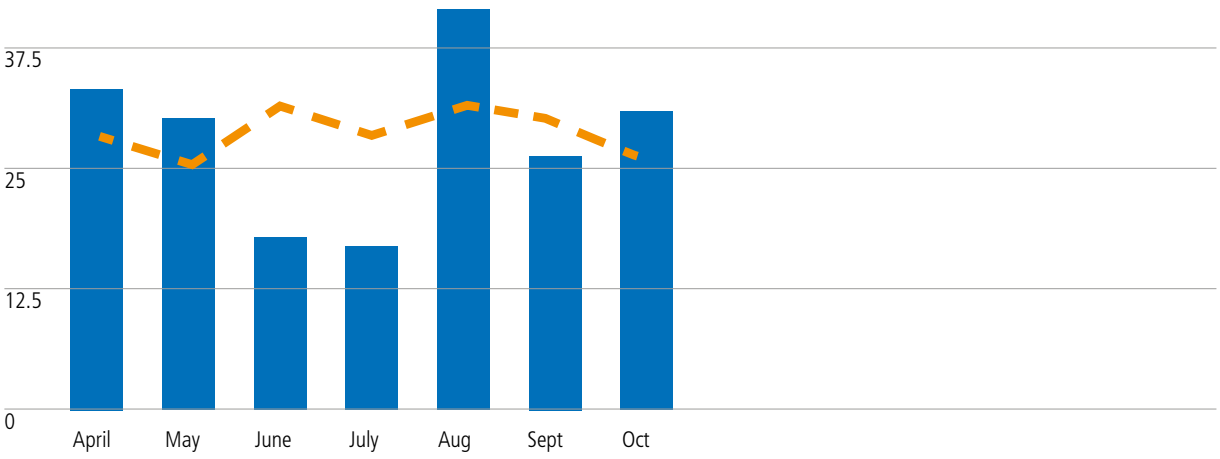
Graph 22. Survival to discharge following cardiac arrest (All) 2017/18



Graph 23. Survival to discharge following cardiac arrest (Utstein) 2016/17



Graph 24. Survival to discharge following cardiac arrest (Utstein) 2017/18



Part Three

Work undertaken

Survival from cardiac arrest is a key area of focus for the Trust. The clinical audit team collate and analyse the Trust's data on the number of cardiac arrests we attend, the number of patients that have a 'return of spontaneous circulation' (have a heartbeat) when they arrive at hospital, and how many patients survive to be discharged from hospital. This data and analysis drives improvement across the Trust.

Early recognition:

- In order to reduce the time taken to respond to a cardiac arrest when somebody calls 999, we have introduced three 'pre-triage' questions. These questions are asked before taking any location details or before detailed triage begins and allow us to get help to our most unwell patients first.
- SECAmb once again took part in 'Restart a Heart Day'; which is a designated yearly day of action across Europe with the aim to teach vital life-saving cardiopulmonary resuscitation (CPR) skills to as many people as possible. We doubled our efforts from 2016 and trained 16,800 people to recognise cardiac arrest and buy time by delivering bystander CPR.

Early CPR:

- Our Emergency Medical Advisors (EMAs), who answer 999 calls, deliver instructions on how to deliver CPR when a patient is in cardiac arrest. The quicker CPR commences, the greater the patient's chance of survival. We have begun to collect data on how quickly this telephone guided CPR commences. Monitoring this data helps us to benchmark and identify opportunities for improvement.
- A programme of work has updated and strengthened the training provided to our community first responders (CFRs). CFRs are volunteer members of a local community who are trained to respond to emergency calls in conjunction with SECAmb. As they respond in the local areas where they live and work, they are able to attend the scene quickly and commence CPR to increase the patient's chances of survival. The changes to the training programme will enhance the skills of the group and facilitate improved patient care. Further recruitment of CFRs will commence in 2018/2019.
- The Trust has purchased additional mechanical CPR devices so that more victims of cardiac arrest receive continuous, high-quality CPR at the scene of a cardiac arrest and en route to hospital.

Early defibrillation:

- The Trust database of Public Access Defibrillators (PADs) currently holds around 3,000 records. We continuously receive additional entries for the database. When a 999 call for a cardiac arrest is received and there is a public access defibrillator in a close proximity, the caller is given instructions on how to access the defibrillator and how to use it. This allows early defibrillation to take place and increases the patient's chance of survival.

Post-resuscitation care:

- A new resuscitation procedure has been introduced in the Trust, which provides more clarity on the safe and effective management of patients after a successful resuscitation.
- Additional resuscitation training will be provided in the Trust's 2018-2019 annual mandatory training programme for clinical staff. This will include content on advanced life support skills and effective post resuscitation care.

Data definition and comparisons

The national definition for cardiac arrest survival is:

- This is a measure of the overall number of patients suffering a cardiac arrest, but as a result of life-support started or continued by the ambulance service, and treatment in hospital, they were successfully resuscitated and survived.

The national definition for Cardiac Arrest Survival (Utstein) is;

- This is a measure of the overall number of patients who were witnessed suffering a cardiac arrest and received life support started or continued by the ambulance service and treatment in hospital so they were successfully resuscitated, and where their initial heart rhythm allowed it to be shocked with a defibrillator, and survived.

The data is not currently published across a whole year as the data validation means data is published three months behind collection. However, it is possible to compare rates for the last published month; October 2017. For the "all group" the national average is 10% and SECAmb's performance is 11%. The highest performing Trust was South Central Ambulance Service NHS Foundation Trust at 17%, and the lowest performing Trust was South Western Ambulance Service NHS Foundation Trust at 6%.

For the "Utstein group" the national average is 27% and SECAMbs performance is 31%. The highest performing Trust was Yorkshire Ambulance NHS Service NHS Trust at 43% and the lowest performing Trust was South Western Ambulance Service NHS Foundation Trust and London Ambulance Service NHS Trust at 18%.

Data quality

This indicator is part of the national reporting requirements. NHS England maintains the specification for the data that ambulance services collect, based upon user requirements and discussion with data providers. Provider groups include the National Ambulance Information Group (NAIG) for Ambulance Systems Indicators (SI) data; and the National Ambulance Service Clinical Quality Group (NASCQG) for Clinical Outcomes (CO) data. NAIG and NASCQG represent the 11 ambulance services in England that provide and use the data.

However, the patient numbers are very low within the Utstein group which makes comparisons across time and other providers more difficult.

Part Three

Return of spontaneous circulation

REASON CHOSEN:
One of the most important clinical outcome measures for patients

DATA SOURCE:
Clinical Records

CONFIDENCE IN THE DATA:
(INDICATED IN BOLD):
Low, Medium, **High**

Cardiac return of spontaneous circulation is one of the mandated indicators for clinical audit. However, unlike survival to discharge it measures the intervention undertaken by the ambulance service.

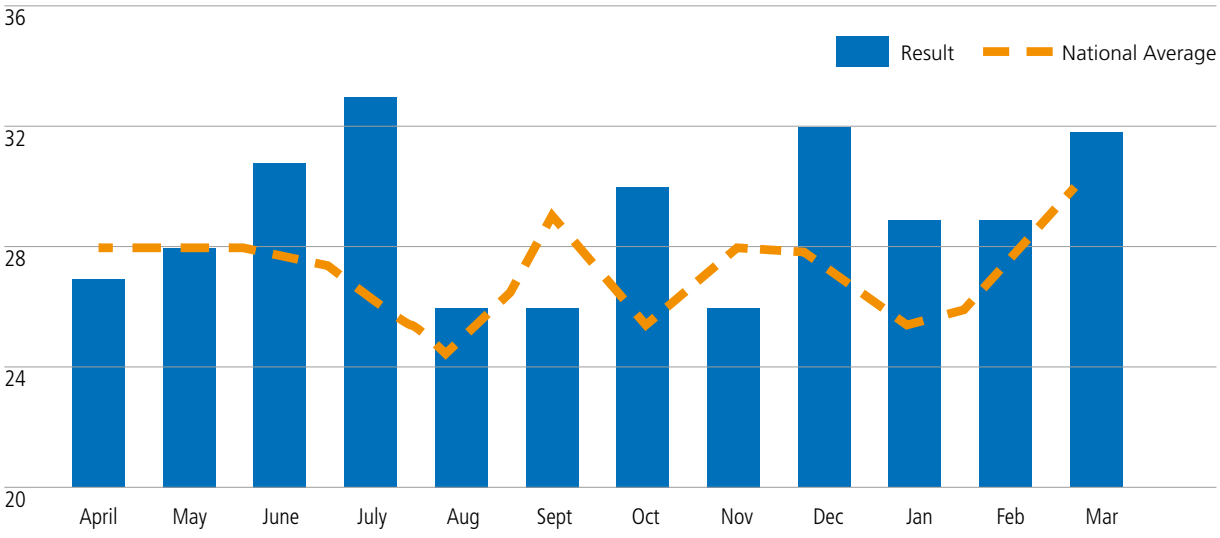
In the UK, call handlers answering 999 calls generally have no medical training and read triage questions from a screen. They are however extensively trained to use the software that guides the assessment of the patient. The system is designed to be precise and identify the medical condition or complaint as soon as possible. Too much flexibility or ambiguity during the assessment can cause a delay starting dispatcher assisted CPR.

The dispatcher-assisted CPR allows the most important intervention to be given to the patient as soon as possible. Our call handlers are a vital part in our ability to get care and treatment rapidly to the patient.

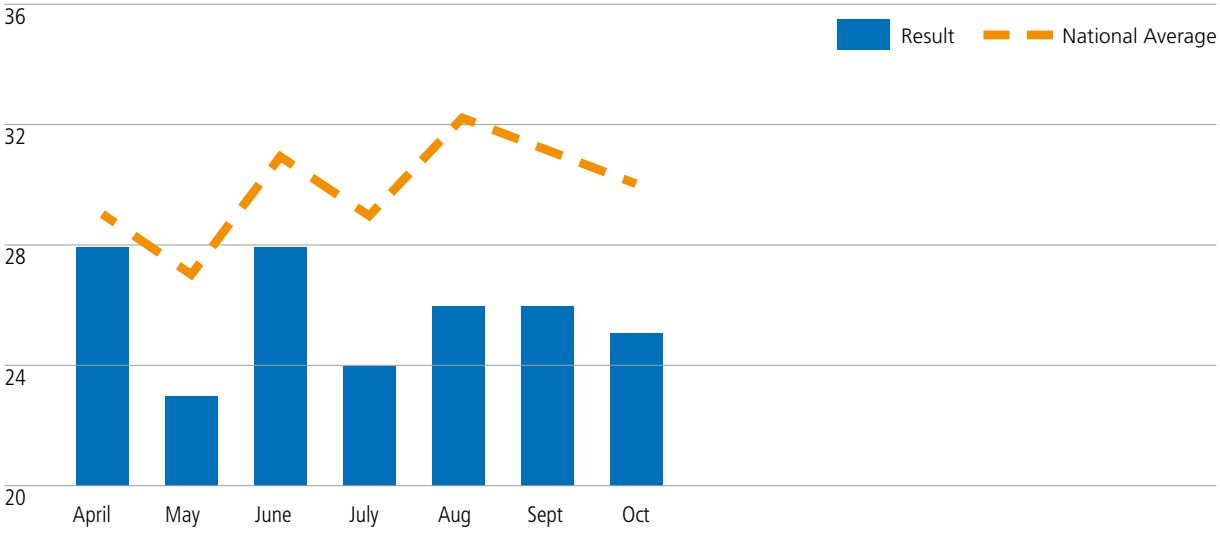
Clearly once an ambulance clinician arrives on scene they can either commence, if not already started, or continue the CPR. Therefore, it is vital that the Trust's clinicians remain current and competent with this intervention.

Consequently, the Trust requires the clinical staff to retrain regularly.

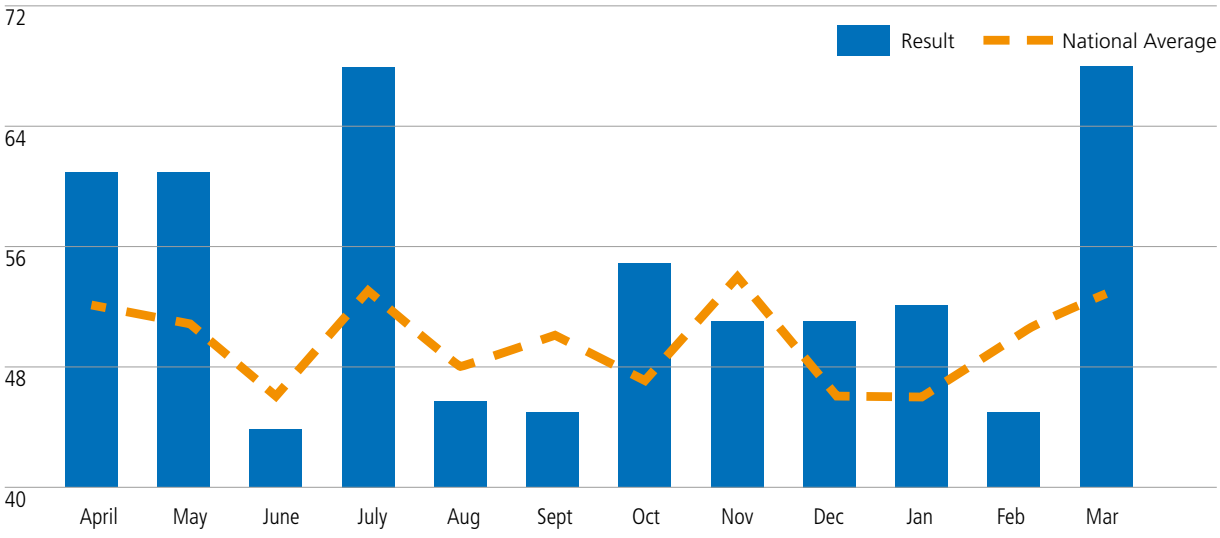
Graph 25. Return of spontaneous circulation (All) 2016/17



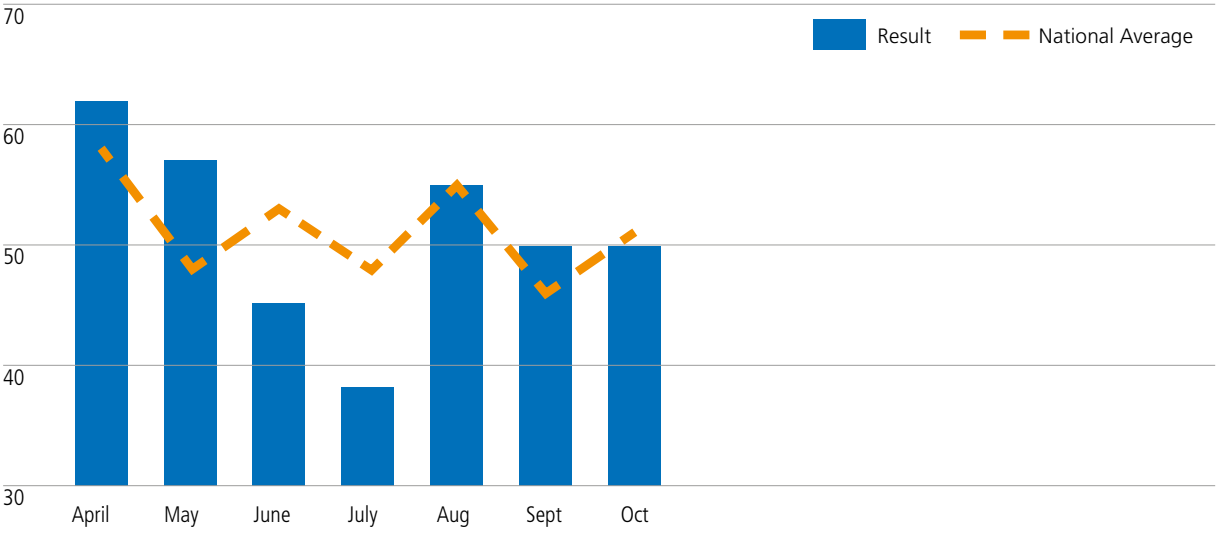
Graph 26. Return of spontaneous circulation (All) 2017/18



Graph 27. Return of spontaneous circulation (Utstein) 2016/17



Graph 28. Return of spontaneous circulation (Utstein) 2017/18



Data definition and comparisons

The national definition for ROSC is;

- This is a measure of the number of patients who have suffered a cardiac arrest, but as a result of life-support started or continued by the ambulance service, had a pulse again by the time they arrived at hospital.

The national definition ROSC (Utstein) is;

- This is a measure of the number of patients who have suffered a cardiac arrest, but as a result of life-support started or continued by the ambulance service, had a pulse again by the time they arrived at hospital, and went on to be discharged from hospital.

The data is not currently published across a whole year as the data validation means data is published three months behind collection. However, it is possible to compare rates for the last published month; October 2017. For the "all group" the national average is 29% and SECAmb's performance is 25%. The highest performing Trust was South Central Ambulance Service NHS Foundation Trust at 37% and the lowest performing Trust was Isle of Wight NHS Trust at 21%.

For the "Utstein group" the national average is 51% and SECAmb's performance is 50%. The highest performing Trust was East of England Ambulance Service NHS Trust at 75% and the lowest performing Trust was Isle of Wight NHS Trust 0%.

Data quality

This indicator is part of the national reporting requirements. NHS England maintains the specification for the data that ambulance services collect, based upon user requirements and discussion with data providers. Provider groups include the National Ambulance Information Group (NAIG) for Ambulance Systems Indicators (SI) data; and the National Ambulance Service Clinical Quality Group (NASCQG) for Clinical Outcomes (CO) data. NAIG and NASCQG represent the 11 ambulance services in England who provide and use the data.

Patient experience indicators

Patient experience is the third domain of indicators where Foundation Trusts are required to publish information.

Patients are generally within the ambulance service's care for a short length of time and this can make evaluation more difficult. Nevertheless, the Trust takes patient experience seriously and draws upon the complaints and compliments that the Trust receives as the main indication of patient satisfaction. Each month either a complaint or a compliment is selected for presentation and discussion at the Trust Board.

REASON CHOSEN:
One of the most important measures for patient experience

DATA SOURCE:
Complaint Letters & Datix

CONFIDENCE IN THE DATA:
(INDICATED IN BOLD):
Low, Medium, **High**

The Trust identified complaints management as one of the areas requiring improvement. A comprehensive improvement plan was developed and monitored weekly by members of the Trust's executive team.

Three objectives were identified;

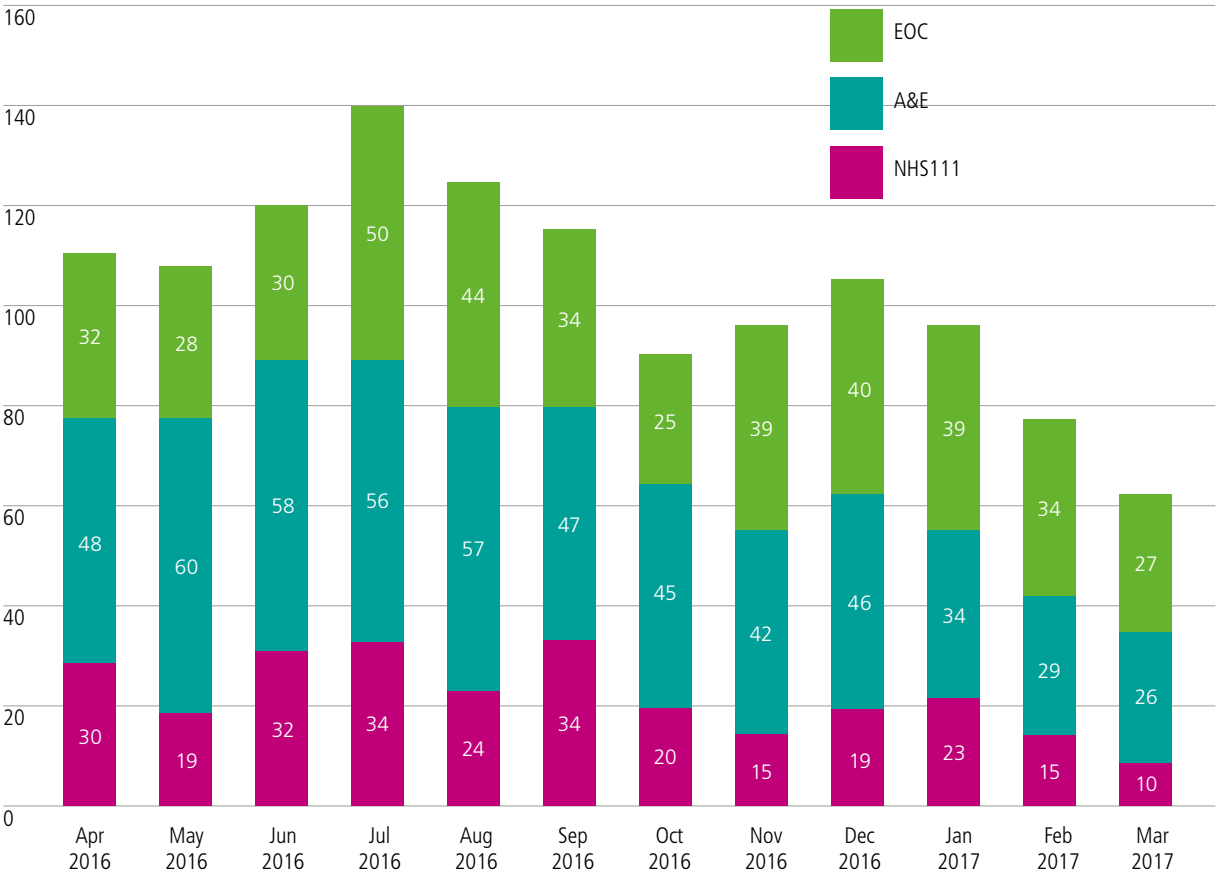
- Objective 1: By 31/03/2018 80% of complaints are being concluded within 25 working days.
- Objective 2: By 31/01/18 be able to provide evidence of learning from at least 95% of complaints.
- Objective 3: By 31/03/2018 80% the Trust will have improved the sharing of learning from complaints and will be able to evidence this.

All of the objectives were achieve to the plan and within timescales. This has made a significant difference to the profile of complaints across the organisation.

Graphs 29 and 30 illustrate the volume of complaints across 2016/17 and 2017/18.

Part Three

Graph 29.Number of complaints 2016/17

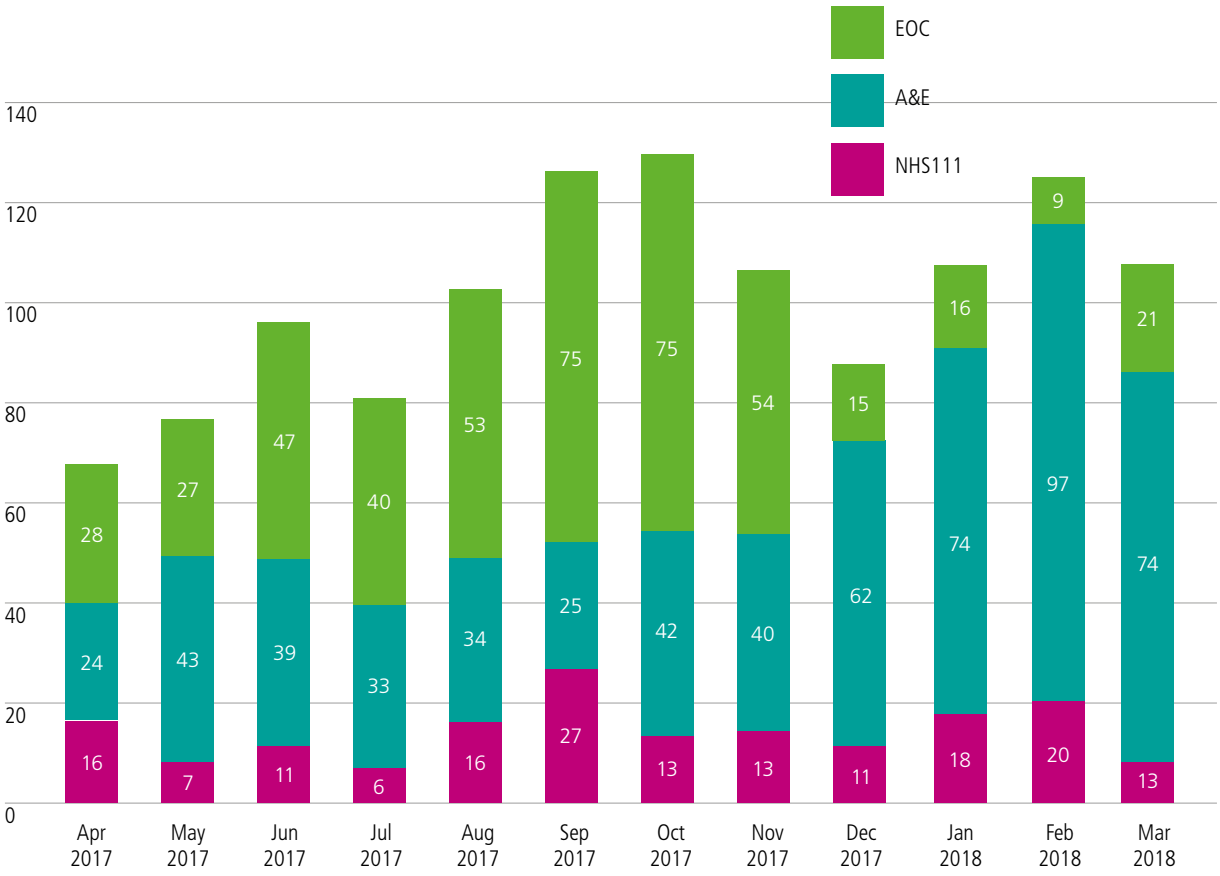


Complaint Numbers

Overall the Trust has received a similar number of complaints as the previous year. The Trust did experience a fall as the new Ambulance Response Programme was implemented, as this introduced a new element where patients were informed approximately how long they may wait for an ambulance. This seemed to manage expectations and appeared to be well received by patients. This will be monitored by the team to see if this is sustained.

However, this year has seen a rise in the number of complaints about 999 call answering. There is a direct relationship with call answering performance, which has been more challenged this year than the previous year.

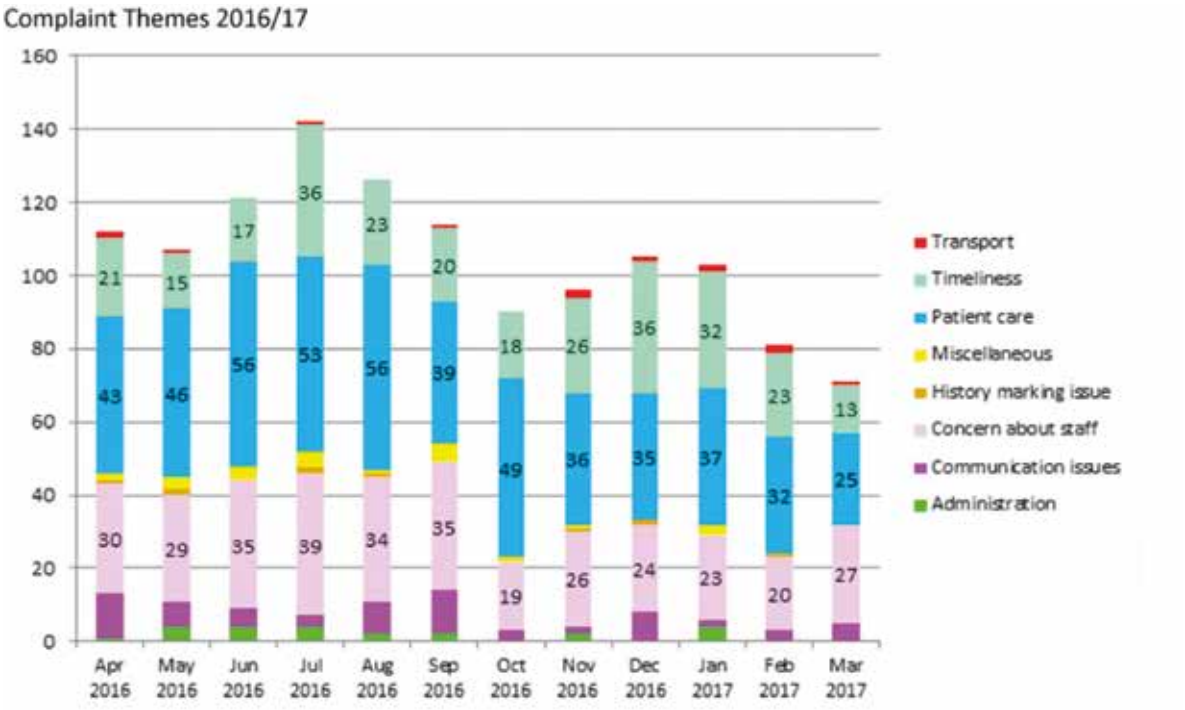
Graph 30. Number of complaints 2017/18



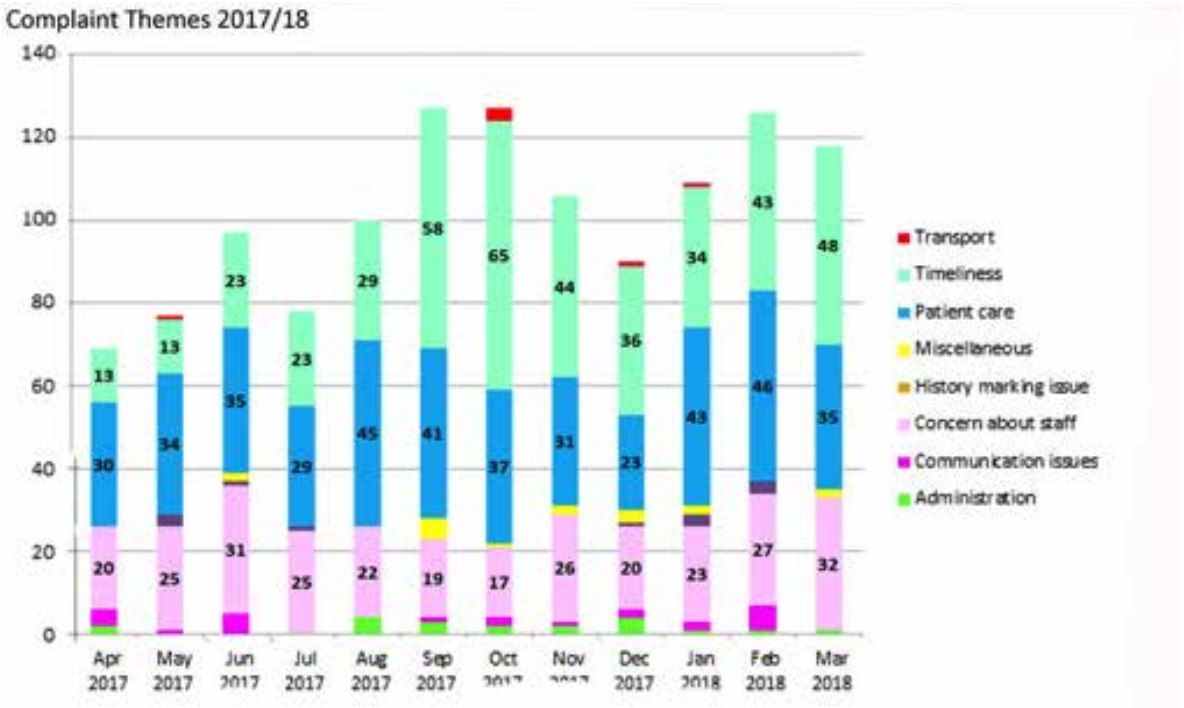
Complaint themes

The following graph (graph 31) illustrates the themes of complaints.

Graph 31. Complaint themes 2016/17

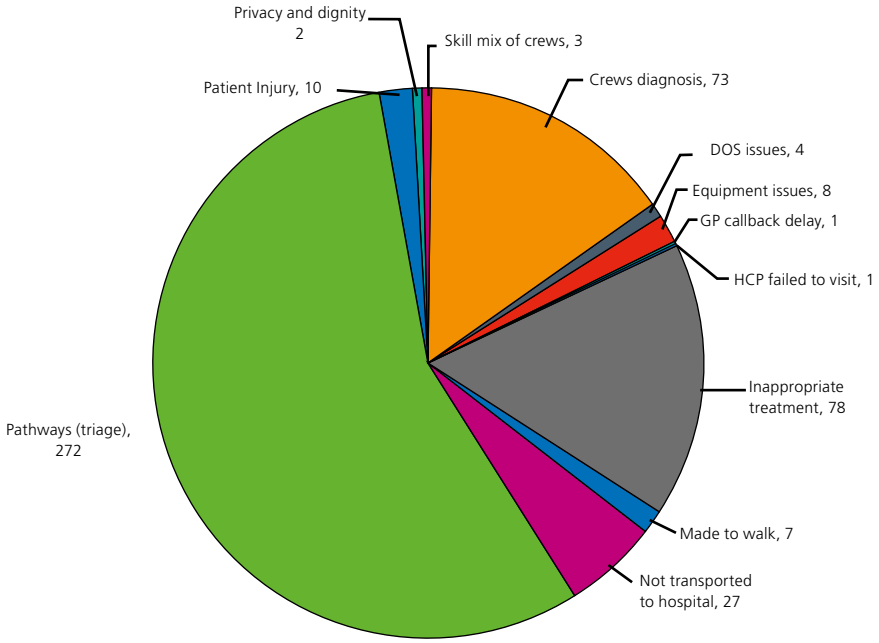


Graph 32. Complaint themes 2017/18



The most common theme this year has been 'patient care', with 429 complaints received. This includes care provided to patients by our ambulance crews, as well as the clinical triage of 999 and NHS111 calls.

Graph 33. Complaint themes



Complaints classed as 'inappropriate treatment included the following:

- Poor manual handling x 5
- Lack of alert (ASHICE) passed/patient not blue-lighted to hospital x 4
- Poor wound care
- Patient taken to wrong treatment centre
- Too much time taken to decide which hospital to convey patient to

Complaints about 'crew diagnosis' are often about the Trust's clinicians not listening to patients or carers and appearing to be dismissive of patients' conditions, and conveying them to hospital reluctantly when it was in fact warranted.

Sometimes they cross over with complaints about patients not being conveyed, where crews believe the patient's symptoms do not warrant conveyance to hospital but it is later found that the patient's condition was more serious than first thought and the patient is conveyed by a second ambulance or by their family. These include patients who have fallen, have abdominal pain, head injuries and fractures.

Complaint response

As previously discussed; the Trust has placed a focus on improving the response times of complaints.

As a result, a weekly report is now produced and circulated to the senior management and leadership teams. This report tracks the response and highlights any responses that could take longer than the 25 day target.

The following graph illustrates the considerable improvement the Trust has made across all areas of the service. By year end all services were meeting the target of responding to at least 80% of complaints within a 25 day target.

Graph 34. Complaint response times 2017/18

Complaint Responses Completed Within 25 Days 2017/18

Learning from complaints

The Trust is very keen to learn from complaints and to be able to demonstrate and share the resultant learning across the organisation.

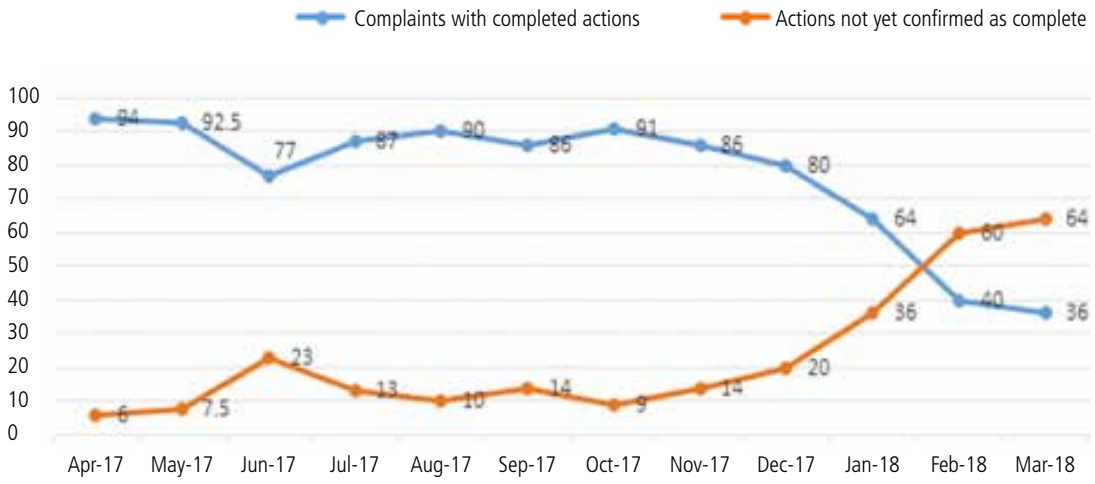
Whenever a complaint is even partly upheld, the investigating manager is expected to make recommendations for actions to mitigate a recurrence of the issue that occurred and to generate learning from what has happened. The Trust now has a system to track the implementation of all such actions, and the chart below (Chart 35) shows the percentage of complaints for which actions have been completed and those for which we are still awaiting confirmation.

Sharing learning

The Trust has recently developed 'Quality posters', which are produced monthly and displayed at all stations and make ready centres. The posters show complaints statistics by operating unit area as well as trust-wide, include a case study showing the outcome of and learning from a complaint, and also provide details of a recent 'compliment' received, ie a letter, email or telephone call expressing thanks for the service provided by our staff, which helps to provide balance. A shared learning discussion group has recently been established to consider different methods for sharing learning, recognising that everyone learns differently and that a variety of mechanisms is needed in order to engage as many of our staff as possible.

Graph 35. Implementation of learning

Actions Completed 2017/18



Data definition and comparisons

There is no national definition of a complaint. But generally most Trusts are guided by NHS England's definition:

- A complaint or concern is an expression of dissatisfaction about an act, omission or decision, either verbal or written, and whether justified or not, which requires a response.

However, there are no published figures that reliably compare the rates of complaints across ambulance services as inevitably the local variations on the above definition creates difficulty in making comparisons.

Data quality

Every complaint received by the Trust is registered on the Trust's electronic risk management system, Datix, by the Trust's own Patient Experience Team. A 'step by step' guide to processing complaints has been developed and is regularly updated by the Patient Experience Team to ensure that all members are recording data in a consistent way.

Datix is widely used throughout the NHS and provides a secure platform for holding data in accordance with data protection regulations.

More locally there are some data concerns regarding the 2017 data for the number of complaints as the Trust piloted a change in definition (which was not ultimately adopted) and as a result altered the Datix parameters. This reduces the confidence in the whole year's data.

Compliments

REASON CHOSEN:
The Trust receives a high proportion of compliments and these are a valuable source for evaluating patient experience.

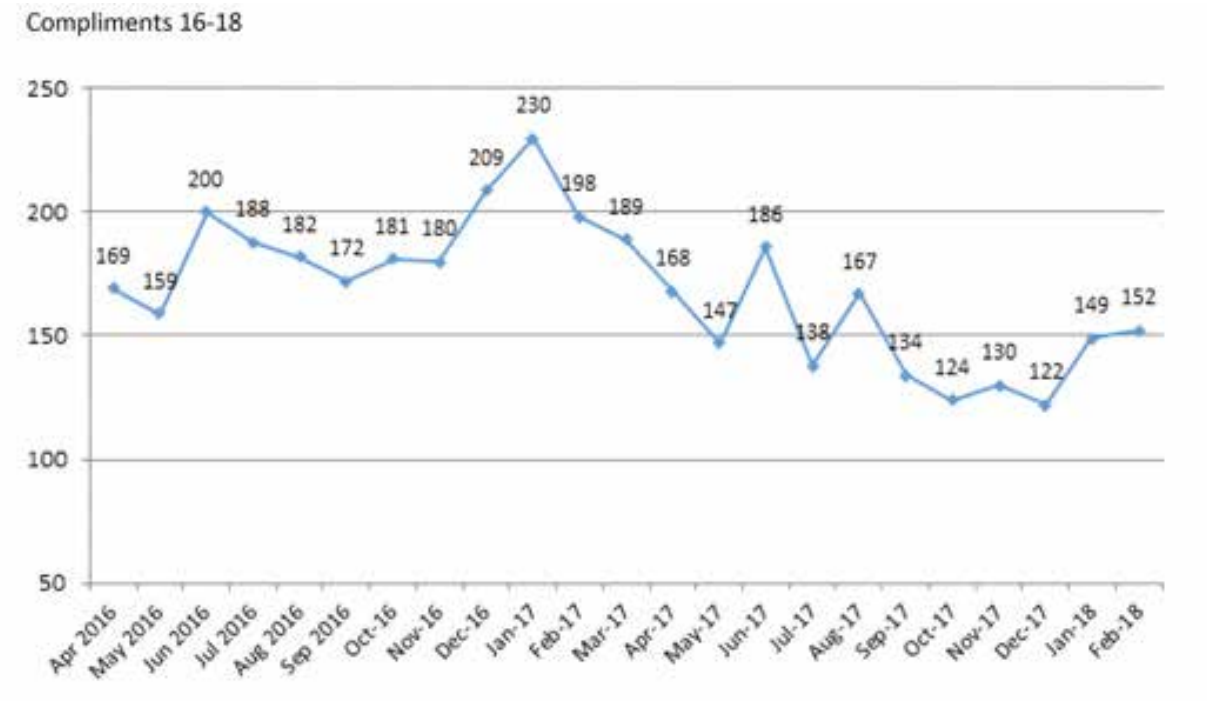
DATA SOURCE:
Complaint Letters & Datix

CONFIDENCE IN THE DATA:
(INDICATED IN BOLD):
Low, Medium, **High**

Each year SECAmb receives an increasing number of "compliments", ie letters, calls, cards and emails, thanking our staff for the work they do. Compliments are recorded on SECAmb's Datix database, alongside complaints, ensuring both positive and negative feedback is captured and reported. The staff concerned receive a letter from SECAmb's Chief Executive, thanking them for their dedication and for the care they provide to our patients. Examples of compliments are provided on the following pages.

The following graph (graph 36) shows that the number of compliments being received has steadily reduced over recent months.

Graph 34. Complaint response times 2017/18



Part Three

Below are examples of recent compliments.

A&E Operations

Compliment received recently from the manager of a nursing home

Last Thursday around 16.30 an ambulance arrived for a gentleman who resides here. He is renowned for being non-compliant which is especially dangerous since he has diabetes and declines all treatment.

The entire crew were fabulous but I must mention Sophie who was one of the three crew who attended to the client, and I want to let you know that she was absolutely outstanding. She remained calm while persuading the gentleman to go into hospital. Knowing the client as I do, it was an amazing result to see him setting off to hospital.

I understand that Sophie is in training and I want to register our appreciation on behalf of the client who is now back with us again.

Well done to all concerned, and a letter of thanks will be arriving to Sophie and her crew mates soon.

111 Service

Compliment received from a 111 service user

Last night I spoke to a gentleman, 111 health advisor @ 18:15 01/12/2017 and whom also called me back at 19:16. I was also passed to a paramedic. May I just say how thankful I am to both the healthcare advisor and paramedic. They got me the help I so desperately needed, stayed with me on the line to make sure I was okay. They kept me talking, and most of all waited until the ambulance arrived.

They are a real asset to the 111 service and the NHS as a whole. The bad press that 111 has received certainly doesn't resemble anything to how last night was handled. I overdosed on two medications, I was freezing cold, and lonely and they got me to safety. I was frightened.

Also the ambulance crew who came to my aid are also a real asset. I was worried how I would be judged for taking an overdose, and definitely felt I was a burden. Please can they be thanked, as well. I hope all four people involved last night will be personally identified and thanked on behalf of me and given a good pat on the back.

A&E Emergency Operations Centre (Call Centre)

Compliment received from a 111 service user

I called 999 on 29th June 2017 at 0726. The situation was that my partner was in labour. We we're told by the hospital by mistake to wait at home until her contractions were stronger although her previous history should've meant her to go in immediately. As the labour progressed so fast, I had no option but to call 999 as I would not have made the drive to hospital in time.

Basically, the 999 operator I spoke to was fantastic. She spoke me through what to do whilst we awaited the arrival of the ambulance. At no point did I expect what happened next... With the help of the operator, I delivered my own child before the ambulance arrived. He was born at 0746 and the ambulance arrived at 0755.

The reason for my email is because I feel yet again the need to express my gratitude to the NHS service. (My first child was also a dramatic birth which left his mother in a critical condition. She made a full recovery with the help of the fantastic team at Pembury hospital.)

I ask please that this email reaches the operator that I spoke to that day. Without her, I could not have done what I did. People keep calling me a hero, but I tell them that the real hero was the 999 operator that took my call that day. Attached is a picture of my son Joshua, born weighing 9lb, delivered by myself and the amazing 999 operator that took my call. From the bottom of my heart, I thank you, and what you do.

The Trust has recently developed a comprehensive communication system with station based staff. Information posters are a part of this process. These show complaints statistics by operating unit area as well as trust-wide, include a case study showing the outcome of and learning from a complaint. Importantly the posters also provide details of a recent 'compliment' received. This helps to provide balance and reminds staff of how valued they are by our patients, their families and carers.

Data definition and comparisons

There is no national definition of a compliment and comparison data is currently not available.

Data quality

Every compliment received by the Trust is registered on the Trust's electronic risk management system, Datix, by the Trust's dedicated Compliments Administrator.

Datix is widely used throughout the NHS and provides a secure platform for holding data in accordance with data protection regulations.

111 Patient survey

REASON CHOSEN:
The Trust undertakes a planned patient experience survey for patients using the 111 service

DATA SOURCE:
Feedback responses

CONFIDENCE IN THE DATA:
(INDICATED IN BOLD):
Low, Medium, **High**

NHS 111 is a national telephone service. SECAmb provides the service for Kent, Surrey and Sussex, working in partnership with Care UK. The service aims to make it easier for people to access healthcare services when they need medical help fast, but not in life-threatening situations

Patients who use the Trust's 111 service are invited to participate in a feedback survey based on text messaging.

There are six questions asked. The following table illustrates the six questions with the % of positive responses for 2017/18.

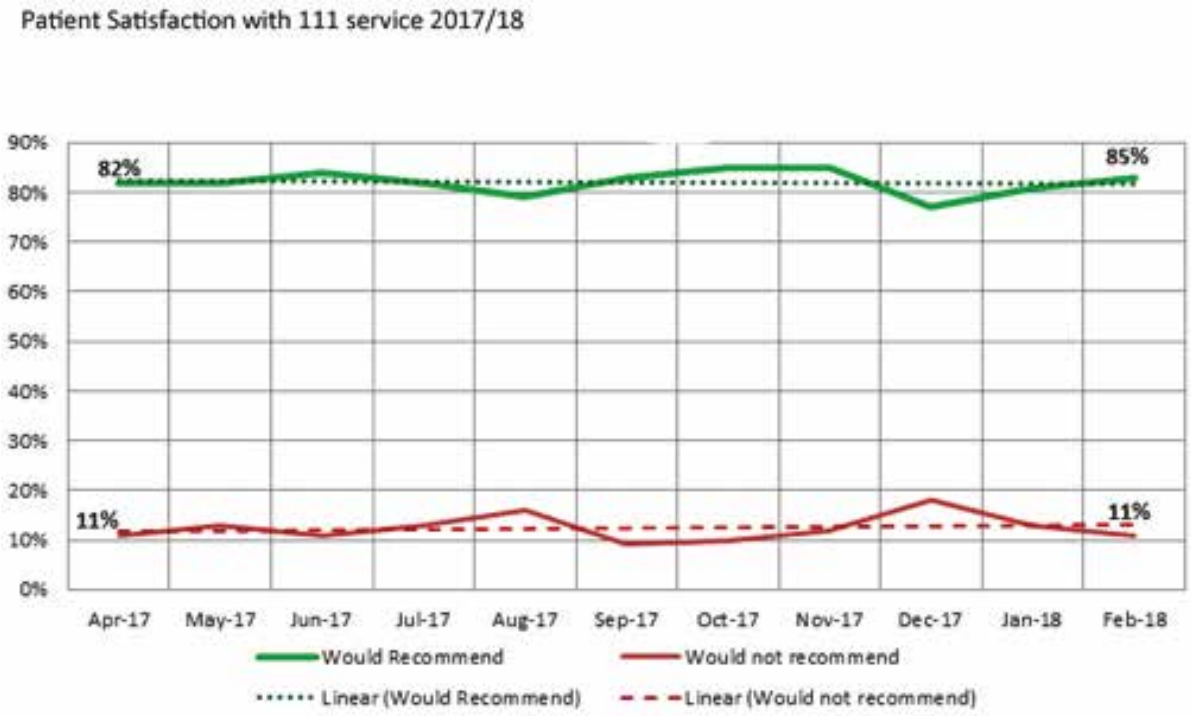
Question	
How likely are you to recommend this service to friends and family?	81%
Throughout my consultation I felt the 111 advisors listened carefully to what I had to say	85%
I feel I was treated with respect throughout my consultation	87%
Did you follow the advice of the 111 service	93%
Seven days after your call to 111 how was your problem?	60%
How satisfied overall are you with 111	81%

Table 6. Satisfaction Questions (111 service)

Graph 37 illustrates the overall satisfaction with the 111 Service for the current financial year, based on whether the caller would recommend the service. The graph shows that overall satisfaction has increased from 82% to 85% with the level of dissatisfaction remaining at 11%.

The satisfaction rating score has increased from 71% to 74% since April '17.

Graph 37. Patient satisfaction with the Trust's 111 service



Data definition and comparisons

There is no national definition of a compliment and comparison data is currently not available.

Data quality

The data is collected centrally by CareUK and then distributed to the appropriate services. It is included within the NHS111 monthly Patient Experience Bulletin which is distributed to all NHS111 staff. This provides assurance to staff that, despite the pressures of the service, patients are happy with their overall experience of using the 111 service. Being provided with this information helps encourage staff and instils a sense of pride in the service provided.

The data is also communicated to the 111 service's lead commissioners within the monthly Clinical Governance Report. This provides the CCGs with a quality assurance measure, which can be easily evaluated.

The results of the survey also link into the complaints and incidents from which shared learning is distributed to promote improvements to the service.

Part Three

Mandatory reporting indicators

This final domain reports on the mandatory indicators that have been prescribed by NHS Improvement for NHS Ambulance Trusts that are also Foundation Trusts.

The first two relate to the new Ambulance Response Programme (ARP). This was fully implemented in the ambulance service during 2017 after extensive trials that started in 2015.

The Ambulance Response Programme

The reason for the change falls within three areas:

- Ambulances services have fundamentally changed, but for the past four decades the service has remained organised around an eight-minute response time target.
- Half of all calls are now resolved by paramedics without the need to take patients to hospital, and for specialist care the focus of the ambulance service is increasingly on getting patients to the right hospital rather than simply the nearest. The current standards do not support this.
- The current standards have meant that ambulance services have been overly focussed on hitting the targets, but sometimes in a "wasteful and illogical manner".

Consequently, the response profile was reviewed and following a trial period was implemented Ambulance Trust by Ambulance Trust until all services were delivering the new Ambulance Response Programme.

The following changes were made to ambulance response standards:

- All Ambulance Trusts now have additional time to determine the most appropriate response to all calls (except the most serious category 1 999 calls). This allows Ambulance Trusts additional time (up to 180 seconds more) to decide on the most appropriate resource required. In addition to this three pre-triage questions have been added to ensure that new 'category 1' calls are dealt with in less time (30 seconds).
- Introduction of new target response standards. Ambulances will now be expected to reach the most seriously ill patients in an average of seven minutes. New times are also introduced to cover every single patient, not just those in immediate need. This is intended to improve performance management of these waits (classed as "green") by introducing mean and 90th centile measures.
- Amending "stop the clock" definitions. The rules are being changed around what "stops the clock" means so targets are met based on patient need. This means that the clock will only stop when the most appropriate response arrives on scene, rather than the first.
- Introducing condition-specific measures. This is to track the time from the 999 call to hospital treatment for heart attacks and strokes. By 2022, we will expect that 90% of eligible heart attack patients will receive treatment within 150 minutes. Nine out of ten stroke patients should also receive appropriate management within 180 minutes.

The new standards were introduced by SECAmb on 22 November 2017. The categories are shown in Table 7.

Category	Response	Average response time
Category 1	For calls to people with immediately life-threatening and time critical injuries and illnesses.	These will be responded to in a mean average time of seven minutes and at least 9 out of 10 times before 15 minutes.
Category 2	For emergency calls. Stroke patients will fall into this category and will get to hospital or a specialist stroke unit quicker because we can send the most appropriate vehicle first time.	These will be responded to in a mean average time of 18 minutes and at least 9 out of 10 times before 40 minutes.
Category 3	for urgent calls. In some instances, patients in this category may be treated by ambulance staff in their own home. These types of calls will be responded to at least 9 out of 10 times before 120 minutes	These types of calls will be responded to at least 9 out of 10 times before 120 minutes.
Category 4	for less urgent calls. In some instances, patients may be given advice over the telephone or referred to another service such as a GP or pharmacist.	These less urgent calls will be responded to at least 9 out of 10 times before 180 minutes

Category 1 Call

REASON CHOSEN:

Category 1 is a mandatory measure for reporting

DATA SOURCE:

NHS England

CONFIDENCE IN THE DATA:

(INDICATED IN BOLD):

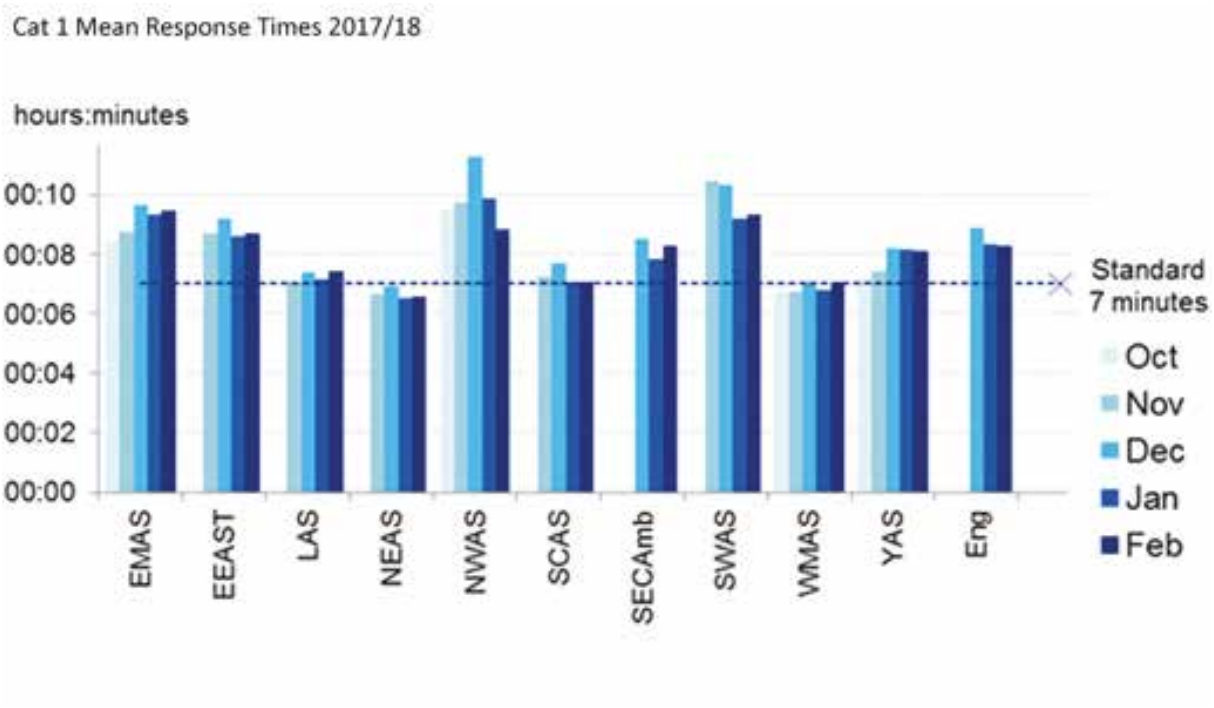
Low, Medium, **High**

Category 1 is part of the new Ambulance Response Programme. The intent is to ensure that Category 1 incidents are identified and responded to as quickly as possible with resources appropriate to the patient's needs. Across the whole ambulance sector Category 1 comprises around 8% of incidents and covers a wider range of conditions than the former Red 1 category. There have been some changes to the definition which makes comparison with the former Red 1 category meaningless. For example, the attendance of a bystander with a defibrillator is no longer regarded as a response. However, a Health Care Professional (HCP) on scene with a Category 1 patient, who has access to a defibrillator, is regarded as an appropriate response.

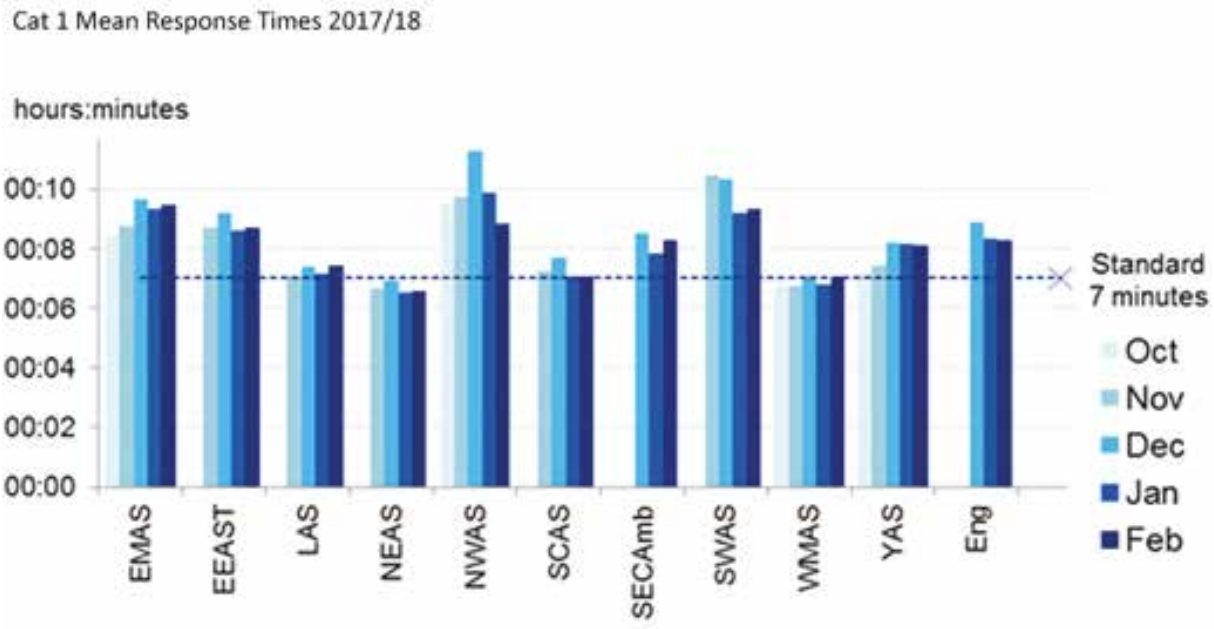
The standards associated with category 1 are:

- Mean response time of seven minutes
- 90th Centile responded to within 15 minutes

Graph 38. Category 1 mean response time



Graph 39. 90th centile response time



The Trust has performed well for both of the associated category 1 measures. The Trust is not consistently compliant with the mean response time but compares well with other Ambulance Trusts. However, for the 90th centile the Trust is within the 15 minute target.

Data definition and comparisons

Data definition is given at the introduction of this section and the graphs illustrate comparisons.

Data quality

South East Coast Ambulance NHS Foundation Trust considers that this data is as described for the following reasons:

- This indicator is part of the national reporting requirements. NHS England maintains the specification for the data that Ambulance Services collect, based upon user requirements and discussion with data providers. Provider groups include the National Ambulance Information Group (NAIG) for Ambulance Systems Indicators (SI) data; and the National Ambulance Service Clinical Quality Group (NASCQG) for Clinical Outcomes (CO) data. NAIG and NASCQG represent the eleven Ambulance Services in England who provide and use the data.

Action being taken

South East Coast Ambulance NHS Foundation Trust has taken the following actions to improve this indicator, and the quality of its service by:

- The Trust developed a comprehensive Improvement Plan for improving performance. This plan includes actions that aim to increase the Trust's capacity through recruitment initiatives, reducing absence and improving efficiency.
- The performance data is discussed each week with the Executive Team and a number of actions arise as a result of that discussion.

Category 2 Call

REASON CHOSEN:
Category 2 is a mandatory measure for reporting

DATA SOURCE:
NHS England

CONFIDENCE IN THE DATA:
(INDICATED IN BOLD):
Low, Medium, **High**

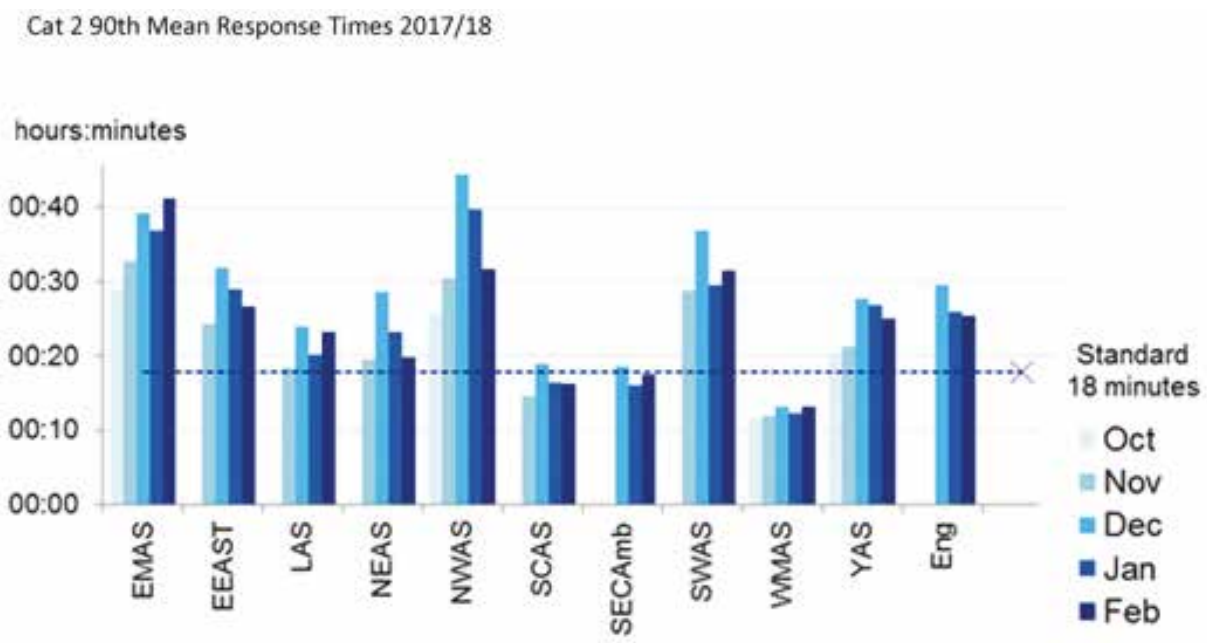
Category 2 is also part of the new Ambulance Response Programme.

The intent is to ensure that patients in the remaining categories who require transportation receive a conveying resource in a timeframe appropriate to their clinical needs.

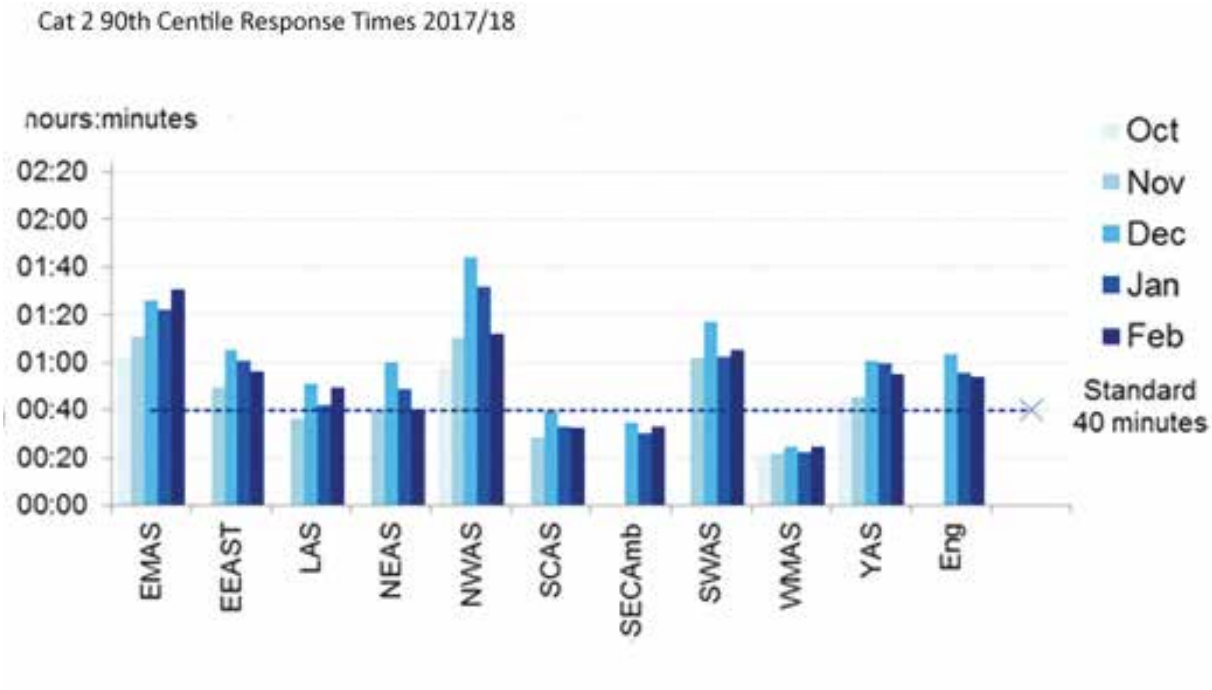
The standards associated with category 2 are:

- Mean response time of 18 minutes
- 90th Centile responded to within 40 minutes

Graph 40. Category 2 mean response times 2017/18



Graph 41. Category 2 90th centile response times 2017/18



The Trust has performed well for both of the associated Category 2 measures. The Trust is not consistently compliant with the mean response time but again compares well with other ambulance Trusts. However, for the 90th centile the Trust is within the 40-minute target.

Data definition and comparisons

Data definition is given at the introduction of this section and the graphs illustrate comparisons.

Data quality

SECAmb considers that this data is as described for the following reasons;

- NHS England maintains the specification for the data that ambulance services collect, based upon user requirements and discussion with data providers. Provider groups include the National Ambulance Information Group (NAIG) for Ambulance Systems Indicators (SI) data; and the National Ambulance Service Clinical Quality Group (NASCQG) for Clinical Outcomes (CO) data. NAIG and NASCQG represent the 11 ambulance services in England that provide and use the data.

Action being taken

SECAmb has taken the following actions to improve this indicator, and the quality of its service:

- The Trust has a comprehensive Improvement Plan for improving performance. This plan includes actions that aim to increase the Trust's capacity through recruitment initiatives, reducing absence and improving efficiency.
- The performance data is discussed each week with the Executive Team and a number of actions arise as a result of that discussion.

Category 3 Call

REASON CHOSEN:
Category 3 is a mandatory measure for reporting

DATA SOURCE:
NHS England

CONFIDENCE IN THE DATA:
(INDICATED IN BOLD):
Low, Medium, **High**

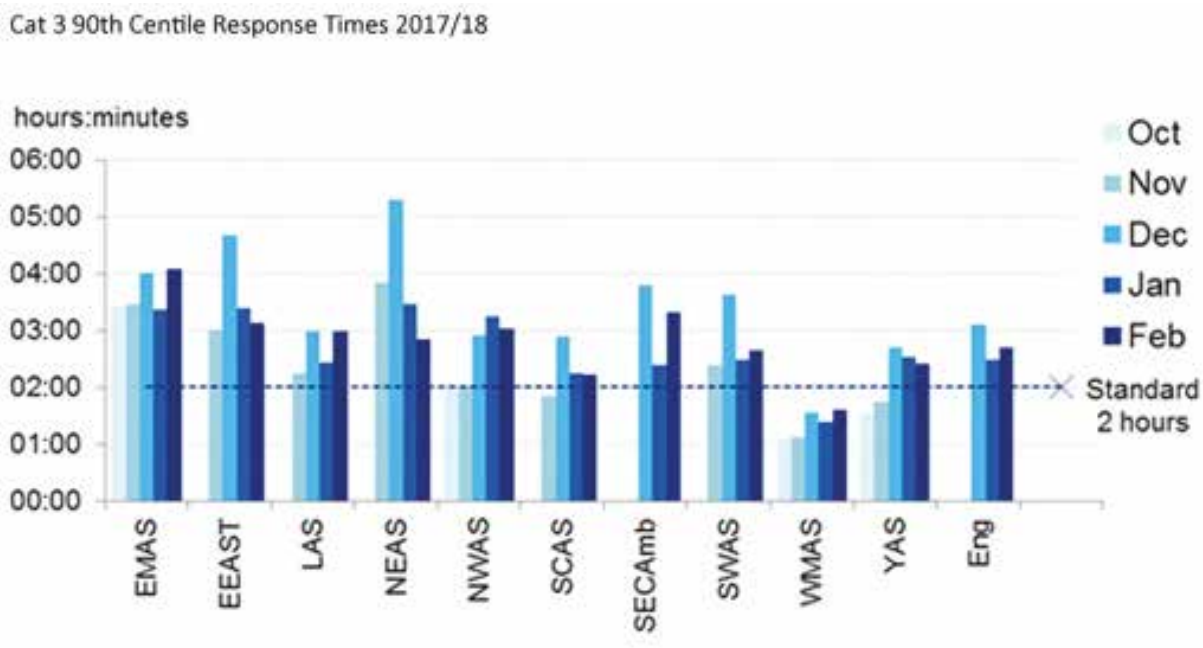
Category 3 is also part of the new Ambulance Response Programme.

The intent is to ensure that patients in the remaining categories who require transportation receive a conveying resource in a timeframe appropriate to their clinical needs.

The standard associated with category 3 is:

- 90th Centile responded to within 120 minutes

Graph 42. Category 3 90th centile response times 2017/18



The Trust has performed less well for the associated Category 3 measures. The Trust is not consistently compliant with the 90th centile standard.

Data Definition and Comparisons

Data definition is given at the introduction of this section and the graphs illustrate comparisons.

Data quality

South East Coast Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons:

- This indicator is part of the national reporting requirements. NHS England maintains the specification for the data that ambulance services collect, based upon user requirements and discussion with data providers. Provider groups include the National Ambulance Information Group (NAIG) for Ambulance Systems Indicators (SI) data; and the National Ambulance Service Clinical Quality Group (NASCQG) for Clinical Outcomes (CO) data. NAIG and NASCQG represent the 11 ambulance services in England that provide and use the data.

Action being taken

South East Coast Ambulance Service NHS Foundation Trust has taken the following actions to improve this indicator, and the quality of its service by:

- The Trust developed a comprehensive Improvement Plan for improving performance. This plan includes actions that aim to increase the Trust's capacity through recruitment initiatives, reducing absence and improving efficiency.
- The performance data is discussed each week with the Executive Team and a number of actions arise as a result of that discussion.

Category 4 Call

REASON CHOSEN:
Category 4 is a mandatory measure for reporting

DATA SOURCE:
NHS England

CONFIDENCE IN THE DATA:
(INDICATED IN BOLD):
Low, Medium, **High**

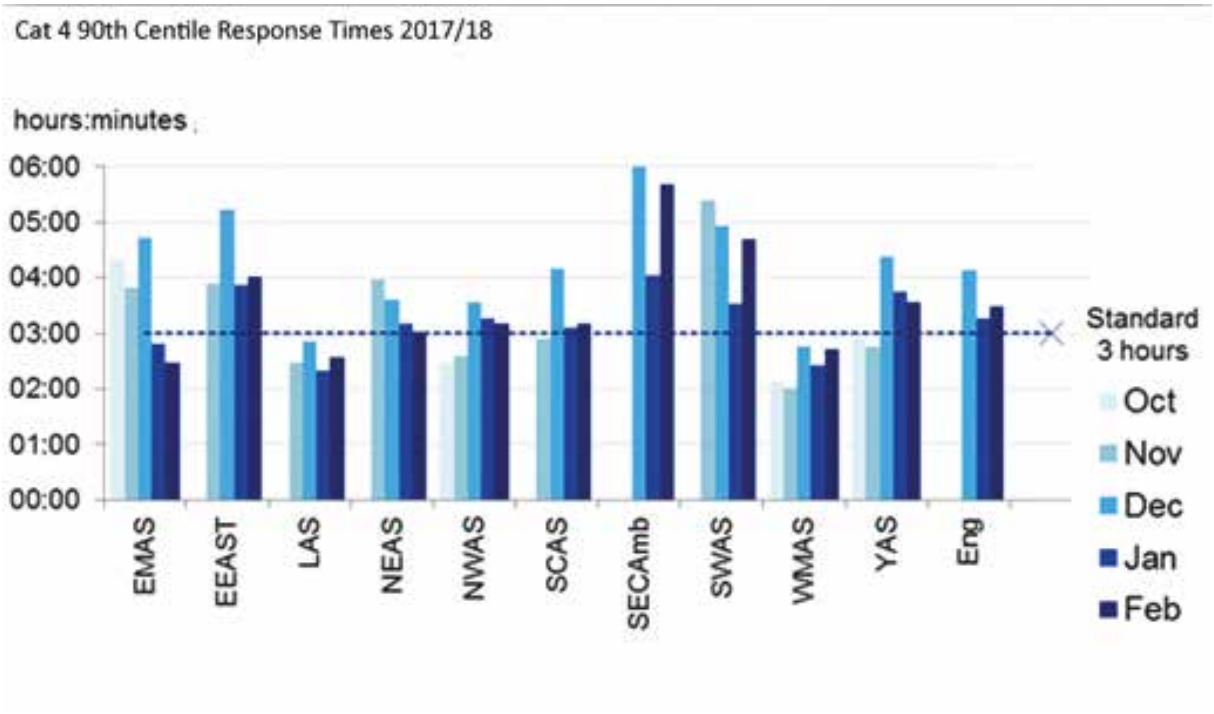
Category 4 is also part of the new Ambulance Response Programme.

The intent is to ensure that patients in the remaining categories who require transportation receive a conveying resource in a timeframe appropriate to their clinical needs.

The standard associated with category 4 is:

- 90th Centile responded to within 180 minutes

Graph 43. Category 3 90th centile response times 2017/18



The Trust has performed less well for the associated Category 4 measures. The Trust is not consistently compliant with the 90th centile standard.

Data definition and comparisons

Data definition is given at the introduction of this section and the graphs illustrate comparisons.

Data quality

SECAmb considers that this data is as described for the following reasons;

- This indicator is part of the national reporting requirements. NHS England maintains the specification for the data that Ambulance Services collect, based upon user requirements and discussion with data providers. Provider groups include the National Ambulance Information Group (NAIG) for Ambulance Systems Indicators (SI) data; and the National Ambulance Service Clinical Quality Group (NASCQG) for Clinical Outcomes (CO) data. NAIG and NASCQG represent the 11 ambulance services in England who provide and use the data.

Action being taken

SECAmb has taken the following actions to improve this indicator, and the quality of its service:

- The Trust developed a comprehensive Improvement Plan for improving performance. This plan includes actions that aim to increase the Trust's capacity through recruitment initiatives, reducing absence and improving efficiency.
- The performance data is discussed each week with the Executive Team and a number of actions arise as a result of that discussion.

Performance Summary

The Trust is mandated to report the final end of year position against category 1 and category 2. Table 8 reports this for the mean response time and the 90th centile against the target position.

However, whilst not mandated, the Trust has published the year-end position for Category 1-4 as it recognises a delay to any patient could be regarded as poor service quality to the individual patient and family affected.

Table 8. Year End Response Times

Response Time Measure		Target	Actual
Category 1	Mean Response Time	00:07:00	00:08:16
Category 1	90th Centile Response Time	00:15:00	00:14:52
Category 2	Mean Response Time	00:18:00	00:18:02
Category 2	90th Centile Response Time	00:40:00	00:33:46
Category 3	90th Centile Response Time	02:00:00	03:19:30
Category 3	90th Centile Response Time	03:00:00	05:12:36

Stroke 60 minutes

REASON CHOSEN:
Stroke 60 minutes is a mandatory measure for reporting

DATA SOURCE:
NHS England

CONFIDENCE IN THE DATA:
(INDICATED IN BOLD):
Low, Medium, **High**

Stroke 60 minutes is a time standard. The FAST procedure helps assess whether someone has suffered a stroke. It consists of the following elements:

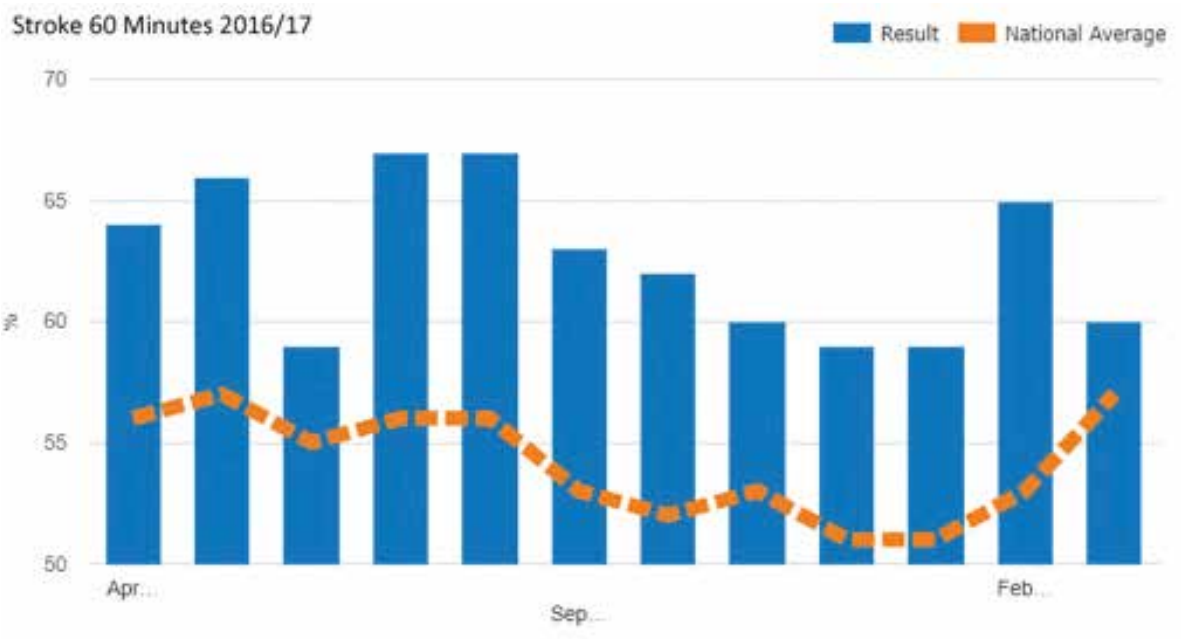
- Facial weakness: can the person smile? Has their mouth or eye drooped?
- Arm weakness: can the person raise both arms?
- Speech problems: can the person speak clearly and understand what you say?
- Time to call 999 for an ambulance if you spot any one of these signs.

Of FAST positive patients in England, assessed face to face, and potentially eligible for stroke thrombolysis (within agreed local guidelines) the standard asks Trusts to measure time taken to arrive at an hyperacute stroke unit within 60 minutes of an emergency call connecting to the ambulance service.

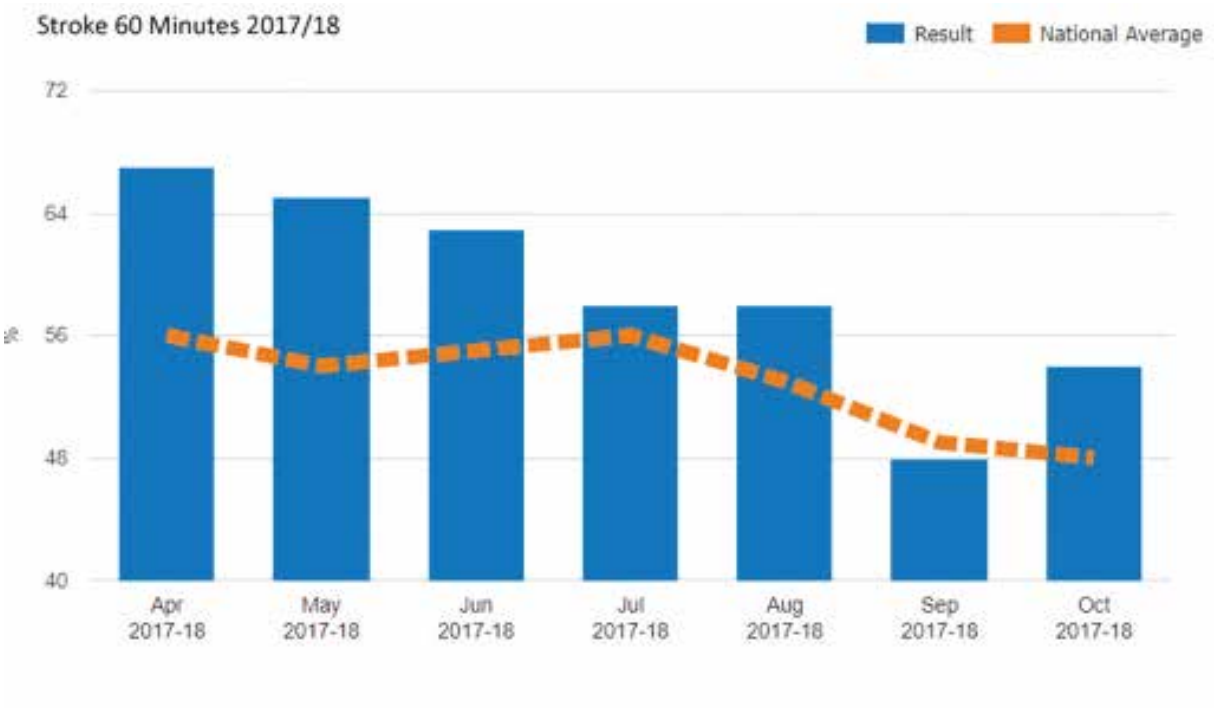
There is no specific % standard associated with Stroke Care 60. However, Trusts are asked to publish their percentage compliance. Monthly figures are reported in graphs 44 and 45. Overall year-end figures are:

- April-March 2016/17 is 62.4%
- April-October 2017/18 is 59.5%

Graph 44. Stroke 60 minute times 2016/17



Graph 45. Stroke 60 minute times 2017/18



The Trust has performed well for the conveyance of FAST positive patients in England, assessed face to face and potentially eligible for stroke thrombolysis conveyed to a hyper-acute stroke unit in 60 minutes.

Data definition and comparisons

The national definition for Stroke 60 is;.

- Patients who have suffered a confirmed stroke can be eligible for treatment with a clot-busting drug. This is called stroke thrombolysis. This graph is a measure of the percentage of patients that arrived at a thrombolysis centre within 60 minutes of their 999 call.

The data is not currently published across a whole year as the data validation means data is published three months behind collection. However, it is possible to compare rates for the last published month of October 2017. The national average is 48% and SECAmb's performance is 54%.

The highest performing Trust was South Central Ambulance Service NHS Foundation Trust at 61% and the lowest performing Trust was South Western Ambulance Service NHS Foundation Trust at 33%.

Data quality

South East Coast Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons;

- This indicator is part of the national reporting requirements. NHS England maintains the specification for the data that Ambulance Services collect, based upon user requirements and discussion with data providers. Provider groups include the National Ambulance Information Group (NAIG) for Ambulance Systems Indicators (SI) data; and the National Ambulance Service Clinical Quality Group (NASCQG) for Clinical Outcomes (CO) data. NAIG and NASCQG

represent the 11 ambulance services in England who provide and use the data.

Action being taken

South East Coast Ambulance Service NHS Foundation Trust has taken the following actions to improve this indicator, and the quality of its service:

- The Trust developed a comprehensive Improvement Plan for improving performance. This plan includes actions that aim to increase the Trust's capacity through recruitment initiatives, reducing absence and improving efficiency.
- The performance data is discussed each week with the Executive Team and a number of actions arise as a result of that discussion.

ROSC

REASON CHOSEN:
ROSC is a mandatory measure for reporting

DATA SOURCE:
NHS England

CONFIDENCE IN THE DATA:
(INDICATED IN BOLD):
Low, Medium, **High**

ROSC has been reported in detail earlier in this section. However, Trusts are asked to publish their percentage compliance. Monthly figures are reported in graphs 25-28. Overall year end figures are:

- April-March 2016/17 is 27.9%
- April-October 2017/18 is 25.6%

Conclusion to section 3.

Section 3 has reported on key safety and quality metrics, all of which were selected by the Trust Board, after inviting key stakeholders to comment on the selection.

On the whole, the overall improvement picture shows a positive change. Section 3 reports on 14 indicators and when RAG rated against Green = improvement, Amber = same, Red = deterioration, then Ten indicators are suggesting improvements, three are the same and one is a deterioration. This is summarised in Table 9.

Indicator	RAG
Incident Reporting	
999 Call Recording	
Medicines Management	
Clinical Audit	
Survival to Discharge	
ROSC	
Complaints	
Compliments	
111 Patient Survey	
Category 1	
Category 2	
Category 3	
Category 4	
Stroke 60 Minutes	

Table 9. Summary of indicators

Stroke care has been rated Green, as SECAmb fares well against other services given the current availability of resources.

Contact Us.

If on reading this Quality Account there are any further questions then please do contact the Trust directly on one of the following:

E mail enquiries@secamb.nhs.uk

Mail **Trust headquarters**
SECAmb
Nexus House,
4 Gatwick Road,
Crawley
RH10 9BG

Tel: 0300 123 0999

Patient Story – John

Cardiac arrest patient thanks ambulance team

24 April 2017

Excellent life-saving treatment saw a retired GP make a stunning recovery from a cardiac arrest to walk his daughter down the aisle at her wedding just 12 days later.

Dr John, his wife and daughter, made an emotional visit to the local Ambulance Station to thank the staff who helped save his life when he collapsed suddenly. The visit provided John and his family with a chance to thank the crews in person and fill in a few of the blanks from the day.

The last thing John remembers is enjoying a Sunday cycle ride on his own in Guildford before waking up in the Hospital's cardiac suite. "I couldn't understand why I was there," he said. "I hadn't had any of the classic symptoms of any heart problems and actually felt very well but fate was on my side that day." Luckily for John a passing driver saw him fall and immediately called 999 where SECAmb Emergency Medical Advisor Hayley took the call who quickly provided instructions and gathered the necessary information from the scene.

A second stroke of good fortune was the arrival of bystander Craig, a highly-trained helicopter medic with the United Nations from Wales, who was in the town to visit the university. Craig, who only came across John because he chose to ignore his vehicle's sat nav instructions, was giving excellent cardio pulmonary resuscitation (CPR) when the first SECAmb crews arrived at the scene. The vital early CPR kept John alive to allow the ambulance team of paramedic Adam, associate practitioner Sam; recently arrived Australian paramedic Ellen and response car paramedic Sam to administer a shock which restarted his heart.

They were quickly backed up critical care

paramedics Kenny and Nathan, who sedated John for the journey, where he was quickly given stents to open a completely-blocked coronary artery. The team was also well supported throughout by Operational Team Leader Lesley.

"It was a traumatic time for us," said John's wife Jane, who usually would have been out riding with John. "The first we heard of what had happened was when the police called round. They were tremendous rushing us to the hospital to be with John but also we were right in the middle of preparing for Helen's wedding with my one son already on a flight over from Australia. "But John made a quite amazing recovery and was in hospital just five days. He was then well enough to walk Helen down the aisle, although I am quite sure who was supporting who.

John, a former cardiac registrar, who retired as a family GP five years ago, is now back on his bike and even back working part time with very little neural deficit other than memory loss from the day. "It was just wonderful to be able to meet these amazing people today," he said.

Annex 1

Annex 1: Statements from commissioners, local Healthwatch organisations and overview and scrutiny committees

This section details the feedback received from commissioners, local Healthwatch organisations, overview and scrutiny committees and other stakeholders.

Introduction

The guidance for Quality Accounts states that Trusts must provide a copy of the draft Quality Account to the clinical commissioning group which has responsibility for the largest number of people to whom the Trust has provided relevant health services during the reporting period for comment prior to publication and should include any comments made in its published report.

In addition, NHS foundation Trusts must also send draft copies of their Quality Account to their local Healthwatch organisation and overview and scrutiny committee (OSC) for comment before publication, and should include any comments made in their final published report.

The commissioners have a legal obligation to review and comment, while local Healthwatch organisations and OSCs will be offered the opportunity to comment on a voluntary basis

The Trust submitted the draft Quality Account to the following stakeholders;

- 9 HealthWatch organisations
- Trust Commissioners
- 7 Health Overview & Scrutiny Committees
- All Governors

The following feedback has been received.

Commissioners

Kent, Surrey and Sussex Clinical Commissioning Groups

The Trust's draft Quality Accounts document was sent to Clinical Commissioning Groups (CCGs) for consultation and comment. The CCGs have a responsibility to review the Quality Accounts of the Trust each year, using the Department of Health's Quality Accounts checklist tool to ascertain whether all of the required elements are included within the document.

The CCG confirms that the Quality Account has been developed in line with the national requirements with most of the required areas identified however some gaps were noted in particular on CQUINs and the CQC ratings grid therefore the CCG are unable to confirm that inclusion of all information is accurate.

Of the 2017/18 priority updates included, it is confirmed that this is an accurate reflection of achievement and gives clear articulation to the outcomes and what did/didn't work well. It is unfortunate that not all priorities were achieved, of the three priorities set, one was fully achieved, one partially achieved and one not achieved. For one priority this has been reconfirmed as continuing for 2018/19. It is acknowledged that the Patient safety indicators are well-articulated however, due to lack of benchmarking in the majority of the indicators; it is difficult to ascertain how the trust has compared against other Ambulance services. The CCG expect the trust to remain committed and continue to focus on improving in this area and anticipate focussed prioritising and monitoring is incorporated to ensure achievement is attained in 2018/19.

It is positive to note that the trust recognise and acknowledge its areas where improvement is required and the Quality Account is an open

and honest report on the challenges the trust is facing and areas it is required to improve in particular the transition of the Computer Aided Dispatch System. It is also encouraging to see that the report recognises and values the staff within the trust, in particular through the patient stories throughout the report.

The Trust has clearly outlined three priorities for 2018/19 of which the CCG agree are pertinent areas to drive forward improvements in patient care and largely based upon recommendations from the CQC inspections. It is also positive to see that patients and stakeholders feedback has also been taken into account. The CCG are committed to supporting the trust in achieving against the priorities set and it is an expectation that the trust regularly report updates against the Quality Account priorities to provide ongoing assurance that they are on track to be achieved or where there is a deviation that this is reconsidered in the priority requirement.

In conclusion, the report identifies that providing a safe and effective service whilst maintaining patient's quality of care and safety is a high priority for the Trust and that this is only achieved and supported by an effective and committed workforce. The trust recognises many improvements required and its ability in achieving a sustainable quality service which can only be supported by delivery of a well led Executive Team that provides a substantive workforce with clear direction and vision.

The CCG thanks the Trust for the opportunity to comment on this document and looks forward to further strengthening the relationships with the Trust through closer joint working in the future.

Healthwatch

Healthwatch Kent is the independent champion for the views of patients and social care users in Kent. Our role is to help patients and the public get the best out of their local Health and Social Care services.

For several years now, local Healthwatch across the country have been asked to read, digest and comment on the Quality Accounts which are produced by every NHS Provider (excluding primary care and Continuing Healthcare providers).

SECAmb obviously covers a large geographical area spanning several local Healthwatch. We have agreed together that Healthwatch West Sussex will take the lead on behalf of the South East Healthwatches. This means that unlike other NHS Trusts in Kent, we do not have a direct working relationship with SECAmb.

This Quality Account clearly reflects the difficult year faced by the ambulance trust and their staff and communicates some of the changes that have been made as a result. We welcomed the comment that improvements have been shared and celebrated with staff. We would like to see a copy of the monthly posters being used to summarise learning from incidents.

We felt that the data within the report was clearly presented and we welcomed the honesty where they have criticised their own performance.

Looking ahead we would like to see a culture of patient engagement develop within the Trust to ensure they are hearing from their patients and engaging with the communities that they serve. We would be very happy to work with the Trust on this.

One of our priorities for the year is to explore the experience of homeless patients following a discharge from hospital. We would very much like to work with SECAMb on this project.

Annexe 1

Healthwatch – West Sussex

I will be asking our Board to take the same status with Quality Accounts as we took last year as these are long documents, constrained by the format and not really written for patients and the public

Response to South East Coast Ambulance Trust (SECAmb) Quality Account on behalf of Medway Council's Health and Adult Social Care Overview and Scrutiny Committee

Representatives of SECAmb have attended the Committee three times during 2017-18, in June and October 2017 and in January 2018

June 2017 Meeting

Questions and points raised by the Committee were responded to as follows:

Mental health provision: A mental health nurse specialist had been appointed who would review services for patients with mental health needs. This would include considering whether increased specialist provision was required in operation centres. In response to a Member question, it was confirmed that there had not previously been a mental nurse health specialist post.

Partnership Working: Work was taking place with the police and other partners to ensure a seamless response to calls. Call handling processes were being reviewed to ensure good levels of service. Work was also taking place across the healthcare system in relation to home care packages.

Rollout of IPads: Comprehensive training would be provided for staff being provided IPads. Rollout was due to have taken place by 31 March but had been delayed to July. This delay had been partly to ensure the quality of training provided. The rollout of electronic record keeping would enable records to be shared more quickly and easily, including with general practitioners.

Financial challenges: In relation to the £15 million savings requirement for the Trust, robust plans were in place to enable achievement of this. Work would take place with commissioners to ensure that control totals were met. Quality Impact Assessments would be undertaken to ensure that quality was balanced with the need to make savings. In response to a Member question, it was confirmed that £15million amounted to 10% of the SECAmb budget.

Emergency ambulances and medical cars: It was considered that an increased ratio of ambulances compared to medical cars was needed as cars did not have the ability to transport patients to hospital. It was also acknowledged that not every call required an advanced support vehicle to attend. It was anticipated that the integration of 111 and 999 provision would enable calls to be triaged more effectively.

Staffing: In response to Member concerns that demand led rotas could lead to undue pressure being placed on staff, it was confirmed that close working was undertaken with frontline staff. Shift overruns had been reduced and an increasing number of staff were able to take a break during their shift. Directors had been encouraged to work with frontline staff to get their ideas for areas of improvement.

Bullying: A Committee Member raised concerns about the prevalence of staff bullying at SECAmb. It was acknowledged that this was an issue and that there needed to be a cultural shift with senior staff being given the right leadership skills. It was anticipated that the aforementioned in-depth study would help this work to be taken forward.

Winter Pressures: In relation to concerns that persons who had no medical need for an emergency ambulance were increasing pressure on the system, the SECAmb Chief Executive said that winter pressures were often related to alcohol consumption. Partnership working

was exploring how this could be managed. A number of frequent caller leads were working with operational unit managers and call centres to look at how repeat calling could be managed. It was noted that there were some patients who had requested an ambulance on hundreds of occasions. The possibility of charging repeat callers was a national policy issue and was therefore not something that SECAmb could consider currently.

October 2017 Committee Meeting

Questions and points raised by the Committee were responded to as follows:

CQC inspection rating: In response to Member concerns about the inadequate inspection rating and lack of progress made, the Regional Operations Manager advised that additional staff were needed to meet demand. The staffing level for paramedics and ambulance staff was adequate with the Trust being in a better position than a number of other trusts. Adequately staffing call centres was more of a challenge as this was a difficult job that was not well paid, with equivalent work elsewhere tending to be better paid. It was not possible to increase the pay for these roles as salaries had to be in accordance with the NHS pay framework. It had been agreed to recruit more staff than required into these roles to allow for turnover and staff subsequently moving into other roles. Adequate numbers of clinicians were needed within the call centres to analyse calls and determine how urgent a response would be required.

A new computer aided dispatch system had been implemented during 2017. This had replaced an old, unreliable system. The transition to the new system had been smooth and had been welcomed by staff. It had been challenging to train control room staff given that the control room had to remain operational. A national Ambulance Response Programme was due to go live on 22 November. This would enable calls to be prioritised more effectively. An update on this would be included in the next report provided to the Committee.

With regards to medicines management, a significant amount of work had taken place since the May CQC inspection. Operational staff had been issued with IPads and supervisors were now able to carry out daily audits of medicines. Compliance was now amongst the best of any ambulance trust.

Ambulance Response Times: A Member shared a concern in relation to ambulance response times. The case of a child who had fallen over and hit his head was highlighted. It had taken over three hours and multiple calls for a medical car to arrive. The paramedic had not been made aware of the child's heart condition, which should have resulted in a priority response.

Another Committee Member highlighted a recent personal experience when they had injured themselves and called 111. The ambulance staff had not been informed by 111 staff of the seriousness of the case and had considered that the call should have received a 999 response.

The Regional Operations Manager agreed that the case highlighted in relation to the injured child could not be defended. It was suggested that both incidents be formally reported so that they could be fully investigated. A number of factors affected ambulance response times. This included ambulances having to wait at hospitals until the hospital was able to remove the patient from the vehicle. The Ambulance Response Programme would help to ensure sufficient capacity in the system through call responses being prioritised more effectively. Calls received went through a triage system which should determine the seriousness of the case and ensure a time appropriate response.

Medway Data: In response to a Member request it was agreed that data specific to Medway would be provided in the next report to the Committee.

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Other concerns raised by the CQC: A Member considered that while there were some positives arising from the inspection, such as being good for caring and frontline staff generally being very good at their jobs, there were significant failings with regards to appraisals, staff communication and engagement and the culture of bullying present at the Trust. It was extremely worrying that the executive team had been found not to have sufficient understanding of risk in relation to call recording failures. Medicines management and storage of clinical records were also serious concerns identified.

The SECAmb representative said that the Lewis report into bullying at the Trust had been voluntarily commissioned. The executive team was largely new to the organisation and did not comprise the people who could be held accountable for previous organisational culture. The executive team were making significant changes. The CQC had recognised that there had already been a cultural change although a lot more progress was required. In relation to medicines management the recent visit had found that the issues identified by the May inspection had been significantly addressed. Regular staff workshops were being held with the executive team becoming increasingly accessible and engaging with staff.

Bullying at the Trust and workplace environment: A Member felt that publication of the Lewis report had been a brave step. The report showed that there were serious issues to address and that staff had been treated very badly. It was questioned whether the perpetrators of bullying and harassment had been disciplined and also what was being done to improve working relationships and reduce staff turnover.

Another Committee Member highlighted other staff related issues facing the Trust. This included staff feeling that they had unmanageable workloads and impossible deadlines, which was likely to result in significant staff turnover.

The Regional Operations Manager said that the first step taken had been to get the Lewis report produced to fully set out the problems. The second step was to engage with staff, which was a significant piece of ongoing work. Feedback was being analysed which would inform the next steps. It was important to create an organisational atmosphere that made people want to work for SECAmb. Ensuring effective leadership and that supervisors led by example was a key part of this. A culture where staff felt supported and able to report poor behaviour needed to be created. Disciplinary action had been taken in relation to some individuals responsible for unacceptable behaviour and there was no tolerance of such behaviour.

Stroke and Vascular Service Reconfigurations: A Member was concerned that the proposed reconfiguration of stroke and vascular services in Kent and Medway was based upon ambulance response times to transport patients to hospital. Without reliable response times, it would be difficult to effectively design and deliver services based upon a smaller number of centres of excellence.

The Committee heard that the future configuration of services would be based upon providing the best possible treatment to patients and that transporting patients to centres of excellence would result in more effective outcomes than taking them to the nearest hospital. It was acknowledged that there needed to be effective prioritisation of calls to ensure an ambulance response within required timescales.

Varied working practices – In response to a Member who had heard that meal breaks and other working practices could vary between operational areas, the Operations Manager advised that all staff were entitled to a standard length meal break and that work was taking place to ensure that staff were always able to take such a break and to reduce avoidable shift overruns.

Attendance at Committee: Committee Members expressed disappointment that no one from the executive team had been able to attend the meeting. The Operations Manager advised that the Chief Executive had been unavailable and that he would pass on the concerns raised

January 2018 Committee Meeting

Members of the Committee asked a number of questions which were responded to as follows:

Ambulance Response Times Performance data – In response to Member questions about why a data table in the report was based on percentages while another was based on response times and concerns about some of the response times, the Committee was informed that the Trust was working to ensure that there were the resources available to meet demand, particularly for non life threatening patients, where performance was currently the most challenging. The data tables were based upon national reporting requirements. Percentages had now been replaced by times, as specified by national reporting standards. It was confirmed that the times stated were average response times. Data was also captured for the 90th percentile in order to show the longest response times more clearly. Concerns were raised that some response times outside Medway were being missed by a significant margin. It was agreed that guidance for staff in relation to the Ambulance Response Programme would be circulated to the Committee.

Delays in ambulance crews being able to handover patients to hospital staff were a challenge across the UK. Locally, a Handover Director had been appointed to work with the healthcare system to help address this. The equivalent of 10 ambulances a day were lost in the SECAmb service area due to handover delays. It was recognised that there was a need to ensure that patients were not being taken to hospital unnecessarily and also that paramedic time was not taken by cases that did not require paramedic response. A comprehensive demand and capacity review was being undertaken which would be a key step towards improving response times.

Appointment of Executive Team – There had only been one substantive director in post when the Chief Executive had been appointed in April 2017. Appointment of a new team was almost complete with the new Director of Nursing and Quality due to be announced in the next week. This would complete the executive team. The Medical Director post was currently a fixed term contract which was likely to be made permanent.

Bullying and Harassment – The Freedom to Speak Up and Speak Up in Confidence schemes were available for staff who had concerns in relation to bullying and harassment. Externally, Professor Duncan Lewis could be contacted with concerns. A variety of engagement was being undertaken with staff to understand what was working well and it was anticipated that the NHS annual staff survey results, due to be published in February 2018, would show improved satisfaction amongst SECAmb staff. The Chief Executive operated an open door policy for staff to suggest improvements and senior staff were involved in a programme of meetings and visits to engage with staff to look at organisational culture. Based upon his engagement with staff, the Chief Executive considered that the culture of the Trust was improving. A Member requested specific figures for the number of staff who had had disciplinary or legal action taken against them due to bullying or harassment. Figures were not provided during the meeting, but the Committee was advised that some staff had left as a result. The Chief Executive considered that bullying had been addressed as far as possible, but it was not possible to eradicate it completely from a large organisation.

Recruitment – Recruitment remained challenging with most ambulance trusts struggling to recruit paramedics. It was now a graduate occupation and the workforce was much more mobile.

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Paramedics were being lost to other organisations, such as in the primary care sector and emergency departments. It was acknowledged that more needed to be done to support retention of paramedics and also of 999 call handlers.

Planning for Hyper Acute Stroke Provision – It was confirmed that the ambulance service was fully engaged in the proposed reconfiguration of hyper acute and acute stroke service provision in Kent and Medway.

Engagement Activity – The Chief Executive apologised that he had been unable to attend the November meeting of the Committee. Engagement with the Committee was important but it was challenging to attend every meeting requested due to the large area that SECAmb covered. The Chief Executive undertook to make attendance at future meetings a priority.

Private Ambulances – SECAmb did currently make use of private ambulance contractors. It was hoped that this could be reduced and would be considered as part of the Demand and Capacity Review and other strategic planning.

General Comments:

- The Committee is extremely concerned that the May 2017 CQC inspection had found SECAmb to be inadequate overall and that there had not been enough progress made since the previous inspection to enable a better outcome. In particular, the Committee remains concerned in relation to ambulance response times, hospital handover delays, bullying and harassment at SECAmb and the Trust's financial situation.
- The Committee recognises that some progress had been made and notes that previously issued improvement notices in relation to medicines management and 999 call recording had been lifted. The Committee also welcomes the Improvement Plan put in place by SECAmb in order to address the concerns raised by the CQC.
- The Committee has supported the Sub-Group, established by the South East Regional Health Scrutiny Network to undertake scrutiny of SECAmb and to support its improvement journey. However, the Committee does not consider that this is a replacement for scrutiny by individual health scrutiny committees. The Committee looks forward to SECAmb attending the Committee once again in August 2018 and subsequently during 2018/19.
- The Committee relies on Healthwatch Medway, which is a non-voting committee member, to feed back patient views and experiences.

This response to the Quality Account has been submitted by officers, in consultation with the Committee Chairman, Vice-Chairman and Opposition Spokesperson, under delegation from the Medway Health and Adult Social Care Overview and Scrutiny Committee.

Overview Scrutiny Committee

Joint Statement from South East Coast Health Overview and Scrutiny Committees (Brighton and Hove Health Overview and Scrutiny Committee (HOSC), East Sussex HOSC, Kent HOSC, Medway Health and Adult Social Care Scrutiny Committee, Surrey Wellbeing and Health Scrutiny Board and West Sussex Health and Adult Social Care Select Committee)

Introduction

It is clear from the Quality Account, and from the HOSCs' own scrutiny, that 2017/18 has been another challenging year for the Trust. Demand for services has continued to increase and it is clear that the Trust's capacity has been stretched, which has impacted on performance. Alongside these ongoing operational pressures the Trust has been implementing a number of major change programmes and undergoing significant change at senior management level, all of which inevitably impacts upon capacity. However, there is now evidence of significant improvement in key areas, increased stability and strengthened leadership across the organisation.

Engagement

During 2017/18 the six HOSCs within SECAmb's area have continued to operate a joint liaison meeting in order to monitor collectively the implementation of the Trust's quality improvement plan. The Trust's commitment to these meetings has overall been positive, in particular the senior representation at meetings, including the consistent attendance of the Trust's new Chief Executive. This level of engagement, and the Chief Executive's openness about the challenges faced by the Trust, is welcomed by HOSCs.

The HOSCs also welcome the Trust's well-established process for engaging a range of stakeholders in the identification of quality improvement priorities for inclusion in the Quality Account – HOSCs were also invited to participate in this process.

Performance and Quality

HOSCs have focused joint scrutiny over the past year on the Trust's ongoing response to the findings of Care Quality Commission (CQC) inspections, as well as performance and quality measures. It is disappointing that SECAmb continues to be rated 'inadequate' by the CQC and remains in special measures. However, more detailed scrutiny has revealed significant progress in key areas highlighted by CQC such as incident reporting, medicines management and complaints handling. HOSCs also note the positive CQC rating for the 'caring' domain which reflects the commitment of front-line staff. HOSCs have been assured that the Trust is working to a comprehensive plan for addressing CQC recommendations and that this is integrated with wider Trust development and improvement work. It should be expected that this work will translate into improved CQC ratings at future inspections.

SECAmb has provided some evidence of improvements during 2017/18 with regards to response times, staffing, and organisational culture, but it is recognised that more work is needed in these areas. In particular, HOSCs have noted SECAmb's variable performance in delivering against response time targets for its highest priority calls in 2017/18 and the concerning findings of an independent review into the organisational culture. The Trust's staff survey results in 2017 remained disappointing and HOSCs wish to see more progress with the work to improve staff engagement and experience.

The transition to the Ambulance Response Programme standards in November 2017 provides a good foundation for further performance improvement but the HOSCs would like to see the Trust delivering in accordance with national targets for response times on lower priority category 3 and 4 calls. HOSCs have, however, seen welcome evidence of the Trust taking a strategic approach to improving response times across all categories through initiatives such as conducting a demand

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and capacity review with commissioners as well as developing a Surge Management Plan to manage periods of peak demand in an agreed way.

HOSCs have ongoing concerns about the impact of delays in the handover of patients at hospital A&E departments. The considerable number of hours lost to handover delays inevitably impacts on SECAmb's performance and therefore on the Trust's ability to provide a timely response to other calls. HOSCs have scrutinised this issue during the past year but it continues to be a cause of concern requiring ongoing local and national focus.

2017/18 Quality Priorities

HOSCs welcome the progress made, particularly in relation to incident reporting. However, it is clear that further work is needed on both duty of candour compliance and, in particular, improving outcomes for out of hospital cardiac arrest.

2018/19 Quality Priorities

The HOSCs support the continued inclusion of out of hospital cardiac arrest outcomes, and the development of a Trust-wide Cardiac Arrest Strategy, given the need for further improvement in this area. In terms of learning from incidents, complaints and safeguarding reviews HOSCs would expect to see evidence of direct feedback to those involved in specific incidents as well as general communication to staff. In relation to safeguarding training HOSCs agree this is of critical importance and support the priority being given to this area.

HOSCs look forward to working with the Trust to monitor progress on the priority areas, and overall performance, over the coming year.

Trust Governors

I thought it read well and is a fair representation of the trusts quality improvement work over the past year

Felicity Dennis
Public Governor for Surrey and NE Hants

Southeast Coast Ambulance Service
NHS Foundation Trust

Patient Story – Steve

Cardiac arrest survivor reunited with lifesavers

26 September 2017

Steve collapsed and went into cardiac arrest on 26 June. He met with ambulance crews and club staff to thank all those involved in helping to save his life on Sunday 24 September.

The quick thinking and actions of Steve's training partner, Matt Carter, and club staff, saw Steve receive immediate life-saving CPR and a shock with a defibrillator in the moments before SECAmb clinician Phil Parrish arrived at the scene.

Phil was joined by colleagues and the air ambulance service as the resuscitation continued and the team worked together to stabilise Steve before he was taken to Hospital where he received emergency treatment to fit two stents.

"The first thing I remember is waking up the next morning in hospital with friends telling me what had happened," said Steve. "At first I didn't believe a word of it. It was just incredible what everyone did. I'm so grateful. From the first moments and treatment I received from the staff to the ambulance crews and my treatment at hospital. Every breath I take now is a bonus."

Phil Parrish added: "It was great for everyone to meet Steve, obviously in far better circumstances. The action of everyone at the scene prior to our arrival was vital in giving him the best chance of survival and shows how important it is that people take the opportunity to learn CPR. On behalf of all my colleagues I'd like to wish him all the best for the future."

Annex 2

Annex 2: Statement of directors' responsibilities for the quality report

The quality report must include a statement of directors' responsibilities. This is presented in this section and the words and form are mandated.:.

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement 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 NHS 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 2017/18 and supporting guidance
- 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 2017 to March 2018.
  - Papers relating to quality reported to the board over the period April 2017 to March 2018.
  - Feedback from commissioners dated 11/05/18.
  - Feedback from the governors was not received.
  - Feedback from local Healthwatch organisations dated 09/04/2018.
  - Feedback from Overview and Scrutiny Committee dated 04/05/18 and 08/05/18.
  - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 26/04/18.
  - Ambulance Trusts do not participate in the national patient survey programme so have been unable to include this perspective.
  - The [latest] national staff survey 06/03/2018.
  - The Head of Internal Audit's annual opinion of the Trust's control environment received 21/05/18.
  - CQC inspection report dated 05/10/2017.
- 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 Account is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, 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 Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- The Quality Account has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Account.

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

By order of the board

30 May 2017 ..... **Date**

..... **Chair**

30 May 2017 ..... **Date**

..... **Chief Executive**

Patient Story – Rob

Family reunited with ambulance team as children praised for quick thinking

7 March 2017

A Brighton family was able to spend Christmas together thanks to their children raising the alarm when their dad collapsed at home in cardiac arrest.

Sisters Lilly-May, nine, and Miya-Rose, six, were instructed to find their dad's phone by older brother Grant, 14, when dad, Rob, collapsed at the family's then home in Eastbourne.

The trio have been praised for their swift actions on a November morning last year and received commendation certificates when the family and ambulance team were reunited at School in Brighton, where the girls are pupils.

The siblings worked together and contacted their mum Debbie who in turn dialled 999 as she rushed home from a shopping trip with a friend in a taxi. Debbie remained calm as she explained the situation and was soon home where she and her friend followed advice over the phone and commenced CPR.

Control room staff, including Dispatcher, Jo Smith, ensured help was quick to arrive with ambulance crew Paramedic Matthew and Emergency Care Support Worker, Aaron first on scene. They were joined by Paramedic Sarah and Student Paramedic Scott. Eastbourne Community First Responder Gordon arrived moments before Critical Care Paramedics Alan and Phil completed the team.

The team were on scene for two hours carrying out a complex resuscitation before Rob was stable enough to be taken to Hospital where he received further life-saving treatment.

Critical Care Paramedic Alan said: "I'm delighted that Rob has gone on to make such a good recovery and the family got to spend Christmas together. Lilly-May, Miya-Rose and Grant all stayed remarkably calm and worked together to arrange the help Rob desperately needed. Debbie and Rob should be very proud of them all. Debbie and her friend also did a great job in providing early CPR which is vital. Rob's recovery is thanks to a chain of survival that included excellent call taking and dispatching, early by-stander CPR and advanced life support, including several enhanced interventions we were able to provide as CCPs, and of course expert care in hospital."

Debbie said: "The girls are so young so they could have just frozen but they stayed calm and worked with Grant really well to let me know what was going on. We're very proud and so grateful to everyone for what they did to help Rob. We were able to have a good Christmas and Rob is generally on the mend. It's lovely that we've been able to meet with everyone and that the children's actions have been recognised in this way."

Rob added: "Without the dedication, professionalism and sheer determination to save my life I wouldn't be here. The work of paramedics, doctors and everyone involved in giving life back, when all seems lost, is what makes all medical professionals the backbone of life and survival. They give people the chance to live again."

Supplementary Information:

This section contains various links to documents references within this Quality Account.

Annual Complaints Report 2017-18

http://www.secamb.nhs.uk/about_us/document_library.aspx

CQC Inspection Report 2017

http://www.cqc.org.uk/sites/default/files/new_reports/AAAG5730.pdf

NRLS Comparative Data

https://improvement.nhs.uk/resources/monthly-data-patient-safety-incident-reports/

Quality Account 2016/17

https://www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=29240

Staff Survey 2017

http://www.secamb.nhs.uk/about_us/our_performance/national_nhs_staff_survey.aspx