NHS
South East Coast Ambulance Service
NHS Foundation Trust

Quality Account 2019-20

Best placed to *care*,
the *best* place to *work*

Patient Story:

Kent man reunited with lifesavers

A man, who collapsed in cardiac arrest, enjoyed a Christmas reunion with the ambulance team who came to his aid.

Garry Henderson, 55, from Shorne, near Gravesend, Kent, was reunited with his life-saving team recently at Medway ambulance station in Chatham following his collapse at home on 6 September 2018.

Garry, along with his partner, Sue and brother, Simon, met with Critical Care Paramedic, Dave Hawkins, Operational Team Leader, Alexandra Hemsley, ambulance crew Daisy Vickery and Adrian Biles as well as 999 call taker, Nick O'Doherty.

And now Garry is keen to spread the message of the importance that people learn CPR (Cardiopulmonary resuscitation) and other life-saving skills and urged people to listen to the potential warning signs of suffering a heart attack. Garry, had unknowingly at the time, suffered a heart attack in June 2018. Having not acted on the signs, he attended a doctor's appointment four days later and was subsequently fitted with two stents, having been informed he had suffered a heart attack.

The subsequent collapse in September 2018 saw him spend close to five weeks at William Harvey Hospital in Ashford in an induced coma and recovering having received further emergency treatment and having been fitted with an internal defibrillator. Garry's expert hospital treatment followed the quick thinking of partner Sue in calling 999 while CPR was provided at the scene by a member of staff from a nearby nursery, Claire and Sam, and a GP, Dr Adaji from Shorne medical practice.

Dave said: "The chain of survival started with Sue speaking to Nick on the phone. Help was quickly sought, and it was so critical that Garry was given CPR prior to our arrival. It takes a team to save a life and everyone worked really well together. We shocked Garry's heart twice to return it to a normal rhythm before heading off to the William Harvey for Garry to undergo emergency treatment."

Garry remembers nothing of his ordeal but was quick to praise the team on an emotional reunion. "It feels like the stars aligned for me so that everything was in place that day", he said. "I'm so grateful for everything everyone did. From Nick at the end of the phone, to the GP and nursery staff to the whole team and my subsequent treatment in hospital. It was very emotional, but it was lovely to see everyone in person to properly thank them.

"I know in hindsight I should have listened to my body more rather than wait four days to see my GP. I'd urge people to take the warning signs seriously and ourselves and our friends and family know first-hand how vital it is for people to learn how to save a life." Sue added: "I know I wasn't very patient with Nick on the phone and so it was really nice to be able to apologise and to meet everyone in better circumstances. Thank you to everyone involved in ensuring we're together this Christmas."

Read this story at www.secamb.nhs.uk

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Statement of Quality from Our Chief Executive

Introduction

I am pleased to introduce the annual Quality Account for 2019/20. This document is both forward looking and retrospective. It sets out the work we have done over the past year to improve the quality of our care and keep patients safe and provides information on three key priority areas we will be working on for 2020/21.

Appointed as Chief Executive Officer (CEO) in September 2019, I took over the role from Dr Fionna Moore who had been the Trust's Acting Chief Executive Officer since 5 April 2019 following the departure of the service's former CEO, Daren Mochrie. Dr Moore then returned to her substantive post as the Trust's Executive Medical Director.

In January 2020 we employed Ali Mohammed as the Trust's Executive Director of Human Resources & Organisation Development (HR & OD). SECAmb now have a substantive team of Executive Directors who will continue to lead and inspire sustainable improvement to build on the progress already made.

Reflections

This has primarily been a successful year for South East Coast Ambulance Service NHS Foundation Trust (SECAmb) and on 15 August 2019 the Care Quality Commission (CQC) inspected the Trust and published a rating of 'Good' across all core services. The CQC found examples of outstanding practice in two core services; emergency and urgent care (EUC) and in the Emergency Operations Centre (EOC). They also acknowledged outstanding practice in the management of controlled drugs. Following publication of the report I received a letter from Dame Dido Harding (Chair) and Amanda Prichard (Chief Executive) of NHS Improvement/England, congratulating the Trust on our recent CQC report and confirming our move out of Special Measures.

Additionally, in May 2019, the Information Commissioners Office (ICO) conducted an external audit of the Trust. The purpose and scope of the audit was to measure the Trust's compliance with data protection legislation, and it focused on several key areas of data protection compliance. The Trust attained a 'Reasonable' level of assurance from the ICO. The Trust also completed the remaining four requirements of the 2018-19 Data Security & Protection Toolkit and from its submission on the 28 September 2020 the Trust achieved a 'Satisfactory' standard.

In August 2019, the Trust was then subject to an Ofsted inspection looking at our apprenticeship provision, resulting in a rating of 'Insufficient Progress'. This resulted in cessation of all apprenticeship courses pending improvement work. In November 2019 Ofsted rated the Trust at Level 2 (Good) which allowed the Trust to recommence delivery of courses internally.

We recognised that our workforce is key to delivering high quality, safe care. With this in mind, we have focussed on the recruitment and retention challenges reported in the Trust's Quality Account 2018/19 and towards the end of 2019/20 the Trust achieved good levels of Emergency Care Support Worker recruitment and retention of paramedics. However, paramedic numbers remain under establishment targets and challenges still exist in 111 and Emergency Operations Centres (EOC). Work has begun to trial a new recruitment initiative in EOC, and a workforce retention strategy is in development.

The results of the 2018 NHS Staff Survey indicated that the Trust needed to improve the quality of staff appraisals, leadership communication and how we care for our people. The 2019 NHS Staff Survey results confirmed improvement in all areas, and they were in-line with national average results.

2019/20 also presented key challenges arising from the United Kingdom's planned exit from the European Union and the onset of the coronavirus (COVID-19) pandemic. The COVID-19 pandemic has influenced some of our planned key priorities for 2020/21 and some of the priorities agreed with stakeholders were tailored to what will be achievable in 2020/21 and the needs of the changing landscape. The work involved in planning for the pandemic also influenced some of the achievement levels for our priorities for 2019/20.

Operational challenges have continued in the delivery of Category 3 and Category 4 calls this year. This means that some patients waited longer than we would have liked for an ambulance. Details of how we are addressing these challenges and how we keep our patients safe whilst they are waiting are within this report.

We used a small percentage of private ambulance providers to support us to meet our operational targets. We have been working with our subcontracted private ambulance providers (PAP) to implement a structured PAP governance framework. These providers are included in our internal programme of Quality Assurance Visits; refer to page 41 of this report.

The Trust has invested in its vehicles and estate, with a fleet of new ambulances and the approval for four new Make Ready Centres (MRCs). These centres support our response times for patients and ensure that our ambulances are thoroughly cleaned and well equipped.

Looking back over this year, we have focussed on our four key priorities for 2019/20: Improving survival from out of hospital cardiac arrest; care of patients who fall; caring for patients with mental illness or disorder; and safety within our Emergency Operations Centre. This work is detailed within the report. However, we also concentrated on how we listen to our patients and learn to improve patient experience. The Trust has developed a patient and carer experience strategy in collaboration with a number of key partners and this will be rolled out over the next five years.

Other key achievements this year include shared learning, both from when things go well and when things do not go as well as we would like; development of our patient data systems to provide our crews with more accurate patient care plans to enable appropriate patient assessment and treatment, or referral to the relevant pathway; equipping our ambulance crews with Personal Issue Assessment Kits (PIAK) which ensures that crews have the right equipment at the right time to treat our patients; and the installation of more Public Access Defibrillators (PADs) via its Community Resilience team for example, in Crowborough, Whitstable and Chatham which support a quicker response to cardiac arrest patients.

As part of our shared learning experience SECAmb participated in national and European learning forums including Project A, and the European Emergency Medical Services (EMS) Congress 2019.

Some of our initiatives around our quality of care involved working with key partners. For example, in August 2019, the Home Secretary, Priti Patel, made a visit to Kent Police Headquarters to look at its Joint Response Unit (JRU) that it runs with SECAmb.

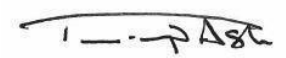
In February 2020, HRH The Princess Royal paid a visit to the Emergency Department and Maternity Unit at Medway Hospital NHS Foundation Trust in her role as Patron of the Royal College of Emergency Medicine and the Royal College of Midwives.

Representatives from South East Coast Ambulance Service NHS Foundation Trust (SECAmb) explained how we operate and how, despite the challenges, we work together with our colleagues at the hospital to provide the best care to our patients.

Looking forward

So, in summary we have experienced a challenging but mainly successful year. There have been some lows and some highs but overall, we made a significant step forward in our improvement journey which has been recognised by our regulators. We intend to continue on this trajectory, making all of our improvement sustainable for a service built on quality and safety of services.

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



Philip Astle, Chief Executive Officer

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Freedom to Speak Up (FTSU)

Our Executive Director for Freedom to Speak up is our Executive Director of Nursing & Quality. We also have a Non–Executive Director (NED) for Freedom to Speak up. In August 2018, South East Coast Ambulance Service NHS Foundation Trust employed a full time Freedom to Speak up Guardian (FTSUG). This was quickly followed by an internal network of Local Freedom to Speak up Advocates who are available to offer signposting to staff who wish to raise concerns. The Advocates act as links between the Guardian to staff within our services.

There are now a number of ways in which staff can raise concerns including: individual line managers; senior team manager; Human Resources Advisor; Freedom to Speak up Guardian; Freedom to Speak up Advocates; Director of Nursing & Quality; FTSU Lead Non-Executive Director; our Whistleblowing hotline or through our incident reporting system (Datix). Our internal intranet gives clear advice on raising concerns on a dedicated page and is where the Trust stores its 'Freedom to Speak up: Raising Concerns (whistleblowing) Policy'.

The Freedom to Speak Up Guardian works independently but closely alongside the Trust's Directorates, trade unions and other stakeholders to ensure a holistic approach to those raising concerns via the Freedom to Speak up process. The Freedom to Speak Up Guardian works closely with whistle-blowers and those raising concerns to promote a culture where staff do not suffer detriment from raising concerns. Our Freedom to Speak Up Guardian and Advocates also hold events at Local ambulance stations, universities and Accident & Emergency (A&E) departments to answer any questions regarding Freedom to Speak up and to raise awareness of the process.

Staff who choose to raise concerns via the Freedom to Speak Up process receive regular updates on the actions taking place to address their concern and are provided with a further update and explanation when the concern is ready to be formally closed. Staff are assured that they can contact the Freedom to Speak Up Guardian or any of the Freedom to Speak Up team at any time for advice or guidance.

The Executive team meets with the Freedom to Speak up Guardian on a monthly basis. The Freedom to Speak Up Guardian reports into the Board on a quarterly basis; this report includes key themes of the concerns and learning. Real life examples for areas of Trust improvement have been shared with The Board and learning actions have been taken from this and put into new working practices. An action plan for FTSU is kept updated with running data from several sources including the staff survey results and data relevant to FTSU pulled from other areas of the Trust such as sickness rates, number of grievances, leavers, complaints etc. This helps to keep focus on any areas that are highlighted as potentially needing additional support and the FTSU Guardian will then focus on these areas for additional visits where possible.

The Freedom to Speak Up Guardian has worked collaboratively with the Learning & Organisation Development team to establish training in responding to concerns; this is being delivered to all Trust leaders and the commencement of this training began in March 2020. Future training to ensure all colleagues are aware of how to raise concerns; the importance of doing so will be included in the Operational key skills training programme for 2020-21.

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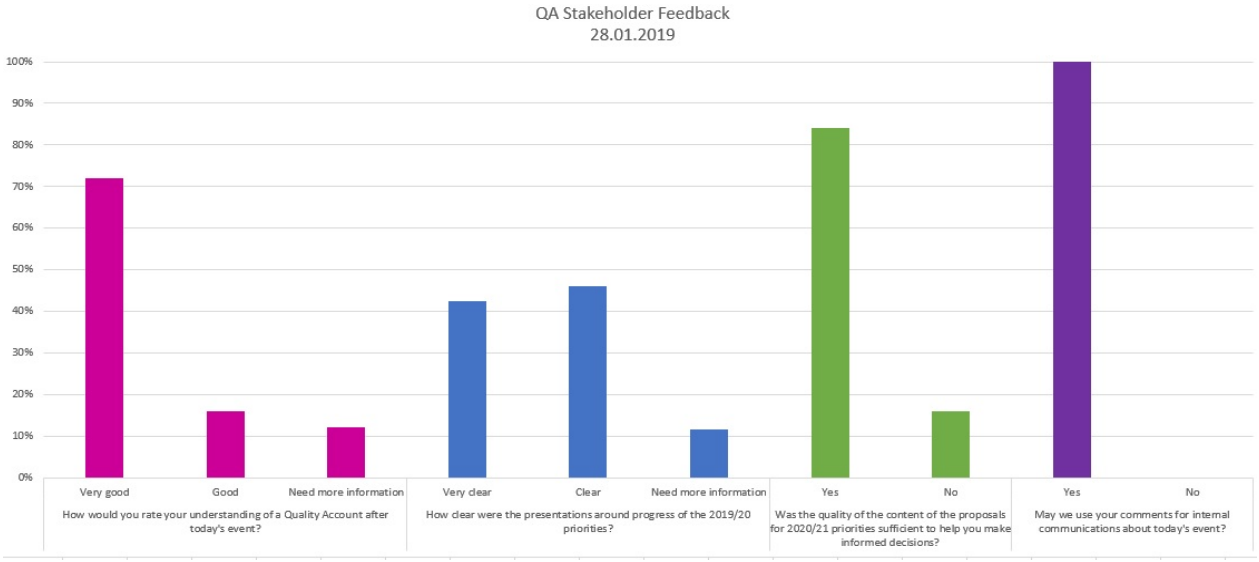
Part 2: Priorities for improvement and statements of assurance from the board

A Trust stakeholder engagement event was held on 28 January 2020 with representation from our staff, Clinical Commissioning Groups (CCGs), Healthwatch, public and patient representative groups, local council, Trust governors and other key external stakeholders.

The purpose of the event was to provide an update on the Trust's recent CQC inspection and to introduce the Quality Account framework; to share updates against the 2019/20 improvement priorities and to agree the Trust's improvement priorities for 2020/21.

Seven options for next year's Quality Account improvement priorities were presented by the Trusts' subject matter experts; each working to a SMART model so that each proposal was Specific, Measurable, Achievable, Realistic and Timed (SMART).

Following a day of presentations and discussion, everyone in attendance was invited to share their feedback on the effectiveness of the event. The results showed that information shared was clear and people felt able to make well-informed decisions when agreeing the 2020/21 improvement priorities.



Other feedback received was very constructive and included praise for a well-organised event, a good level of diversity in the room and clear explanations during the presentations that were also very informative. Participants also contributed to learning on how we can improve the event. All of the feedback captured from the day will be considered in the development of the 2020/21 Quality Account.

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2.1 Priorities for improvement 2020/21

This section sets out key areas that we will focus on for development over the next twelve months. These will be reported both internally and externally throughout the coming year. Due to the need to divert or focus many resources to respond effectively to the COVID-19 pandemic, some of our aspirations have been amended or may take longer to achieve. When this is the case, further work will be reported on in next year's quality account.

Domain	Clinical Effectiveness
Quality Improvement - Priority 1	**Clinical Supervision of Frontline Operational Workforce**

Why is this a priority?

The NHS is at crisis point with large workforce gaps and high levels of stress among staff (West and Bailey, 2019). In order to address this, compassionate leadership is required, ensuring staff are listened to, understood, empathised with and helped. This is challenging in the ambulance environment but can be achieved, at the front line, with a robust model of clinical supervision. This model will establish a standard that can be utilised to embed safe and effective care within the Trust. Safety is at the heart of every patient interaction and clinical supervision has been shown to improve patient safety, reduce burnout, increase staff retention and competency (Health & Care Professions Council (HCPC) 2015). Effective supervision can contribute to the continued development of healthy organisational cultures and improve engagement and morale (NHS Education for Scotland 2018). The principles of clinical supervision provide a safe environment to develop leadership qualities and the opportunity to critique clinical and cultural practices (Blishen 2016). Importantly, the HCPC (2015) and CQC (2013) argue that supervision is a vital part of safe, effective care. Based on the well-documented benefits of supervision (CQC 2013; Dawson 2013; HCPC 2015; Tomlinson 2015) all ambulance staff, irrespective of their level of practice or experience, should have access to, and be prepared to make constructive use of supervision. Carter (2019) recommended that Ambulance Trusts should agree and implement a common clinical supervision model by April 2021.

Aims and objectives

- To work in partnership with key stakeholders to agree and embed a model of clinical supervision across SECAmb which aligns to the ongoing enhancements to clinical leadership
- To reduce harm to patients and increase safe care
- To increase reporting, learning, and confidence of staff as part of our aspiration to embed a 'Just' culture
- To improve the wellbeing of our clinical workforce
- To improve clinical effectiveness and operational efficiency
- Implement a robust clinical leadership system (structures, people, processes) which includes education and continuous improvement elements

How will we achieve this?

- **Year 1**
  - Scoping, promoting and developing policies and procedures that define clinical supervision within SECAmb
  - Working with the National Clinical Supervision in Ambulance services group to ensure best practice
  - Scoping supervision training for the post graduate workforce
  - Embedding clinical leadership structures across the Trust (Operational Unit Paramedic Practitioner Hubs)
- **Year 2**
  - Reporting the percentage (%) of staff with a named supervisor
  - Reporting the number of encounters with a supervisor
  - Reporting on the number and type of supervisory activities i.e. reflection, action learning sets, case-based reviews etc.
  - Implementing supervision training for the post graduate workforce
  - Scoping and implementing training for all clinical supervisors

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

- ✓ We will identify quality measures and evaluate them before and after the implementation of the model. This will include measuring staff satisfaction, retention and sickness levels, as currently the Ambulance sector has the highest sickness levels in the NHS with an average of 20 days per person per year (Carter, 2019)
- ✓ We will define and embed a Trust wide clinical supervision strategy (by April 2021)
- ✓ We will see improvements in staff survey results, particularly relating to motivation at work
- ✓ We will see safe, optimised patient flow arising from 999 calls which lead to a physical response (on-scene times, conveyance decisions, re-presentation rates, whole system flow) and which puts patient choice at the heart of the episode
- ✓ Reduced level of Serious Incidents resulting in harm, complaints and / or legal claims
- ✓ Improved patient outcomes and experience

Board Sponsor

Executive Medical Director

Implementation Lead

Consultant Paramedic

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Domain	Patient Safety
Quality Improvement - Priority 2	**Introduction of Mental Health First Aid (MHFA) Training for Front-Line Staff**

Why is this a priority?

Over the past 20 years, successive governments have pledged to improve health in England and to address barriers that create inequalities in health. Mental health has been a key priority area and featured strongly in policy. Health policy for England is complex, and mental health policy is no exception. The introduction of Mental Health First Aid (MHFA) at SECAmb will contribute towards the following key areas:

- Raising awareness and promoting mental health and wellbeing (in our patients and work colleagues)
- Reducing the period of untreated mental ill-health through earlier detection
- Eliminating stigma and discrimination
- Preventing suicide through raising awareness of risk factors
- Promoting and supporting recovery and social inclusion for people who have experienced mental ill-health

The Five-Year Forward View for Mental Health NHSE (2016) outlines a programme for improvements required for the quality provision of mental health service delivery in England. Within this document there are some clear messages that should resonate with ambulance trusts if they are to support the delivery of this agenda going forward. Such excerpts include:

"Physical and mental health are closely linked"

"Mental health accounts for 23% of all NHS activity"

"Ending the stigma around mental health is vital"

"There is still a long way to go to match standards in urgent and emergency care for physical health needs"

This forward view ultimately provides strategic guidance to improve mental health outcomes across health and care systems in England. The strategic guidance sets out key mental health indicators and priority actions to be taken by 2020/2021. These actions include the creation of a 7-day NHS, an integrated approach to physical and mental health, and promotion of good mental health and prevention of mental ill-health.

Aims and Objectives

Education of the SECAmb workforce in the area of mental health is a vital component in developing a workforce that is capable of meeting the mental health needs of its patients and the expected standards of this education has been recommended by Skills for Health, Health Education England (HEE) and Skills for Care (2016). This guidance recommends a tiered educational system and specifies tier two as appropriate for front line ambulance staff. The secondary objective is to empower staff with the knowledge and skills to support and signpost colleagues when positive mental health is challenged.

The SECAmb Mental Health Team has reviewed these recommendations and has identified that the MHFA England accredited training programme provides an excellent core framework to meet these standards. This view was presented at the SECAmb Quality Account stakeholder event in January 2020, and unanimously voted as a SECAmb priority for 2020. It is envisaged that this would form part of a four-year rolling Continued Professional Development (CPD) training programme for front line staff, facilitated by the SECAmb Mental Health Team.

How will we achieve this?

+ Training milestones will be set for review at quarterly intervals; to train the current number of front-line staff over a four-year programme will equate to a quarterly target of 175 staff. This breaks down to 58 staff per month /14 staff weekly. This will require a minimum of one course per week. The year one baseline will be to achieve 700 staff trained
+ 4 x SECAmb instructors in the Mental Health (MH) Team – we have 1 to date, all others will be qualified by Apr 2021
+ A four-year rolling programme sets a realistic deadline with a long-term trajectory (Yr. 2-4) (MHFA refresher requirements which are 3 years from initial training)

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

With endorsement from the Clinical Education Steering Group (CESG) and the development of:

- ✓ 4 x Qualified MHFA England Instructors within the MH Team by April 2021
- ✓ A business case for training materials required for the course by July 2020
- ✓ Three training laptops by March 2020
- ✓ An internal Project Steering Group by September 2020
- ✓ A training delivery programme by September 2020
- ✓ A post validation survey for staff who have completed training

Covid Impact

The impact of Covid will lead to a significant delay and realising the above objectives. In view of this and in the spirit of supporting staff mental wellbeing during this unprecedented time, the mental health team will utilise this hiatus by:

- Providing regular on-site mental health support in our EOC and 111 sites across the service
- Providing advice guidance and support for operational units (OUs) in the area of staff mental health support on request.

Board Sponsor

Executive Director of Nursing & Quality

Implementation Lead

Mental Health Consultant Nurse

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Domain	Patient Experience
Quality Improvement - Priority 3	**Falls: Accessing Urgent and Emergency Care for Care Homes**

Why is this a priority?

Internal Development Workstreams
It is acknowledged that some older people who have fallen, wait too long for an ambulance response. If the patient is unable to get themselves up off the floor, they are at risk of developing conditions associated with the 'long-lie'. These include reduced confidence, increased anxiety, dehydration, hypothermia, rhabdomyolysis, pneumonia or even death.

The deployment of the new SECAmb model of care for fallers breaks down Falls incidents into three phases; primary, secondary, and tertiary. The primary response is vitally important in reducing the risks associated with long-lies. By engaging our Community First Responders (CFRs), Fire & Rescue Services, the care home sector, and other willing / suitable agencies, we can deploy a network of primary responders whose role it is to, where appropriate, get the patient off the floor; thus restoring their dignity and mitigating the risks from a long-lie. Primary responders will be taught how to assess patients using the iStumble tool, and how to safely move patients using the most appropriate equipment, which avoids the need for physical manual handling (lifting).

The secondary response will come from a Paramedic Practitioner (PP), who will undertake a focused clinical assessment of the patient to establish the likely cause of the fall and to make sure there are no injuries or ongoing risks. Part of the assessment will also include prioritising the tertiary response.

The tertiary response is via a referral to a community partner agency who run the Falls and Frailty Service and / or admission avoidance / rapid response team. In the future, pending the successful roll out of the model, there is a strategic opportunity to merge the secondary and tertiary elements of the model.

The aspiration is to make a primary response to fallers within the timeframe to prevent long-lie risks occurring. While challenging, this should be as quickly as 20 minutes, as pressure damage can begin to occur in some patients this quickly. The team developing the model will monitor performance closely and also assess outcomes for patients by examining the conveyance rate for falls as we know that the longer the patient waits for a response after a fall, the greater the chance of being conveyed and potentially admitted to hospital.

External Development Workstreams
In residential and care homes, despite there being staff available to assist residents, often patients are left on the floor until the ambulance arrives. The reasons for this include not having lifting aids available, a fear of harming the fallen resident further, and having a 'no-lift' policy in place often instigated at group level. The new SECAmb model of care for falls factors in these reasons and would allow care homes to become "primary responders" to their own residents who have fallen.

By supporting care homes, we can build their confidence to provide the best immediate care for their residents while awaiting the response from SECAmb (either in the event of the patient needing conveyance due to injury, or follow-up after a non-injury fall to help identify the reason for the fall).

In Sussex alone, from July-December 2019, there were 224 ambulance dispatches to care homes for falls (this does not include calls received that were caused by falls but triaged as something different, minor injury for example) and 59% of these patients waited longer than 1 hour (the time the effects of the long-lie start) for a response with 22 patients waiting longer than 4 hours.

The SECAmb Care Home Flowchart aims to provide external care staff with the confidence to be able to safely assess their fallen resident and then assist them off the floor. Work has been ongoing throughout 2019 with the flowchart being taken through SECAmb clinical governance processes. Work has then continued across the healthcare system with CCGs and Sustainability and Transformation Partnerships (STPs) in order to gain support to embed the documents within all care homes.

Aims and Objectives

For the Trust, this project would expect to see a reduced number of ambulance callouts to care homes for falls, resulting in an increase in available ambulance hours, alongside aiming to:

- Provide a quicker response to patients who fall, leading to more rapid assessment and decisions about ongoing care and reducing ongoing clinical risks
- Enable faster intervention of an uninjured resident after a fall
- Reduce the likelihood of a resident requiring an admission to hospital
- Allow residents to remain in their 'home' and receive continuity of care from their team
- Reduce wait times on the floor after a fall
- Result in quicker recovery times and potentially lifesaving care
- Reduce the patient fear of falling as the wait is reduced and the lift is safe and comfortable
- Reduce the incidents of harm caused to patients due to the long-lie
- Improve the reputation of the Trust by reducing the number of incidents and Serious Incidents (SIs) raised as a result of a fall

It is anticipated that around 1000 patients a year would benefit once this project is implemented.

How will we achieve this?

Through the EOC Fallers flowchart;

+ West Kent CCG has already distributed the flowchart to all of their care homes and have funded for the top 50% of care homes that call for an ambulance for falls to be provided with a Mangar Camel lifting cushion
+ Work has been completed with all Surrey CCGs to agree on local variations of the flowchart and this will be rolled out across Surrey by March 2020
+ Sussex STP are in the initial phase of discussing the flowchart for it to be included as part of their Unwarranted Clinical Variation for their Falls workstream and it is anticipated that the document will be ready to be distributed by May 2020
+ Negotiations with the remainder of Kent has yet to start with a commencement date of March 2020

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

- ✓ The flowchart will be embedded into 50% of care homes across the Trust by July 2020, and within 75% or care homes by the end December 2020
- ✓ We will see a reduction in the number of ambulance calls to falls patients at care homes
- ✓ We will see a reduction in the number of reported incidents and SIs relating to long-lies

Board Sponsor

Executive Medical Director

Implementation Lead

Practice Development Lead (Falls)

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Progress against 2019/20 Priorities

This section sets out our work and progress in 2019/20 on our four key priorities which were agreed with key stakeholders in 2018/19.

Clinical Effectiveness		Status
Quality Improvement - Priority 1	**Improving survival from out of hospital cardiac arrest (OHCA)**	**Partial Achievement**

Review of 2018/19 report:
Mid-year 2018/19 a new metric was introduced to measure compliance against the Return of Spontaneous Circulation (ROSC) care bundle. Benchmarked data evidenced normal levels of variation and identified SECAmb as continuing to perform above the national average.

The aim for 2019/20:
The aim of this priority was to increase survival with good neurological recovery following an Out of Hospital Cardiac Arrest (OHCA).

Our performance 2019/20:
In 2018/19 the Trust set eight objectives as the quality improvement measures for OHCA for monitoring throughout 2019/20. Progress against these measures is shown in table 1 below:

Table 1 – Quality improvement priority measures and progress for OHCA in 2019/20

Ref.	Initiative	Delivered
1	**Develop a Resuscitation Strategy**	Partially
	The foundations for this Strategy were laid during 2019/20, supporting the development of this workstream in Quarter 1 (Q1) of 2020/21.	
2	**Embed a new Resuscitation Policy**	Full
	The Trust's Resuscitation Policy (V2.00) was published November 2019 and internal audit of OHCA outcomes have been carried.	
3	**Improve early recognition and calls for help**	Full
	The Clinical Decision Support System (CDSS) is in place and Emergency Medical Advisors (EMAs) are trained to give telephone CPR (tCPR). An audit programme is in place. Data shows that SECAmb classifies more than 90% of non-Emergency Medical Services (EMS) witnessed cardiac arrests as a Category 1 call. This exceeds the 75% target set by the Global Resuscitation Alliance. **Further work:** • Include explicit focus on audit of cardiac arrest calls each month • Review all cases where cardiac arrest was not identified at the time of the 999/111 call	

4	**Support early bystander CPR**	Partially

A key skill of the Emergency Medical Adviser (EMA) in the Emergency Operations Centre (EOC) is to rapidly coach the caller to commence telephone CPR (tCPR). Approximately 75% of non-Emergency Medical Service (EMS) witnessed resuscitation attempts received bystander CPR before the arrival of EMS; this exceeds the 50% target set by the Global Resuscitation Alliance. However, there is more work to be done around the themes identified through the Trust's Serious Incident Group (SIG) such as improvements with the management of agonal breathing. For this reason, the objective remains as partially achieved.

Further work:

- Provide continuous coaching and training to EMAs
- Continue work with the British Heart Foundation (BHF) to identify all Public Access Defibrillator (PAD) sites via our community engagement team and have the sites registered on our Computer Aided Dispatch (CAD) system

5	**Improve times for early defibrillation**	Partially

Defibrillation within 3-5 minutes of collapse can produce survival rates as high as 50-70%.

The most effective way to improve the time to first shock is through the placement of Public Access Defibrillators (PADs) in locations based on the statistical probability of a cardiac arrest occurring nearby. This should be combined with ongoing development of volunteer responder programmes and smartphone applications that alert individuals trained in CPR of the need for their help in a cardiac arrest situation near to them.

The Trust has a database of PADs that is linked to the CAD system, the system that the Trust uses to process 999 calls, and the GoodSam App (a smartphone app used with SECAmb to alert individuals of a cardiac arrest where CPR is required in their vicinity).

Further work:

- Complete monitor / defibrillator replacement programme
- Extend use of the GoodSam App to include any individual with a clinical or first-aid qualification
- Link into Community Resilience Strategy

Covid-19 Delay:

- The use of the GoodSam App was paused during the early stages of the COVID-19 pandemic due to infection prevention and control concerns

6	**Early life support and standardised care (and development of guidance)**	Full

All patient facing staff received a full day of face-to-face teaching on adult resuscitation through the Trust's Key Skills programme. Resuscitation training for Emergency Care Support Workers (ECSW) and Advanced Associate Practitioners (AAP) courses was standardised to follow the Resuscitation Council UK's Integrated Learning Support (ILS) curriculum.

7	**Basic Life Support (BLS) training for all staff**	**Partially**
	All new EMAs received BLS and Automatic External Defibrillator (AED) training to improve their confidence in delivering tCPR. There was no capacity to deliver this training in 2019/20 and neither was it made a standard within the EMA training programme. **Further work:** • Existing EOC staff to complete BLS training • Develop programme for BLS and AED training for all non-clinical staff	
8	**Evaluation using cardiac arrest registry**	Full
	A digital registry was in place from Quarter 2 (Q2), including all cardiac arrests attended by SECAmb. Data set includes the full Utstein data set. **Further work:** • Develop the framework for reporting and publishing data from the digital registry	

Impact of Covid-19 on Cardiac Arrest

During the peak of the COVID-19 pandemic (final week of March and first week of April 2020) the Trust saw an increase in the count of cardiac arrests attended and a significant reduction in the proportion of resuscitation attempts, to 30%.

The data showed that this could be attributed to an increased proportion of patients with some type of advance decision to refuse resuscitation and an increased proportion of patients where the attending clinicians deemed resuscitation to be inappropriate treatment for the patients' best interests.

A sample of cases during this period was reviewed and it was determined that all decisions taken were safe and appropriate. Resuscitation should not be a treatment for ordinary dying. An increased number of patients in the community with a clear plan detailing the care they do and do not wish to receive has led to more dignified and peaceful deaths for many. The Trust will continue to work with the wider healthcare system to ensure patients receive an appropriate care plan to continue this trend.

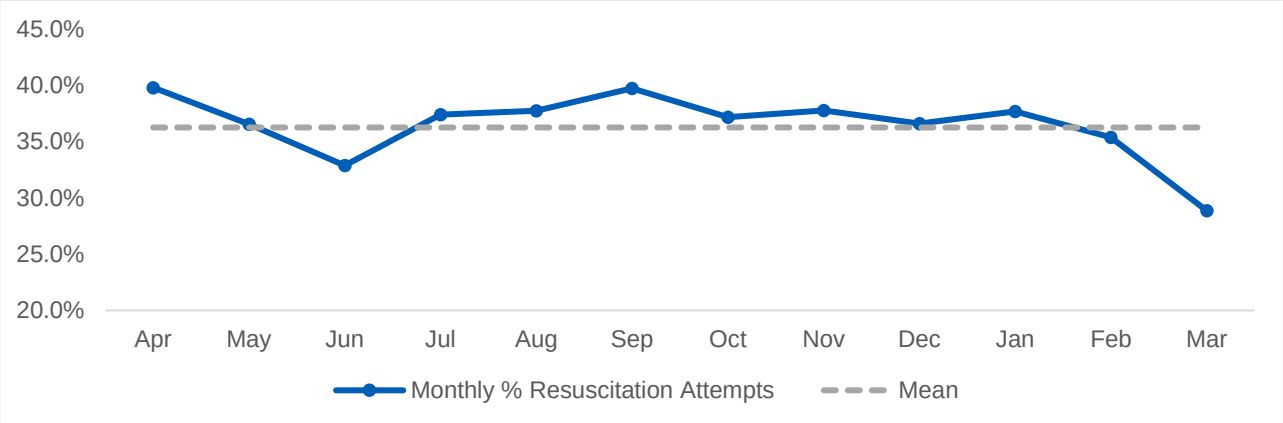

Figure 4 - Percentage of 2019/20 Cardiac Arrests with Resuscitation Commenced or Continued in SECAmb

For the occasions when resuscitation was not commenced in 2019/20 cardiac arrests in SECAmb, the reasons are shown in table 1 below:

Table 1 - Reasons for Resuscitation Not Commenced in 2019/20 Cardiac Arrests in SECAmb

Reason	Count	Percentage
Deceased	3086	43.9
Advance Patient Decision	1158	16.5
Ordinary Dying	214	3.0

Did we achieve this priority?

Partial Achievement. Work to progress the majority of the above objectives has started but some aims include long-term workstreams. In addition, some of the benefits from this work was not expected to be realised until 2020/21 e.g. improved outcomes from cardiac arrest training.

Actions to be carried forward to 2020/21

In order to improve outcomes from cardiac arrest, the Trust will implement the recommendations listed in the Trust's Out of Hospital Cardiac Arrest (OHCA) Annual Report 2019/20, which align to the Global Resuscitation Alliance's 10-step plan to improve outcomes from out of hospital cardiac arrest.

The Trust will:

- ✓ Ensure changes to practice, including strategy and policy development, are overseen by the Trust's OHCA Lead
- ✓ Monitor and analyse audit outcomes being undertaken by the SECAmb's clinical audit team
- ✓ Monitor performance objectives no.3-7 in table 2 and have a baseline for reporting to enable us to measure improvements and report results in the Trust's Quality Account 2020/21
- ✓ Progress against the priority measures will be reported through the Trust's governance structure

Board Sponsor

Executive Medical Director

Implementation Lead

Consultant Paramedic (OHCA Lead)

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Patient Experience		Status
Quality Improvement - Priority 2	**Improving the care of patients with mental illness / disorder (Response time for mental health patients; S136)**	**Fully achieved**

Review of 2018/19 Report:

The initial aim for 2018/19 was to ensure that all patients detained under Section 136 (S136) of the Mental Health Act (MHA) received a Category 2 (C2) ambulance response to provide parity with physical illness of the same severity. Whilst our compliance with C2 had improved there was evidence to suggest that the police were either not calling SECAmb for a S136 conveyance or had not articulated a S136 during the phone call to EOC. Work had been undertaken with regional police services to improve communications, including the provision of a script for police officers and / or control room staff to use when contacting EOC; this would support decision making in relation to calling for an ambulance. It was anticipated that S136 conveyances would increase in 2019/20.

The aim for 2019/20:

"To ensure that patients detained under Section 136 mental Health Act receive an appropriate response from SECAmb."

We have worked closely with the police services within our geographical footprint (Kent, Surrey, Sussex) for all to understand the needs of patients detained under this S136 of the MHA and to examine the perceptions of stakeholders as to our performance in this area. Such work has involved scrutiny and discussion within:

- Crisis Care Concordats (CCCs)
- Locality S136 meetings
- S136 data deep dive analysis
- Locality crisis care pathway meetings
- Meetings and discussion with police mental health leads

Our performance 2019/20:

Surrey Police

Our data with Surrey Police is very well aligned due to excellent methods of S136 reporting by Surrey Police. We are perceived as performing very well in this area by the Surrey CCCs.

Kent Police

Kent police have one of the highest S136 detention rates in the UK. We have worked closely with them in relation to data comparison and it is now accepted that our performance is very good in this area.

Sussex Police

Sussex Police retain the view that they are conveying the majority of S136 patients in the locality. Their data collection method however only counts numbers and does not scrutinise causes and we continue to work with Sussex Police to understand the root causes for this.

Since February this year, Sussex Police have agreed to use the aforementioned Surrey Police data collection method which will collect the data required to identify potential reasons for high police conveyancing. There have been some challenges with Sussex Police introducing this method and we look forward to its full introduction. SECAmb data (below) and our experiences with Kent and Surrey police strongly indicates this not to be a SECAmb performance issue and that other factors are influencing this.

SECAmb Section 136 MHA data: April 2019-April 2020

The following data shows the average response times across all operational units (OUs) measured against Category 2 Ambulance Response Programme (ARP). This equates to an 18-minute response with the 90th centile being 40 minutes. The table shows calls received, ambulance responses and S136 conveyances. It should be noted that some calls are duplicate calls, calls to say alternative conveyance is warranted (e.g. police) or calls to stand down our service. This explains the difference between calls received, ambulance responses and S136 conveyances required.

Month	Calls	Responses	Conveyances	Cat 2 Av	90th Centile 40 min Av
April 19	164	127	123	17:12	35:54
May	170	138	124	16:17	32:40
June	150	109	98	21:11	39:16
July	197	142	133	19:32	38:33
August	174	132	124	18:42	37:12
September	183	131	122	18:18	33:17
October	178	138	132	17:01	32:25
November	162	127	123	18:43	37:25
December	125	104	98	20:07	41:35
January 20	144	122	119	15:56	30:39
February	154	112	105	18:56	37:32
March	143	111	101	21:03	45:35

Did we achieve the priority 2019/20?

Fully achieved. The table below presents comparative data for 2019-20 vs 2018-19:

	Total Calls	Total Responses	Total Conveyances	Cat 2 Av	90th Centile 40 min Av
2019-20	1944	1493	1402	00:18:30	00:36:33
2018-19	1965	1342	1336	00:19:06	00:39:18

This data positively shows that SECAmb received slightly less calls but had higher numbers of ambulance responses and S136 conveyances with shorter response times. Our data consistently shows that we provide a responsive service within Category 2 performance measures when engaged. From April 2019 – April 2020 we were outside of the 90th centile measure on only two occasions: the longest by 5 minutes and 35 seconds.

We will continue to work with all of our police colleagues to maintain our standards and to work on data validation processes and understand root causes of conflicting data to ensure all records are consistent between services.

Actions to be carried forward to 2020/21

We will continue to monitor Section 136 performance on a monthly basis, and this will receive Board scrutiny.

Board Sponsor

Executive Director of Nursing & Quality

Implementation Lead

Mental Health Consultant Nurse

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Patient Safety		Status
Quality Improvement - Priority 3	**Safety within our Emergency Operations Centres (EOC)**	**Partially achieved**

Review of 2018/19 Report:

Patients access our 999 service through the EOCs where they are assessed to identify the appropriate resource and timeframe (disposition) to meet their presented conditions. Following the CQC's inspection report published in 2019, there were noted areas requiring improvement relating to staffing levels, completion of welfare calls for patients awaiting an ambulance resource and extended times for patients attempting to access our service.

The aim for 2019/20:

The EOC Clinical Safety project was established and supported through the Trust Program Management Office (PMO) and Quality and Compliance Steering Group (QCSG). This was to enable the EOC Clinical team to put strategies in place to improve the safety of our patients from the point of initial contact to providing them with the most appropriate care. This could have been an over the telephone 'hear and treat' service, or an ambulance callout to provide a 'see and treat' service (face-to-face assessment with care and treatment provided on-scene) or 'see and convey' whereby the patient would be taken to hospital. This project focused on the key initiatives as below:

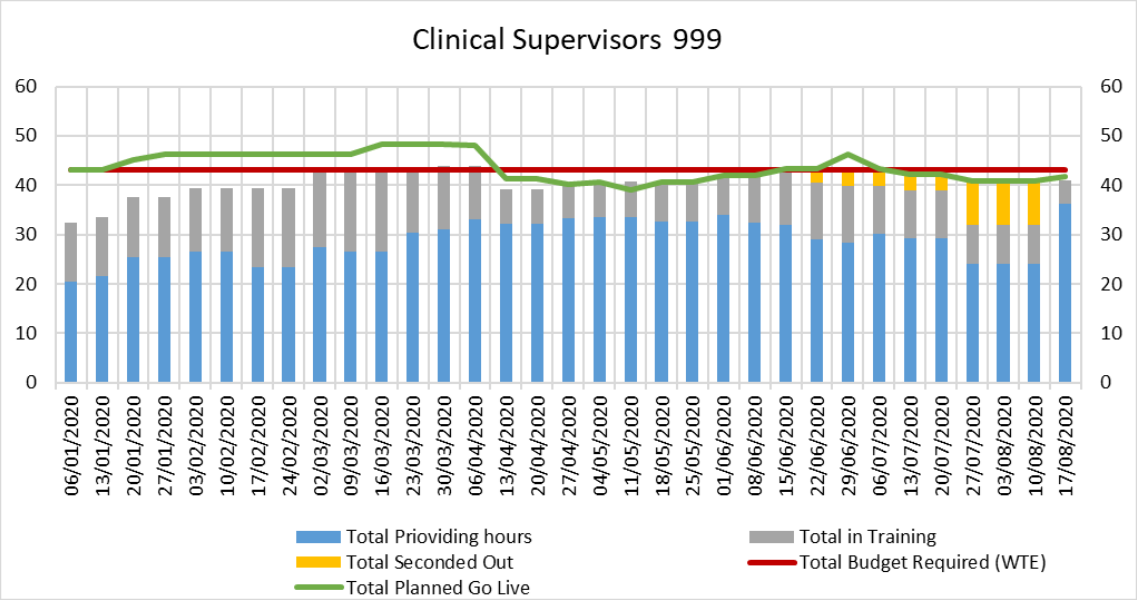
- To ensure the safety of our patients that are waiting for an ambulance response through effective welfare call-back compliance
- Increase staffing occupancy and optimisation of the Trust's triage system (NHS Pathways) to meet compliance requirements with NHS Pathways (NHSP)
- To assure the Trust that Surge Management Plan (SMP) actions of not sending an ambulance in high levels of surge, are applied safely and appropriately through SMP audits

Our performance 2019/20:

Staffing

Through this project we have restructured the EOC clinical team to include a revised leadership structure and a multi-disciplinary clinical assessment team. This is to improve the way we work and to improve our ability to support and treat our patients. Prior to this, the EOC clinical team consisted of three Clinical Advice Managers (CAMs) and a team of Clinical Supervisors (CS).

A review of this structure identified high attrition levels associated with a lack of support, minimal career progression and lack of structure for the clinical team. During the lifespan of the project we have also reviewed and improved our recruitment, training and retention processes of EOC clinicians and achieved the required establishment levels for the key NHSP Clinical Supervisor role.



As a fundamental part of the recruitment programme several additional roles have been introduced within the Emergency Operations Centre clinical team, bringing skills, experience and knowledge diversity to improve our clinical efficacy in patient assessment and triage. This includes Mental Health Practitioners, Pharmacists, Midwives, GPs and Urgent Care Practitioners all supported and managed through our established Clinical Safety Navigator (CSN) team and overseen by the (Clinical) Operations Managers.

We did not achieve the required establishment levels for the CSN role in 2019/20 and therefore continue to work closely with our colleagues in the recruitment team to ensure our recruitment campaigns continues. We still have oversight from the Project Management Office (PMO) and the Quality and Compliance Steering Group (QCSG).

NHS Pathways Compliance

Ensuring that an accredited NHS Pathways clinician is within our Emergency Operations Centres at all times continues to be closely monitored on a daily basis. Any loss of cover would initiate a Datix incident report to be completed, leading to an investigation. Throughout 2019/20 the Trust was 100% compliant with ensuring an NHS Pathways clinician was present in EOC at all times.

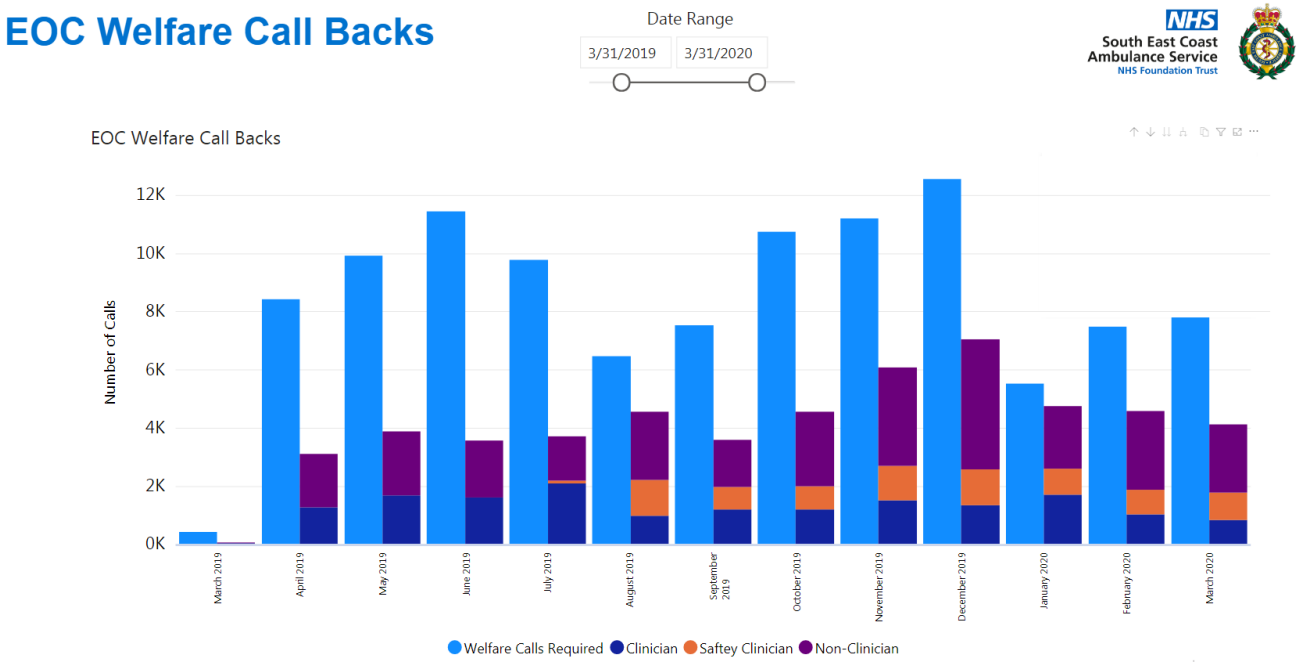
Welfare Call Compliance

Clinical welfare calls are managed by the Trust approved *Patient Welfare Call Procedure* which outlines where and when patient welfare calls should be carried out. The occasions when this procedure is usually applied are when there is a delayed response to scene or if there is a clinical risk identified by the senior clinicians regardless of ARP categorisation.

In 2019/20 there were 809 clinical tail audit incidents reported through Datix, of which 808 resulted in 'no harm' and 1 incident with 'low harm'.

Through successful development with the Trust's Business Intelligence (BI) team we are now also able to accurately monitor the volume of welfare calls and have noted, as a result of our increased recruitment, an improvement in the number of welfare calls being undertaken by EOC clinicians.

The chart below shows our welfare call data since April 2019. The dark blue shows the number of calls undertaken by Clinical Supervisors, the orange shows the number of calls carried out by Patient Safety Clinicians and the purple shows the number of calls made by non-clinical members of the EOC team using Clinical Decision Support of NHS Pathways:



Surge Management Plan Audit

When the Trust faces significant demand that exceeds its planned or available capacity to response to 999 calls, the Surge Management Plan (SMP) provides a structured framework to prioritise its resources to address those patients with the greatest clinical need. The primary objective of the SMP is patient safety within the context of significant resourcing challenges.

For a cohort of clinically discriminated (i.e. based upon clinical needs and patient safety) Category 3 and 4 ambulance dispositions a policy of 'no-send' is applied to ensure that the Trust can preserve ambulance resources to save lives and meet critical urgent clinical needs. This is whilst also remaining safe and effective for our patients and service users.

'No Send' audits have been implemented in order to retrospectively risk assess and evaluate the clinical decisions made during times of surge. The audits review the decision making, surge status and required clinical review for every 'no-send' eventuality; this is to determine risk, impact and shared learning opportunities. These audits have been implemented successfully with audit reports being produced on a weekly basis. Non-compliant 'no send' audits are recorded on Datix, which also facilitates investigation and then feeds back to individuals and / or systems and processes. Recording learning in this way ensures that themes and issues can be identified enabling opportunities for quality and system improvements. The audit reports are shared with the Trust's Clinical Governance Group (CGG), Medical Director, Director of Operations, Head of Clinical Audit, EOC leadership team and the Clinical Safety Navigator team; in the future the reports will also be shared with the 111 & 999 (EOC) Quality & Patient Safety Group.

Did we achieve the priority?

Partially Achieved. Reasons for this are:

Staffing: we have reached the Clinical Supervisor staffing requirements but continue to work closely with our colleagues in the recruitment team to ensure fulfilment of our recruitment needs.

Welfare calls: we have established accurate reporting and monitoring to identify areas for improvement.

Surge Management Plan Audit: fully achieved.

Actions to be carried forward to 2020/21

Staff Recruitment: we will continue our recruitment campaigns to meet the required staffing levels as identified through service demand and in line with the development of the Integrated Urgent Care (IUC) Clinical Assessment Service (CAS). This is monitored through the 999 Emergency Operations Senior Leadership Team (SLT) weekly meetings and supported through the Trust's recruitment team. Reports of staffing levels are also monitored through the Executive Director of Operations' monthly performance and quality assurance meetings.

Welfare Compliancy: we will continue to monitor our welfare compliancy through the 999 Emergency Operations SLT weekly meetings, monthly QPSG meetings, dashboard reporting to the CGG and monitoring by the Executive Director of Operations; monthly performance and quality assurance meetings.

Board Sponsor

Executive Director of Operations

Implementation Lead

Senior Clinical Operations Manager (EOC)

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Patient Safety		Status
Quality Improvement - Priority 4	**Care of patients who fall**	**Partially achieved**

Review of 2018/19 Report:

During 2018/19 the Trust attended 35,930 Category 3 and Category 4 calls for patients who had fallen. Of these calls, the Trust responded to 49% within one hour so the patient benefit was a more rapid assessment and decision-making about their care and treatment needs. This would have also reduced the potential for ongoing associated clinical risks.

The aim for 2019/20:

In order to improve our response to Falls patients, we aimed to continue to ensure that 'patients who fall' were appropriately assessed. During 2019/20 the Trust explored additional ways in which patients could be assessed quickly whilst waiting for an ambulance crew to arrive. Ways in which this would be done included:

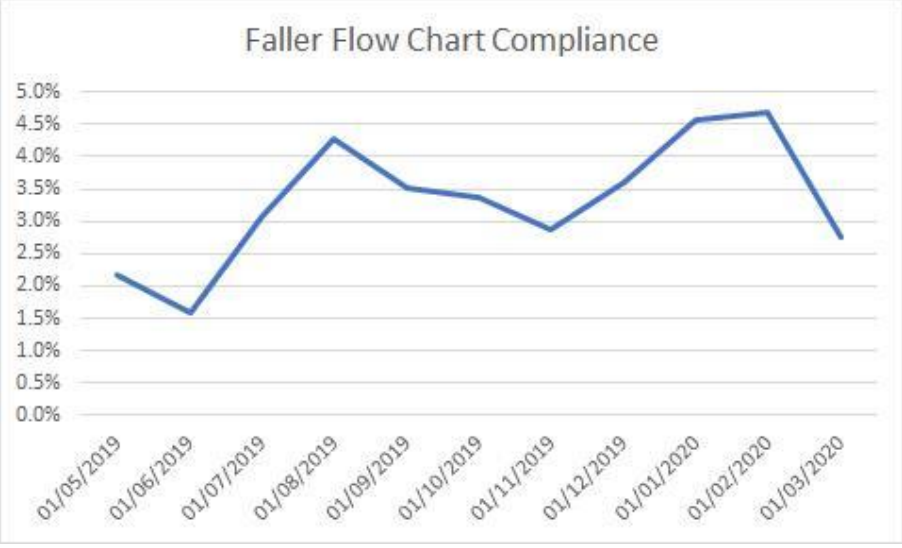
- use of our Emergency Operations Centre (EOC) Fallers Flowchart, to assess patients who have fallen
- working with partner organisations and our volunteers to explore how patients who have fallen can be more quickly assessed whilst waiting for an ambulance.

Our performance 2019/20:

Audit to demonstrate compliance with the EOC Fallers' flowchart

From May 2019, the EOC Fallers Flowchart went live with its use recorded by the Trust's data management system. The criteria for use of the flowchart were for it to be used for every patient that had fallen and had not received a response within 30 minutes. This meant that some patients were at risk of a long-lie and other associated conditions for example increased anxiety, dehydration and hypothermia. The flowchart was not recorded as being used as frequently as desired. The graph below shows a usage rate of up to 5% of cases which met the criteria for using this assessment tool for patients who had fallen. However anecdotal evidence from clinicians suggests that they are using it, but it is not recorded. We can positively demonstrate a reduction in serious incidents relating to patients who have fallen and had to wait for longer than we would like which also reaffirms that we are keeping patients safer whilst they are waiting.

Chart 1 – EOC Fallers Flowchart usage 2019/20

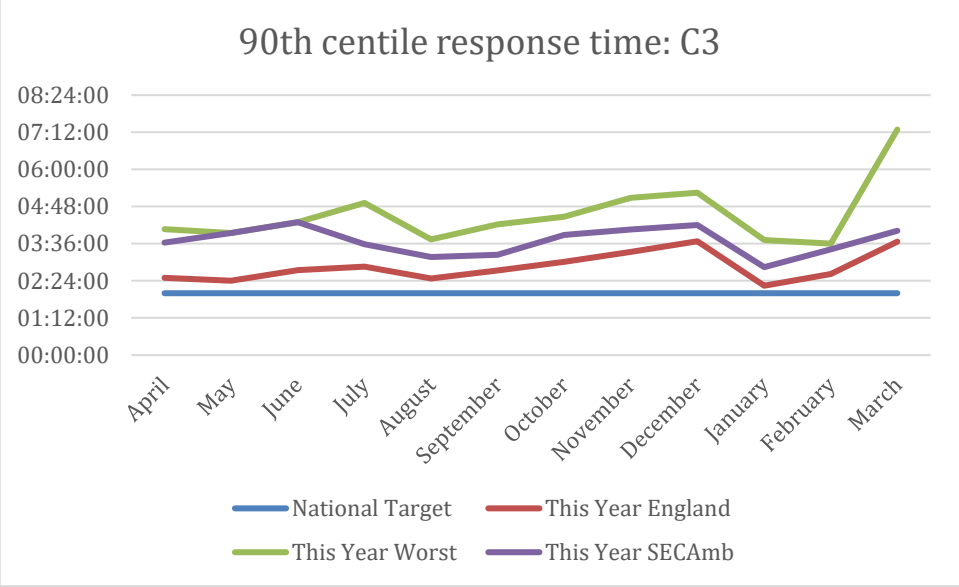


Improved Category 3 (C3) performance against national ARP

Category 3 (C3) ambulance calls are those that are classified as urgent. They are problems (not immediately life-threatening) that need treatment to relieve suffering (e.g. pain control) and transport or clinical assessment and management at the scene. The national standard states that all ambulance trusts must respond to 90% of Category 3 calls in 120 minutes. There is no target for the average response time. Nuffield Trust, 22 August 2019.

The chart below shows that, in line with national trends, the Trust did not achieve compliance with Category 3 performance for 2019/20, which resulted in delays to the care and treatment of some patients. Trust-wide actions to improve the Trust's operational performance are described in this report under Section 2.3 - Reporting against Core Indicators.

Chart 2 – SECAmb C3 Response Times 2019/20



A review of alternative ways to support patients who have fallen

Scoping, planning and approval or work has been progressed throughout 2019/20 to develop a new SECAmb model of care for Fallers. The model breaks down Falls incidents into three phases; primary, secondary and tertiary. It is aimed at deploying the most appropriate type of responder to help the patient up from the floor, if clinically appropriate, and avoid a 'long-lie' which can cause associated conditions such as reduced confidence, increased anxiety, dehydration, hypothermia, rhabdomyolysis or pneumonia, and could even result in death. Details of the model are contained within this report under Section 2.1 - Priorities for improvement 2020/21 as Quality Improvement Priority 3; Falls: Accessing Urgent and Emergency Care for Care Homes.

Another initiative developed during 2019/20 to support patients who have fallen included the work with external partners, also referenced in Section 2.1 as above. Primarily, this part of the model focused on care homes and SECAmb will see the introduction of a Care Home Fallers Flowchart in 2020/21 to aid care home workers to safely assess their fallen resident and help them off the floor. This work has been taken through the Trust's internal governance processes and shared with Clinical Commissioning Groups (CCGs) and Sustainability and Transformation Partnerships (STPs).

Did we achieve the priority?

Partially achieved. The Trust did not record use the EOC Fallers Flowchart for 100% of the calls received that met the criteria for using the flowchart. Also, the Trust can only evidence use of the flowchart for up to 5% of its calls that met the necessary criteria. We have feedback from EOC clinicians that the flowchart was used throughout 2019/20 but the system used to record its use was not user friendly and unreliable. This will be addressed in the improvement plans for the Trust's 'Falls' related quality improvement priority for 2020/21. However, we can positively demonstrate a reduction in the number of serious incidents relating to patients who have fallen.

The Trust did not meet national Category 3 response targets.

Work was completed for the new SECAmb model of care for Fallers and this will be introduced in 2020/21 as part of the Trust's Quality Improvement Priority 3; Falls: Accessing Urgent and Emergency Care for Care Homes.

Actions to be carried forward to 2020/21

This priority will merge with the 2020/21 priority 'Falls: Accessing Urgent and Emergency Care for Care Homes'. All future work and progress will be reported under that priority

Board Sponsor

Executive Medical Director

Implementation Lead

Practice Development Lead (Falls)

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2.2. Statements of assurance from the Board

Provided and/or sub-contracted services

1. During 2019/20 the South East Coast Ambulance Service Foundation Trust (SECAmb) provided two relevant health services: 999 Accident & Emergency Services and NHS 111.

1.1. South East Coast Ambulance Service Foundation Trust has reviewed all the data available to them on the quality of care in respect of all health care services provided and has liaised with the CQC on the inspection of 999 and 111 services. A CQC rating of 'Good' was received in August 2019.

1.2. The income generated by the 999 and 111 health care services reviewed in 2019/20 represents 96% of the total income generated.

Clinical Audit

2. During 2019/20 eight national clinical audits and nil national confidential enquiries covered relevant health services that South East Coast Ambulance Service NHS Foundation Trust provides.

2.1. During that period South East Coast Ambulance Service NHS Foundation Trust 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.

2.2. The national clinical audits and national confidential enquiries that South East Coast Ambulance Service NHS Foundation Trust was eligible to participate in during 2019/20 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)
Return of Spontaneous Circulation	Delivery of Care Bundle
ST Elevation Myocardial Infarction (STEMI)	Delivery of Care Bundle
Stroke	Delivery of Care Bundle
Sepsis	Delivery of Care Bundle

2.3. The national clinical audits and national confidential enquiries that South East Coast Ambulance Service NHS Foundation Trust participated in during 2019/20 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)
Return of Spontaneous Circulation	Delivery of Care Bundle
ST Elevation Myocardial Infarction (STEMI)	Delivery of Care Bundle
Stroke	Delivery of Care Bundle
Sepsis	Delivery of Care Bundle

2.4. The national clinical audits and national confidential enquiries that South East Coast Ambulance Service NHS Foundation Trust participated in, and for which data collection was completed during 2019/20, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Audit		Number of cases	Percentage of the number of registered cases required
Cardiac Arrest	Return of Spontaneous Circulation (All Cases)	2549	100%
Cardiac Arrest	Return of Spontaneous Circulation (Utstein Group)	384	100%
Cardiac Arrest	Survival to Discharge (All Cases)	2446	100%
Cardiac Arrest	Survival to Discharge (Utstein Group)	362	100%
Return of Spontaneous Circulation	Delivery of Care Bundle	684	100%
ST Elevation Myocardial Infarction (STEMI)	Delivery of Care Bundle	1395	100%
Stroke	Delivery of Care Bundle	10663	100%
Sepsis	Delivery of Care Bundle	4690	100%

2.5. The reports of eight national clinical audits were reviewed by the provider in 2019/20.

2.6. South East Coast Ambulance Service NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

National Audit	Actions to improve the quality of healthcare provided
Cardiac Arrest	➢ The Trust continues to provide annual resuscitation refresher training to all frontline clinical staff. ➢ The Trust continues to provide feedback on the quality of resuscitation efforts to clinicians after each resuscitation attempt. ➢ The Trust is recruiting and training more community first responders to provide early CPR and rapid defibrillation before an ambulance can get to the patient. ➢ The Trust continues to roll-out the 'GoodSam' app, which alerts trained responders if they are in the proximity of a cardiac arrest to provide early CPR and rapid defibrillation. ➢ The Trust's Emergency Operations Centre (EOC) will focus on improving the time to commence telephone guided bystander CPR and directing callers to public access defibrillators (PADs) to provide early CPR and rapid defibrillation.

ST Elevation Myocardial Infarction (STEMI)	➢ The Trust has refreshed its guidance around STEMI care to provide a solid foundation on which to build improvements. ➢ Clinicians are now receiving individual feedback when the care that they have delivered does not meet the standards set out in the STEMI care bundle. ➢ The Trust has introduced an electronic patient record (ePCR) system, that prompts users to document the care they deliver more effectively. This will improve performance by reducing omissions in documentation of care delivered. ➢ The Trust has introduced an electronic clinical audit system that aims to make it easier for leaders to access and learn from performance data to drive improvement. The new system is live and live business information (BI) dashboards to share the info with team leaders are in the final stages of development. ➢ The Trust will refresh its STEMI pathway to provide greater clarity around the patients who are eligible for primary PCI (the procedure to unblock blood vessels in the heart).
Stroke	➢ The Trust has introduced an electronic patient record system (ePCR), that prompts users to document the care they deliver more effectively. This will improve performance by reducing omissions in documentation of care delivered. ➢ The Trust has introduced an electronic clinical audit system that aims to make it easier for leaders to access and learn from performance data to drive improvement. The new system is live and live business information (BI) dashboards to share the info with team leaders are in the final stages of development. ➢ The Trust has provided clinicians with personal issue diagnostic equipment to reduce the risk of omissions in care due to a failure of diagnostic equipment.
Sepsis	➢ The Trust has introduced an electronic patient record system (ePCR), that prompts users to document the care they deliver more effectively. This will improve performance by reducing omissions in documentation of care delivered. ➢ The Trust has introduced an electronic clinical audit system that aims to make it easier for leaders to access and learn from performance data to drive improvement. The new system is live and live business information (BI) dashboards to share the info with team leaders are in the final stages of development.

	➢ The Trust has introduced a new sepsis screening tool to improve the sensitivity and specificity of sepsis detection and ensure patients with suspected sepsis receive the right care.

2.7. The reports of nine local clinical audits were reviewed by the provider in 2019/20.

2.8. South East Coast Ambulance Service NHS Foundation Trust intends^ to take the following actions to improve the quality of healthcare provided:

Local Audit	Actions to improve the quality of healthcare provided
Salbutamol Administration by Non-Registered Clinicians	➢ Added re-audit of salbutamol administration to the Trust's 2020/21 Clinical Audit Plan, to ensure that the introduction of electronic clinical records (ePCR) has improved the recording of patient consent. ➢ Plans to issue a communication to staff reminding them of the correct initial dose of salbutamol and nebulization requirements in COPD.
Safety of Discharge from Scene	➢ Planned a Podcast to be published giving education on shared decision making and use of Paramedic Practitioner (PP) Hubs. ➢ Updated the Trust's Scope of Practice Policy to give greater clarity on the discharge rights of various clinical roles.
Administration of Tranexamic Acid (TXA)	➢ Planned for a publication relating to the rationale behind changes to the TXA Patient Group Direction (PGD). ➢ Introduced specific fields on paper and electronic clinical records for the documentation of patient consent, drug batch number and drug expiry dates. ➢ Added drug doses and concentration to the Trust's electronic clinical record platform. ➢ Added a re-audit of TXA administration to the Trust's 2020/21 Clinical Audit Plan.
Supply of Chronic obstructive pulmonary disease (COPD) Exacerbation Medicines	➢ Communicated the results of the audit to all Paramedic Practitioners and Student Paramedic Practitioners. ➢ Shared a message with all Paramedic Practitioners and Student Paramedic Practitioners highlighting the requirement that Chronic Obstructive Pulmonary Disease (COPD) must be diagnosed before drugs are supplied. ➢ Added a re-audit of the topic to the Trust's 2020/21 Clinical Audit Plan.

Physical Assessment of Patients Under a Section of the Mental Health Act	➢ Began to develop an action plan to address the areas of poor performance identified through this audit.
Assessment and Management of Croup	➢ Planned the release of a Podcast to provide education on the management of Croup. ➢ Added a re-audit of the topic to the Trust's 2020/21 Clinical Audit Plan.
Assessment and Management of Acute Behavioural Disturbance	➢ Planned for the roll-out of mandatory training around Acute Behavioural Disturbance for all front-line clinicians. ➢ Added re-audit of the topic to the Trust's 2020/21 Clinical Audit Plan
Paramedic Practitioner Supply of Anti-Microbial Medicines	➢ Sent feedback to Paramedic Practitioners and Student Paramedic Practitioners highlighting improvements in this area of practice. ➢ Amended Paramedic Practitioner Patient Group Directions to include Student Paramedic Practitioners. ➢ The Trust's Scope of Practice Document is to be updated to include antimicrobial supply by Student Paramedic Practitioners.
Assessment of Head Injured Patients who take Anti-Coagulants	➢ Removed the ability to photograph repeat prescriptions from electronic clinical records. ➢ Issued advice to clinicians to document all medications that a patient takes, rather than documenting terms such as 'polypharmacy' or 'see MAR chart'.

^ some of these actions are complete.

Research & Development

3. The number of patients receiving relevant health services provided or subcontracted by South East Coast Ambulance Service NHS Foundation Trust in 2019/20 that were recruited during that period to participate in research approved by a research ethics committee was nil.

Commissioning for Quality & Innovation (CQUIN)

4. A proportion of South East Coast Ambulance Service Foundation Trust's income in 2019/20 was conditional on achieving Quality Improvement and Innovation (CQUIN) goals agreed between South East Coast Ambulance Service Foundation Trust and Commissioners.

4.2. The contract includes the provision of 999 health care services through the Commissioning for Quality and Innovation (CQUIN) payment framework. The agreed CQUIN goals for 2019/20, and for the following 12-month period, are:

CCG Reference	Indicator	Target
CCG2	Staff Flu Vaccinations	80%
CCG10a	Access to Patient Information at Scene (Assurance)	Locally agreed
CCG10b	Access to Patient Information at Scene (Demonstration)	5%
Locally Determined Indicator	Reporting on clinical outcomes for people living in rural areas that are categorised as under a Category 1, 2, 3 or 4 call	Locally agreed

For 2019/20, the CQUIN value was £2.6m; at the time of writing this sum the Trust was awaiting verification from its commissioners. However, on 26 March 2020, CQUIN activity for Trusts was suspended for the period from April to July 2020 initially, and then extended therefore providers were not asked to update on CQUIN achievements, nor carry out CQUIN audits or submit CQUIN performance data from Q4 2019/20 onwards. NHSE/I advised that further guidance about payment and contracting beyond 31 July 2020 would be issued in due course.

Care Quality Commission (CQC)

5. South East Coast Ambulance Service NHS Foundation Trust is required to register with the Care Quality Commission.

The Trust's current registration status is to provide:

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

5.1. South East Coast Ambulance Service NHS Foundation Trust has no conditions on its registration. The Care Quality Commission has not taken enforcement action against South East Coast Ambulance Service NHS Foundation Trust during 2019/20. South East Coast Ambulance Service NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Information Governance

9. South East Coast Ambulance Service Information Governance Assessment Report (Data Security & Protection Toolkit) overall score for 2018/19 was 'unsatisfactory'. The toolkit was submitted with 96/100 assertions completed as 'satisfactory'. An action plan for four requirements was created and approved by NHS Digital. The action plan was completed, signed off and submitted to NHS Digital in October 2019 ahead of the baseline assessment.

Payment by Results (PbR)

10. South East Coast Ambulance Service NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2019/20 by the Audit Commission.

Data Quality

11. South East Coast Ambulance NHS Foundation Trust will be taking the following actions to improve data quality:

a) Finalise and sign off a Trust-wide Data Quality Strategy and enact the strategy implementation plan
b) Continue to undertake data quality audits of Ambulance Quality Indicators (AQI)
c) Follow the Trust's AQI Measurement, Reporting and Validation Policy and Data Validation Procedure
d) Ensure the Policy, Procedure and Strategy are used throughout the Trust and are reviewed and kept updated to their specified deadlines

Learning from Deaths

Following the release of NHS Improvement guidance in July 2019, the national Learning from Deaths programme has been modified for Ambulance Trusts. In accordance with the guidance a new Learning from Deaths policy was approved by the Trust Board in November 2019 and published on the Trust website in December 2019.

The new approach to Learning from Deaths involved the collection of data on the number of patients who die whilst in our care or shortly after we have conveyed them to the hospital. A number of cases are then randomly reviewed within set categories e.g. those patients who had to wait longer than they should for an ambulance to arrive.

All deaths of children, patients who are pregnant and patients with mental health concerns are also reviewed. This refers to the patient categories 'children', 'maternity', 'mental health' so they are not all related to Children. Should there be any concerns that the Trust played a part in their death or harm was identified then a thorough investigation takes place in line with the Trust's Serious Incident (SI) processes. The aim is to identify ways to improve care and prevent avoidable deaths in the future.

An addition to the legislative process is the need to involve relatives and carers in the review process (if they wish to take part).

Data collection started in January 2020 and the first published data and report will be in Quarter 1 of 2020/21.

The Trust has decided to merge it's well established mortality and morbidity meetings and the work it already does supporting End of Life Care into one workstream under the banner of 'Learning from Deaths'. This will enable staff to focus on all elements of care issues to do with end of life care and death under one umbrella and prevent silo working.

Next year's quality account will begin to demonstrate the learning that the Trust has undertaken from the reviews of patients who die in our care.

Data is not mandated for ambulance services 2019/20 but will be required as of 01/04/2020. However, data from NRLS shows that between April 2019 and February 2020 there were 32 patient deaths; 7 were attributable to SECAmb.

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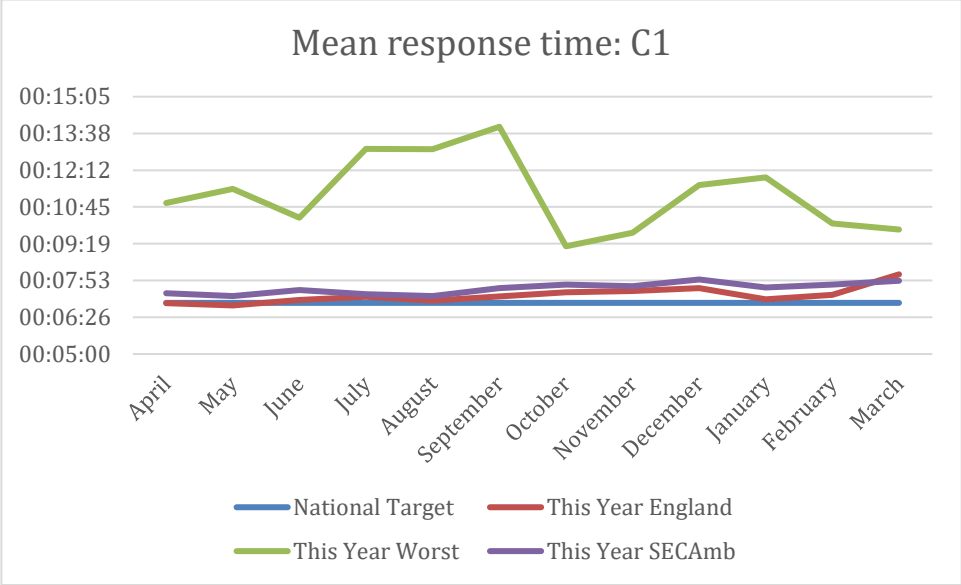
2.3 Reporting against Core Indicators

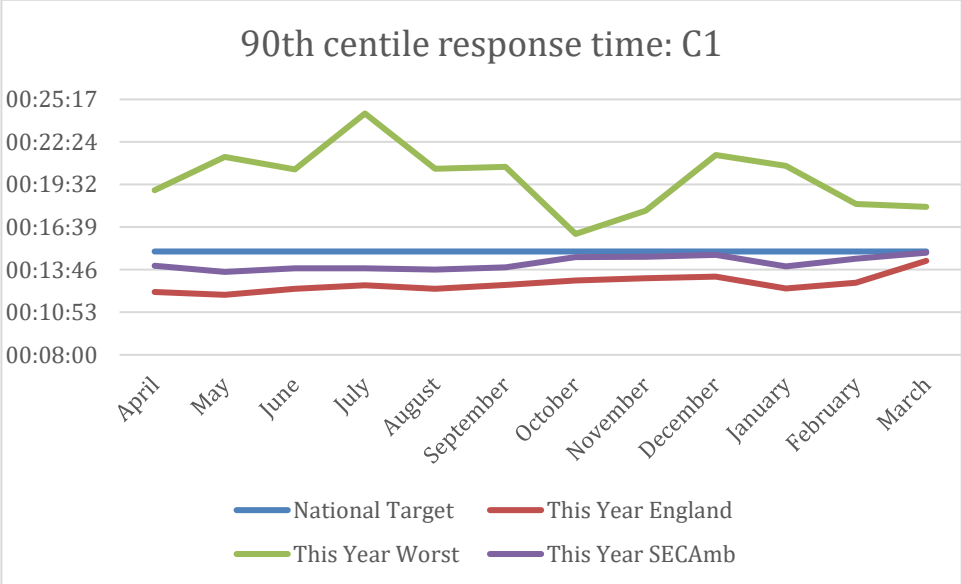
Since 2012/13 NHS foundation Trusts have been required to report performance against a core set of indicators using data made available to the Trust by NHS Digital.

Performance – Category 1

Category 1 (C1) calls are those that are classified as life-threatening illnesses and/or injuries that require immediate intervention and / or resuscitation. For example, cardiac or respiratory arrest.

The percentage of Category 1 telephone calls resulting in an emergency response by SECAmb at the scene of the emergency within 8 minutes of receipt of that call during the reporting period:

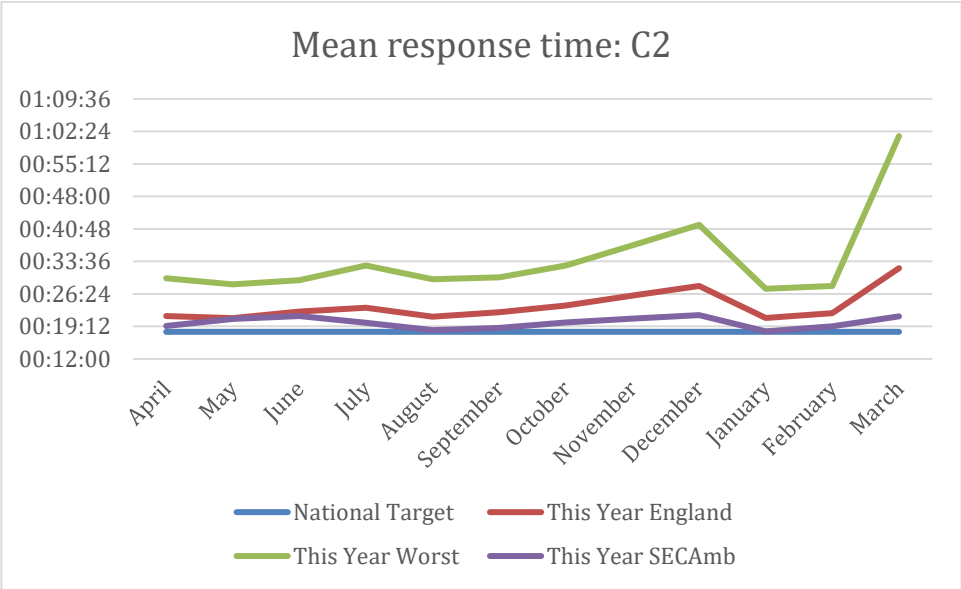


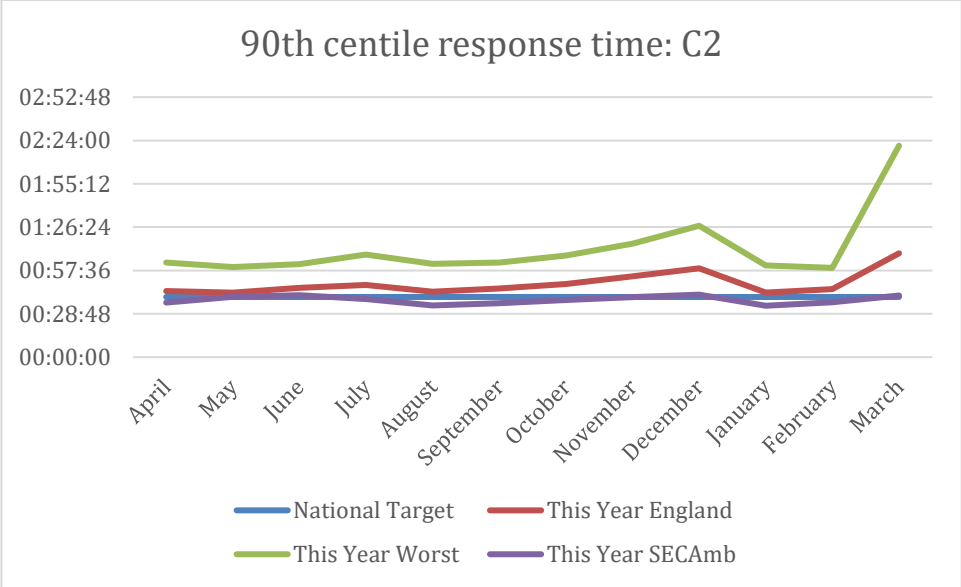


Performance – Category 2

Category 2 (C2) calls are "those that are classed as an emergency for a potentially serious condition that may require rapid assessment, urgent on-scene intervention and / or urgent transport. For example, a person may have had a heart attack or stroke or be suffering from sepsis or major burns." Nuffield Trust, 22 Aug 2019.

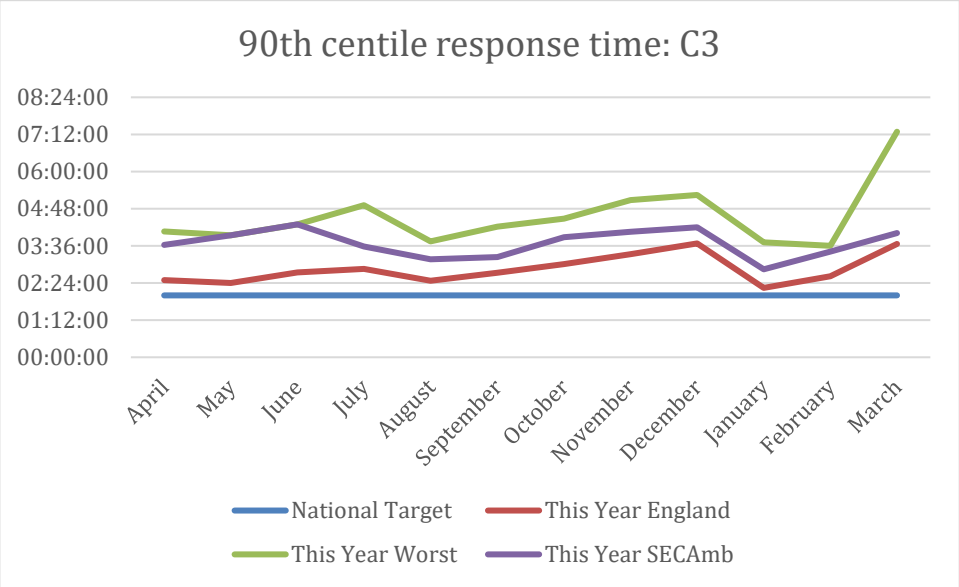
The percentage of Category 2 telephone calls resulting in an emergency response by SECAmb at the scene of the emergency within 19 minutes of receipt of that call during the reporting period:





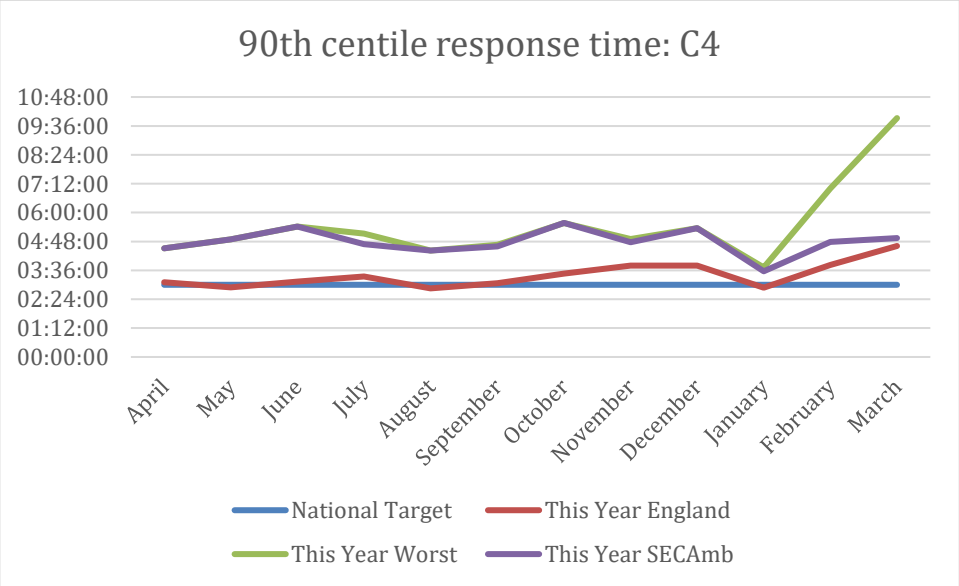
Performance – Category 3

Category 3 (C3) ambulance calls are those that are classified as urgent. They are problems (not immediately life-threatening) that need treatment to relieve suffering (e.g. pain control) and transport or clinical assessment and management at the scene. The national standard states that all ambulance trusts must respond to 90% of Category 3 calls in 120 minutes. There is no target for the average response time. Nuffield Trust, 22 August 2019.



Performance – Category 4

Category 4 (C4) ambulance calls are for incidents that are not urgent but need assessment (face-to-face or telephone) and possibly transport within a clinically appropriate timeframe. According to the national standard, 90% of Category 4 calls should be responded to within 180 minutes. Nuffield Trust, 22 August 2019.



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

- National guidance and definitions for Ambulance Quality Indicators (AQI) submissions to NHS digital when producing category performance information
- This information is published every month by NHS England
- This information is reported to the Board of Directors monthly in the integrated Quality and Performance report

The South East Coast Ambulance Service NHS Foundation Trust has taken the following actions to improve this number, and so the quality of its services, by:

Continuing to undertake a range of actions throughout 2019/20 to deliver a safe, effective and efficient service to meet the Ambulance Response Service (ARP) performance targets. SECAmb also continued to engage with partner agencies across the health and social care sector as well as the other emergency services across the region to work to deliver an integrated shared approach to incident and patient pathway management.

During the early summer months, the Trust received additional external support from the National Ambulance Advisor and in collaboration with him, a 999 Recovery Plan was developed. The actions from this plan, as well as other plans developed over the following months supported improved delivery over the remainder of the year. Work has included:

1) **Emergency Operations Centre (EOC) & 111**

   a. Additional clinical capacity to support patient call-backs and welfare support for those waiting a call-back, particularly when at elevated level(s) in the Trust's Surge Management Plan (SMP)

   b. Reinforcement of the rest-break and end-of-shift agreements in line with policy, SMP & the Resource Escalation Action Plan (REAP)

   c. Utilisation of specialist resources:
      i. Specialist Operational Response Team (SORT) cars dispatched to all call categories
      ii. Overall, reduction in the number of Non-Emergency Transport (NET) vehicles in order to supply additional Double Crewed Ambulances (DCAs) and improved utilisation of them when they occur; specifically targeting lower acuity and calls from health care professional
      iii. Continuation of development and implementation of Paramedic Practitioner (PP) hubs; used specifically to support front-line crews with clinical decision making and admission avoidance
      iv. Specialist Practitioners (Critical Care Paramedics and Paramedic Practitioners) to undertake DCA shifts with non-registered staff

   d. Review and monitoring of 111 referral rates to 999, focusing on the drive to maximise validation of all 999 disposition.

2) **Field Operations**

a. Local operational management teams undertaking increased monitoring of job cycle times, particularly in relation to changes / extended times and themes causing these changes

b. Incentivisation of specific focused shifts during periods of enhanced demand and / or reduced resource levels

c. Enhanced engagement and oversight of the Private Ambulance Providers (PAPs) that deliver services for the Trust; this supported improved delivery of shifts as well as enabling more flexible availability at times of need

3) **Acute Trust shared operations**

a. Regular local operational team and business strategy team engagement with acute trusts and systems across the SECAmb geography, focusing on patient flow into and through the Emergency Department

b. Established and embedded pathways at each hospital site enabling SECAmb to have direct access to individual services rather than all conveyances being channelled through Emergency Departments (EDs) ensuring handover was effectively managed and patient and operational delays were minimised

c. Fit2sit approach introduced and being rolled out within SECAmb and hospitals

d. Alternative pathways used to direct conveyance to acute hospitals with increased and consistent use of community pathways where appropriate

4) **Command and Control**

Implementation of a 24/7 Incident Command Hub (ICH), led by an on-duty Tactical Commander. This hub worked in collaboration with Emergency Operations Centre (EOC) dispatchers and managers as well as on-duty Operational Team Leaders to focus specifically on:

a. Oversight including support and welfare for crews involved in prolonged incidents and / or complex calls

b. Liaison with other Tactical Commanders/Advisors and escalation to the Strategic Commander as appropriate for a wide range of incidents and causes

c. Working with acute trust partners in the management of hospital turnaround time; where these were prolonged and met the agreed triggers, these included the implementation of the delayed or immediate handover procedures

d. Supporting decision-making within the EOC management and dispatch teams, often in conjunction with the SMP

5) **Additional/enhanced clinical instructions & policies**

a. Greater guidance regarding on-scene assessment to ensure appropriate patient assessment whilst appropriately managing on-scene times

b. Where clinical staff were waiting on scene for a prolonged time, often for a clinical call-back from a referring clinician, supporting them to leave scene prior to this contact being made

c. Review of Trust policies in comparison with other ambulance trusts to learn from best practice; specific trusts we engaged with were West Midlands Ambulance Service NHS Foundation Trust (WMAS) and East of England Ambulance Trust (EEAST)

6) **Other**

a. Reconfiguration of the Transition-to-Practice (TTP) course for Newly Qualified Paramedics (NQPs) to reduce it from three weeks to two weeks, with final parts of induction to be delivered locally rather than being classroom based

b. Regular engagement and liaison with staff-side colleagues to collaborate and inform developments and changes

c. Logistics:
   i. Piloted and reviewed enhanced restocking arrangements through mobile vehicle provision in the Paddock Wood Operating Unit area
   ii. Operational Team Leader vehicles had additional drug and oxygen provision to support mobile restocking

d. Reviewed and improved management of abstraction levels. Specifically, we focused on training abstraction, ensuring that only essential training occurred [e.g. Hazardous Area Response Team (HART)] or planned clinical development training.

Overall, the implementation of these actions contributed to an improved delivery over the late summer and into the autumn/winter of 2019/20. Many of these actions continued and transitioned into a business-as-usual (BAU) position across the remainder of the financial year.

Alongside the above, the Trust continued to work with its Commissioners and partners to develop the refresh of the Demand and Capacity plan. The output of this would inform budget and the service delivery model discussions for the 2020-21 year; the intention of this is to ensure correct staffing and skill mix across all Trust areas in order to meet both patient need and ARP performance targets.

Stroke Diagnostic Care Bundle

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

During the data collection period SECAmb used a paper patient record system. Due to the nature of this system there are sometimes omissions in documentation that affect clinical performance data. The South East Coast NHS Foundation Trust has taken the following actions to improve this indicator and so the quality of its services, by introducing an electronic patient record (ePCR) system that prompts users to ensure that all necessary elements of care are documented. Personal issue diagnostic equipment has also been provided to all clinicians to reduce the risk of diagnostics not being undertaken due to equipment failure.

Month	SECAmb Stroke Diagnostic Bundle Compliance	SECAmb Mean	National Average	Highest National	Lowest National
Apr-19	98%	96%			
May-19	96%	96%	98%	100%	93%
Jun-19	97%	96%			
Jul-19	96%	96%			
Aug-19	94%	96%	99%	100%	94%
Sep-19	95%	96%			
Oct-19	92%	96%			
Nov-19	94%	96%	97%	100%	84%
Dec-19	96%	96%			
Jan-20	98%	96%			
Feb-20	99%	96%	*	*	*
Mar-20	97%	96%			

*National data collection paused due to COVID-19 pandemic.

STEMI Care Bundle

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

During the data collection period SECAmb used a paper patient record system. Due to the nature of this system there are sometimes omissions in documentation that affect clinical performance data. Elements of care are sometimes riskier in patients suffering a certain type of STEMI, this can lead to conservative management by clinicians. The South East Coast NHS Foundation Trust has taken the following actions to improve this indicator and so the quality of its services, by introducing an electronic patient record system (ePCR) that prompts users to ensure that all necessary elements of care are documented. Clinicians have been provided with education to provide reassurance around the safety of the care they are providing.

Month	SECAmb STEMI Care Bundle Compliance	SECAmb Mean	National Average	Highest National	Lowest National
Apr-19	58%	61%	79.8%	100%	53.1%
May-19	59%	61%			
Jun-19	66%	61%			
Jul-19	51%	61%	76.6%	99%	40%
Aug-19	47%	61%			
Sep-19	58%	61%			
Oct-19	56%	61%	80%	99%	29%
Nov-19	63%	61%			
Dec-19	63%	61%			
Jan-20	71%	61%	*	*	*
Feb-20	69%	61%			
Mar-20	73%	61%			

*National data collection paused due to COVID-19 pandemic.

Patient Safety Incidents

The number of patient safety incidents reported within the trust during 2019/20 was 3798, and the number of such patient safety incidents that resulted in severe harm or death was 26 [0.68%].

Part 3: Other Information

In the summer of 2019, the Trust was inspected by the Care Quality Commission (CQC) and in the inspection report, published on 15 August 2019, the CQC rated the Trust as 'Good'; four of the five domains had improved since the previous full-service inspection. This outcome followed a huge amount of focus and resource to deliver the Trust's overarching improvement plan.

In addition, the CQC rated the Emergency & Urgent Care services as 'outstanding' which is reassuring news for our patients and public as this is the service that delivers our patient-facing care and treatment. The CQC report commented that "Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs." Our Emergency Operations Centre (EOC) service also received an outstanding rating for Well-led, which was an improvement on the previous year. Other areas recognised to be of outstanding practice were:

- ✓ Management of controlled drugs
- ✓ Our Wellbeing Hub for providing a range of support services for the physical and mental health of our workforce
- ✓ Joint working with a therapist to attend to patients who had fallen at home
- ✓ Work to reduce hospital handover times
- ✓ Paramedic Practitioner (PP) Hubs for clinical advice and support
- ✓ Mental health resources to reduce the need to transfer patients to hospital emergency departments
- ✓ A Longest One Waiting vehicle (LOWVe) to attend to patients that were waiting a long time for a crew to respond
- ✓ Our Joint Response Unit (JRU) in Kent in conjunction with Kent Police; used on Friday and Saturday evenings to attend call outs with possible violence and / or mental health issues
- ✓ The pregnancy advice line in EOC, which has won two awards

The inspection identified one 'must do' action which was to ensure care and treatment within NHS 111 is provided in a safe way to patients. In addition, there were several 'should do' actions that included consistently safe staffing in EOC, improved call answer times, completion of safeguarding training at the appropriate level for each role within the service, compliance with clinical welfare calls and the establishment of patient feedback mechanisms in NHS 111. All seven of these 'must' and 'should' do actions were included in the Trust's improvement plan.

Another way we monitor our performance against regulatory requirements is through our schedule of Quality Assurance Visits (QAVs), which we extended in 2019/20 to include Private Ambulance Providers (PAPs). This proved invaluable because it enabled us to support our sub-contracted services to deliver quality care. When necessary, immediate rectification action was taken to address patient safety issues. The monitoring of PAPs will be further expanded in 2020/21 as it will be encompassed in the development of our new Quality Assurance Framework (QAF) that will be the Trust-wide model for monitoring, measuring and reporting progress against statutory and mandatory regulation and guidance, including our own internal policies and procedures.

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Key Indicators 2019/20

Two key areas of work around patient safety are patients who fall, and safety in EOC; these resulted from key learning from trends identified from Serious Incidents in 2018/19. Both patient safety related priorities are covered earlier in Part Two of this report.

Domain	Patient Safety		
Indicator 1	Infection Prevention Control	**Status**	**Strategy Theme**
		Partially Achieved	Our Patients

Review of 2018/19 Report:

In 2018/19 the Trust's Integrated Performance Report (IPR) reported solely against hand hygiene audits (from the full remit of the Infection Prevention and Control portfolio) and stated that hand hygiene compliance had continued to increase with compliance above the 90% target.

The aim for 2019/20:

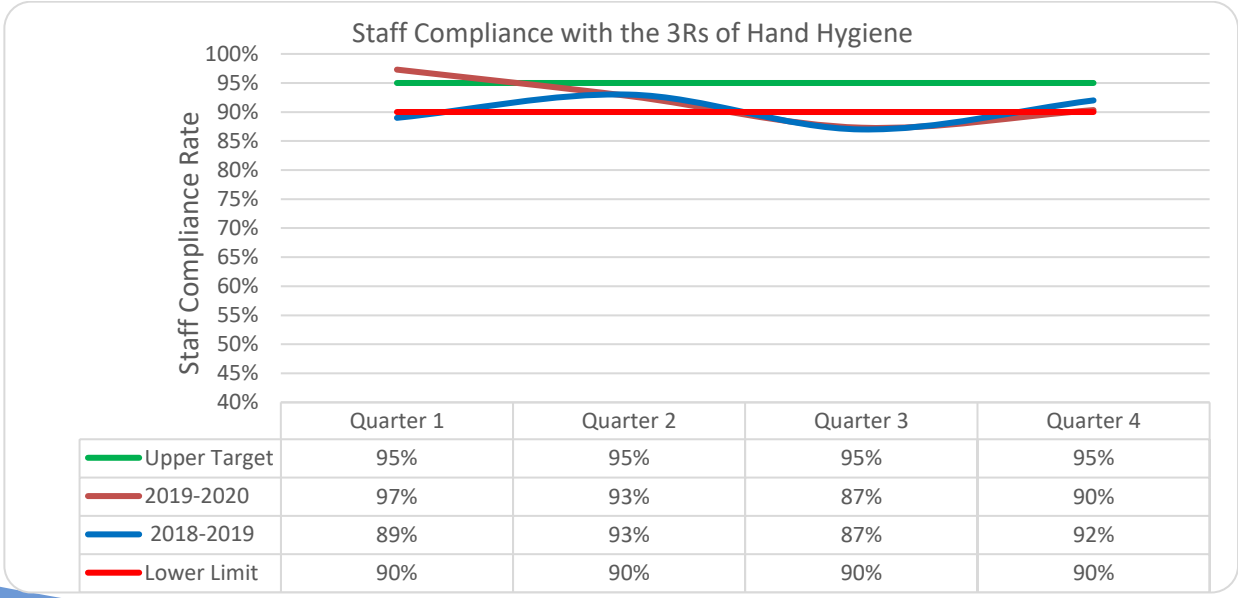
+ To maintain compliance with the Trust-set lower level of 90% in hand hygiene across the Trust whilst aiming for the upper target of 95%. These targets are set as part of the Trust's Infection Prevention and Control (IPC) Policy to help minimise the risks of healthcare associated infection; staff have a duty to safeguard the wellbeing of patients and members of the public.

+ To increase the IPC Team establishment to improve knowledge and resilience to support the organisation in its objective to continuously improve patient safety in line with requirements of the Health & Social Care Act 2008.

Prevention is the primary strategy to reduce the risk of healthcare associated infections.

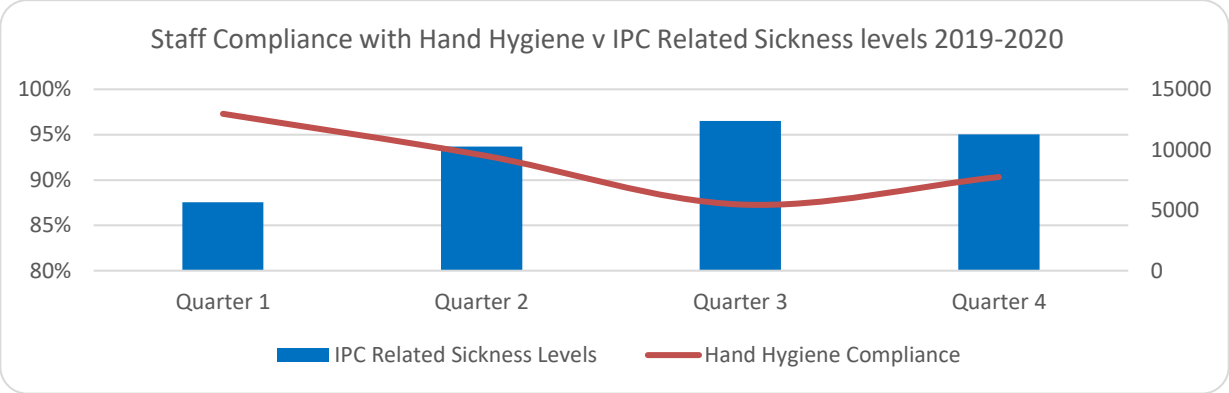
Our performance 2019/20:

Chart 1 – Staff compliance with the 3Rs of Hand Hygiene



	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Upper Target	95%	95%	95%	95%
2019-2020	97%	93%	87%	90%
2018-2019	89%	93%	87%	92%
Lower Limit	90%	90%	90%	90%

Chart 2 – Staff compliance with Hand Hygiene versus IPC related sickness absence



SECAmb has trained localised staff as Infection Prevention and Control Champions (IPCC). Along with Operational Team Leaders (OTLs) and the IPC Team our Champions were able to conduct over 400 hand hygiene audits each Quarter during 2019/20 using the form available on staff iPads. In general, the audits carried out by the IPCCs were a more accurate reflection of compliance because their training enabled them to fully understand the need for accurate reporting, and the audits were completed at random; they were not scheduled so avoided people changing their behaviour under observation conditions. This is what is known as the Hawthorne Effect.

The Trust experienced an increase in compliance with hand hygiene audits at the end of 2018/2019 into the start of 2019/2020 above the 95% target but observed a gradual decline as the year progressed, dropping below the lower limit of 90% in Quarter 3. The IPC Team addressed this by attending local management meetings to reinforce the importance of staff following hand hygiene techniques and the importance of completing accurate audits then following up the results with staff. The IPC Practitioners were also visible, speaking to staff and reminding them of the importance of performing good hand hygiene for patient safety. There was an upturn in the last quarter of 2019/2020 reaching a compliance level of 90%.

When comparing the compliance to hand hygiene audits with the levels of IPC related staff sickness, we can see that as compliance drops, sickness levels increase.

Performance of hand hygiene audits was monitored by the Quality & Patient Safety (QPS) Committee and a report was presented in March 2020. Key findings were that audits were not always being undertaken at the required frequency of two per OTL per month, and once the Covid-19 pandemic hit this delayed progress on improving actual compliance rates. However, there is an IPC improvement plan being managed through the Programme Management Office (PMO) and work to undertake the associated actions is in the planning stage to commence in September 2020 and complete by March 2021. Monthly progress reports will be presented to the reformed Quality & Compliance Steering Group (QSCG).

The two IPC workbooks developed in 2018/19 were published in April 2019 via the Trust's eLearning platform (Discover) and continue in 2020/2021 as Level 1 for non-clinical staff and Level 2 for all clinical staff's statutory and mandatory training.

The year-end training completion rates are as shown:

Level 2 – to be completed annually

The tables below show the completion rates of IPC training by clinical staff within SECAmb, split by core service / Directorate / department and/or function. The overall Trust compliance for Level 2 IPC training was 88.9%.

Chart 3 – Patient-facing staff; compares Operating Units (OUs) within Operations Directorate

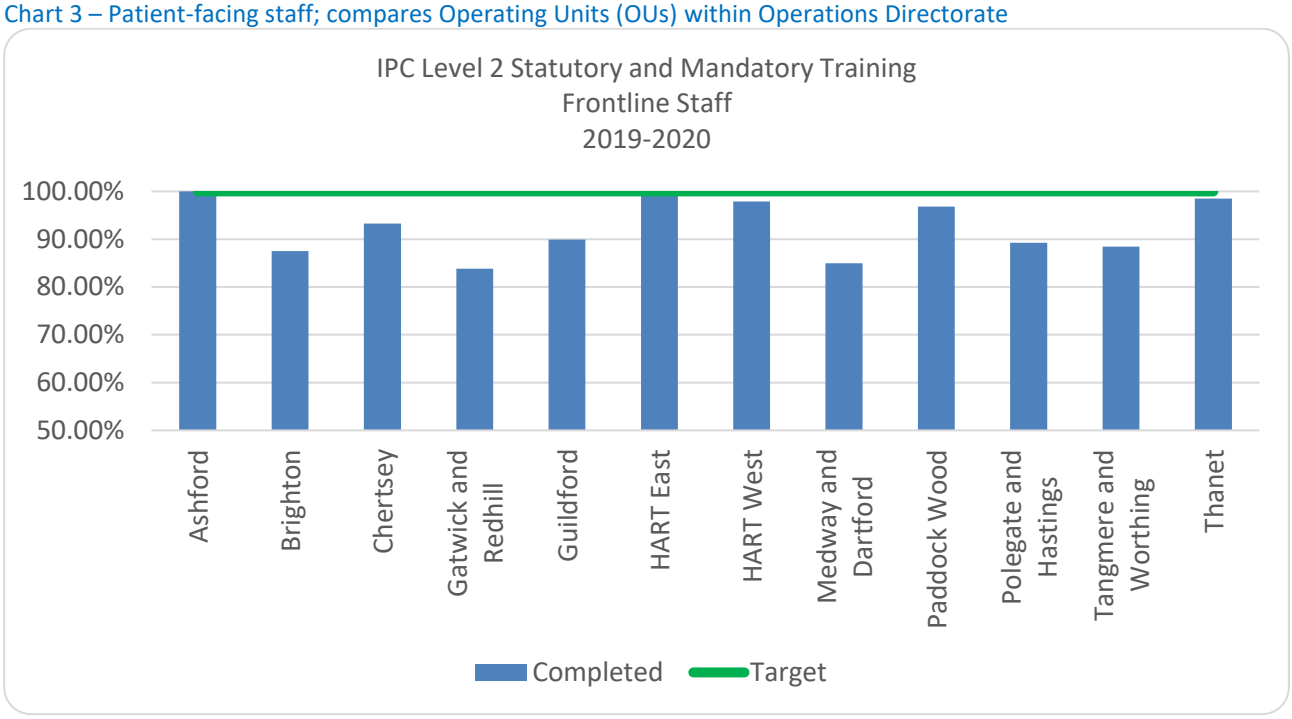


Chart 4 – Clinical non-patient-facing staff; compares 999/111/Operating Unit Administration & Management departments within Operations Directorate

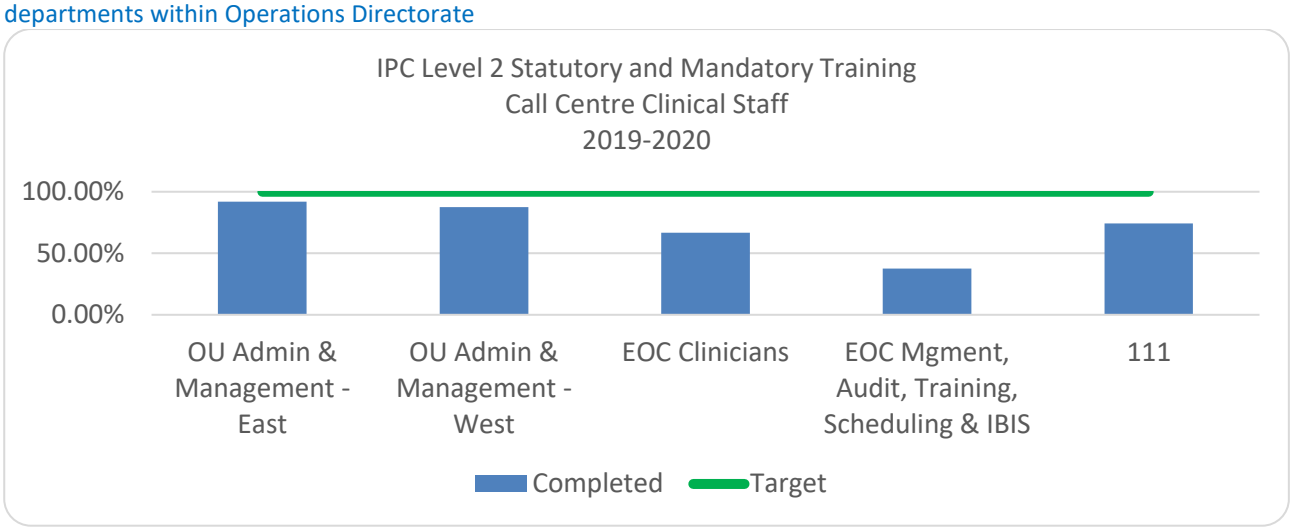
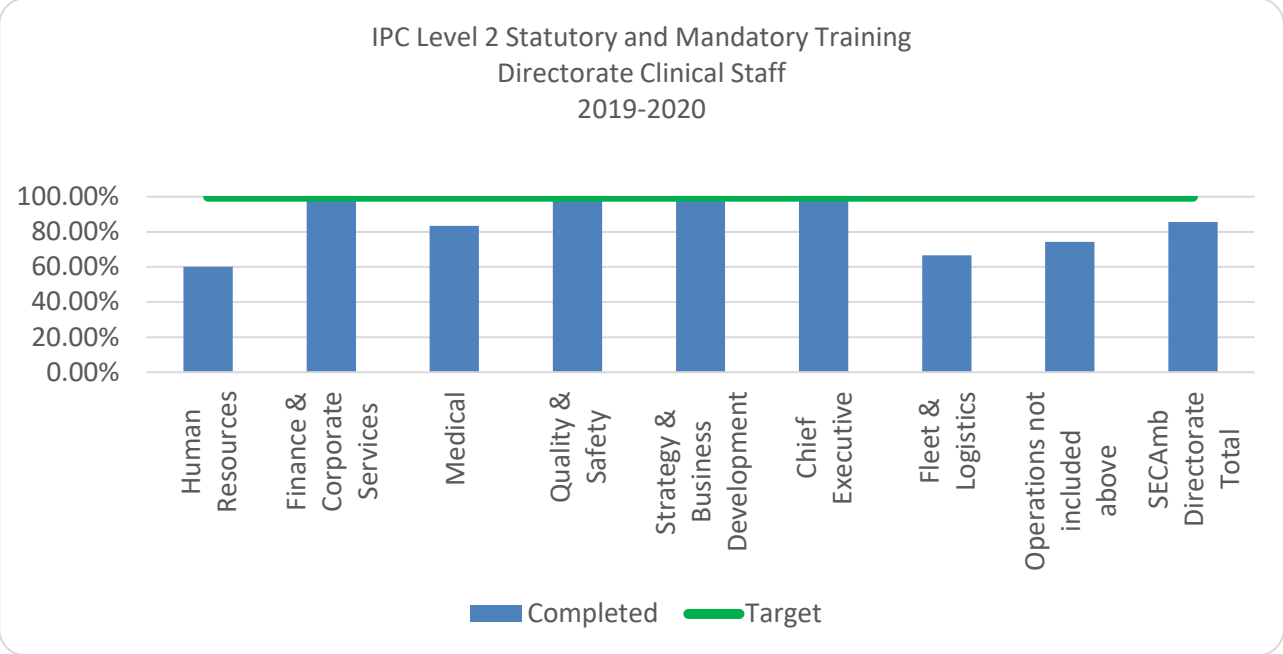


Chart 5 – Any other clinical staff across the Trust, shown by Directorate, and not included in the charts above



Level 1 – to be completed every three years

The charts below show the completion rates of IPC training by non-clinical staff within SECAmb, split by core service / function. The overall Trust compliance for Level 1 IPC training was 84.7%.

Chart 6 – Non-clinical staff based in 999/111/Operating Unit Administration & Management departments within Operations Directorate

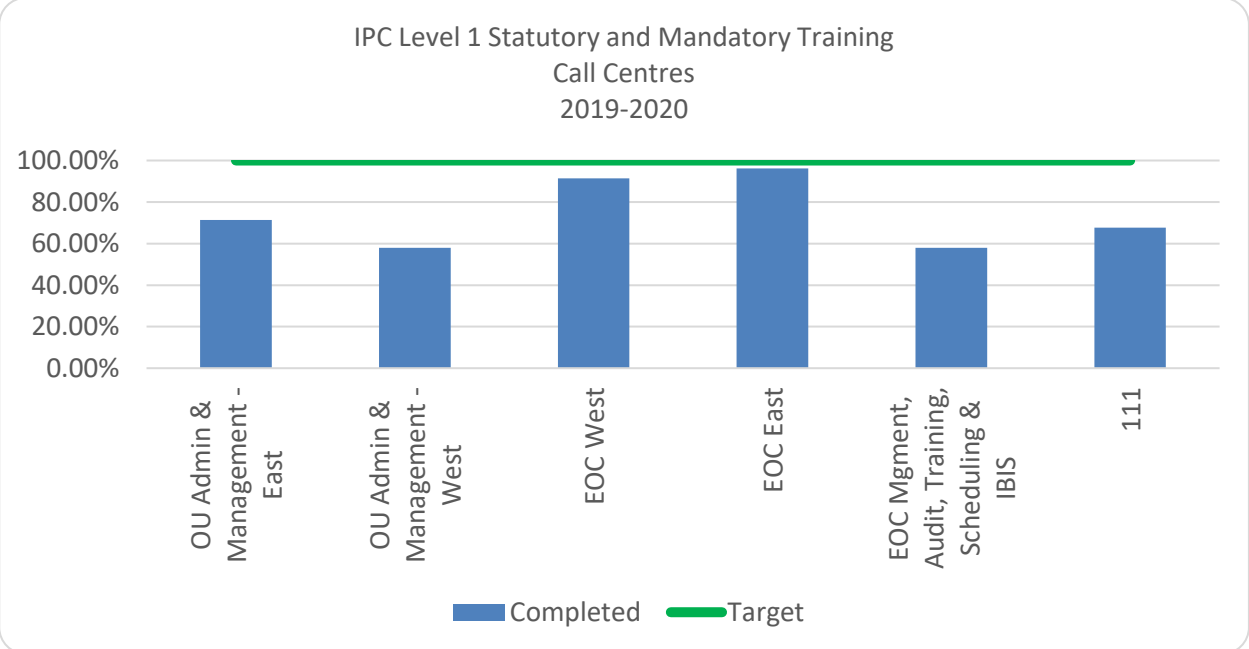
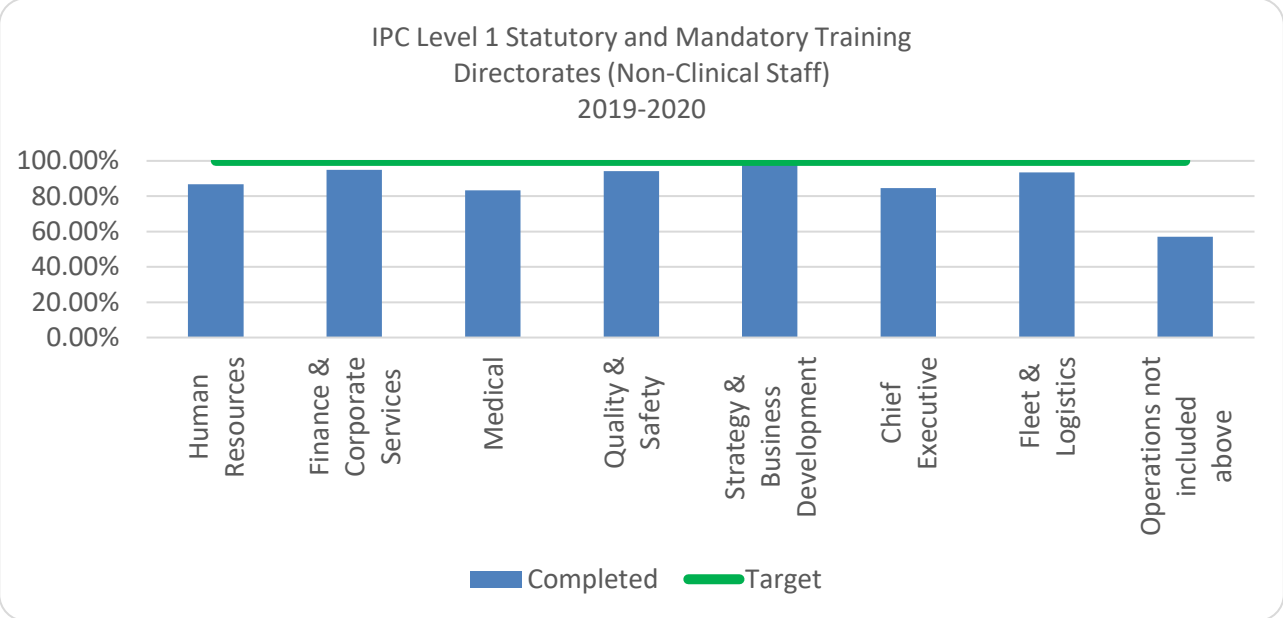


Chart 7 – Non-clinical staff across all other Directorates within the Trust, and not included in the charts above



Did we achieve the priority?

Partially achieved. The Trust did not achieve the aim to *maintain* compliance for the whole year with Trust-set lower level of 90% in hand hygiene across the Trust. However, we did achieve this for 75% of the year. This benefits patients because it is an improvement on the previous year and shows an increased understanding and adherence to hand hygiene procedures which helps to decrease transmission rates of healthcare associated infections.

Compliance for completion of Statutory and Mandatory Training was not achieved and as part of the IPC improvement plan, the IPC Champions will be tasked with improving compliance by engaging with staff and local management to remind staff of the importance for everyone to complete their Statutory and Mandatory Training.

Actions to be carried forward to 2020/21

- Hand Hygiene will remain on the Cycle of Business for the QPS Committee for monitoring and assurance purposes
- Audits will continue and results will be reported to the Clinical Governance Working Group
- The IPC Team will be running Road Show events across the Trust from May 2020 in order to further embed all IPC processes as described in the Trust's Infection Prevention Ready Procedure
- IPCCs will also be tasked with undertaking audits in neighbouring Operational Units from April 2020. The success of this objective is dependent on IPCCs receiving protected time to perform the duties of the role; protected time for the IPCC has yet to be agreed but this forms part of the IPC Improvement Plan.
- Once a structured training plan is in place for the IPCCs this will ensure 100% Trust-wide IPC training compliance.

Board Sponsor
Executive Director of Nursing & Quality

Implementation Lead
Head of Infection Prevention and Control

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Indicator 2	Safeguarding Referrals	**Status:**	**Strategy Theme**
		Partially Achieved	Our Patients

Review of 2018/19 Report:

The following table shows the Trust's performance against its safeguarding objectives for 2018/19:

Ref.	Initiative	Delivered
1	Staff to complete Safeguarding Level 3 Training	Full
2	Develop a process to oversee allegations against staff	Full
3	Safeguarding team to attend Serious Incident Group	Full
4	Activate Datix auto-notifications	Full
5	Staff feel adequately prepared to manage safeguarding situations* 76% actual vs 90% target	Not Achieved

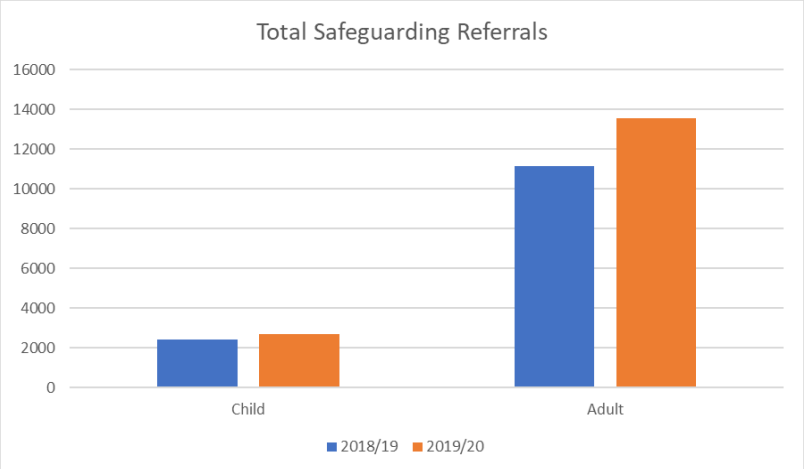
*The measure for this initiative was anecdotal and not a realistic target based on people being asked about their level of preparedness to respond to Safeguarding concerns.

The aim for 2019/20:

To use the work started in 2018/19 to demonstrate an increase in the quality and quantity of safeguarding referrals. This is because a greater number of safeguarding referrals demonstrates that patients are benefiting from a workforce that is able to recognise and escalate concerns when an adult or child may be at risk. Better quality referrals mean partner agencies are able to respond to concerns quickly and efficiently.

Our performance 2019/20:

With the increased investment in safeguarding training, feedback given to referrers and Safeguarding involvement in the Serious Incident process, it was expected that we would see an increase in safeguarding activity across the Trust. This can be measured through the number of safeguarding referrals submitted through the Safeguarding Team.



In 2018/19, a total of 13,564 referrals were received; 11,162 for adults and 2402 for children. In 2019/20, a total of 16,230 referrals were received, 13,552 for adults and 2678 for children. This demonstrates a 19.7% year on year increase in safeguarding activity across the Trust. There will be other extrinsic factors, for example high profile media cases will often highlight and draw attention to particular forms of abuse, and cuts in social care budgets and other supportive organisations may mean ambulance practitioners are seeing a greater degree of neglect. However, this figure is a positive indicator that staff and volunteers are recognising and acting on concerns.

The Safeguarding team does not have a mechanism for tracking the number of referrals that did not meet Local Authority thresholds for intervention, as feedback is not always provided by the Local Authority. However, the safeguarding specialists who process the referrals advise that they are seeing improved quality in referrals, especially since the safeguarding referral form was revised in September 2019, and less referrals are 'rejected' by Local Authority social care teams.

Did we achieve the priority?

Fully achieved. A 19.7% increase in safeguarding referrals demonstrates an increased awareness amongst all staff of Harm, Abuse and Neglect and shows that they are able to respond by escalating through appropriate channels.

Actions to be carried forward to 2020/21

- ✓ Continued delivery and completion of Level 3 Safeguarding Training to achieve and maintain a target of 85%. This in turn should reflect further increased safeguarding activity across the Trust.

Covid Impact

2019/20 has seen a number of extrinsic challenges which have had an impact on the Safeguarding team's ability to deliver safeguarding training across the Trust, namely EU Exit and the Covid-19 outbreak of 2020. The team had planned to deliver safeguarding training sessions for all EOC and 111 staff and had a planned programme of face-to-face Level 3 safeguarding training. However, this has now been postponed due to the Covid-19 outbreak and will recommence when it is safe to do so following the necessary risk assessments.

Board Sponsor

Executive Director of Nursing & Quality

Implementation Lead

Lead Consultant Safeguarding Nurse

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Indicator 3	Incidents 2019-20	**Status:**	**Strategy Theme**
		Fully Achieved	Our Patients

Review of 2018/19 Report:

During 2018/19 the Trust's final number for reported incidents was 9228 compared to 11503 in 2019/20. This reflects an increase of 24.7%; this increase evidences the continuing work to encourage incident reporting. Another strand to this objective is to also observe fewer incidents resulting in patient harm. A high incident reporting rate of low or no harm incidents demonstrates a healthy safety culture.

Within the 2018/19 Quality Account two categories of incidents were highlighted as being a concern and required targeted efforts to address them:

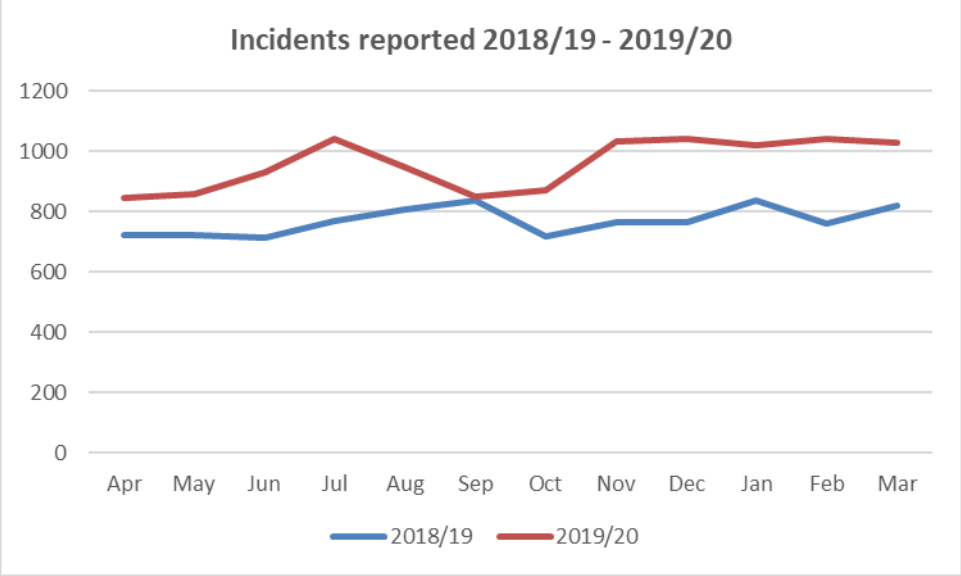
- Lost vehicle drug keys.
  During 2019/20 the number of such incidents significantly reduced to 15
- Existing telephone numbers on 111 records.
  During 2019/20 no incidents were recorded relating to old telephone numbers being left on records.

The aim 2019/20:

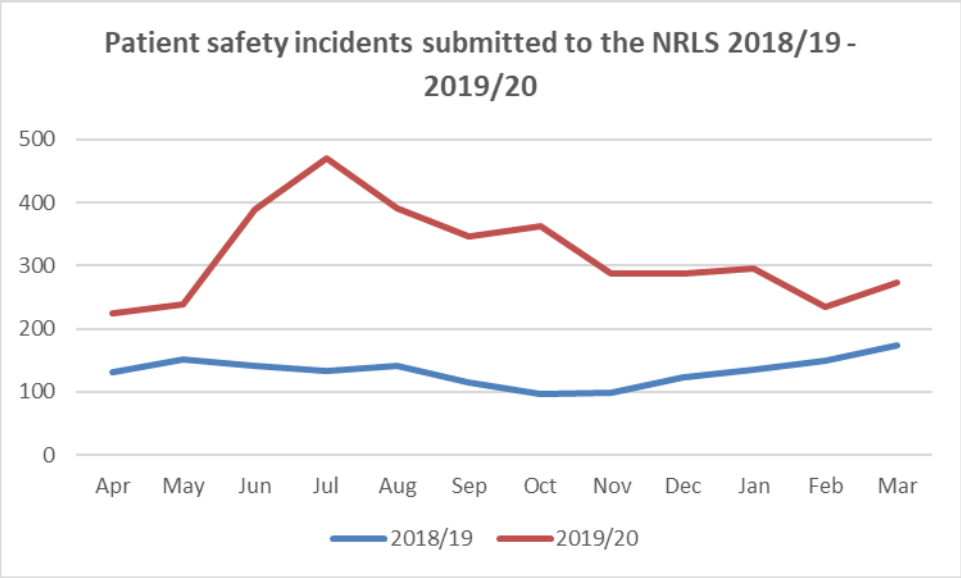
Incidents occur in healthcare every day; continuously promoting incident reporting is how staff are encouraged to recognise their occurrence and to not fear repercussion from reporting them. This enables the Trust to remain abreast of what is going wrong and where the most significant risks are. Having a high number of incidents reported with levels of harm lower than moderate evidences an increased level of harm-free care, and a growing culture of safety.

Our performance 2019/20:

The chart below evidences how significantly the Trust's overall incident reporting increased during the last year.



Not only did the Trust increase overall incident reporting during 2019/20 but it also significantly increased the number of incidents submitted to the National Reporting and Learning System (NRLS). This is not only as a result of the increased reporting of incidents, but also due to the increased knowledge and awareness by the Trust of what constitutes a reportable patient safety incident, ensuring all incidents that should be submitted, are.



Did we achieve the priority?

Fully Achieved. The Trust increased its overall incident reporting and also significantly increased the number of incidents submitted to the NRLS.

Actions to be carried forward to 2020/21

During 2020/21 the Trust will endeavour to continue to increase the number of incidents reported however, maintaining the number of severe and death incidents at below 1%.

The number of incidents submitted to the NRLS will also increase aiding national learning and benchmarking.

Board Sponsor

Executive Director of Nursing & Quality

Implementation Lead

Head of Patient Safety

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Indicator 4	Incidents from 2019-20 that were Serious Incidents	**Status:**	**Strategy Theme**
		Fully Achieved	Our Patients

Review of 2018/19 Report:

During 2018/19 the net number of serious incidents (SI) declared was 111, whereas during 2019/20 there were 101. When compared to the increase in incident reporting this reduction reflects not only the increase in lower level incidents but also better application of the serious incident framework by the Serious Incident Group (SIG).

At the close of 2018/19 the Trust continued to struggle to overcome a backlog of open and overdue serious incidents, with 31 breached investigations with due dates as far back as September 2018. The impact of this was delayed learning for the Trust and unacceptable waits for families / patients who wanted to know the outcome of the reports.

2019/20 progress

The Trust reviewed the membership at the Serious Incident Group (SIG) to ensure discussions and decisions made were truly multi-disciplined; this has strengthened the group and is leading to serious incidents being declared more appropriately, rather than declaring and subsequently de-escalating from serious incident status when it is identified that an incident does not meet the criteria. During the past two years the Trust de-escalated thirty-three serious incidents however, this number was less during 2019/20 than it was during 2018/19.

Throughout 2019 significant work was carried out to: strengthen the SIG, process map the serious incident investigation process to identify areas for improvement, develop and roll out root cause analysis investigation training to increase the number of competent and confident investigators and improve the support provided to them by the Serious Incident Team. This imperative work has resulted in a complete turnaround in serious incident management; at the close of 2019/20 the Trust had five breached serious incidents with the oldest due date being February 2020. Ensuring serious incidents are investigated in a timely fashion aids the learning to be identified, shared and embedded more quickly.

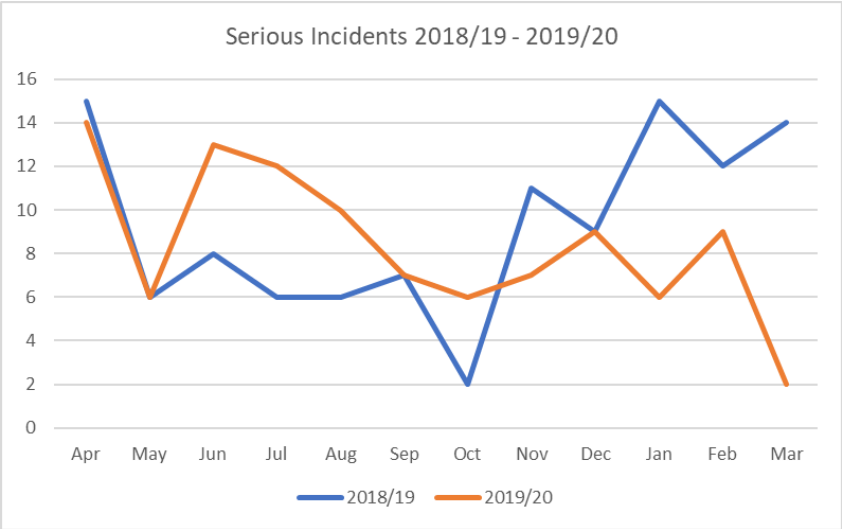
The implementation of actions resulting from serious incidents has been a challenge for the Trust, with many not being completed within agreed timescales. This resulted in a targeted approach being taken to review overdue actions and consider their status i.e. whether they had actually been completed but the record not updated; whether wider improvement projects had left them no longer relevant; or changes in Trust processes meant they had been superseded. The Trust still has overdue historic actions requiring closure, and these continue to be addressed however, more robust processes for agreeing recommendations and actions within serious incident reports is working to prevent a similar backlog from developing in the future.

The Statutory Duty of Candour (DoC) became law in November 2014; its intention is to ensure patients and their families are informed when an incident occurred that affected them to a moderate or higher degree, and to inform them of any subsequent investigation and its findings. The Duty also stipulates that patients receive an apology from the Trust. The Duty of Candour is well embedded in the Trust however, improvement to the process was required during 2019.

The shift was made from the Serious Incident team routinely undertaking Duty of Candour (DoC) with responsibility moving to investigation managers, this led to a reduction in the timeliness of completion.

DoC training for investigators was included as part of the root cause analysis training, support provided by the Serious Incident team and was monitored weekly by the SIG; this resulted in compliance routinely reaching 100%. Overarching responsibility to undertake DoC is with the Serious Incident Lead, meaning if an investigation manager fails to meet the target date the Trust's Duty should still be met.

Our performance:



Many of the Trust's serious incidents relate to delayed response. However, during March 2020 we observed a notable decrease in demand for our services, which in turn reduced the number of incidents and serious incidents reported.

Did we achieve the priority?

Fully Achieved. This is because Duty of Candour remained at 100% compliance and also because the reporting of incidents. However, serious incidents reduced due to improved identification of what qualifies as a serious incident in accordance with the serious incident framework.

Actions to be carried forward to 2020/21

- ✓ The Trust will maintain 100% compliance with the Statutory DoC
- ✓ Improved timeliness for progressing and implementing actions from serious incidents
- ✓ Implementation of collaborative working between field operations and the corporate patient safety teams resulting in better engagement, more robust serious incident investigations and improved report quality. The field operations Quality and Patient Safety Group (QPSG) had its inaugural meeting in February 2020 and will work to engender the same level of engagement and collaboration, and lead to improved processes and ownership, all of which provokes improved learning

- ✓ The introduction of the new National Patient Safety Strategy will change the way the Trust declares and investigates serious incidents. It is expected that investigations will encompass clustered incidents of similar types rather than them being investigated individually; this will aid the reduction of serious incidents being declared inappropriately and reduce the number of de-escalations.

Board Sponsor
Executive Director of Nursing & Quality

Implementation Lead
Head of Patient Safety

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Indicator 5	Learning from Complaints, Incidents, Serious Incidents and Safeguarding	**Status:**	**Strategy Theme**
		Fully Achieved	Our Patients

Review of 2018/19 Report:

The aim of the objective in 2018/19 was to develop systems whereby staff were able to access information about errors or omissions, could demonstrate understanding, and where appropriate had improved professional practice. Several methods of shared learning were implemented but the Trust did not develop the metrics to enable the organisation to maintain an overview of improved learning. Therefore, SECAmb would continue to review its process for identifying and sharing learning with a particular emphasis on how to share local learning across the Trust.

The aim for 2019/20:

Elucidated below is how the Trust has further identified and embedded its lessons learned during the past year; triangulating all patient safety event intelligence to ensure lessons are taken forwards holistically. Regular themed reports have been developed and reviewed at Board sub-committees, triangulating all events and analysing them alongside the Trust's activity. The Trust also explored whether certain events occurred at specific times of the day or days of the week, of which no evidence was found.

Triangulating events and analysing them holistically is now a routine practice for the Trust. The impact of this on patients is that the Trust learns form what works well and what doesn't and makes changes when appropriate to improve patient care.

Our performance:

During February 2020 the Trust reviewed how it learns and multiple routes and methods were identified, including:

- Thematic analysis of patient safety event themes, which leads to commissioned deep dives, or more intense analysis
- Clinical bulletins issued to staff to advise of a change to practice (not all bulletins are relevant to all staff areas, many are EOC/111 or field operations specific)
- Monthly patient safety event learning posters cascaded via the Operations Improvement (OI) Hub to Operating Units (OU)
- Clinical tail audits carried out and results fed back to EMAs
- Shared learning documents routinely issued in EOC and 111
- Key skills content was reviewed and refreshed to address themes identified from patient safety events (for both field operational staff and EOC/111) and real-life examples of complaints, serious incidents and safeguarding cases are referred to throughout the training, so staff appreciate the importance and relevance
- SECAmb is a high reporter to NHS Pathways, escalating gaps and areas of concern; this has directly led to changes to the recognition of sepsis markers, the pathway for major trauma crush injuries and major haemorrhage

The Trust can be confident that learning is embedded, through:

- Evidence-based Quality Assurance Visits (QAV) when staff use these visits to refer to serious incidents and changes that have occurred as a result
- CQC recognition that staff were aware of events that had led to improvements
- Staff are more aware of serious incidents and what they are and why we carry out root cause analysis investigations
- Staff talk spontaneously during A&E visits about SIs, bulletins and learning
- Reduction of 'long-lie' SIs – the EOC Fallers Flowchart has been launched
- An example of when an issue arose with oxygen cylinders running out; the SECAmb command structure engaged the wider NHS to ensure the urgent lessons were shared; this led to NASMED creating a national cascade to enable urgent lessons to be shared

Did we achieve the priority?

Fully Achieved. Whilst much learning can be evidenced it can be argued that the Trust will never stop learning; so long as adverse events occur there will always be lessons to be learned. The aim is to identify new ways of identifying lessons and embedding them.

Actions to be carried forward to 2020/21

- ✓ Complete the review of the National Patient Safety Strategy and commence with the implementation of identified actions
- ✓ Complete the Friends and Family Test (FFT) Dementia project and embed any identified recommendations
- ✓ Progress the year one and two actions identified with the Patient, Family and Carer Strategy

Board Sponsor

Executive Director of Nursing & Quality

Implementation Lead

Head of Patient Safety

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Indicator 6	Community Resilience Strategy	**Status:**	**Strategy Pillar**
		Partially Achieved	Our People

The aim for 2019/20:

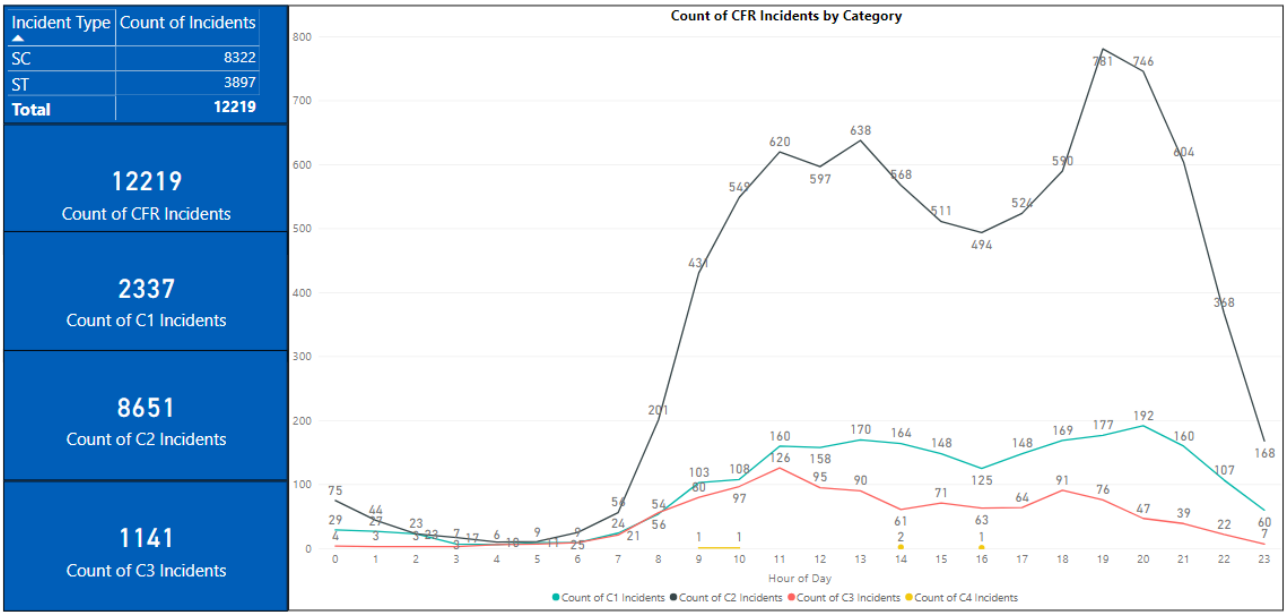
For the first time the Community Resilience Department 2019/20 focused on developing a four-year strategy that was aligned with the Trust's overarching strategy. The Community Resilience team manage 400 Community First Responders (CFRs) across the Trust along with 29 Chaplains who provide pastoral care to both our staff and volunteers, when required.

The strategy development involved both internal and external stakeholder engagement to ensure a robust and fit for the future product. This will allow a structured and manageable approach to developing the wider volunteer contribution across the Trust, engaging with our volunteers and the wider community and supporting the Trusts overarching plans.

Through this strategy we will provide a better response to patients experiencing both life-threatening and less serious emergencies, improving patient experience and outcome. Our CFRs will offer us increased capability to reach patients in a timely manner, as well as a diverse range of skills and experience and a knowledge of their communities.

Our performance 2019/20:

Our Community First Responders (CFRs) attended 12,219 emergency calls for the Trust during 2019/20 and provided SECAmb with over 90,000 volunteer hours. During this time, CFRs attended 2,337 Category 1 calls (our most time critical patients), 8,651 Category 2 calls and 1,141 Category 3 calls. This is more than an additional 1,000 emergency calls attended from the previous year.



The work by our Volunteer Chaplains by its very nature remains confidential, however on average they personally support our staff and volunteers around three times per week. On top of this the make regular visits to Make Ready Sites, Emergency Operations Centres and other Trust sites.

With the reintroduction of Salbutamol for CFRs to administer to those patients who fit into a certain criterion, an audit was completed to ensure full medicines compliance. The audit was completed at six months to ensure that all CFRs were compliant with the administration of the medicine. The audit demonstrated that there was 100% compliance in the criteria set.

Did we achieve the priority?

Partially Achieved. The strategy has been written pending Trust Board approval in July 2020.

Actions to be carried forward to 2020/21

- Community Resilience Strategy - Board sign-off due in July 2020
- Link the objectives of the Community Resilience Strategy to those of the Resuscitation Strategy with the long-term aim to improve outcomes of cardiac arrest and help to improve survival rates within the community
- Increase capacity and reset the workforce plan; to increase the Community Resilience team to achieve our strategy
- To develop and deliver (in conjunction with other ambulances services nationally) a FutureQuals training qualification for CFRs. (L3 Certificate for Ambulance Service First Responders)
- Set up baselines / targets for audit of the Trust's operating model through Power BI
- Implementation of the workplan for Year 1

These actions will be monitored through Area Governance Review meetings and the Quality Patient Safety (QPS) Committee.

Currently, Community Resilience work does not formally report into any working group, however there is a proposal for it to report to the Clinical Educational Subgroup, and Professional Practice Guidelines and Pathway Group.

Board Sponsor

Executive Director of Operations

Implementation Lead

Head of Community Engagement

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Domain	Clinical Effectiveness		
Indicator 1	Sepsis Care Bundle	**Status:** Fully Achieved	**Strategy Theme** Our Patients

The Trust aims to identify and measure its performance in 100% of the sepsis cases that it attends. The Trust measures the quality of care provided to patients who are diagnosed with sepsis by the proportion of patients who receive the Sepsis Care Bundle. This includes patients with an infection with a NEWS (National Early Warning Score) of 7 or above. The sepsis care bundle requires the following monitoring, care and treatment of patients:

+ observations assessed: level of consciousness, blood pressure, oxygen saturation and respiratory rate
+ hospital pre-alert recorded
+ oxygen administered
+ administration of intravenous fluids

Review of 2018/19 Report

In 2018/19, the Trust:

- Purchased an electronic clinical audit system that will give individual clinicians the ability to view their own performance in managing these cases and reflect to improve future care. The system will also give leaders in the organisation better information to support their teams
- Purchased and electronic patient clinical record (ePCR) system that prompts users to address documentation omissions that may lead to quality standards not being met
- Invested in systems that enable better documentation of where pre-alert calls were provided to emergency departments, which will drive better compliance in this element of care

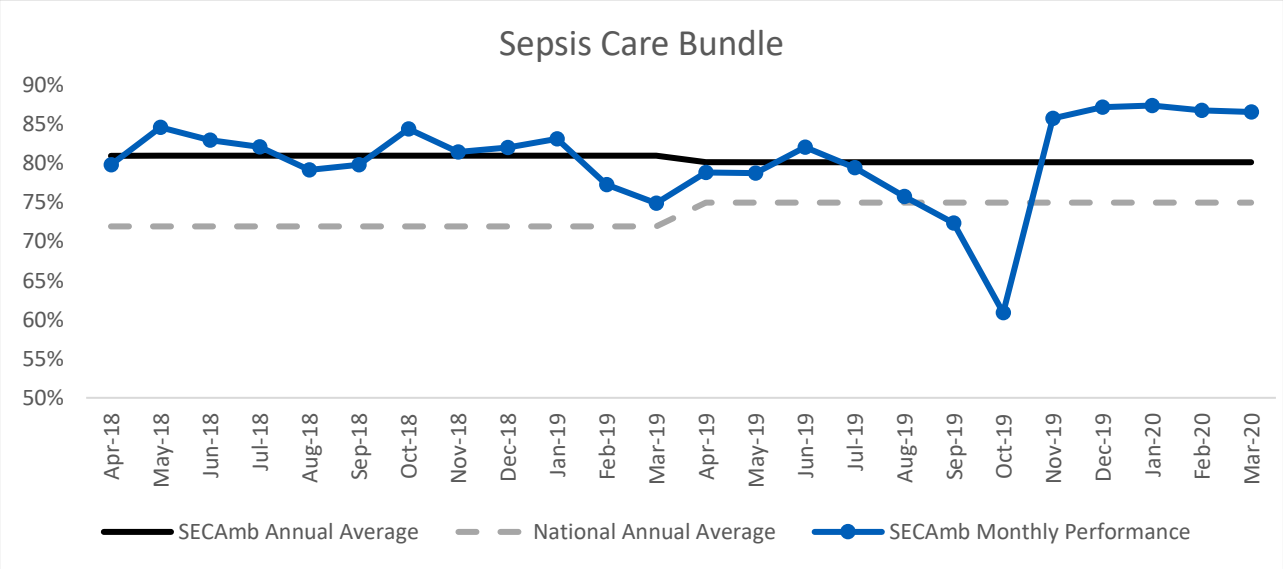
The aim for 2019/20:

The aim for 2019/20 was to maintain performance above the national average in this indicator and produce further improvements.

Our performance 2019/20:

Around October 2019, the Trust saw a reduction in performance in the sepsis care bundle. This was due to the introduction of the Trust's electronic patient clinical record (ePCR) system, staff familiarity with the system and documentation of care delivered.

In November 2019, improvements were made to the system to support clinicians to document care effectively. This produced a sustained improvement against the sepsis care bundle, as shown in the graph below.



Did we achieve the priority?

Fully Achieved. This is mainly due to the impact of ePCR and the prompts within this system that encourage better documentation.

Actions to be carried forward to 2020/21

Unfortunately, due to other priorities during 2019/20, the Trust has not yet been able to give clinicians access to their own records. This action has been carried over to 2020/21. The Trust's Head of Clinical Audit is also liaising with the National Ambulance Service Clinical Quality Group to improve the criteria for the sepsis care bundle. There is an opportunity to improve the criteria to better match the latest available evidence for the management of suspected sepsis in the pre-hospital environment.

These actions and performance against this measure will be monitored through the Trust's Clinical Audit and Quality Sub-Group.

Board Sponsor

Executive Medical Director

Implementation Lead

Head of Clinical Audit

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Indicator 2	Stroke (assessed face-to-face diagnosed bundle)	**Achieved:** Fully Achieved	**Strategy Theme** Our Patients

The Trust aims to identify and measure its performance in 100% of the stroke cases that it attends. The Trust measures the quality of care provided to patients who are suffering a stroke by the proportion of patients who receive a diagnostic bundle that is shown to improve outcomes for patients who are suffering a stroke. The diagnostic bundle includes completing a full face, arm and speech test, testing the patient's blood pressure, testing the patient's blood glucose and recording the time that stroke symptoms started. The most common area of non-compliance is measurement/documentation of blood glucose. The Trust also records the call-to-door time for patients presenting with a stroke, this is compared as the mean, median and the 90th centile against other Trusts.

Review of 2018/19 Report:

In 2018/19, the Trust:

- Purchased an electronic clinical audit system that will give individual clinicians the ability to view their own performance in managing these cases and reflect to improve future care. The system will also give leaders in the organisation better information to support their teams.
- Purchased an electronic patient clinical record (ePCR) system that prompts users to address documentation omissions that may lead to quality standards not being met
- Provided training on stroke management in the Trust's 2019/20 Key Skills Programme that stressed the importance of timely and effective care for that patient group

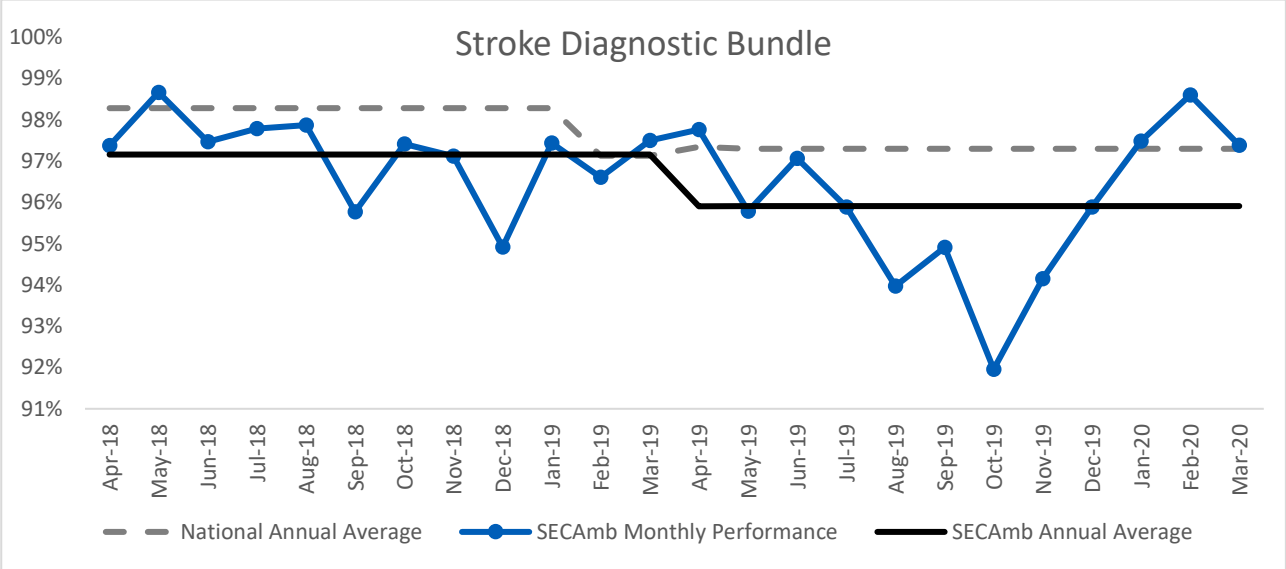
The aim for 2019/20:

The aim for 2019/20 was to improve performance against this indicator to exceed the national average.

Our performance 2019/20:

Around October 2019, the Trust saw a reduction in performance in the stroke diagnostic bundle. This was due to the introduction of the Trust's electronic patient clinical record (ePCR) system, staff familiarity with the system and documentation of care delivered.

In January 2020, improvements were made to the system to support clinicians to document care effectively. This produced a sustained improvement against the sepsis care bundle, as shown in the graph below.



Did we achieve the priority?

Fully Achieved. This is mainly due to the impact of ePCR and the prompts within this system that encourage better documentation.

Actions to be carried forward to 2020/21

Unfortunately, due to other priorities during 2019/20, the Trust has not yet been able to give clinicians access to their own records. This action has been carried over to 2020/21. These actions and performance against this measure will be monitored through the Trust's Clinical Audit and Quality Sub-Group.

Board Sponsor

Executive Medical Director

Implementation Lead

Head of Clinical Audit

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Indicator 3	NHS111 Referral to 999	**Status:**	**Strategy Theme**
		Partially Achieved	Our Patients

Review of 2018/19 Report:
The SECAmb NHS 111 service performed better than the national average in the first three quarters of 2018/19. The decline in performance in the last quarter reflected challenges associated with the move towards new commissioning arrangements, which saw SECAmb continue to provide the 111 service as a single provider. The service provided consistent performance improvement.

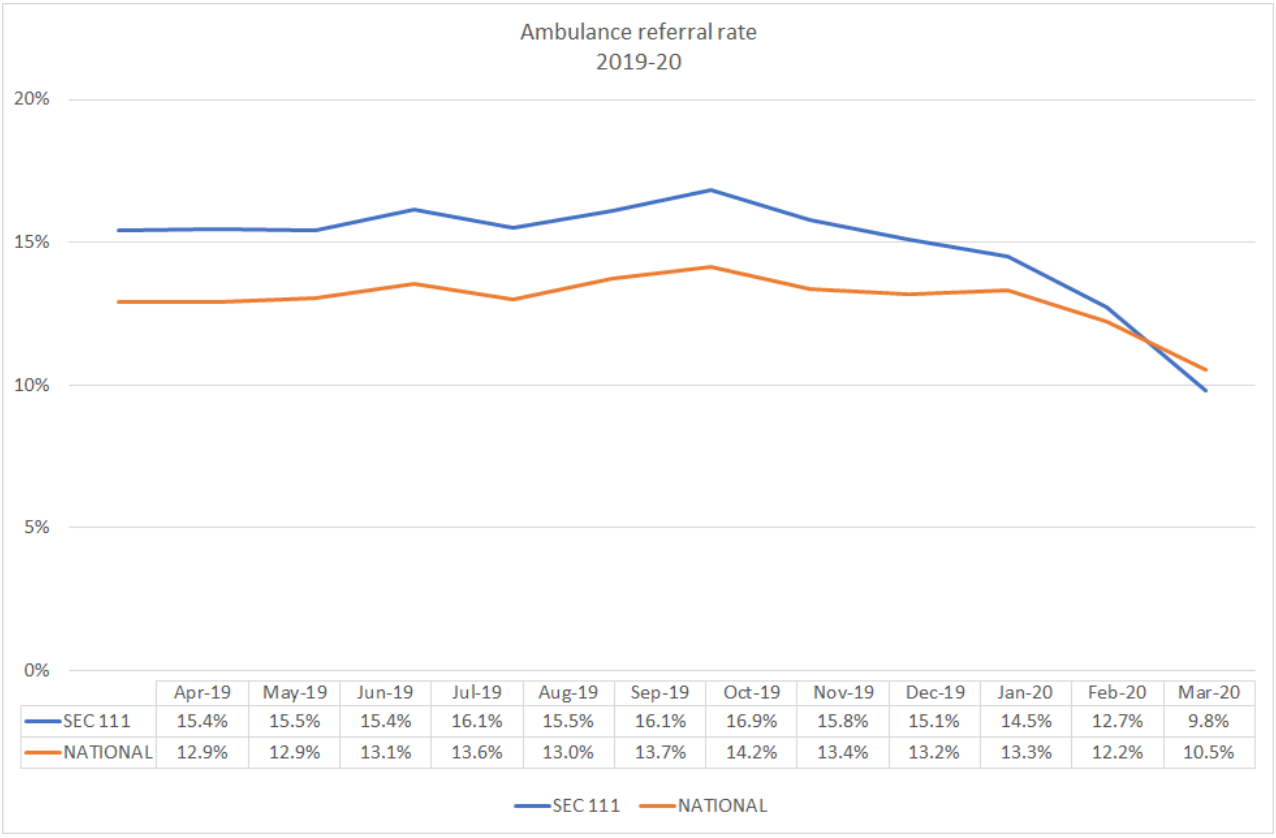
The aim for 2019/20:
To meet and exceed the national standards for Category 3 and Category 4 ambulance case revalidation, which sees clinicians working within the 111 service confirm the decision to dispatch an ambulance or otherwise access a different and more appropriate care service. We aimed to perform equally to median national performance and to chart this against regional provider performance alongside a focus on the competency assurance and development of Health Advisors. This was to ensure that ambulances were only sent to those patients that needed an ambulance response to better manage the capacity of Trust resources.

As well as the direct referrals made from NHS 111 to 999 there are a number of interdependencies and synergies between the two services. We intend to capitalise on these synergies, sharing best practice between the two services and where feasible beginning to integrate and share functions between the two services. An integrated region-wide approach provides clearer pathways for patients, reduced handovers between providers and a more efficient and resilient service.

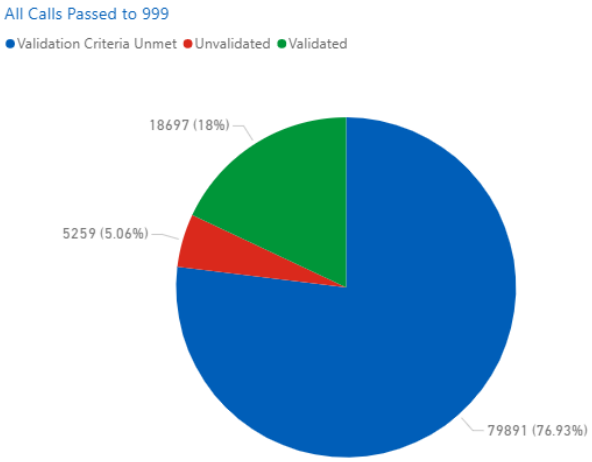
Our performance 2019/20:
In relation to the validation of Category 3 and Category 4 ambulance dispositions, the clinical leadership team within the 111 service have performed very highly. During the available reporting period, 92.26% of the over 71,000 eligible ambulance dispositions were validated by clinicians, resulting in fewer than 19,000 cases being passed to the 999 service (freeing up capacity of over 52,000 incidents that would have otherwise resulted in an ambulance being dispatched). The 'Ambulance Referral Rate' chart below shows validation performance.

Our rates of referral have been slightly higher than the national average, however, validation rates are very favourable as compared to the national average of 85%, which provides a high confidence of the appropriateness of these referrals. Regional providers' publicly available data shows the Trust's performance to be comparable.

Following significant investment in workshops focussing on probing skills and key clinical questioning, referral rates have been significantly improved as compared to national performance affording the Trust and the wider system a strong position i.e. ensuring that an ambulance is only sent to the patients requiring an ambulance response to preserve capacity and reach the patients with the greatest need.



In relation to a decision reached to dispatch an ambulance (disposition) generally, the Trust has utilised data available from the NHS Digital Intelligent Data tool to identify individuals working within the 111 service who have a higher rate of ambulance disposition. Those individuals have been supported through focused probing and ambulance disposition workshops with 41 staff having been identified for the Average Handling Time & Ambulance Disposition Course and a further 38 for the probing training. This continued focus is important as only around a quarter of ambulance dispositions are eligible for validation as seen in the chart below:



Did we achieve the priority?

Partially achieved. The Service's ambulance referral rate was higher than the national rate for eleven months during 2019/20. Disregarding the exceptional activity during February and March, the service was partially successful in mitigating the rate and approaching convergence with the national rate. Whilst this is reported as a partial achievement, it is important to note that there are a number of unknown variables and factors that influence ambulance disposition rates and therefore it is arguably more important to ensure that the cases are validated by a clinician; an area where the Trust is now performing very highly.

Actions to be carried forward to 2020/21

Ambulance validation will continue to be monitored tactically and strategically, as will the continued focused support with non-clinical staff. These will be reported contractually and through performance metrics within the Trust. Qualitatively these issues will be reviewed by the 111 and 999 (EOC) Quality & Patient Safety Group.

Additionally, the new Integrated Urgent Care (IUC) service contract will seek to provide even greater levels of clinical input and oversight from the Clinical Assessment Service (CAS) into the system; this will further improve quality of patient assessments. For patients this means greater confidence in the advice and information being provided, and for the wider NHS system it enables direct booking and referral of patients into services such as Urgent Treatment Centres and primary care.

Board Sponsor

Executive Director of Operations

Implementation Lead

Senior Operations Managers

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Indicator 4	NHS111 Referral to A&E	**Status:**	**Strategy Theme**
		Fully Achieved	Our Patients

Review of 2018/19 Report:

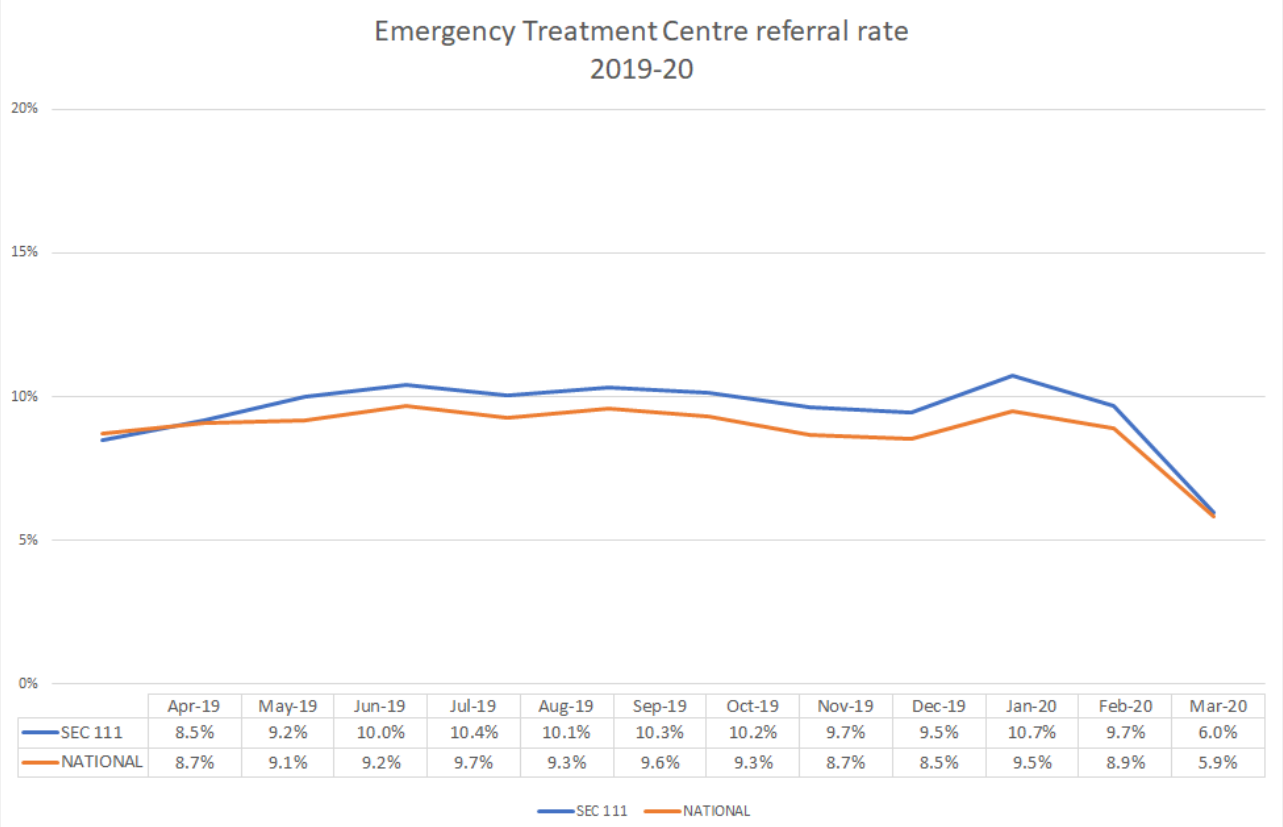
During the first three quarters of 2018/19 SECAmb performed well against the national benchmark. The decrease in performance in Quarter 4 reflected challenges associated with moving towards new commissioning arrangements from the end of March 2019, as noted in Indicator 3 - NHS111 Referral to 999.

The aim for 2019/20:

The Trust aimed to continue to perform favourably against the national reporting standards for Integrated Urgent Care and NHS 111 services. This would ensure appropriate Emergency Treatment Centre (ETC) dispositions were presented thereby optimising system-wide patient flows; this would support the wider NHS in maintaining availability of Emergency Departments when they are needed by patients which benefit from their services.

Our performance 2019/20:

The "ETC" referral rate tracked slightly above the national rate but then reduced due to exceptional activity in February and March 2020. This is a disposition-based measure i.e. automated decision-making by the triage system (NHS Pathways) for which no validation process currently exists within SEC 111. However, the Service seeks to mitigate pressure on Emergency Departments wherever an appropriate alternative service is available (e.g. Urgent Treatment Centre). The proportion of ETC dispositions referred to an alternative service remained around 8% during 2019/20, but this is expected to rise to 12% in 2020/21 due to increased provision of co-located UTCs, and direct appointment booking.



	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
SEC 111	8.5%	9.2%	10.0%	10.4%	10.1%	10.3%	10.2%	9.7%	9.5%	10.7%	9.7%	6.0%
NATIONAL	8.7%	9.1%	9.2%	9.7%	9.3%	9.6%	9.3%	8.7%	8.5%	9.5%	8.9%	5.9%

Did we achieve the priority?

Fully achieved. Performance was closely aligned to national performance.

Actions to be carried forward to 2020/21

This will continue to be reported as part of the Aggregate Data Collection set to NHS England / NHS Improvement and as part of contractual performance. Qualitatively, as part of the regional clinical governance process, consideration will be given to patient experience and case examples to inform learning.

Board Sponsor

Executive Director of Operations

Implementation Lead

Senior Operations Managers

Indicator 5	Midwife Services in Emergency Operations Centre (EOC)	**Status:**	**Strategy Theme**
		Not applicable	Our Patients

This was a new Key Indicator for 2019/20

The aim for 2019/20:

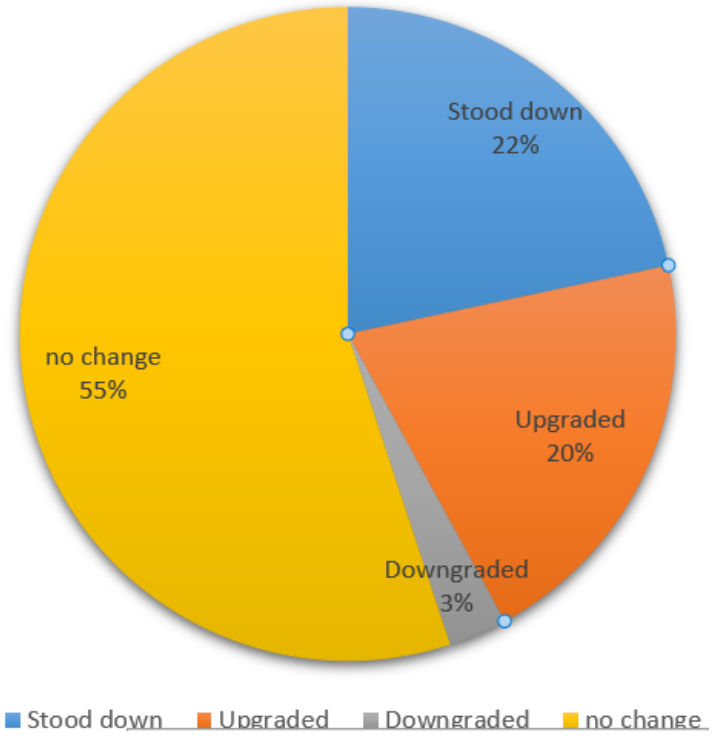
The Trust started working with the Surrey Heartlands Pregnancy Advice Line (ShPA) in 2018 in a joint venture that added value across both organisations.

In return for the use of the Trust's digital infrastructure and telephony to operate the ShPA, the Trust's patients and staff now benefit from the expertise and input of the midwives operating the service by improving the quality of patient care received and delivered. When the midwives are not taking ShPA calls they are able to provide care and support to clinical and non-clinical staff within the Emergency Operations Centres (EOC) and provide specialist review of maternity cases. For example, this may be to provide support to Emergency Medical Advisors when providing telephone advice for complicated births, providing a specialist review of cases after they have been triaged to identify opportunities for alternative care pathways better suited to the patients' needs or providing remote clinical support for ambulance clinicians when on scene.

Our performance 2019/20:

Within our EOC, midwives had 416 interactions with cases as follows:

Cancelled response (Stood down)	90
Recategorised as higher acuity than original grade of call (Upgraded)	85
Recategorised as lower acuity than original grade of call (Downgraded)	12
No change	229



Did we achieve the priority?

As this is a new indicator with no comparable data for the service, we are unable to apply an achievement status this year.

Actions to be carried forward to 2020/21
Ongoing audit of ShPA interactions (monthly) to assess efficacy; review service configuration and continued progress on joint governance arrangements.

Board Sponsor
Executive Director of Operations

Implementation Lead
Senior Clinical Operations Manager

Domain	Patient Experience		
Indicator 1	Patient Experience Strategy	**Status:**	**Strategy Theme**
		Fully Achieved	Our Patients

This was a new Key Indicator for 2019/20

The aim for 2019/20:

The key achievement in terms of patient experience for the year was the co-development of the patient, family and carer experience strategy. The strategy encompasses the work the Trust will undertake over the next five years to reach out and listen to patients and their carers, with the aim of learning from and improving their experiences.

Our performance 2019/20:

The Patient, Family and Carer Strategy was co-designed with stakeholders, including our patients, their carers and other key stakeholders including members of our Council of Governors, our Inclusion Hub Advisory Group, our commissioners, local Healthwatch groups and our staff. An initial scoping exercise was undertaken in 2019 with a smaller group of stakeholders which identified many varying expectations. In order to manage the wide-ranging expectations and attempt to offer as many stakeholders as possible the opportunity to contribute, an online survey, followed by three wider face to face stakeholder events were held during July and August 2019 in Kent, Surrey and Sussex. Both focussed on the question "what matters most to our patients?". 282 responses were received to the online survey. Whilst rudimentary, this supported us to obtain views across the wide geography covered by the Trust. In addition, patients and families / carers provided feedback about the service we currently provide.

The strategy was due to be approved by the Trust Board in March 2020 however, due to urgent conflicting priorities emerging due to the impending Covid-19 pandemic this was not able to be done. However, it has since been approved in May 2020.

Did we achieve the priority?

Fully Achieved. The final version of the Strategy had been sent to Board by end of March 2020 and the Board subsequently approved the document in May 2020.

Actions to be carried forward to 2020/21

The strategy spans five years, with actions to be met within each year. The action plan is currently being reviewed to ascertain which actions can be achieved during the coming year.

The Patient Experience Group (PEG) holds responsibility for delivering the strategy. The terms of reference for the PEG are currently being reviewed, along with the membership. It is felt the current membership lacks some inclusivity which is being addressed.

Board Sponsor

Executive Director of Operations

Implementation Lead

Head of Patient Safety

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Indicator 2	Complaints Timeliness	**Source:**	**Strategy Theme**
		Fully Achieved	Our Patients

Review of 2018/19 Report:

During 2018/19 the Trust received 1,032 complaints compared to 938 in 2019/20.

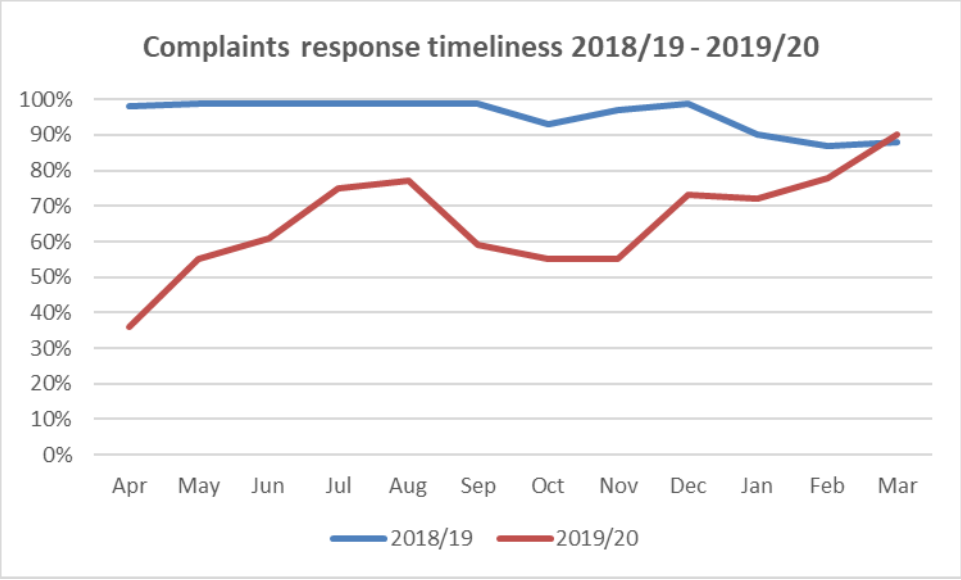
Towards the end of 2018/19 and much of 2019/20 the Trust met challenges with routinely responding to complaints within the 25-working day target. In an effort to address this issue the Patient Experience team structure was changed in March 2019 and the 999 complaints investigator was moved centrally into the Patient Experience team; this move highlighted the role to be a single point of failure of the process for investigating those complaints and subsequently led to a significant reduction in complaints being responded to within timescale. Targeted work to address the issues progressed throughout the year and was closely monitored by the Trust Board.

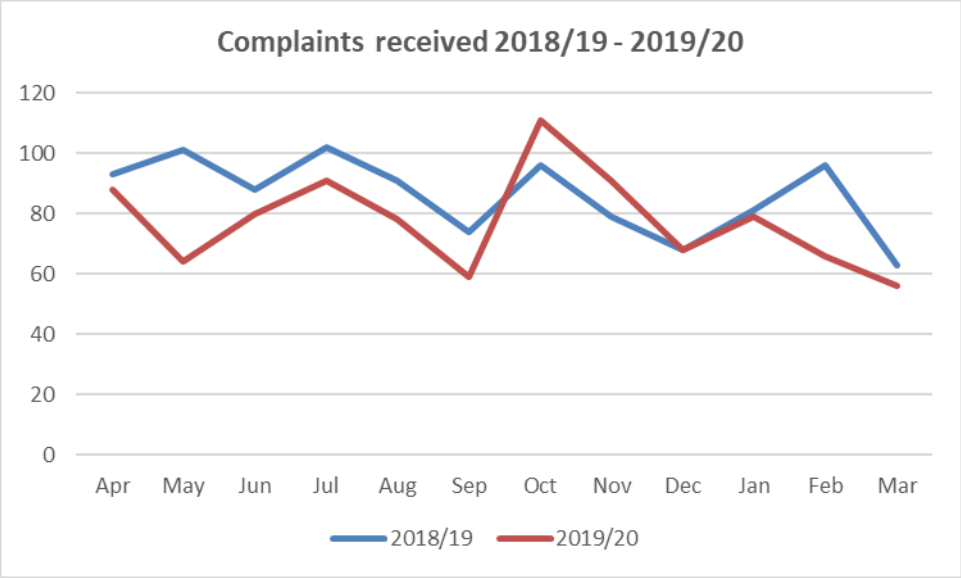
The aim for 2019/20:

+ Address the backlog of overdue complaints and improve the resilience in the Patient Experience Team
+ Acknowledge the importance for complaints to be investigated as quickly as possible
+ Ensure the Trust can identify lessons and learn in real-time
+ Enable complainants to receive a timely response to assure them that the Trust takes their complaints seriously
+ Aim to improve the level of service they have already experienced

These aims were achieved by working collaboratively with the 999/111 teams to work through the overdue complaints. How the Trust approached investigations was also reviewed ensuring they were triaged upon receipt, so they received the appropriate level of investigation and response. Training was provided to investigators and the Patient Experience team was also strengthened. These actions addressed the issues and after having achieved an average of 63% of responses within the Trust timescale over the course of the year, at the year's close this figure reached the target of 90% of complaints responded to within Trust timescale.

Our performance 2019/20:





Did we achieve the priority?

Fully achieved. Whilst the Trust has succeeded in strengthening the resilience in the Patient Experience team and have improved the timescales for responding to complaints. There is further work to do to ensure this can be further improved and maintained.

Actions to be carried forward to 2020/21

The Trust will continue to monitor the timeliness of complaints responses via the monthly Integrated Performance Report (IPR).

Later in 2020 a peer audit of the complaint responses will be undertaken with stakeholders. The audit will examine the quality of responses, the use of plain English and checking that responses encompass all elements that complainants have raised. Any learning identified will be embedded to improve the experience of working with the Patient Experience team.

Board Sponsor

Executive Director of Nursing & Quality

Implementation Lead

Deputy Director of Nursing

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Indicator 3	Compliments 2019-20	**Status:**	**Strategy Theme**
		Fully Achieved	Our People

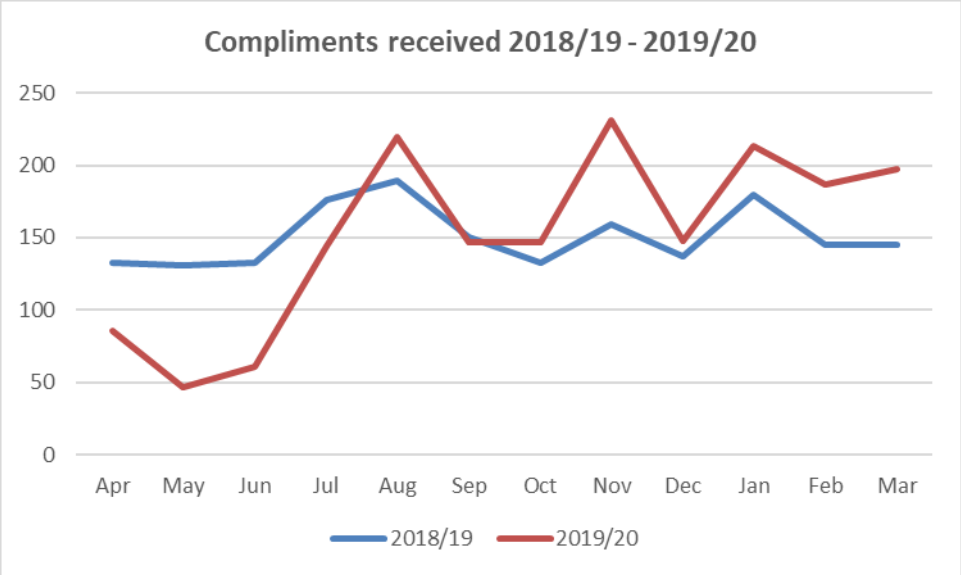
Review of 2018/19 Report:

During 2018/19 the Trust received 1,811 compliments compared to 1,828 in 2019/20.

The aim for 2019/20:

Compliments are a fundamental way for the Trust to learn lessons but from positive outcomes and experiences rather than negative. Unfortunately, the Trust had a gap in resources for a significant period during this year which prevented compliments being processed in a timely way, this delayed staff receiving the positive feedback they had worked hard for. Receiving compliments from a patient or family member knowingly increases staff morale and encourages them to repeat positive actions and behaviours, so it is vital staff are notified of them and thanked for their hard work and commitment as quickly as possible. Since October 2019 the Trust has had a dedicated member of staff to process compliments, however when this staff member is away the rest of the team are able to undertake these duties to ensure service continuity.

Our performance 2019/20:



Did we achieve the priority?

Fully Achieved. All compliments were routinely processed within one week of being received by the Patient Experience team.

Actions to be carried forward to 2020/21

The Trust will continue to measure the number of compliments being received, ensuring they are shared with staff as quickly as possible.

Board Sponsor

Executive Director of Nursing & Quality

Implementation Lead

Deputy Director of Nursing

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Indicator 4	Call Answer Time (999)	**Status:**	**Strategy Theme**
		Fully Achieved	Our Patients

Review of 2018/19 Report:

SECAmb NHS 111 performance had tracked behind the national benchmark.

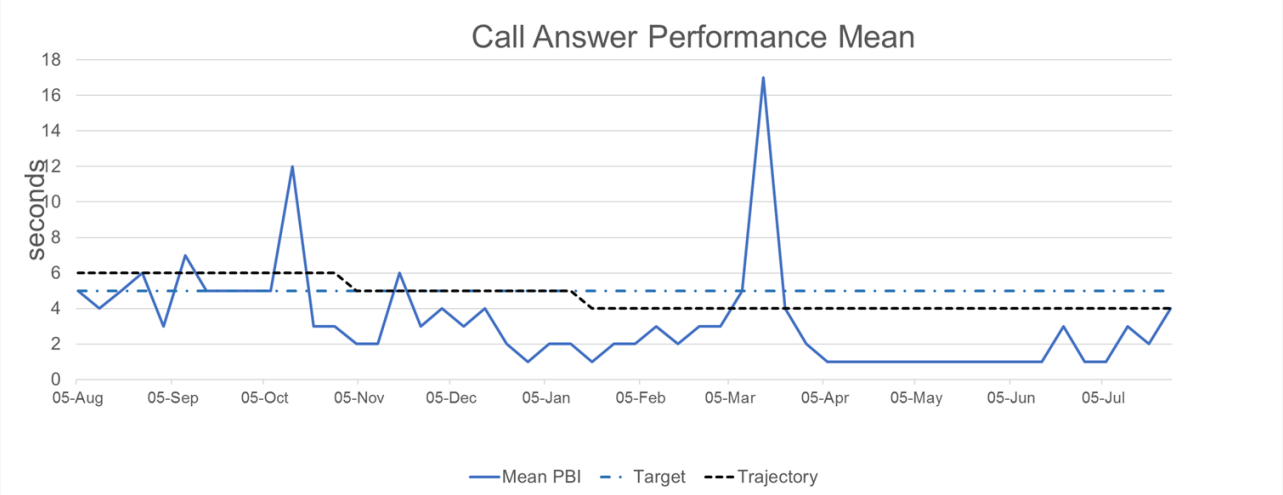
The aim for 2019/20:

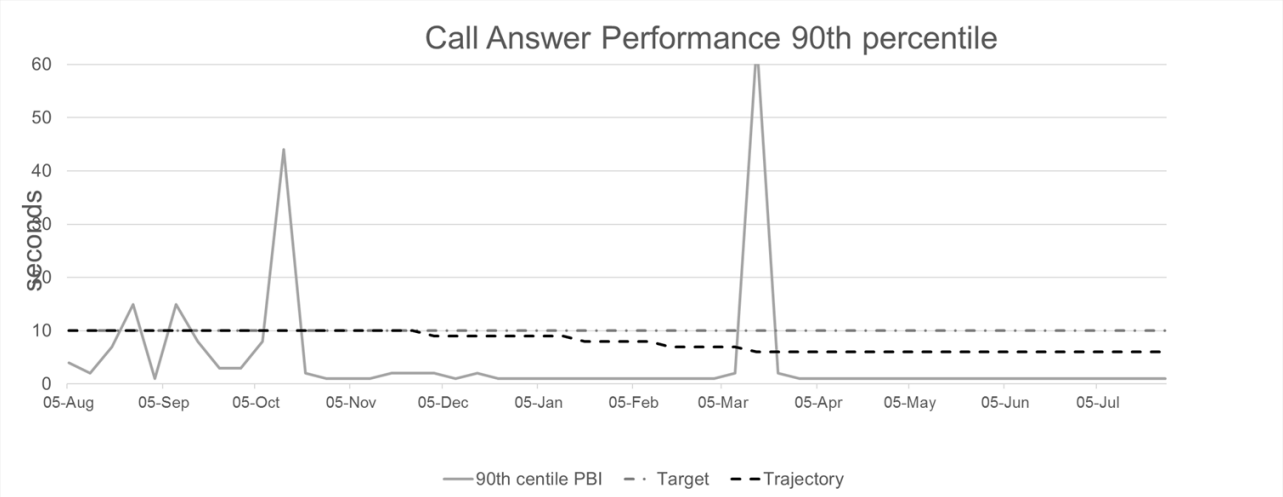
The aim for 999 call answer times was to provide a service that consistently delivered fast, high quality call answer performance. This meant answering emergency calls presented from the 999 system very quickly. The benefit to patients is that it ensures that those patients with immediately life-threatening conditions get the earliest possible response and that life-saving information can be provided. The focus of the achievement of this aim was to increase and stabilise the establishment of Emergency Medical Advisors, reduce attrition, enhance training capability and reduce variation.

Our performance 2019/20:

The Trust performed exceptionally well and delivered a sustained stable, consistently high-quality service for its patients. This was achieved through recruitment and retention initiatives, together with training and mentoring improvements that served to ensure that the Trust had the right number of staff on duty at all times to receive and process the incoming 999 calls.

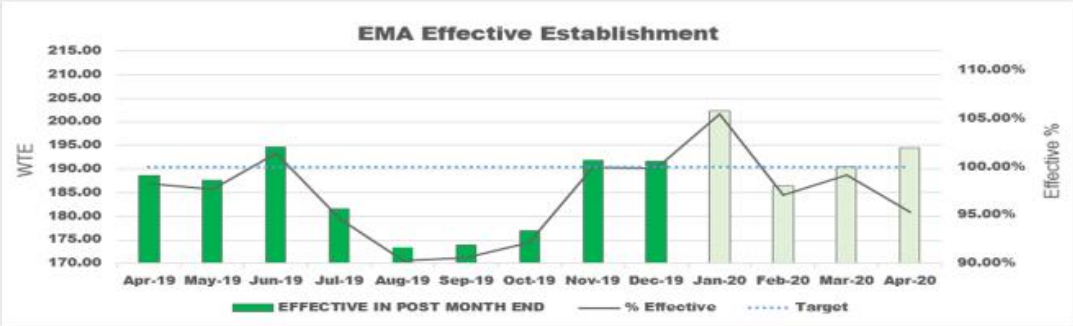
By December 2019, call handling performance achieved a 3-second mean (against a 5-second target) and 1-second 90th percentile (against a 10-second target) call answer rate despite the Trust handling 73,898 emergency (999) calls during December, a 9.1% increase over the previous year. This was achieved through having the right numbers of staff.





Establishment

NHS South East Coast Ambulance Service NHS Foundation Trust



By November 2020 the National Performance for 999 Call Handling performance showed the Trust at the highest level in this domain against its peers, as shown in the table below:

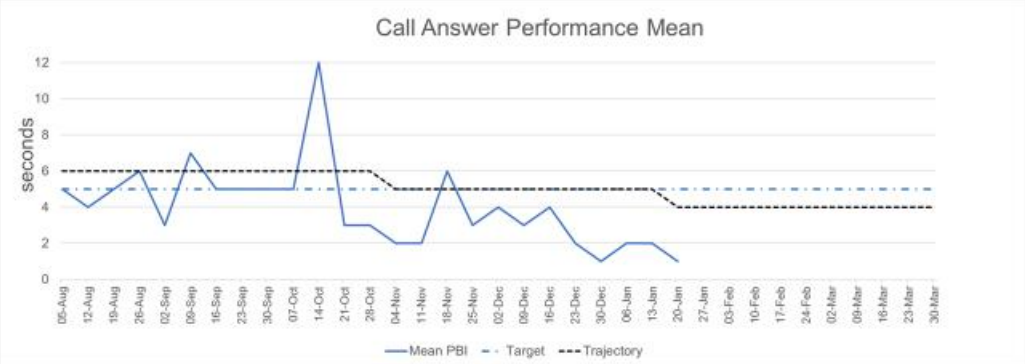
Call Answer Times (seconds)

	W/C	Mean Call Answer
	28/10/2019	
1	SECAmb	3
2	WMAS	4
3	EMAS	5
4	EEAS	7
5	IoW	7
6	YAS	7
7	SCAS	8
8	SWAS	12
9	NEAS	13
10	NWAS	14
11	LAS	24

	W/C	95th Centile Call Answer
	28/10/2019	
1	SECAmb	12
2	IoW	18
3	EMAS	20
4	WMAS	25
5	SCAS	40
6	EEAS	42
7	YAS	48
8	NEAS	51
9	SWAS	65
10	NWAS	85
11	LAS	144

Call answer performance

NHS South East Coast Ambulance Service NHS Foundation Trust



Did we achieve the priority?

Fully Achieved. As a result of achieving this indicator the associated CQC projects were moved to business as usual (BAU) and associated risks were closed.

The COVID-19 pandemic has seen sustained high-performance and increased resilience through the recruitment of additional bank staff.

Actions to be carried forward to 2020/21

This success will continue to be monitored through contractual and national reporting and performance metrics. Internally, this will be continually reviewed as security within this aspect of the business is important in terms of maintaining patient safety.

Board Sponsor

Executive Director of Operations

Implementation Lead

Senior Operations Manager

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Indicator 5	Call Answer Time (111)	**Status:**	**Strategy Theme**
		Partially Achieved	Our Patients

Review of 2018/19 Report:

The 'call answered within 60 second' Key Performance Indicator (KPI) was monitored through the Aggregated Data Collection national process. Last year it was noted that the Trust had tracked behind the national benchmark; this meant that patients waited longer to have their NHS 111 calls answered when compared to the national average.

The aim for 2019/20:

The Trust's 111 service aimed to improve on performance through increased recruitment and establishment stabilisation, together with carefully planned resources to meet demand; this would provide a high-quality and timely service for patients.

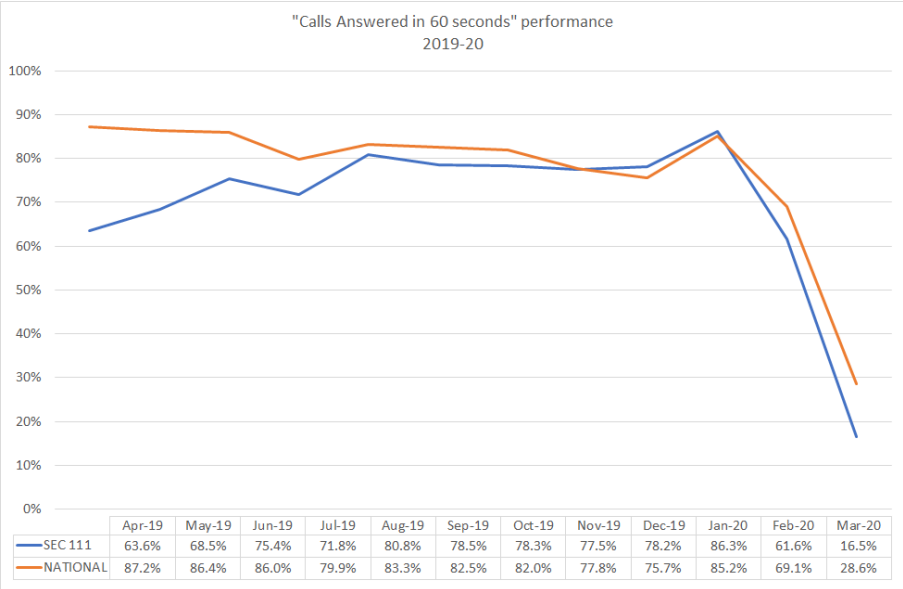
Our performance 2019/20:

The Trust developed 111 call handling capacity and improved its productivity after going live with the new SEC 111 service on 28/03/19. This resulted in:

- Outperforming the national average during December 2019 and January 2020
- Entering the COVID-19 peak period in February and March 2020 in a good operational position

Consequently, our service level reduced to a greater extent than national level during February and March due to the earlier peak in our region and a significant loss of call handling capacity due to self-isolation and COVID-19 related sickness. During the first phases of the pandemic, as the UK entered lockdown, there was a clear message; call NHS 111. This resulted in exceptional increases in call volume and critically the times that these calls presented. Quite simply, the Trust had not planned to answer the number of calls at the time that patients were calling – this initially led to long delays for callers, something not unique to SECAmb.

The Trust subsequently recovered to a position of outperforming the national benchmark and will be reported in the 2020/21 Quality Account.



	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
SEC 111	63.6%	68.5%	75.4%	71.8%	80.8%	78.5%	78.3%	77.5%	78.2%	86.3%	61.6%	16.5%
NATIONAL	87.2%	86.4%	86.0%	79.9%	83.3%	82.5%	82.0%	77.8%	75.7%	85.2%	69.1%	28.6%

Did we achieve the priority?

Partially Achieved. Although the last quarter performance was very strong, three quarters of the year under-performed against the national average. What this meant was that whilst patients waited longer than average during the first three quarters, by the end of the year the Trust answered patient calls as quickly, if not more quickly, than the national average.

Actions to be carried forward to 2020/21

NHS111 calls answer times will continue to be monitored internally and externally as a key priority through various means, including the national Aggregate Data Collection reporting and contractual assurance.

Improvements will be driven through careful management of the range of variables which affect call answer performance, these include:

- Rota fill and alignment to demand in line with changing patters resulting from the pandemic and new ways of working across the NHS
- Average call handling time
- Real-time clinical and management support available to support staff
- Increasing the bank and flexible capacity of the workforce
- Carefully planning of the workforce requirements and seeking commissioning arrangements to support the NHS 111 First national plans

These will be monitored contractually, through integrated performance reporting and through local and regional governance activities.

Board Sponsor

Executive Director of Operations

Implementation Lead

Senior Operations Manager

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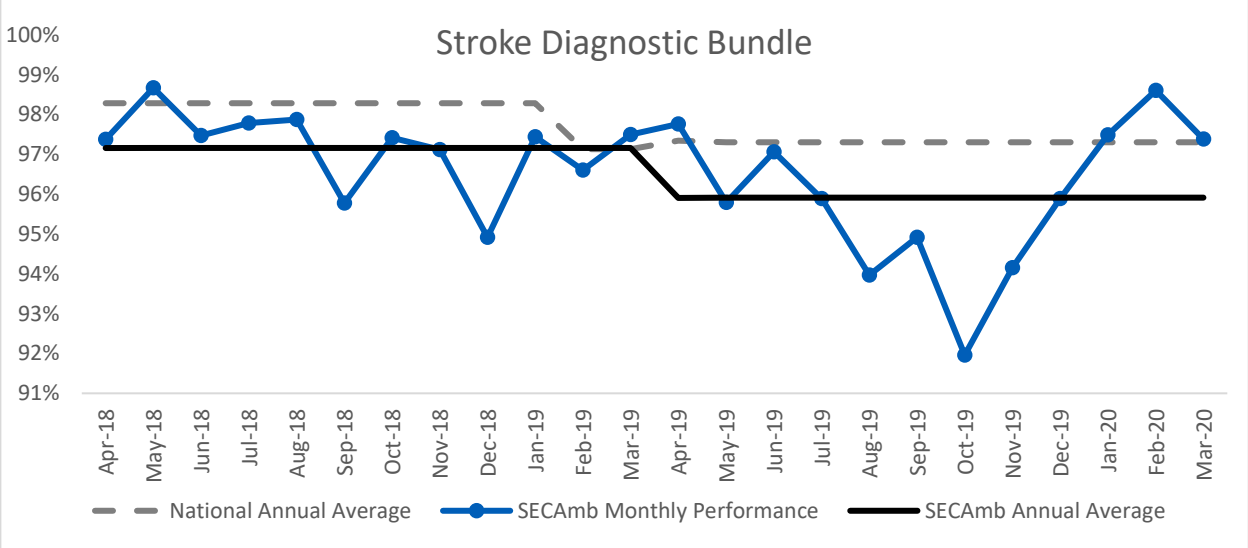
Indicators

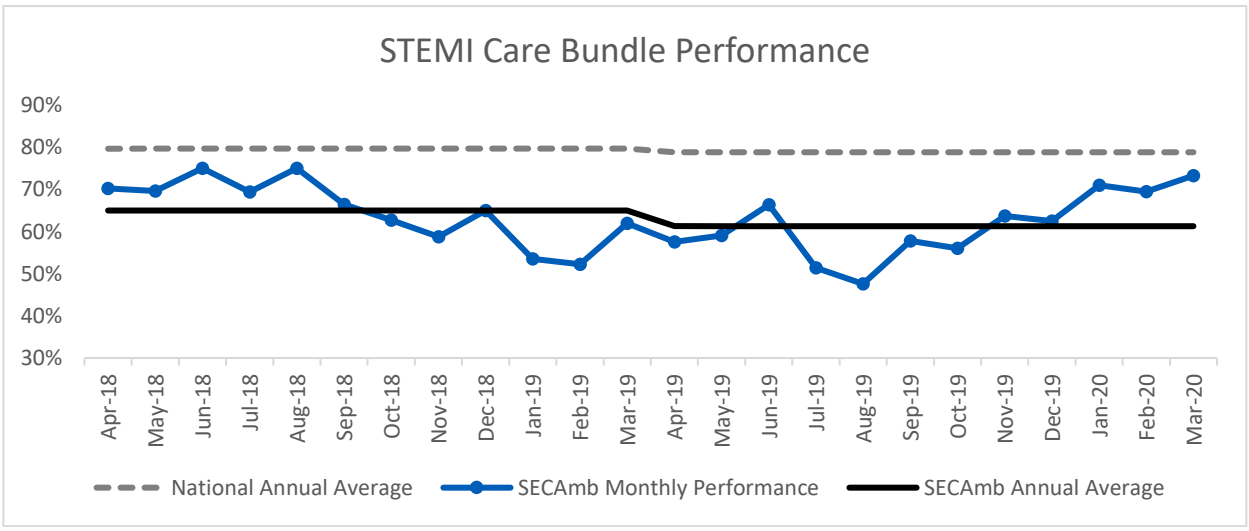
South East Coast Ambulance Service NHS Foundation Trust performance against the National Ambulance Response Programme (APR) response targets are included in Part 2 of this report.

Around October 2019, the Trust saw a reduction in performance in the stroke diagnostic bundle. This was due to the introduction of the Trust's electronic patient clinical record (ePCR) system, staff familiarity with the system and documentation of care delivered.

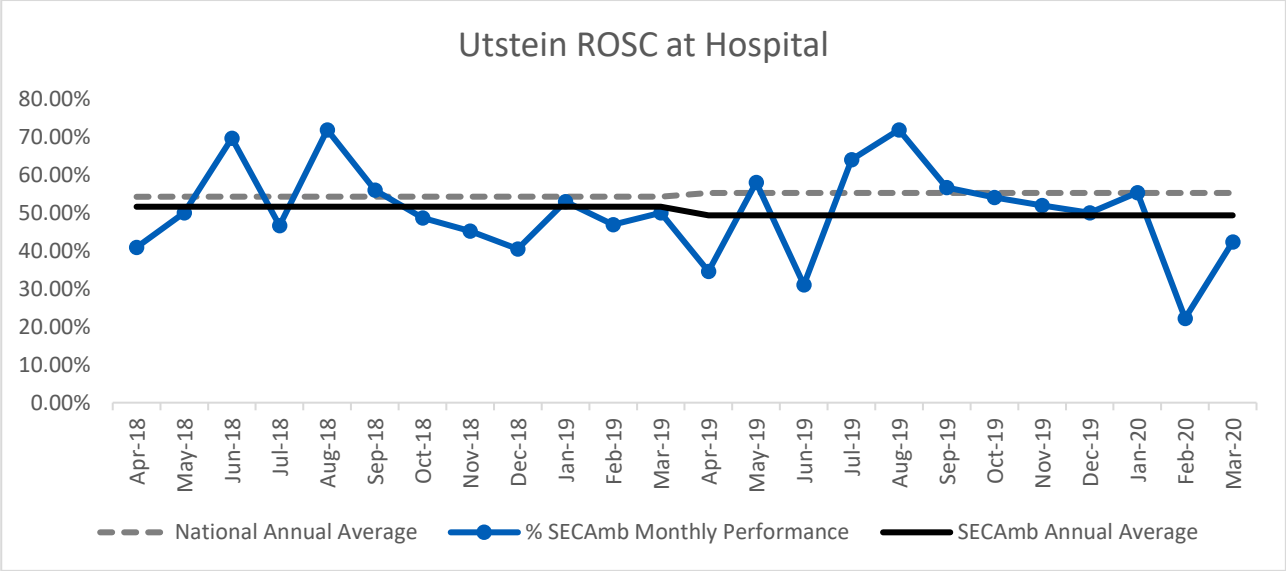
In January 2020, improvements were made to the system to support clinicians to document care effectively. This produced a sustained improvement against the sepsis care bundle.



In 2019/20 the Trust started to see improvements against the STEMI care bundle. This is mainly related to the introduction of ePCR that supports our clinicians to document care more effectively and evidence best practice. The Trust plans to support clinicians to develop further through individual feedback on the care of STEMI patients.



In the first three quarters of 2019/20, the Trust saw improved performance against the return of spontaneous circulation (return of a heartbeat after cardiac arrest) measure. However, performance against this measure was affected by the COVID-19 pandemic in the last quarter of 2019/20. The Trust continues to drive improvements in survival from cardiac arrest through a cardiac arrest outcomes improvement plan.



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

Commissioner Statement from NHS Surrey Heartlands CCG (SHCCG) on behalf of Kent, Medway, Surrey and Sussex regions

NHS Surrey Heartlands CCG (SHCCG) is the lead commissioner for the South East Coast Ambulance 999 Service (SECAmb) covering the Clinical Commissioning Groups (CCGs) that make up the Kent, Medway, Surrey and Sussex regions. In doing this it ensures that robust commissioning, quality, contract and performance management is in place to enable and support SECAmb to provide effective services to the circa 4.6 million residents of the South East of England.

SHCCG, on behalf of the constituent South East CCGs, welcomes the opportunity to review and support the 2019/20 SECAmb Quality Report and Account and following engagement with regional CCG partners, this statement is made on behalf of the South East Commissioners.

As the lead commissioner we can confirm that the Trust consulted with us and invited comments regarding the Annual Quality Report for 2019/20. This has occurred within the agreed timeframe, and the CCG and its constituent CCGs are satisfied that the Quality Report incorporates all of the mandated elements.

We acknowledge the significant effort put into improving quality and safety for patients and the amount of work involved in bringing the evidence together in this quality report. We also acknowledge and appreciate the enormous effort that the Trust leadership and staff made and contributed to local system partnership working, to care for patients, staff and visitors throughout the challenges of responding to the Covid-19 coronavirus pandemic.

Having reviewed the draft Quality Account document for 2019/20 the CCG is satisfied that it gives an overall accurate account and analysis of the quality of services provided. The detail is in line with the data supplied by SECAmb during the year 1st April 2019–31st March 2020 and reviewed as part of performance under the contract with SHCCG as the lead Commissioner.

The priorities identified within the account for the year ahead reflect and support agreed priorities discussed through the Trust's stakeholder events. SHCCG in collaboration with its constituent CCGs is working with clinicians and managers from the Trust to continue to improve services; ensuring quality, safety, clinical effectiveness and good patient experience is delivered across the organisation.

This Quality Report demonstrates the Trust's commitment to improving services. In particular, the work undertaken that saw SECAmb achieve an overall 'Good' rating for all 5 domains within the CQC inspection. Additionally, its focus on recruitment and retention challenges and commitment to ensure this remains high on the agenda – given the difficulties across workforce and in particular Paramedic recruitment.

There is narrative to support the achievement of the Trust's quality improvement priorities, although this year has seen a number of the priorities only partially delivered. SHCCG is keen to support the Trust in their efforts to deliver their priorities.

Commissioners support the Quality Report and Account priorities and are looking forward to working with SECAmb on the developments planned for 2020/21 to deliver transformational change as outlined in the quality account and new ways of working that will enhance the delivery of sustainable, responsive services. In particular we look forward to working with the Trust on the embedding of its Quality Assurance framework and seeing evidence of sustainable quality and safety improvements.

The report reflects that providing a safe and effective service whilst maintaining patient quality of care and safety is a high priority for the Trust. As Commissioner we continue to have a positive relationship with the Trust and will continue to work together with SECAmb and other system stakeholders to ensure continuous improvement in the delivery of safe and effective services for Kent, Medway, Surrey and Sussex residents.

Statement from West Sussex Health and Adult Social Care (HASC) Scrutiny Committee

During 2019-20, [West Sussex] HASC was once more interested in SECAmb's performance, especially in rural areas.

At its 27 November 2019 meeting, the Committee received an update on the Trust's performance and congratulated the Trust on its most recent Care Quality Commission inspection rating and the improvements that had been made. It was encouraged by the work that was being done to improve staff morale and therefore improve the culture of the organisation. At the time, the Committee asked to receive a written update on the work being done at St Richard's hospital, Chichester to improve handover delays. I would like it noted that at the time of writing this letter there has been no response from SECAmb to this request*.

Having considered the draft Quality Account, writing on behalf of the Committee I am pleased that:

- SECAmb now has a team of Executive Directors in place to build on progress already made
- Has focussed on recruitment and retention achieving good levels of Emergency Care Support Worker recruitment and retention of paramedics and the trial of a new recruitment initiative in Emergency Operations Centres
- The 2019 NHS Staff Survey results confirmed improvement in all areas
- The Trust has a fleet of new ambulances and approval for four new Make Ready Centres
- The Trust has developed a patient and carer experience strategy in collaboration with partners
- There has been development of patient data systems to provide crews with more accurate patient care plans
- Ambulance crews have Personal Issue Assessment Kits (PIAK)
- More Public Access Defibrillators (PADs) have been installed

I note that Operational challenges have continued in the delivery of Category 3 and Category 4 calls this year. The Committee would welcome an update on this as part of the one promised on 27 November 2019 – this could be in the form of a briefing note for circulation to the Committee outside of a formal meeting.

*Since this statement was received, SECAmb has responded to the West Sussex HASC and was able to confirm significant improvements regarding handover delays at St Richards Hospital.

Statement from East Sussex Health Overview and Scrutiny Committee (HOSC)

Introduction

[East Sussex] HOSC welcomes SECamb's achievement of a Good rating form the Care Quality Commission (CQC) following its last inspection and, alongside exiting special measures, considers it to be evidence of a considerable improvement over previous years. Achieving a good rating in the well-led domain is particularly symbolic, as we have raised the issues of bullying and of high senior staff turnover as being particularly significant in previous years.

Due to the impact of Covid-19, HOSC has not unfortunately had the opportunity during the past year to scrutinise the work of SECAmb at a public meeting.

Although the Committee has not met with SECAmb over the past year, we have previously expressed concerns about the Trust's performance in relation to the four Ambulance Response Programme (ARP) category response times, particularly for category 3 and 4 response times, which were amongst the worst in England. We were informed that the poor performance was due to historic lack of capacity; we welcomed the news that the Demand and Capacity review has secured the trust additional funding that would help achieve the ARP response times and we were advised that response time targets will be achieved by April 2021.

HOSC recognises that Covid-19 may have impacted on the timelines for the implementation of this improvement programme, however, we look forward to inviting SECAmb back to a committee meeting in 2021 to discuss progress.

Covid-19 has thrust NHS 111 into the limelight, and it is increasingly becoming the first point of access to the healthcare system in England, particularly for urgent care. We are aware that the 111 Clinical Assessment Service (CAS) went live on 1st October 2020 and that the Government plans further enhancements to the capacity and capabilities of the service through the 'NHS 111 First' programme. As the provider of 111 in East Sussex, HOSC also looks forward to inviting SECAmb to a future meeting in 2021 to discuss the progress and performance of the enhanced 111 service.

2020/21 Quality Priorities

The Quality Priority to introduce Mental Health First Aid (MHFA) training for front-line staff is welcomed as a way of improving awareness of mental health, reducing suicides and improving early detection of mental ill health. We hope to see the planned training milestones for this project met by the end of 2020/21.

We hoped that the trust could demonstrate improvements to performance against the Category 3 ARP response times, particularly for patients who fall. It is unfortunate that this was not achieved this year and we would expect to see some strong signs of improvement during 2020/21 under the new priority of "Falls: Accessing Urgent and Emergency Care for Care Homes". This will also be an area that the Committee will want to discuss when we consider the improvement programme at a future HOSC meeting.

2019/20 Quality Priorities

In addition to commenting on the Quality Priority around Category 3 ARP response times, the HOSC expressed support last year for the continued inclusion of improving survival from out of hospital cardiac arrest as a Quality Priority. We are disappointed that the priority was only partially received and hope that the implementation of the recommendations listed in the Trust's Out of Hospital Cardiac Arrest Annual Report 2019/20 will ensure the priority is met by this time next year.

We are glad to see the priority around improving the care of patients with mental illness has been achieved. We hoped to see an increase in the number of patients who are known to be subject to a S136 order receiving a Category 2 response time, and there is evidence that this was achieved. The East Sussex HOSC looks forward to working with the Trust to monitor progress on the priority areas, and overall performance, over the coming year.

Statement from Healthwatch Kent

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). This takes up a large amount of time, so we have taken the decision to prioritise our resource on making a difference to services rather than reading Quality Accounts.

However, we would like to support the Trust with a comment which reflects some of the work we have undertaken together in the past year.

SECAmb obviously covers a large geographical area spanning several local Healthwatch. We have previously agreed together that Healthwatch West Sussex will take the lead on behalf of the South East Healthwatch groups, but we continue to develop our relationship with the Trust locally.

As part of this, we have arranged for the Deputy Director of Nursing to attend the South East Healthwatch network meeting to keep us all up to date with developments and maintain a direct connection.

Two Healthwatch Kent volunteers have been part of the procurement and mobilisation of the enhanced NHS111/Clinical Assessment Service for the Joint Committee of Kent, Medway and Sussex CCGs. We continue to be involved with the Joint Committee whose role is to monitor the service over the next six months, and also with the Regional Clinical Governance Advisory Group. Talking about their involvement, our volunteers said, "It has been a remarkably interesting and rewarding experience. As we became more deeply involved our comments became integral to the whole process which raised our confidence even more in offering the "patient voice". We have seen at first hand the hard and dedicated work done by commissioners, and after procurement we have witnessed the providers' enormous efforts to develop a service which is outstanding."
We have also been regular attendees of the Inclusion Hub Advisory Group which, amongst other activities, was able to contribute to the patient experience strategy.

This year, it was great to see stakeholders, patients and public representatives including ourselves, be invited to help shape the Trust's improvement priorities for 2020/21. Equally, we have been involved in influencing the Trust's patient experience strategy.

When we shared the feedback, we had heard from care homes during Covid-19, that SECAmb were quick to respond and were keen to understand what learning could be taken forward.

Looking ahead, we hope to continue to help SECAmb develop their ambition to involve many more patients and residents in their work and look forward to supporting the Trust to use patient feedback to shape and evolve services.

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

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 2019/20 and supporting guidance Detailed requirements for quality reports 2019/20

- the content of the quality report is not inconsistent with internal and external sources of information including:

    - Board minutes and papers for the period 01 April 2019 to 31/03/20

    - Papers relating to quality reported to the board over the period 01 April 2019 to 31/03/2020

    - Feedback from commissioners dated 16/10/2020

    - Feedback from governors dated 06/11/2020

    - Feedback from local Healthwatch organisations dated 17/10/2020

    - Feedback from overview and scrutiny committee dated 19/10/2020

    - The trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 26/11/2020

    - The national patient survey was not undertaken in 2019-20. The last national patient survey was in 2018.

    - The national staff survey 18/02/2020

    - CQC inspection report dated 13/08/2019

- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered

- the performance information reported in the quality report is reliable and accurate

- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice

- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review

- the quality report 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 report.

Additional Note:

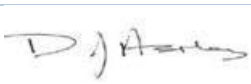
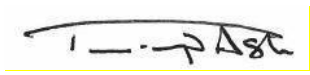
On 23 March 2020, NHS England/Improvement issued a statement instructing all NHS Trusts to pause work on the development of their Quality Account 2019/20. This was to enable the NHS to respond to the Covid-19 pandemic. On 01 May 2020, all trusts were asked to continue the preparation of their Quality Account 2019/20 with a recommended, but not mandated, publication date of 15 December 2020. This update was accompanied by the following statement:

"NHS providers are no longer expected to obtain assurance from their external auditor on their quality account / quality report for 2019/20."

However, the draft Quality Account 2019/20 was shared with stakeholders to allow for scrutiny and comment, as required by the quality accounts regulations.

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

By order of the board

Date	04/12/2020	**Chairman**		
Date	04/12/2020	**Chief Executive**		

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