



Quality Account 2020-21



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Part 1: Statement of Quality from Our Chief Executive



Introduction

I am pleased to introduce the annual Quality Account for 2020/21. 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 are working on in 2021/22.

2020/21 was a year of unprecedented challenge for the NHS, and a very difficult year for us at SECamb, but one during which I was incredibly proud to be the Chief Executive. Very sadly, during the second wave of the pandemic we lost four members of staff to COVID-19, in addition to a bank colleague lost during wave one. The loss of our colleagues was, and continues to be, painfully felt across the whole organisation.

We both strengthened our Board during the year and said goodbye to some dear colleagues. In June 2020 we were saddened to lose Non-Executive Director (NED) Tricia McGregor to illness: Tricia had courageously chaired our Quality and Patient Safety Committee of the Board up until only weeks before her death and, as well as sharing personal grief at her passing, the Board missed her focus on patient outcomes. Our thoughts remain with Tricia's loved ones.

We have recruited Professor Tom Quinn to bring clinical expertise and challenge to the Board and to chair the Quality committee. We also recruited Subo Shanmuganathan to bring Human Resources acumen to the Board and Paul Brocklehurst who brings strategic technology experience.

At Executive level, our Director of Strategy and Business Development left the Trust and, following a review of Directors' portfolios, we have recruited a Director of Planning and Business Development who will join us in the Autumn. Joe Garcia, Director of Operations, retired after 35 years in the ambulance service and has been succeeded by his former Deputy, Emma Williams, after a competitive recruitment process. We were proud that both Joe Garcia and our Executive Director of Nursing and Quality, Bethan Eaton-Haskins, were awarded MBEs during the year for their contribution to our COVID pandemic response and service to the NHS.

Reflections

COVID has of course been our focus during this challenging year – but not to the exclusion of all else. I have been ensuring that our 'business as usual' functions maintained the quality and safety of our services, while moving us to an emergency footing for much of the year to provide the best possible response to our patients. The ongoing effort has been to balance these requirements with supporting the wellbeing of all colleagues and volunteers during the year.

With this in mind, I am pleased that we are able to present this Quality Account 2020/21 to our stakeholders. The report details our progress against last year's quality improvement priorities and notes that, due to the necessity to move resources around to focus on our

emergency response, they remain in train and, with the support of our commissioners, have been carried over into 2021/22. This is presented in detail in the report.

As we began the year, the country was very much in the grip of the first wave of the COVID-19 pandemic, with rising numbers of cases leading to the first national lockdown and an extremely challenging Easter period. During this period, we saw the number of 111 calls rise significantly, putting the service under significant strain.

A key challenge at the beginning of the pandemic was sourcing the large quantities of personal protective equipment needed to keep our staff safe. This proved difficult at times due to the massive national and international demand from all sectors, but I am pleased that we were able to overcome this challenge, often using innovative approaches to gain sufficient stock.

We also needed to make some significant changes during this period in how the organisation operated, with all of our support staff working from home, virtual meetings became the norm, social distancing measures being applied across all of our sites and our most vulnerable staff needing to shield at home.

We worked hard to ensure that we were providing as much support as possible to those who needed it, but I do recognise that, regardless of role, working in SECamb during the pandemic felt very different and brought a whole range of unique challenges. The Trust also identified a need to support our clinical staff and a senior medical advisor on call rota was introduced which enabled clinical decision making to be discussed with senior clinicians.

Early in the pandemic the Trust supported local Clinical Commissioning Groups to set up mobile units to facilitate community swabbing for COVID-19 and also provided support to London Ambulance Service by deploying teams to London to treat their patients.

Although we saw a slight pause in pressure over the summer, this was short-lived and as we moved into autumn, we began to see the situation escalate once again. Our partners in the wider NHS once again began to experience significant pressures. This inevitably impacted on us and it is fair to say we experienced an extremely difficult winter.

As the number of COVID-19 cases in the region increased during this period large numbers of our staff contracted the virus, with many more needing to self-isolate. Our COVID Team worked hard to manage outbreaks at a number of our sites, which, in turn, put added pressure on our operational delivery during what was an already challenged period.

During December 2020, thanks to support from our system partners, our most vulnerable staff began to receive their first doses of the COVID vaccine. In January 2021, we went live in delivering our own vaccination programme directly to our staff and volunteers – something which I know was very much appreciated by those within the Trust.

It was essential that harm to our staff and our patients was monitored throughout the key phases of the pandemic. The Covid Management Group received regular harm reports throughout this time which considered incident trends, key learning and also levels of harm. Generally, the majority of all incidents reported were no or low harm. Although, as system pressures increased, additional work was required with our system partners to monitor and manage risks to patients as the overall system became more pressured. This was particularly prominent during the pandemic peak in late 2020.

We have taken a strong and proactive approach to vaccination throughout the pandemic and as a result, I am pleased and very proud to report that, at the time of writing, the vast majority of our staff have now received both doses of the vaccine – helping to keep themselves, our patients and their communities safe.

As we moved into 2021, we continued to see periods of significant pressure caused by the pandemic at a time when we were still greatly impacted by the numbers of our staff who were not at work due to COVID-19. As we reached the end of the financial year, the situation eased somewhat but rightly, we are continuing to proceed cautiously – mindful of the potential impact of the various COVID-19 variants, as well as the fragility of the wider NHS as it begins to move forwards.

I am also extremely keen that we continue the work already begun to ensure we take forward the lessons learnt during the pandemic. Although we are in uncertain times, I am certain that the UK and the NHS will look different in the future and it's vital that we adapt and improve how we operate to take account of these changes.

Reflecting on the pandemic and all the challenges we faced, my over-riding feeling is one of immense pride. Without doubt, every single member of staff and our volunteers stepped up during this period to ensure that, despite the situation, we were able to continue to provide the best possible service to our patients. I would like to thank every single member of Team SECamb for their outstanding efforts.

We also saw partnership working come to the fore. The assistance to London Ambulance Service and us receiving assistance from military and fire service colleagues at times were really good examples.

Our income in 2020/21 was not conditional, as it usually is, on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) payment framework. Despite this, we delivered a very successful flu vaccination programme this year.

We have not been inspected by our regulator, the Care Quality Commission, since we achieved a rating of "Good" in 2019. We did participate in one special review though: representatives from the Trust were interviewed as part of the thematic "Review of Do Not Attempt Cardiopulmonary Resuscitation decisions during the Covid-19 pandemic". The interim report was published in November 2020. We are currently considering the findings of this report.

As noted above, it was important to us to maintain our key systems for delivering patient safety, clinical effectiveness and patient experience throughout the year. We are delighted to report increased numbers of compliments and over 20% reduction in complaints. Our Learning from Deaths reviews continued throughout the year, and as at the end of quarter 3 2020/21 (the date to which the data has been interrogated), no (zero) patient deaths were judged more likely than not to have been due to problems in the care provided to the patient. We have also co-designed our first Dementia Strategy with key stakeholders, which is out for consultation as I write.

Overall, in our 999 service, while in most months we performed better in responding to our most seriously ill and injured patients, triaged as Category 1 and 2 patients, we need to do far more to improve our response to lower acuity patients (those in Category 3 & 4). These patients are often older with complex and/or unmet social needs and whilst they are often not in an immediately life-threatening condition, they do require an appropriate and timely response, nonetheless. This must be a key area of focus for us moving forwards. We must also continue to do more to meet our Category 1 and 2 response targets more consistently.

Unsurprisingly 2020/21 was an extremely challenging year for our NHS 111 service, with frequent periods of massive demand and high call numbers. All of those working in the 111 service, including our partners at Integrated Care 24 (IC24), went above and beyond to deliver as safe a service as possible as members of the public reached out to 111 for help

and advice about COVID-19 symptoms, Test and Trace issues, vaccines and the usual winter pressures.

In addition, on 1 October 2020 our new five-year NHS111 service contract and enhanced clinical assessment service for Kent, Medway and Sussex finally launched following months of delays due to the pandemic. Within a week of go-live average call handling times had reduced by 30-70 seconds and our in-house clinicians, including paramedics, nurses, mental health professionals, dental nurses, midwives and pharmacists, continue to support more patients at first point of contact.

In December 2020 we launched, at very short notice, the 111 First programme which gave patients the ability to book slots at Emergency Departments or Urgent Treatment Centres across the region via the 111 service. This service has much riding on it, and we will be part of the national evaluation once the COVID-19 effect has worn off.

Work to improve our estate and vehicles has continued, as we seek to make SECamb a better place to work and ensure that our crews have what they need to provide the service our patients deserve.

Looking forward

So, in summary we have experienced a challenging year but there have been notable successes, not least the COVID response and vaccination programmes and the development of our first Dementia Strategy. We intend to continue on this trajectory, making all of our improvement sustainable for a service built on the quality and safety of our 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

Part 2: Priorities for Improvement and Statements of Assurance from the Board

This section sets out key areas that we will focus on for development over the next twelve months. These are referred to as 'priorities' throughout the content of the quality account and they will be reported both internally and externally throughout the coming year.

Ordinarily the Quality and Safety Directorate would invite internal and external stakeholders to an engagement event hosted by the South East Coast Ambulance Service NHS Foundation Trust (SECAMB) where we present options for our Quality Priorities for the year ahead; we then discuss and agree as a group what the final priorities will be. However, due to the pandemic and on the grounds of safety we did not have the opportunity to hold this event.

As a direct result of the impact of the Covid-19 pandemic and the need to divert or focus many of the Trust's resources, it was not possible to progress our in-year priorities for 2020/21 as far as we had planned. Based on this, a proposal was made in November 2020 to the Executive Management Board (EMB), to carry-over our priorities to 2021/22. This was approved at the Quality and Patient Safety Committee and agreed by the South East Coast Ambulance Service's lead commissioner, following discussions with Healthwatch and stakeholder engagement.

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 stakeholders. During this event the Trust's improvement priorities for 2020/21 were agreed. Seven options were presented by the Trust's subject matter experts, working to a SMART model to ensure each proposal was Specific, Measurable, Achievable, Realistic and Timed (SMART). The current priorities were therefore initially agreed at this event.

As the priorities will be rolled over into 2021/22, for clarity, both of the sections setting out work for 2021/22 - and a progress report on work in 2020/21 - will be reported jointly for each priority.

2.1 Quality Priorities for Improvement 2021/22

Progress of all three priorities set out in 2019/20 was curtailed by work supporting the response to the pandemic.

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). 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 (Blisshen 2016). Importantly, the HCPC (2015) and Care Quality Commission (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.

The concept and practice of clinical supervision has been present in the nursing profession in a formal approach since the late 1990's. On first introduction it was viewed with some suspicion, with recipients being wary of it as a tool for managers to monitor solely performance issues. It has however been embraced over the years as it was seen to encompass far more than this, with present day practitioners actively seeking it out as an essential support for their practice, skills development, and clinical assurance.

Effective clinical supervision has been found to have direct benefit to the clinical practitioner, their skills development, the quality of care delivered to patients and advice given to carers. It also benefits the culture of an organisation, reflecting on its behaviour and values and has a strong influence on positive clinical governance.

Supervision provides a safe, confidential space to support clinicians in the management of both professional and personal demands via critical reflection (and this can be within both "reflection on action" and "reflection in action" models) which in turn provides a strategy for mitigation of workplace stress and enhances the retention of clinical staff.

Reflection **on action** describes the process of reflection which takes place after the event where the practitioner evaluates the theories of action used to solve a problem.

Reflection **in action** describes interaction with a "live" problem as it unfolds. The capacity to reflect in action assumes that the problem solver has the capacity to surface their "knowing in action", that is, the hidden or tacit knowledge which we use to deal with specific tasks.

Clinical supervision is well established within the mental health professional establishment in SECamb. Within operations the Emergency Operations Centre (EOC) Lead for Mental Health supervises all band 6 staff monthly and these sessions are recorded. In turn this post holder is supervised by the Consultant Mental Health Nurse. Within the Mental Health Team, the Consultant Mental Health Team supervises each Locality Lead Senior Practitioner both as a team and individually. There are other small groups of specific professionals who we are already considering in terms of supervision requirements appropriate to profession. This specific objective for this quality account focusses on how we will implement clinical supervision on a wider scale across our main operational workforce e.g., paramedics, emergency care support workers, advanced ambulance technicians.

Aims and objectives

- To work in partnership with key stakeholders to agree and embed a model of clinical supervision across SECamb to comply with regulatory requirements and 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 (2020/2021)**
 - 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 (2021/22)**
 - 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?

- Improved patient outcomes and experience
- 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

Our performance 2020/21

When we set out this quality account measure, we were pragmatic in what we were likely to achieve, and this was designed to run over the course of 2 years with objectives split across 2020/21 and 2021/22. The first year has involved developing policies and procedures that define clinical supervision with the Trust, working with the National Clinical Supervision in Ambulance services group and scoping clinical supervision training for the post graduate workforce. We had hoped to embed a clinical leadership structure across the Trust during the first year, however this has been delayed due to COVID-19. This will therefore be carried over to the second year and focussed on in 2021/22.

Actions to be carried forward to 2021/22

Publication of the national supervision framework (currently out for consultation) has been delayed as an implication of the pandemic. However, these delays will allow other areas of influence to enhance the work being undertaken. For example, the supervision model that underpins the Additional Roles Reimbursement Scheme (ARRS) is directly compatible with the Trust, irrespective of our direct involvement with the ARRS scheme. Objectives carried forward include:

- Embedding clinical leadership structures across the Trust (Operational Unit Paramedic Practitioner Hubs)
- 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

In summary, the second year of this quality measure will support the implementation of the national ambulance and Health Education England (HEE) supervision frameworks and promote the just and learning culture in the trust in line with the Patient Safety Incident Response Framework.

Board Sponsor

Executive Medical Director

Implementation Lead

Consultant Paramedic

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

Why is this a priority?

This priority, set out in the 2019/20 quality account, was the education of the front-line workforce in the area of mental health using the Mental Health First Aid training framework as a basis for this education over a rolling 4-year period, utilising the initial period to upskill the Mental Health Team to deliver this training. This package of training was chosen by the Mental Health Team because it gave an overview of all mental health conditions, provided an internationally accredited qualification on completion and is held in very high esteem on both a national and international basis. The primary intention is that this training will provide staff with skills to utilise in front line work with a secondary benefit of skills to support colleagues and self-care. Unfortunately, the Covid pandemic resulted in the cancellation of this training and the team was unable to complete this until late 2020. This effectively cancelled the planned training delivery resulting in an initial re-targeting of the intended training recipients. This is detailed below.

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. Such examples are The Five Year Forward View for Mental Health (2016) The NHS Long Term Plan (2019), and more recently the draft commissioning guidance Improving the Ambulance Response to Mental Health (2021). A prominent feature in these policies and guidance is a need to educate the workforce. 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 NHS England (2016) outlines a programme for improvements required for the quality provision of mental health service delivery in England. The overarching aims of this document are to address the inadequate provision of mental health services in the UK with the initial priority actions being:

- A 7-day NHS – right care, right time, right quality
- An integrated mental and physical health approach
- Promoting good mental health and preventing poor mental health – helping people lead better lives as equal citizens.

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 around 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, 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. Due to the delays to the intended programme as a result of the Covid pandemic, the initial target cohort for the training has had to be reviewed to an initial cohort of the following staff groups:

Operational Managers - 31
Operational Team Leaders - 172
EOC Managers - 20
HR Managers - 20
Well-Being Champions - 40

How will we achieve this?

- Facilitating 2 courses per month with up to 16 course members will allow this initial cohort to be trained within 9 months. To build in resilience to mitigate potential delays a 12-month target date will be set.
- This programme will be reviewed at this time and the potential for wider roll out will be considered.

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 Mental Health Team by April 2022 (there are currently 3 in post)
- A business case for training materials and abstractions required for the course by June 2021
- A training delivery programme by September 2021

- A post validation survey for staff who have completed training

Longer term, we anticipate that this may have a positive impact on sickness levels and absenteeism, however this is unlikely to be evidenced within the first year.

Our performance 2020/21

Unfortunately, the impact of the COVID-19 pandemic on realising these objectives has had a significant negative impact on the realisation of these aims, to the extent that the programme has been delayed by up to 18 months.

It is expected that the initial cohort will have received training by April 2022 (subject to face to face training remaining viable). At this time the course will be evaluated for potential expansion. This will depend on the National work being commenced by the National Ambulance Mental Health Group which has commissioned a review via external funding to look at the current approaches to mental health education in the Ambulance Service with a view to some standardisation of training via various training methods. It is envisaged that this will complement the training in SECamb that we will have already established.

Funding has been secured from Kent Clinical Commissioning Group (CCG) to cover this training cohort.

This priority was partially achieved in 2020/21 in that:

- We have had 2 additional MHFA instructors trained in 2020.
- The business case has been reviewed to reflect the change in funding requirements and this is about to be submitted.
- Funding to cover the reviewed plan has been secured from Kent CCG.
- As the reviewed plan is significantly more focussed the project steering group will be the Mental Health Team.
- A training delivery programme for the new plan is in draft.
- Securing additional laptops is no longer required.

Actions to be carried forward to 2021/22

- The training of two additional instructors to meet the training demand.
- Purchasing 3 projectors has been added to the plan.
- Finalisation of the business case
- Finalisation of the training delivery programme.
- Commencement of delivery of the training programme.

Covid Impact

The impact of Covid has had a significant delay on achieving the objectives set in 2019/20. In the spirit of supporting staff mental wellbeing during this unprecedented time, the mental health team utilised 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) around staff mental health support on request.

Board Sponsor

Executive Director of Nursing & Quality

Implementation Lead
Mental Health Consultant Nurse

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

Why is this a priority?

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 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 support 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) 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?

To deploy a network of primary responders whose role it is to, where appropriate, get the patient off the floor safely.

This quality measure also aims to fully embed and report on the use of the specific falls' flowchart for use within the EOC.

The new SECamb model of care aims to support care homes in building their confidence to provide the best immediate care for their residents while awaiting the response from SECamb.

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% of 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

Our performance 2020/21

- ✓ **Partially achieved:** The flowchart has been embedded into 50% of care homes across the Trust in the following localities:
 - Sussex
 - Surrey
 - East Kent
 - Roll out has commenced in the rest of Kent at the time of writing (May 21)
- ✗ **Not achieved:** Due to the impact of the pandemic, the process for assessing the impact of the work to date has been delayed. We will carry forward the work to report on the reduction in the number of ambulance calls to falls patients at care homes
- ✓ **Partially achieved:** We have not yet been able to report on long lies based on the impact of the new falls model of care due to the challenges associated with the pandemic. Work continues, with a focus on striving to see a reduction in the number of reported incidents and SIs relating to long-lies

Actions to be carried forward to 2021/22

This quality measure will carry forward all actions delayed/impacted by the pandemic. The falls model of care working group will focus on the deployment of “primary falls responders” from both the fire & rescue services and our own CFRs. We will continue to monitor the use of the EOC and care home flowcharts and report on the impact of these.

We will also be working across the health and social care systems on partnership projects which support falls and frailty. This will include attending the NHSE/I launch event for frailty to provide information which will assist with areas such as:

- Care Home Workstream – System Principles, Frequent callers Care Homes focus, Response model of care development with PP’s to enable place-based Frailty / Primary Care Networks (PCN) / Multi-disciplinary Team (MDT) system engagement
- Falls Model of care – Primary Response model under review to include Community First Responders / Fire & Rescue services / Other Integrated Care Provider (ICP) commissioned Falls support services.
- Frailty Response Partnership model – currently in development in Guildford and Waverley (G&W) ICP with Acute Frailty leads alongside community health and social services referral pathways.
- 111 / Clinical Assessment Service (CAS) – Embedding and utilisation of 111 *5 (Paramedics) 111 *6 (Care Homes) out of hours palliative / geriatric / specialist support through GP OOH clinical provision & onward referral into community / frailty services next morning with agreed risk share alongside PP Hubs.
- 999 Category 3 (C3) / Category 4 (C4) – Validation pilot – to support the right response, first time
- PP Urgent Care Hub (UCH) – C3/C4 Frailty focus to include virtual assessment (Ashford pilot) alongside local pathway providers and PCN / MDT team interface for joint risk based clinical decision making in the community.
- Digital enablers – Service Finder, Shared care records, Electronic Patient Clinical Record (ePCR), Telecare, Good SAM – agreeing utilisation in the patient journey and how we can feed back into the system

Board Sponsor

Executive Medical Director

Implementation Lead

2.2 Statements of assurance from the Board

Provided and/or sub-contracted services

1. During 2020/21 the South East Coast Ambulance Service Foundation Trust (SECAmb) provided two relevant health services: 999 Accident & Emergency Services and NHS 111 Integrated Urgent Care (IUC) service.
- 1.1 The South East Coast Ambulance Service Foundation Trust has reviewed all the data available to them on the quality of care in all relevant health services.
- 1.2 The income generated by the relevant health services reviewed in 2020/21 represents 88% of the total income generated from the provision of relevant health services by the South East Coast Ambulance Service Foundation Trust for 2020/21.

Clinical Audit

2. During 2020/21 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 was not eligible to participate in any national confidential enquiries.
- 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 2020/21 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 2020/21 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 2020/21, 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)	2,429	100%
Cardiac Arrest	Return of Spontaneous Circulation (Utstein Group)	414	100%
Cardiac Arrest	Survival to Discharge (All Cases)	2,384	100%
Cardiac Arrest	Survival to Discharge (Utstein Group)	395	100%
Return of Spontaneous Circulation	Delivery of Care Bundle	788	100%
ST Elevation Myocardial Infarction (STEMI)	Delivery of Care Bundle	2,429	100%
Stroke	Delivery of Care Bundle	414	100%
Sepsis	Delivery of Care Bundle	2,384	100%

- 2.5 The reports of eight national clinical audits were reviewed by the provider in 2020/21 and South East Coast Ambulance Service NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

2.6

National Audit	Actions to improve the quality of healthcare provided
Cardiac Arrest	<ul style="list-style-type: none"> ➤ The Trust continues to provide annual resuscitation refresher training to all frontline clinical staff. ➤ Analysis of the impact of COVID-19 on the management of cardiac arrest patients: COVID has impacted on the Trust's response to patients in cardiac arrest, however, the details of this are not yet fully understood and are being explored. ➤ The improvement plan for cardiac arrest survival was paused during the pandemic as so many elements of the service and guidance were changed, however, this has now restarted and will see a renewed focus on improving the outcomes from cardiac arrest. ➤ The annual data set, at the time of writing this report is incomplete. Therefore, full analysis and interpretation cannot be completed until these data are validated. Is expected that the full data set will be available by the end of May, which will then need analysis and

National Audit	Actions to improve the quality of healthcare provided
	<p>reporting. The Annual Cardiac Arrest report is under development and will be published during Q3 2021/22.</p> <ul style="list-style-type: none"> ➤ The survival to discharge from hospital data in the 10 June 2021 publication, will be replaced with 'survival at 30 days' (NHS England, 2021) from January 2021. ➤ The Trust will also restart Codestat (key CPR performance metrics data).
ST Elevation Myocardial Infarction (STEMI)	<ul style="list-style-type: none"> ➤ The Trust plan to provide Operational Unit (OU) level audit data to drive up quality. ➤ Updating messaging about analgesia via a re-draft of the ST Elevation Myocardial Infarction (STEMI) flow-chart and other comms. ➤ All Trust guidance is to be brought into consistency and refreshed for all staff via Continuous Professional Development (CPD) and publicity, posters etc. ➤ ePCR update to align with STEMI Ambulance Quality Indicators (AQIs) and prompt compliance. ➤ The Trust will produce a STEMI workbook for all staff to access for CPD, and for competency issues as they arise. ➤ The Trust will provide greater clarity around the patients who are eligible for primary Percutaneous Coronary Intervention (pPCI) (the procedure to unblock blood vessels in the heart), for example, by using the algorithm on Lifepaks, which is highly accurate. ➤ Regular audit of cases of later confirmed STEMI where we had no crew to send and that breached the 150 minutes call to needle standard. ➤ Regular audit of Inter-Facility Transfers (IFTs) with confirmed STEMI where a SECamb crew attended within the previous 24 hours for possible cardiac signs and symptoms and where there was ST elevation on the electrocardiogram (ECG), or no ECG done. ➤ Exploration nationally of upgrading the IFT request to C1 for confirmed STEMI where the patient is being transferred for primary Percutaneous Coronary Intervention (pPCI).
Stroke	<ul style="list-style-type: none"> ➤ Completing a detailed audit to identify OU level performance and data. This will then signpost further quality improvement initiatives. ➤ Create an OU level dashboard of AQI performance so that OUs receive regular performance information and can target OU level quality improvement. ➤ ePCR to be updated to prompt suspected stroke patients to document a blood glucose recording.
Sepsis	<ul style="list-style-type: none"> ➤ Improvement work is underway to provide meaningful Clinical Outcome Indicator (COI) feedback to clinicians.

2.7 The reports of ten local clinical audits were reviewed by the provider in 2020/21 and 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
Administration of Misoprostol & Syntometrine	<ul style="list-style-type: none"> ➤ The Trust should include Misoprostol to the annual monitoring of Patient Group Directions (PGD) guidelines to assess compliance levels against standards and individual medications. ➤ The Trust to provide feedback to clinicians in respect of learnings gained from this audit: providing clear documentation when asked to work outside of guidelines by another health care professional. ➤ The Trust's Medicines Governance Group (MGG) should consider the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidance regarding blood pressure, selection of uterotonic, the impact on Trust PGD guidance and any comms required for clinicians. ➤ Consider re-auditing Misoprostol and Syntometrine.
Assessment and Management of Abdominal Pain	<ul style="list-style-type: none"> ➤ Build on the Trust's understanding as to why National Early Warning (NEWS) 2 scores are not routinely recorded by staff and use this to highlight the importance to staff. ➤ Clarity will be provided to staff on what tool they should be using for detailed pain assessments, how they should be used and their importance. ➤ The results of this audit will be raised to SECamb professional practice group to reach a consensus on guidance for staff. ➤ This standard will also be raised to professional practice group with the aim to focus on how SECamb should promote safe discharge from their clinicians. ➤ To be raised at professional practice group alongside promoting safe discharge alongside ongoing work on supported clinical decision making. ➤ Make the audit report available to staff via the zone and provide summary of learning to be disseminated directly to staff. ➤ Re-audit of the subject area.
Airway Management in Cardiac Arrest	<ul style="list-style-type: none"> ➤ Training on appropriate airway management selection to be emphasised in key skills resuscitation training. ➤ Medical Director to communicate need for 100% compliance with End-tidal Carbon Dioxide (EtCO₂) monitoring with Critical Care Paramedic (CCP) managers. ➤ All post-Return of Spontaneous Circulation (ROSC) care bundle incidents that are non-compliant for capnography are to be fed back via CCP team.
Diazepam Administration	<ul style="list-style-type: none"> ➤ A bulletin to go to all paramedics offering a reminder of the legal mechanisms that are afforded to them and those legal mechanisms that are not. ➤ A survey is to be distributed to operational clinicians to understand JRCALC+ use and understand some of the feelings around diazepam administration. ➤ Communications to be planned based on the learning from the survey. ➤ To explore deep linking from ePCR to JRCALC+ so ePCR directly links to the JRCALC+ guidance within the ePCR app.

Local Audit	Actions to improve the quality of healthcare provided
Head Injury on Anticoagulants	<ul style="list-style-type: none"> ➤ Examine the 18 non conveyed patients in more details and if there is a pattern. ➤ Issue guidance via the newsletter regarding the importance of recording all the medications prescribed to patients and not to use terms such as 'Polypharmacy' or 'See MARS' when completing the PCR.
Management of Acute Behavioural Disturbance	<ul style="list-style-type: none"> ➤ With the 'ePCR team', review the current ePCR condition codes list and compare with the previous list. ➤ Amend the condition codes as appropriate to avoid similar issues occurring with future audits. ➤ Communicate any condition code changes across the Trust, sharing the cause for this review and any changes. Include clarification of what is and what is not Acute Behavioural Disturbance (ABD) within this communication.
(Review Report)	<ul style="list-style-type: none"> ➤ Compile an article for entry in the bulletin and/or other platforms. ➤ Carry out re-audit 2021/22 once ePCR has been further embedded into the organisation. ➤ Make batch number, expiry date of medicines administered, frequency and duration of treatment mandatory fields on ePCR
PGD Codeine Administration	<ul style="list-style-type: none"> ➤ Consider provision of education on the safety of discharge and the common conditions within this audit where discharge was not 'safe enough'. ➤ Consider a list of 'unequivocal conveyances', (balanced against operational impact) where the patient must be conveyed to hospital. ➤ Redesign the Trust's Ambulance Service Advice Sheet to prompt the provision of better care advice, worsening advice, and safety netting. ➤ Consider the introduction of a bank of advice within ePCR to be emailed to patients upon discharge. ➤ Add examples to the statement from the Scope of Practice and Clinical Standards Policy that refers to 'obviously self-limiting conditions'. ➤ Issue an operational bulletin reminding clinicians of their responsibility in collaborative clinical decisions and safely discharging. Including making the patient aware of the intended plan and risk associated with not following this plan. ➤ Commence frequent audit of Emergency Clinical Advice Line (ECAL) calls.
Referral and Discharge (Safety of Discharge)	<ul style="list-style-type: none"> ➤ Refresher training and simulation work provided through appraisals. ➤ Release the audit to the Medical Directorate, Executive Team and CCPs to improve compliance due to an anticipated Hawthorne effect. ➤ Engage with new monitor supplier (when known) to see if it can be made more difficult to shock at the wrong setting (e.g., 360J). ➤ Discuss with CCP colleagues.
Synchronised Cardioversion	<ul style="list-style-type: none"> ➤ ePCR change request – if impairment of mind is identified, ePCR will prompt Best Interest plan / documentation section. ➤ Consider inclusion with the key skills cycle as part of a larger topic. ➤ Ensure paper MC Assessment forms and paper Best Interest forms are included in the "Paperwork Packs" (on vehicles).

Local Audit	Actions to improve the quality of healthcare provided
	<ul style="list-style-type: none"> ➤ Discussion with the Learning and Organisational Development team regarding e-learning content and the potential for Mental Capacity forms to be included in Statutory and Mandatory training. ➤ ePCR change request – if impairment of mind is identified, ePCR will prompt Mental Capacity Assessment / documentation section. ➤ Written paragraph for bulletin communications (Operations Improvement Hub comms and Weekly Bulletin) detailing audit findings, prompting clinicians to complete Best Interest Plans for patients deemed to not have mental capacity, and details of ePCR change request. ➤ ePCR change request – if impairment of mind is identified, ePCR will prompt Best Interest Plan / documentation section. ➤ Written paragraph for bulletin communications (both Operations Improvement Hub comms and Weekly Bulletin) once ePCR change has been implemented. ➤ Proposal for new audit for 2022-23 Clinical Audit Plan (CAP) (later in the audit plan year after the Safeguarding new guidance is published). ➤ Improvement work focusing on paper PCR compliance, taking a deeper dive to investigate missing Mental Capacity Act (MCA) forms for the three reasons listed in the audit.

Research & Development

3. The number of patients receiving relevant health services provided or subcontracted by South East Coast Ambulance Service NHS Foundation Trust in 2020/21 that were recruited during that period to participate in research approved by a research ethics committee was nil.

Commissioning for Quality & Innovation (CQUIN)

4. South East Coast Ambulance Service Foundation Trust income in 2020/21 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because CQUIN activity for Trusts was suspended for the period from April to July 2020 initially, due to the COVID-19 pandemic on 26th March 2020. NHS E/I advised in further guidance this would be extended until the end of September 2021, therefore providers were not asked to update on CQUIN performance data from the fourth quarter of 2019/20 onwards. All Trusts were moved to a block arrangement which was deemed to include CQUIN and for the Trust this inherent value was £1.3m. The Trust continued to run a successful flu vaccination campaign despite removal of the CQUIN requirement.

Care Quality Commission (CQC)

5. South East Coast Ambulance Service NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is:
 - NHS 111
 - Emergency Operations Centre
 - Urgent and Emergency Care

- Treatment of Disease, Disorder, or Injury

- 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 2020/21.
- 7.1 South East Coast Ambulance Service NHS Foundation Trust has participated in 1 special review or investigation by the Care Quality Commission relating to the following areas during 2020/21. Representatives from the Trust were interviewed as part of the thematic review of “Do Not Attempt Cardiopulmonary Resuscitation decisions during the Covid-19 pandemic”. The interim report was published in November 2020. The Trust is currently considering the findings of this report.

South East Coast Ambulance Service NHS Foundation Trust intends to take the following action to address the conclusions or requirements reported by the CQC.

- The Trust has reviewed the interim report published November 2020 and is awaiting the final report.
- The Trust continues to work with health professionals across the system to promote the appropriate use of DNACPR forms and ReSPECT forms.
- When a DNACPR or a ReSPECT form is completed on a patient, the Trust actively works with professionals to ensure that the form, and therefore the patient’s wishes, are recorded on our Intelligence Based Information System (IBIS) so that if we are called to the patient, we understand the patient’s wishes.

South East Coast Ambulance Service NHS Foundation Trust has made the following progress by 31 March 2021 in taking such action. On reviewing the CQC report we did not need to amend our current process (as above), and this continues.

Information Governance

- 9 South East Coast Ambulance Service Information Governance Assessment Report overall score for 2019/2020 was ‘standards met’. The toolkit was submitted with all 116 assertions completed as ‘satisfactory’.

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 2020/21 by the Audit Commission.

Data Quality

- 11 South East Coast Ambulance NHS Foundation Trust will be taking the following actions to improve data quality:
 - Ensure that staff entering data on trust systems continue to follow the best practice management of data quality socialised through the data quality implementation plan.
 - Continue to undertake data quality audits of AQI and 111 Data.

- Follow the Trust's AQI Measurement, Reporting and Validation Policy and Data Validation Procedure.
- Ensure the Trust's Policy, Procedure and Plan are used appropriately and are reviewed and updated to their specified deadlines.
- Agree and implement Data Quality Improvement Plans (DQIPs) through the NHS Commissioning cycle.

Learning from Deaths

27.1 During 2020/21 7,995 of South East Coast Ambulance Service NHS Foundation Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

1,987 in the first quarter;
1,771 in the second quarter;
2,000 in the third quarter;
2,237 in the fourth quarter.

We have included data for all deaths within the reporting period. As an ambulance service we attend patients who have already died or die as a result of their illness or injury.

27.2 By 25/05/2021, 180 case record reviews and 29 investigations – using defined Root cause analysis within the LFD Framework – have been carried out in relation to 209 of the deaths included in item 27.1.

In 5 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

67 in the first quarter;
64 in the second quarter;
66 in the third quarter.

We are still analysing Q4 data, and it will be published within the 2021/22 annual quality account.

27.3 0 representing 0% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of:

0 representing 0% for the first quarter;
0 representing 0% for the second quarter;
0 representing 0% for the third quarter.

We are still analysing Q4 data, and it will be published within the 2021/22 annual quality account.

These numbers have been estimated using the structured judgement reviews.

27.4 The Trust has learnt the following:

- In the majority of the 180 reviews undertaken, the care of the patient was good or better. In most cases, our policies were correctly followed, thorough history taking was completed, examinations were robustly recorded and the outcomes for the patient were clearly documented.
- In a small number of reviews there was a delay in attending the patient. It has been assessed that there is only a very small chance that this would have changed the outcome for these patients.
- Crew members are making sensible and compassionate judgements when talking to relatives and carers about resuscitation attempts and are clearly documenting these conversations.
- Support from Operational Team Leaders (OTLs) and Critical Care Paramedics (CCPs) in the management of complex arrests is clearly documented and it is evident that everything that could be done to save life is being attempted.
- For those patients where the crew decided not to attempt resuscitation, but there was no advance care plan or DNACPR, there is a need to have clearer guidance on how and when crews can make these decisions. This is not because the crews are currently making the wrong decisions, but more to protect staff, should their decision get challenged at a later time.
- We need a clearer process to identify those patients who have a mental health condition or learning disability. All these patients who have died should be referred to the Learning Disabilities Mortality Review (LeDeR) programme for review or those with mental health conditions we should notify their mental health Trust, but we currently don't have an automatic recognition system in the software to advise us of these deaths.
- Consistent with other ambulance trusts, we do not have a system to identify patients who have died within 24-48 hours of admission to hospital to be able to review their pre-hospital care. NHS Improvement are looking into ways of identifying these patients.
- In most reviews undertaken, the death was categorised as 'unexpected', and the Police were automatically called. This, in some cases, leads to the unnecessary use of Police resources and unnecessary lengthening of on-scene time whilst waiting for the Police to arrive. It is not clear why the term 'unexpected' death has been used in several of the cases reviewed.

27.5 The Trust has taken the following actions as a result of the 209 case reviews above:

- Learning from Deaths Group to oversee a review of procedure and policy to support crews when they make a decision not to start resuscitation.
- Learning from Deaths Group to oversee a review of the definitions and procedures associated with 'unexpected' and 'expected deaths' particularly with reference to Police involvement.
- Learning from Deaths Group to lead a Trust webinar – education and feedback to colleagues about the need to clearly document the resuscitation process and the rationale for ceasing resuscitation.
- Clinical Audit Group are taking forward the action on auditing the non-conveyance decisions of crews and the need to education on Trust policy to seek registered clinician oversight of any decision not to convey by 'non-registered' crews.

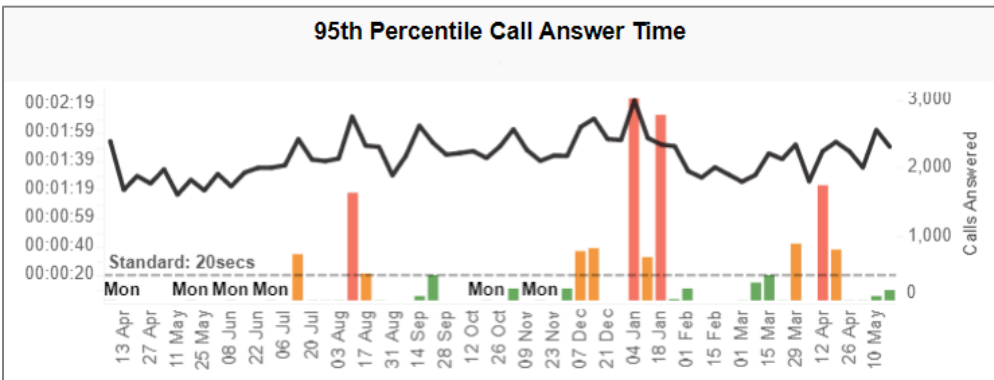
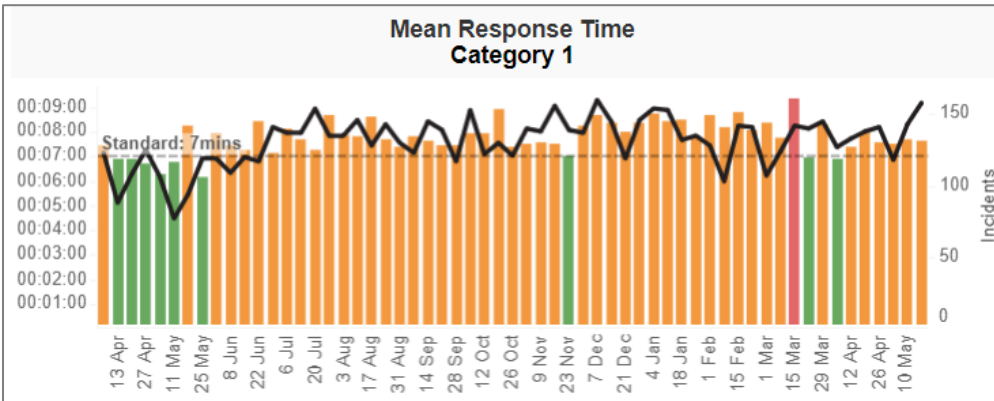
27.6 The next step is to monitor the impact of the actions we have taken.

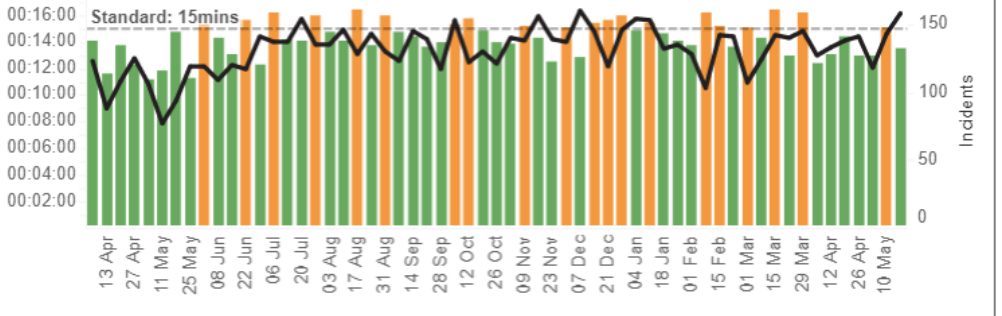
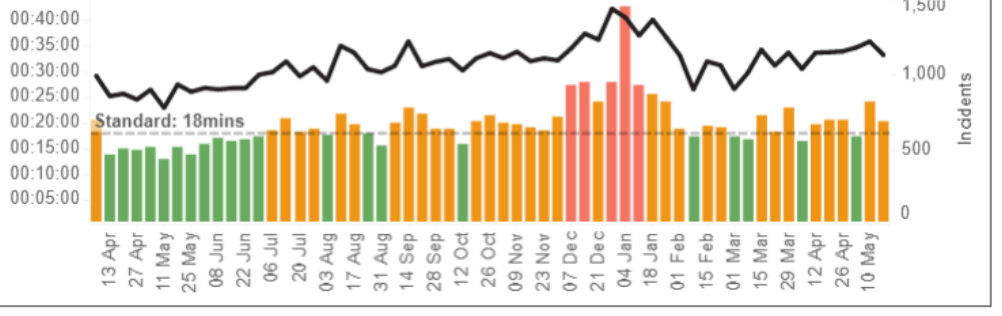
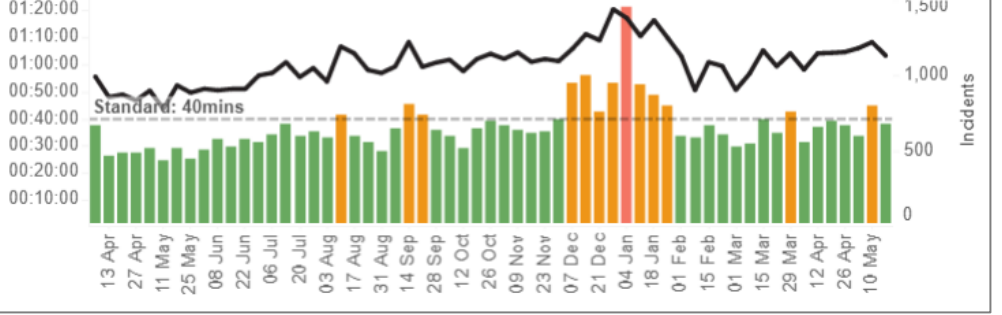
- 27.7** 60 case record reviews and 3 investigations completed after 31/03/2020 which related to deaths which took place before the start of the reporting period. Ambulance Services were not mandated to review deaths until 01/01/2020.
- 27.8** 0 representing 0% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the Structured judgement review.
- 27.9** 0 representing 0% of the patient deaths during 2020/21 are judged to be more likely than not to have been due to problems in the care provided to the patient.

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.

The Ambulance Response Programme (ARP) set a suite of performance targets for call answering and operational response. These metrics are collated from all ambulance services and are proxy measures for patient care where the response times are set against specific presenting medical conditions/injuries/emergencies.

Category	Description, target, and performance across the 2020-21 financial year
Call answering	<ul style="list-style-type: none"> Time taken to answer a 999 call The mean response time should be within 5 seconds with 9 out of 10 calls being answered in 10 seconds  <p>The chart titled '95th Percentile Call Answer Time' displays performance from April 2020 to May 2021. The left y-axis shows time in HH:MM:SS format, ranging from 00:00:20 to 00:02:19. A horizontal dashed line indicates the 'Standard: 20secs'. The right y-axis shows 'Calls Answered' from 0 to 3,000. The x-axis lists dates at two-week intervals. A black line graph represents the 95th percentile response time, which generally stays below the 20-second standard. Orange bars represent the number of calls answered each week, with a peak of nearly 3,000 calls in early January 2021.</p>
C1	<ul style="list-style-type: none"> Calls for life threatening illnesses/injuries that require immediate intervention and/or resuscitation The mean response time should be within 7 minutes with 9 out of 10 calls receiving a response within 15 minutes  <p>The chart titled 'Mean Response Time Category 1' shows performance from April 2020 to May 2021. The left y-axis shows time in HH:MM:SS format, ranging from 00:01:00 to 00:09:00. A horizontal dashed line indicates the 'Standard: 7mins'. The right y-axis shows 'Incidents' from 0 to 150. The x-axis lists dates at two-week intervals. A black line graph represents the mean response time, which fluctuates around the 7-minute standard. Orange bars represent the number of incidents each week, with a peak of approximately 150 incidents in early January 2021.</p>

Category	Description, target, and performance across the 2020-21 financial year
	<p data-bbox="671 271 1026 322">90th Percentile Response Time Category 1</p>  <p>The chart displays the 90th percentile response time for Category 1 incidents from April 13 to May 10, 2021. The left y-axis shows time in HH:MM:SS format from 00:02:00 to 00:16:00. The right y-axis shows the number of incidents from 0 to 150. A standard of 15 minutes is indicated by a horizontal dashed line. The data is represented by green bars for response times and a black line for the number of incidents. Most response times are below the 15-minute standard, and the incident count fluctuates between approximately 50 and 150.</p>
C2	<ul data-bbox="344 757 1380 920" style="list-style-type: none"> • Calls for potentially serious conditions, for example, stroke or chest pain that may require rapid assessment and/or urgent transport • The mean response time should be within 18 minutes with 9 out of 10 calls receiving a response in 40 minutes <p data-bbox="719 943 970 994">Mean Response Time Category 2</p>  <p>The chart displays the mean response time for Category 2 incidents from April 13 to May 10, 2021. The left y-axis shows time in HH:MM:SS format from 00:05:00 to 00:40:00. The right y-axis shows the number of incidents from 0 to 1,500. A standard of 18 minutes is indicated by a horizontal dashed line. The data is represented by orange bars for response times and a black line for the number of incidents. Response times are generally above the 18-minute standard, and the incident count peaks around 1,500 in early January.</p> <p data-bbox="663 1346 1026 1397">90th Percentile Response Time Category 2</p>  <p>The chart displays the 90th percentile response time for Category 2 incidents from April 13 to May 10, 2021. The left y-axis shows time in HH:MM:SS format from 00:10:00 to 01:20:00. The right y-axis shows the number of incidents from 0 to 1,500. A standard of 40 minutes is indicated by a horizontal dashed line. The data is represented by orange bars for response times and a black line for the number of incidents. Response times are consistently above the 40-minute standard, and the incident count peaks around 1,500 in early January.</p>
C3	<ul data-bbox="344 1742 1380 1904" style="list-style-type: none"> • Calls for conditions which are classified as urgent where on scene assessment is required, and which may result in either transport to hospital or treatment at home • The response time should be within 120 minutes for 9 out of 10 calls

Category	Description, target, and performance across the 2020-21 financial year
	<p>90th Percentile Response Time Category 3</p>
C4	<ul style="list-style-type: none"> • Calls for less urgent conditions • The response time should be within 180 minutes for 9 out of 10 call <p>90th Percentile Response Time Category 4</p>

The table below provides the overview of the year between 01 April 2020 and 21 March 2021

	Target		AQI		
Category	Mean	90th Centile	Incidents	Mean	90th Centile
C1	00:07:00	00:15:00	45984	00:07:44	00:14:18
C1T	00:19:00	00:30:00	27393	00:09:18	00:17:18
C2	00:18:00	00:40:00	372221	00:19:20	00:36:28
C3		02:00:00	240962	01:22:24	03:11:44
C4		03:00:00	4524	01:44:15	04:10:41

ST	All Incidents	260957	35.15%
SC	All Incidents	429838	57.89%
HT	All Incidents	51692	6.96%
Count of Incidents		742487	
Count of Incidents with a Response		690795	
999 Mean	Call Answer Target 00:05	751778	00:04
999 90th	Call Answer Target 00:10		00:01
Trust EOC 999 Abandoned Calls		772	0.1%
A0	EOC All Calls	830591	

Review of 2020-21

- This financial year has been like no other with the COVID-19 pandemic having a very significant impact across all parts of the Trust and impacting on the service delivered.
- Staffing provision has fluctuated widely with a peak in early 2021 of more than 500 staff unavailable due to either shielding, being symptomatic or in self-isolation because of COVID.
- The winter of 2020/21 was also extremely challenging with significant increases in activity across the wider system also resulting in delayed flows of patients into and out of hospitals. This resulted in significantly increased handover times, often causing patients to wait for a prolonged period in the back of an ambulance before being admitted into the Emergency Department.

Data Quality

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

Actions being taken

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 2020-21 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.
- In line with all UK ambulance services, SECAmb operates according to an escalation framework with levels 1 to 4 (1 being the lowest and 4 the highest). The framework is called the Resource Escalation Action Plan (REAP) and has identified actions for consideration at each level. Whilst the expectation is that the default position for a sustainably well performing Trust is REAP 1, due to challenges across the 2020-21 year, SECAmb remained at level 2 or 3 for most of it, however escalated to REAP 4 over Christmas and into the new year.

1) Emergency Operations Centre (EOC)

- Throughout the year, surges in demand were managed according to the Surge Management Plan (SMP) which provides a governance framework for decision making at times of increased pressure.
- To assist in managing the fluctuating demand, a significant programme of recruitment was undertaken for new Emergency Medical Advisors (EMAs) – this included a significant number of staff furloughed from other local companies.
- Additional capacity in key roles within EOC was implemented to support the service at key times to support patient call-backs and welfare support for those waiting a call-back, particularly when at elevated SMP level(s)
- Reinforcement of key policies and procedures, including rest-breaks, end-of-shift agreements, and monitoring of 111 to 999 referral rates.

2) Field Operations

- Strategies to maximise the hours produced were implemented including targeted and incentivised overtime shifts, and the use of a 'virtual' operating unit which provided a cohort of dedicated resources that could be used flexibly across the different areas of the Trust as demand required.
- There was also a greater focus on the management of abstractions. Throughout the year, there was a lower level of annual leave taken, primarily due to the inability of everyone to travel abroad. Abstractions for training such as key skills training was initially postponed and then ceased in late September – the result of this was that whilst over 85% of staff completed statutory and mandatory training, only approximately 50% of staff completed both key skills days.
- Specialist training such as that required for the Hazardous Area Response Team (HART) and to a lesser extent, for the Critical Care Paramedics (CCPs) continued across the year, however, was planned more dynamically and where possible due to surges in demand, was postponed to more suitable times.
- The provision of capacity from Private Ambulance Providers (PAPs) that had been contracted at the start of the year was reconsidered as the pandemic evolved, this

was then extended to incorporate additional shifts/hours and reorganised across the operating units and the 24hr period to maximise effectiveness.

- Paramedic Practitioner hubs, located in multiple operating units also provided additional support where staff were waiting for a call back from a General Practitioner (GP), or if shared decision making was required to assist in on-scene management of patients.

3) System working with health partners

- Ongoing engagement across all areas with all acute hospitals and the Integrated Care Systems (ICSs) through formal and informal routes. Regular system calls with health and care partners were scheduled, with Trust representatives participating. In addition, as challenges ebbed and flowed within and across local areas, supplementary calls/meetings were scheduled to address specific issues as they arose – this was particularly relevant as particular hospitals struggled to maintain good flow at the ‘front door’.

4) Other

- All education programmes both through universities and those delivered by SECamb were transitioned to be delivered through a virtual route. This included the Clinical Conversion Courses and Transition to Practice courses for new employees and Newly Qualified Paramedics.
- Logistics played a key part in the delivery of the 999 service, particularly relating to the provision of Personal Protective Equipment (PPE). Throughout the year, additional, dedicated support was implemented to address this enhanced need – some of this assistance was provided via the Kent Fire and Rescue Service.
- Early in the pandemic, the Covid Management Group was instigated, later evolving into the Organisational Response Management Group and through this forum, all operational and Trust decisions were made.

Stroke

This table demonstrates the percentage of patients with suspected stroke, assessed face to face, who have received an appropriate diagnosis bundle.

Month	SECamb Stroke Diagnostic Bundle Compliance	SECamb Mean	National Average	Highest National	Lowest National
Apr-20	98%	97%			
May-20	97%	97%	98%	100%	95%
Jun-20	97%	97%			
Jul-20	97%	97%			
Aug-20	98%	97%	98%	100%	94%
Sep-20	97%	97%			
Oct-20	98%	97%			
Nov-20	97%	97%	98%	100%	92%
Dec-20	97%	97%			
Jan-21	97%	97%			
Feb-21	96%	97%	*	*	*
Mar-21					

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

Data Quality

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

- Improvement with the recording of blood pressure.
- There is still room for improvement with the recording of blood glucose (for both ePCRs (electronic Patient Clinical Records) and paper PCRs).

Actions being taken

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:

- Completing a detailed audit to identify OU level performance and data. This will then signpost further quality improvement initiatives.

ST elevation myocardial infarction (STEMI)

A STEMI occurs when a coronary artery becomes blocked by a blood clot, causing the heart muscle supplied by the artery to die. It belongs to a group of heart conditions known as acute coronary syndromes.

The table below demonstrates the percentage of patients with a pre-existing diagnosis of ST elevation myocardial infarction who received an appropriate care bundle from the Trust during the reporting period. This data is published quarterly by NHS England.

Month	SECamb STEMI Care Bundle Compliance	SECamb Mean	National Average	Highest National	Lowest National
Apr-20	71%	66%	77%	96%	42%
May-20	73%	66%			
Jun-20	63%	66%			
Jul-20	64%	66%	77%	98%	52%
Aug-20	67%	66%			
Sep-20	67%	66%			
Oct-20	64%	66%	77%	96%	52%
Nov-20	62%	66%			
Dec-20	66%	66%			
Jan-21	64%	66%	*	*	*
Feb-21	64%	66%			
Mar-21					

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

Data Quality

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

- Performance has improved since ePCR (electronic Patient Clinical Records) was introduced.
- The current bundle of care is underperforming, mainly with regards to the administration of paracetamol analgesia. A recent audit of care bundle compliance identified:
 - Aspirin: 99%
 - GTN: 97%
 - 2 pain scores: 84%
 - Appropriate analgesia: (3 parts: any analgesia: 74%; Morphine sulphate: 66%; non-administration of paracetamol unless Morphine or Entonox contraindicated or refused: 0%).
- The combined complexities of the analgesia component bring the overall STEMI COI (Clinical Outcome Indicator) compliance down.
- Due to inconsistencies between datasets, there have been changes in the auditing process for the STEMI Care Bundle. November 2020's data was initially audited exclusively using data from Docworks. However, some data integrity issues were identified which negatively impacted on performance, therefore auditing is now undertaken exclusively from the Cleric data whilst this is rectified.
- Changes were made to the STEMI data inclusion criteria, which the team were unaware of until they saw the results of the November data – any incidents that went to a pPCI centre had been included for November's data, resulting in non-STEMI incidents in the data sample. The inclusion criteria have now been corrected.

Actions being taken

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:

- The complexities of the STEMI analgesia component will be discussed at Quality and Patient Safety (QPS) committee to agree the Trust position on messaging to staff on analgesia (i.e., should the Trust be asking crew to document clinical reasoning for using paracetamol and encouraging morphine instead, even though there is no evidence of harm from the administration of morphine, and some evidence of effectiveness). Once there is clarity on this, a quality improvement package will be put into place which may include the following:
 - OU level audit data to introduce positive competition between OUs.
 - Consistent messaging about analgesia.
 - All Trust guidance to be brought into consistency and refreshed for all staff via CPD and publicity, posters etc.
 - A STEMI workbook for all staff to access for CPD, and for competency issues as they arise.

Patient Safety Incidents

The number of patient safety incidents reported within the trust during 2020/21 was 5548, and the number of such patient safety incidents that resulted in severe harm or death was 37 (0.63%).

Data Quality

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

- Monitoring of data reported on Datix
- Information from Integrated Performance Report (IPR)
- Data reporting on the National Reporting and Learning System (NRLS)

Actions being taken

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:

- Establishing and progressing with the Patient Safety Strategy
- Building of the Datix cloud

Part 3: Other Information

3.1

The quality accounts regulations specify that Part 3 of the quality account should be used to present other information relevant to the quality of relevant health services provided or subcontracted by the provider during the reporting period.

The information provided in Part 3 is a depiction of the information that has been reported and monitored by a number of forums throughout 2020/21 such as the Trust Board, Quality Patient Safety Committee, the Quality and Compliance Group and Highlight reports shared with the Council of Governors.

Throughout the reporting period of 2020/21 SECamb has been faced with several challenges associated with the COVID-19 pandemic. The Trust was required to respond at pace to emerging risks and the need to work differently.

A Trust wide Covid Management Group was formed during the initial stages of the pandemic. The membership comprised key senior decision makers from all departments so that informed decisions could be taken quickly and safely. This supported the Trust to review all emerging evidence and national guidance / statute changes quickly and translate this into practice. The regular meeting (daily initially) also supported senior oversight of all risks associated with the pandemic in order that mitigation could be quickly agreed and implemented.

An early risk was the shortage of personal and protective equipment nationally. A 'push pallet system' was introduced nationally which alleviated some of the challenges but created others. A key risk to the Trust was the need to 'Fit Test' all masks to protect our staff. This remained a challenge for some time into the pandemic as the types of masks changed due to availability which meant that crews had to be constantly retested. In addition, the Trust learnt that the previous system for fit testing was not satisfactory. Considerable experience has been gained by the Trust in terms of developing robust systems for 'Fit testing', stock control and oversight of these systems. The Trust has now moved away from disposable masks to powered hoods to ensure a more sustainable response.

It became evident very early on the pandemic that communication throughout the Trust would need to be in real time and daily 4pm conference calls were introduced, followed by weekly live interactive webinars to answer staff queries, alleviate anxieties and increase understanding of current processes which are constantly developing.

The Trust also identified a need to support our staff in the Emergency Operations Centre, NHS 111, and our ambulance crews. A senior medical advisor on call rota was introduced which enabled clinical decision making to be discussed with senior clinicians.

Early in the pandemic the Trust supported local Clinical Commissioning Groups to set up mobile units to facilitate community swabbing for COVID-19.

As the possibility of a viable vaccination became evident the Trust put measures in place to ensure that our staff had access to covid vaccinations to protect both themselves and our patients. This was achieved both by system collaboration, working in partnership with Acute Trusts within the region, and internally. Between 8th December 2020 – 31st March 2021

the Trust was reported to be the leading ambulance service nationally for vaccination, according to data submitted by NHS Trusts and published by Public Health England (PHE). When the internal vaccination campaign closed in June 2021 the final figures for the first dose were 86% and the second dose was at 98%. Of the 2% outstanding, only 10 staff have been directed to their own GPs, the remaining 80 have either declined or are now not eligible i.e., medical reasons, pregnancy, post COVID-19, personal choice etc.

In addition to our own staff, we also vaccinated almost 1,700 additional people. This group comprised of Clinically Extremely Vulnerable (CEV), bank staff, student paramedics and other Health Care Professionals from neighbouring NHS Acute and Ambulance Trusts.

It was essential that harm to our staff and our patients was monitored throughout the key phases of the pandemic. The Covid Management Group received regular harm reports throughout this time which considered incident trends, key learning and levels of harm. Generally, most incidents reported were no or low harm. Although, as system pressures increased, additional work was required with our system partners to monitor and manage risks to patients as the overall system became more pressured. This was notably prominent during the pandemic peak late 2020.

Alongside COVID-19 we also had potential disruption due to EU Exit to contend with, which required a lot of planning and resourcing in case of worst-case scenarios around border congestion and therefore traffic issues in Kent, most of which thankfully did not emerge.

We had worked extremely hard during recent years to prepare for the potential impacts of the UK's exit from the EU, including planning for a 'no deal' scenario and the significant impacts that this would have had for us in parts of our region.

Following the close of the transition period at the end of December 2020, no major problems arose, although we did need to enact some of our plans for short periods of time. The preparation we had done for a potential 'no deal' has been invaluable and has left us better prepared to respond to similar, smaller scale issues which we do experience from time to time, especially around key transport points in Kent.

This planning also impacted on the ability to progress some improvement work and some impact on the speed at which operational managers could action quality related issues such as incidents.

Freedom to Speak Up (FTSU)

SECamb's Executive Director of Nursing & Quality is the Trust's Executive lead for Freedom to Speak Up; the function is further supported by a Non-Executive Director for Freedom to Speak Up. South East Coast Ambulance Service NHS Foundation Trust employed a full time Freedom to Speak up Guardian (FTSUG) since August 2018. During this time, the FTSUG works closely with key partners at the National Guardian's Office and FTSU Leads at NHSEI to ensure that trust employees are supported to raise and escalate concerns that have a potential detrimental impact on patient safety.

There are several ways in which staff can raise concerns including:

- Individual line managers;
- Senior team manager;
- Human Resources;

- Freedom to Speak up Guardian;
- Director of Nursing & Quality;
- FTSU Lead Non-Executive Director;
- The Trust's Whistleblowing hotline or through our incident reporting system (Datix).
- Care Quality Commission

The 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.

Due to the pressures that the Coronavirus pandemic has placed upon SECamb, the FTSU Guardian has not had the opportunity to report to the Trust Board during 2020/21. However, throughout this time the FTSU Guardian has continued to report regularly to members of the Executive team and the Non-Executive Director through monthly meetings and updates, ensuring any themes and barriers are escalated.

Despite the challenges of the global pandemic FTSU has adapted ways of working throughout the pandemic, face to face meetings and visits to OU's and A&E's has not been possible. The role has become permanently remotely based and the increase of contact in during 2020/21 has shown that this has not had an adverse effect on the route to the FTSU Guardian to raise concerns.

Some of the themes raised by staff to the FTSU Guardian during 2020/21 include:

- Recruitment procedures not being followed,
- Allegations that investigations aren't being completed within reasonable timescales
- Unsatisfactory investigations, little or no training for managers to investigate formal processes

The guardian meets regularly with the Chief Executive Officer, Executive Director of Nursing & Quality, and the Human Resources Director as part of monthly executive meetings and monthly meetings with the Non-Executive Director lead for FTSU. In response the FTSU Guardian is in regular discussions with the new senior Human Resources (HR) leadership and wider leadership to discuss any outstanding concerns raised through the FTSU process. Several improvements have been recognised, including an overhaul of the HR policy framework and quarterly case reviews where through appreciative and reflective practice, the Trust learns where it can improve and deliver a more just and restorative outcome. The Trust HR team are working towards a Restorative Just Culture and a task and finish group has been set up to focus on leading the Trust to a culture where learning outcomes are promoted to increase the safety of both staff and patients and encourage colleagues to raise concerns.

Staff who choose to raise concerns via the Freedom to Speak Up process continued to 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 monthly. The Freedom to Speak Up Guardian reports into the Board on a quarterly basis and reflects the key themes of the concerns and learning. The FTSUG works closely alongside the Board and will provide examples of improvement but will also provide areas of challenge where the Board needs to be held to account. It is also important to note that the role of the Guardian is not to investigate the concerns escalated by staff; the role of the Guardian is to signpost the member of staff and gain assurance that the appropriate individual has adequately investigated the concern.

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 teams and Directorates across the organisation during 2020/21. Objectives for the coming year aim to ensure that despite the unique difficulties of a pandemic, all members of Trust staff and volunteers continue to feel empowered to raise concerns.

Key Indicators 2020/21: Patient Safety

Indicator 1: Infection Prevention Control

The aim for 2020/21 was 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 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.

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 the last three quarters 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. It also benefits in reducing the loss in hours due to IPC related sickness which again impacts on patient safety due to the number of resources being available to take and attend calls.

The final figure for level 2 IPC training completion was at 91.22%. This is an improvement of 3% on the previous year. Considering the pandemic, regular key messages on IPC pertaining to the pandemic, including hand hygiene and correct use of personal protective equipment, were reinforced continually throughout the year using a variety of communication methods including pictorial and regular webinars.

Throughout the year the Trust's main focus has been controlling the COVID-19 pandemic and ensuring that both patients and staff are safe, and that guidance is up to date with all the latest evidence-based practice.

The formation of a Covid Management Group (CMG) (which later developed into the Organisational Response Management Group (ORMG) to factor in other external risks) along with a dedicated COVID Management Team has enabled the IPC Team to focus on providing the Trust with all the specialised advice and guidance required during the pandemic: partnership working with all departments has never been better throughout the whole Trust.

Some of the key areas of focus during the year were:

- Track and Trace Team for staff related COVID-19 incidents
- Outbreak Management Framework developed and implemented to trace contacts prevent spread of outbreaks
- Working groups to address emerging issues associated with PPE issues, especially Filtering Face Piece (FFP) 3 mask compliance and fit testing
- The Trust pro-actively collaborated with all ambulance trusts nationally to agree robust processes related to the pandemic. This included the publication of Working Safely in the Ambulance Setting Guidance and associated Risk Assessment
- IPC trained support available on call 24/7 to all managers and our crews.
- Planning and delivery of the COVID-19 vaccination programme

In addition to all the above the Trust continued to support meet other statutory responsibilities relating to IPC including auditing, training.

The Trust now have a 24/7 IPC team member on call which has supported staff with any out of hours concerns, outbreak management, local healthcare issues affecting the Trust and general advice, provided both internally and externally.

This year the requirement to vaccinate staff for flu was even more important, despite the removal of a CQUIN requirement, and the results are shown below. As evidenced below the Trust has demonstrated a year-on-year improvement in uptake of flu vaccination.

	2020 - 2021	2019 - 2020	2018 - 2019
Frontline Direct Patient Contact Staff	82.3%	76.2%	78.7%
All Trust Staff	74.5%	71.9%	76.3%

Board Sponsor

Executive Director of Nursing & Quality

Indicator 2: Safeguarding

Safeguarding featured as a key priority in the 2018/19 quality account. We have continued to report on this in subsequent quality accounts. The initial priority was to ensure patient facing staff were adequately trained to manage safeguarding concerns and to report them appropriately. A key measure of success is the rate of safeguarding referrals. Effective training is evidenced by the number of safeguarding referrals and this in turn demonstrates a workforce that can recognise and escalate concerns when an adult or child might be at risk.

With the continued investment in safeguarding training, feedback given to referrers and Safeguarding involvement in the Serious Incident process, it was expected that we would see a continued increase in safeguarding activity across the Trust. This can be measured through the number of safeguarding referrals submitted through the Safeguarding Team. In 2019/20, a total of 16,353 referrals were received: 13,573 for adults and 2780 for children. In 2018/19, a total of 13,564 referrals were received, 11,162 for adults and 2402 for children. This demonstrates a 21% 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 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 continue to recognise and act on concerns.

A 21% increase in safeguarding referrals demonstrates an increased awareness amongst all staff of Harm, Abuse and Neglect and shows that they can respond by escalating through appropriate channels. It also demonstrates increasing concerns generally during the pandemic. At one point during the pandemic, ambulance professionals were among a small group of professionals who had physical contact with many vulnerable adults and children.

The priority areas for 2020/21 are highlighted as below and were included within this year's workplan. The workplan is scrutinised at the Trust's monthly Safeguarding Sub-Group meeting

- Reconfigure the Trust's publicly facing Safeguarding webpages
- Embed a safeguarding audit programme – including focus on the Trust's compliance of the Mental Capacity Act (2005)
- Promote the principle of establishing that the 'voice of the child' is reflected in escalating safeguarding concerns
- Streamline the existing referral process to allow greater focus of wider national safeguarding priority areas
- Develop a ratified Workforce Domestic Abuse Policy
- Embedding the implementation of the updated Managing Safeguarding Allegations Policy across the organisation

Due to the increased workload on the Safeguarding Team, there has been no review during 2020/21 of the safeguarding intranet pages.

The Safeguarding Team has worked in partnership with the Clinical Audit Team to develop a follow-up audit on compliance against the expectations of the Mental Capacity Act. Results of the audit demonstrate improvement on practice audited during 2018/19.

The principle of the 'Voice of the Child' has been incorporated into the Trust's Level 3 Safeguarding Training. Further learning which has been identified has been work in 2020/21 to improve compliance with multi-agency procedures relating to child death. A flowchart has been developed to provide easy to access information to our staff which can be followed quickly in the event of a child death. This will be approved early 2021/22.

The Safeguarding Referral Form hosted on Datix has been adapted to capture information regarding homelessness, care homes and young carers.

The Workforce Domestic Abuse Policy was ratified in August 2020. There has been close oversight from the Safeguarding Lead of all allegations made against SECAMB staff and volunteers that meet the threshold of the policy. The Quality & Patient Safety Committee have provided additional scrutiny of this area of work.

We achieved all our priorities, other than updating the Safeguarding intranet pages.

Actions to be carried forward to 2021/22

- Reconfigure the Trust's publicly facing Safeguarding webpages
- Consideration to implement Safeguarding Module on Cleric
- Consideration to include Safeguarding within the Induction Tool Kit page for new starters on the Zone
- Consideration to increase oversight in 999 and 111 of frequent calls for 0-18yr olds hear & treat patients
- Recommencing Level 3 face to face/virtual safeguarding training

Covid Impact

The Safeguarding department has continued to see increases in referral activity. During the 2020/21 a total of almost 21,000 safeguarding referrals were made to local authorities across Kent, Surrey, Sussex, and Hampshire. This equates to an increase of 28 per cent compared to the previous year. All referrals continue to be reviewed by members of the Safeguarding team before forwarding to the relevant local authority.

2020/21 has seen a significant 68 per cent rise in concerns for patients' mental health including a 25 per cent rise in parental substance misuse. The Safeguarding team also recorded a 40 percent increase in increasing care needs for patients and carers. Additionally, there was a 25 per cent rise in referrals for individuals at risk of or have suffered domestic abuse (DA) compared to the same reporting period for the previous year.

As a consequence of continued increased activity, especially during the pandemic a proposal was made recommending the introduction of a Safeguarding On-Call service from September 2020. Approximately 1.9% of all calls to the 999 side of the Trust result in some safeguarding intervention. This is usually realised through a referral made to the safeguarding team, however on some occasions may need a more urgent response, such as an immediate referral to an Emergency Duty Team at Social Care. The on-call rota runs 24/7 and is accessed via a freephone 'Single Point of Contact' (SPOC) number. This is beneficial as it allows for ad-hoc rota changes between the three post holders who rotate on-call and means operational managers only need retain one number to contact Safeguarding On-Call. Each team member covers the rota for one week.

A review of the On-Call function clearly demonstrated that the majority (86%) of calls were received at a time or day where support from the safeguarding team would not ordinarily be

available. This supports the notion that outside of working hours staff still require specialist advice and guidance that evidences continuing benefit to patient safety and quality of care.

Board Sponsor

Executive Director of Nursing & Quality

Indicator 3: Patient Safety

Patient safety has featured as a key priority for 2018/19. The aim was to develop systems where staff were able to access information about errors or omissions, could demonstrate understanding and where appropriate improve their professional practice as a result. To achieve this considerable work has been undertaken to improve incident reporting, raise the quality of investigations and disseminate learning. Progress has been reported in subsequent quality accounts. The Trust continues to promote a no blame culture and learn from events and this year's progress is set out in this report. As systems in the Trust have become more refined the Trust reviews learning in a more triangulated way i.e., trends from complaints, incidents and serious incidents alongside safeguarding themes are all considered jointly. Therefore, whilst safeguarding and complaints and associated learning are reported separately within this report, in practice thematic reviews consider them as whole.

The pandemic raised many challenges in terms of oversight of and learning relating to patient safety. These included the need to identify learning arising specifically due to the COVID-19 pandemic and also, due to expected increasing operational pressures during waves of the pandemic, the need to monitor levels of harm that patients experienced resulting from our care or pressures across the NHS system and identify themes quickly so they we could put in measures to reduce risks.

The Trust had already started to review the NHS Patient Safety Strategy and a plan was being developed to implement this. Some of the plans to continue at pace with implementation were significantly curtailed by the pandemic, in line with other NHS Trusts, however internal focus concentrated on the philosophy within the strategy of considering how to learn quickly and implement changes, and to consider the use of alternative methodology to investigate incidents, as appropriate, to facilitate quicker and more focused in-depth learning.

To learn quickly from the pandemic, several internal changes were made. This included changes to methodology used in the serious incident process and other investigations (covered later in this section). In addition, weekly harm reviews were quickly established which reported into the COVID Management Group (later became the Organisational Response Management Group focussing on a wider remit). Whilst most harms identified during the latter were predominantly no or low harms arising from our care, the process enabled senior oversight of issues and risks as they emerged. In addition, when trends emerged in terms of delayed attendance or in handover at Accident and Emergency departments due to system wide pressures during the second wave, the Trust undertook patient harm reviews and invited Acute Trust partners to contribute to the overall learning process. The Trust also contributed to similar work with ambulance services nationally.

In anticipation of the introduction of the new Patient Safety Incident Response Framework being introduced in 2021-22 to replace the Serious Incident Framework, we introduced alternative investigation methodologies which enabled us to learn more quickly than traditional root cause analysis investigations during this period when it was appropriate to do so. These included End to End Reviews; After Action Reviews; themed (or cluster) investigations where a trend in similar incidents is noticed; and a tabletop exercise led by our Emergency Preparedness Resilience and Response Team (EPRR) following a series of declared business continuity incidents relating to operational pressures. Root cause analysis methodology continues to be used when appropriate. We also amended templates

for reports to more simpler formats whenever possible, again with a view to production of a report more quickly.

Incidents

Incident reporting is central to improving patient safety within an NHS Trust. As the first wave emerged, a reduction in the overall number of incidents being reported was identified by our incident monitoring systems, as crews and managers focussed on the pandemic. Swift communications across the Trust resulted in reporting levels returning to expected levels. The Trust has set a target of year-on-year improvement in incident reporting over the past few years. Higher rates of low or no harm reporting reflect a stronger safety culture of an organisation. Over the past three years the Trust can demonstrate a higher level of reporting as a percentage of all patient incidents (contacts with our service). In 2020-21 the Trust had a 25% increase in reporting compared to 2019-20 rates and an increase of episodes of care of 1.8% for the 2020-21 period.

Total incidents reported

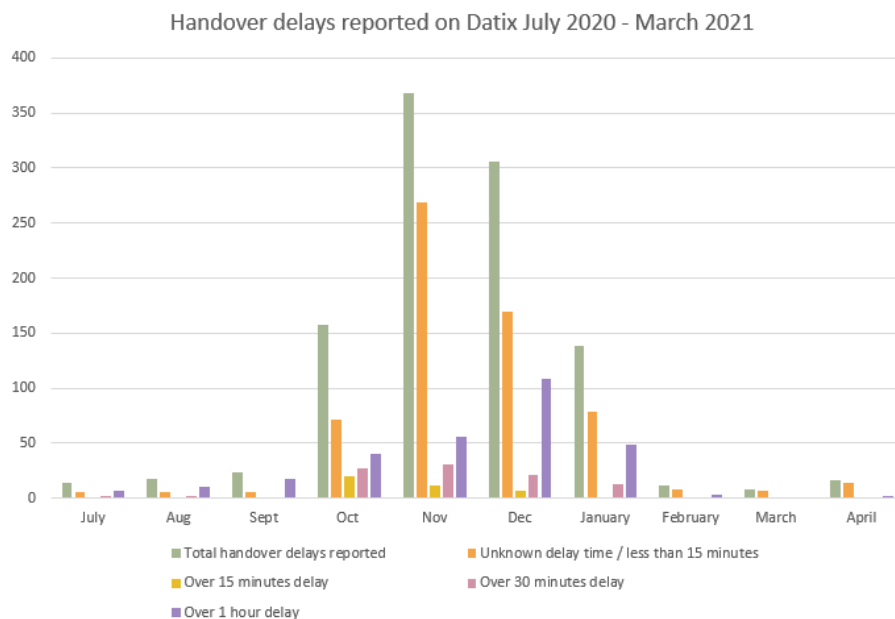
Fiscal Year	Number of Incidents Reported	% Increase on Previous Year	Number of 'Jobs' into the Trust	% of resulting Accident in
2018/2019	9,216	23%	717,665	1.3%
2019/2020	11,503	25%	760,565	1.5%
2020/2021	13,983	25%	741,767	1.8%

Over the past 12 months the Trust has focussed significantly on ensuring that we avoid individual blame when things do not work out as we would have liked and focus on system learning. Serious incident reports are reviewed by internal groups to ensure a consistent approach to learning and reflect a no blame culture. This work will continue.

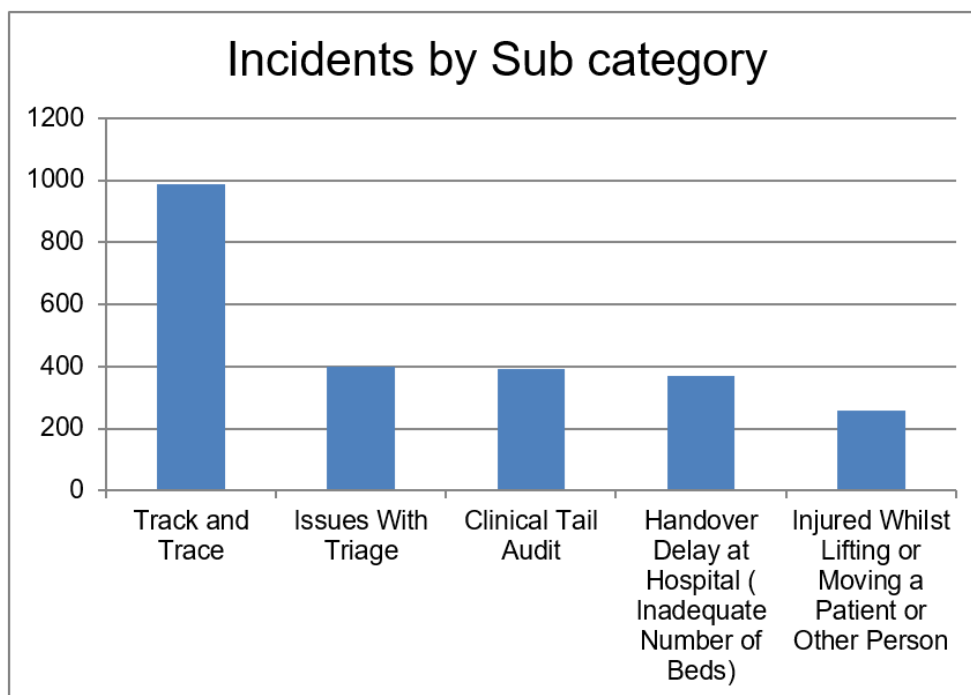
The below demonstrates an increase year-on-year in relation to specific types of incidents reported in the Trust (discrepancies with data above attributable to incidents awaiting investigation and validation of categorisation).

	Financial Year 2019/2020	Financial Year 2020/2021	Increase Year on Year
Patient/Service User	5,299	5,548	2.5%
Affecting Staff	3,180	4,999	18%
Incident Affecting the trust	2,884	3,186	1%
Incident Affecting Visitors	140	179	1%

One of the contributors to the increase in the figures is a result of 'hospital handover delays', this term is used to explain cases where SECamb have transported a patient to hospital and been unable to offload patients at the relevant place of safety due to capacity issues within the hospital. These incidents are collated monthly and fed into quality and governance forums to review the risks and pass on details of the relevant cases to the hospitals involved so that they are able to review these patient safety events using their internal methodologies. The graph below shows the decline in the number of these incidents being reported throughout the reporting period. It should be noted the graph below is only to be used as an approximate guideline as there were inconsistencies in reporting. However, as the peak emerged, considerable work was undertaken system wide to reduce the delays and focus on patient safety.



It is important to state that, although it is not always the case, most of the incidents were investigated and resulted in no known harm incurred.



The top five categories of incidents reported during 2020/21 build an image of additional pressures resulting from the pandemic. Those detailed as 'Track and Trace' generally relate to staff forgetting to turn off the track and trace app whilst on shift as per national guidelines communicated regularly in several forums.

Serious Incidents

Whilst nationally the NHS is progressing in line with the NHS Patient Safety Strategy, the Trust still reported serious incidents (SIs) in line with the national framework (NHSE, 2015). During 2020-21 the Trust reported 75 serious incidents and no 'never events'. Once investigated, it was agreed with the Lead Commissioners that 9 of the declared SIs did not meet the national serious incident criteria and they were de-escalated from SI status, resulting in the net figure of 66 SIs. This is a reduction from last year's figure of 101, and we can report three years of sustained improvement. The Trust has historically been a very high reporter of serious incidents and some focus has been given this year to ensuring that decisions in serious incident declaration are correct. This decrease is also attributed to work undertaken by the Trust learning from previous serious incidents. An example of this is the considerable work undertaken on how we care for people who have fallen who are waiting for an ambulance.

There was a noticeable change in the historic prevalent rationale for declared SIs, away from delayed attendance, as performance improvements were noted particularly in the period of the first national lockdown, but this has continued throughout the year. This is also likely to be in part due to the extensive work in our Emergency Operations Centres in the previous year to recruit more clinicians to monitor patients who are waiting for an ambulance and embed systems which identify patients who are at higher risk of deterioration. Delayed attendance still features within our top three categories for serious incidents but is now third. The other two categories are care or treatment concerns: and triage or call management issues.

The Trust's Serious Incident Group (SIG) meets weekly to review all potential SIs identified through our Incident Reporting Software, complaints received and from external concerns raised. This group continued to meet weekly throughout the pandemic including when the Trust was placed in REAP 4 (the highest level of escalation due to the number of patients we needed to treat) at the peak of the 2nd wave of the pandemic and a lot of clinical skill was directed towards frontline care. Key skills within the group in harm analysis and differing methodologies were utilised to put in place the changes described earlier in this report and support a robust approach to learning.

Although nationally NHS Trusts were advised by NHS England that the deadlines within the national Framework for serious incidents did not apply, the Trust endeavoured to meet these timescales to learn quickly. Unfortunately, when the Trust needed to divert all clinical expertise directly to patient care during the second wave in late 2020, early 2021, some investigations took longer. The Trust has a small backlog of SIs which have exceeded the timescale at the time of writing this report. The Trust continues to progress these investigations and to learn from them.

Throughout the year, the Trust has continued to seek assurance on completion of the action plans for closed incidents. Action plans are created following an incident to ensure we learn from incidents and change things as a result. The Trust has historically struggled to evidence completion of SI actions in a timely way. To address this, targeted work has been underway over the past two years to not only review and close overdue actions but to ensure future actions are more appropriate, meaningful, and able to be implemented. Internal Trust groups with overarching responsibility for serious incident action implementation have been encouraged to review their actions in meetings with the aim to hold owners to account and monitor progress. The 999/111 and Field Operations Quality and Patient Safety Groups and the Clinical Governance Group are examples of where this approach is making a big

difference, and they reflect the areas with the most progress shown. We are now working much more closely with these operational groups to ensure that new actions are relevant and achievable (**S**mart, **M**easurable, **A**chievable, **R**ealistic, **T**imebound). The groups also provide an opportunity for discussion with senior operational managers so that they can understand where the risks are and address them.

Board Sponsor

Executive Director of Nursing & Quality

Indicator 4: Critical Care Transfer Service

In the summer of 2020 NHS England proposed the development of dedicated Adult Critical Care (ACC) Transfer Services. There was been acknowledgement of the provision already made in England for neonatal and paediatric patients and that the devolved nations have established adult transfer services. NHSE issued a National Transfer Model toolkit and set out how regional services will deliver high quality care throughout the patient pathway. Each region was been tasked with developing a proposed delivery model against this specification, with initial focus on delivering an interim model for the next 12 months in time for winter. SECamb were approached by NHSE and Specialist Commissioners to support the development of this interim service.

The service was developed at pace with growing winter pressures and concern regarding a peak in COVID cases in late 2020 and went operational on 30th November 2020. The service was developed in partnership with Air Ambulance Kent, Surrey, Sussex (AAKSS). The service consists of six core elements:

- Single point of contact for all ACC transfer through an online booking process.
- Coordination: Transfers are planned and coordinated by a Duty Transfer Coordinator. The Coordinator operates 10 hours per day, 7 days per week (09:00-19:00).
- Dispatch: Dispatch is undertaken by the Duty Coordinator, supported by the Critical Care and Helicopter Emergency Medical Service (HEMS) Desks. After 19:00 ongoing transfer resources are managed by Critical Care Desk (CCD).
- Dedicated vehicles: The provision of two Emergency Care Support Worker (ECSW) crewed Double-Crewed Ambulance (DCAs) operating 10:00 – 20:00, 7 days per week, due to be equipped with a bespoke load list including specialist transfer equipment. In addition, the HART COVID DCAs were utilised during the winter peak.
- Transfer 'Consultant'/Senior Lead: During the winter peak ACC Transfers were managed by NHSE at a Regional and National level, liaising at a Strategic and Tactical level with SECamb and AAKSS senior clinicians. Following the peak this reverted to SECamb and AAKSS.
- Dedicated clinical transfer team operated by AAKSS available 10:00-22:00, 7 days a week.

The service was modelled on 'normal' activity for both daily numbers and job cycle time. From Christmas 2020 through to mid-February 2021 the NHS saw a significant surge in COVID patients requiring critical care, the South East region seeing the majority outside of London. This resulted in major capacity issues and a surge situation which resulted in both daily numbers and job cycle time doubling to that modelled. This placed a significant strain on services, however SECamb rapidly evolved their service provision in response and at the peak were coordinating and transferring up to 10 patients per day across the region and beyond.

During the period from 30th November 2020 to 31st March 2021 the service undertook the following activity:

- 315 Adult Critical Care Transfers.
- Almost 80% were due to capacity issues, 15% for clinical reasons and the remaining for repatriation. Outside of surge capacity transfers are rare and patients are only moved for clinical need.

- 70% of the patients transferred were Covid positive.
- Most transfers were within region, however during surge a significant proportion were moved out of region, some as far as the South West and North East of England.

Board Sponsor

Executive Director of Operations

Indicator 1: SECamb Integrated Urgent Care 111 Service (SEC IUC 111) and Kent, Medway, and Sussex Clinical Assessment Service (KMS 111 CAS)

SECamb Integrated Urgent Care 111 Service (SEC IUC 111)

From 28th March 2019 up until 30th September 2020, SECamb delivered the South East Coast 111 Integrated Urgent Care (SEC 111 IUC) service within the operating area of Kent, Medway, and Sussex, excluding East Kent. This service included the provision of an interim Clinical Assessment Service (CAS), providing on-site clinical capacity across a range of clinical specialisms, from mental health to dentistry, enabling patients to get the right advice during their call without necessarily being transferred to another service. Although a relatively short-term, interim contract, it proved invaluable in enabling the Trust to develop roles, interoperability functionality and to implement local and national initiatives including Video Consultation (VC) triage assessment, facilitating Starline Interactive Voice Recognition (IVR) calls, introducing Paediatric Consultants to 111 and piloting the national 111 First initiative, prior to mobilising a full 111 Clinical Assessment Service.

This contract was due to finish on the 31st March 2020 however, because of the issues and challenges arising from the COVID-19 pandemic, the service was extended until the end of September 2020, to enable the Trust to respond to the pandemic and continue delivering a 111 service, whilst preparing for the mobilisation of the new Kent, Medway, and Sussex 111 CAS.

Kent, Medway, and Sussex 111 Clinical Assessment Service (KMS 111 CAS)

Whilst the Trust continued to deliver the SEC 111 IUC service, it also prepared for the mobilisation of the new KMS 111 CAS. From 1st October 2020, SECamb as the lead organisation, working together with Integrated Care 24 (IC24), has been delivering the KMS 111 IUC throughout all of Kent, Medway, and Sussex. The KMS 111 service has a fully staffed CAS with a multidisciplinary team of CAS Clinicians including Paramedics, Nurses, Midwives, Dental Nurses, Pharmacists, Mental Health Practitioners and Urgent Care Practitioners from SECamb, in addition to General Practitioners and Advanced Nurse Practitioners provided jointly by SECamb and IC24.

The introduction of a full CAS has necessitated several significant changes in how 111 operates and delivers care for its patients across the region. This includes a complex piece of work undertaken by the Trust to enable enhanced interoperability and connectivity for SECamb, including Direct Appointment Booking (DAB) functionality. This enables the service to book patients a same-day appointment with their own GP Surgery, or DAB a patient into another local service such as an Urgent Treatment Centre (UTC) or Emergency Department (ED). The purpose of DAB is to ensure that patients get the right care, from the right service with a smoother pathway through the healthcare system. The CAS is using its multi-disciplinary clinical team to ensure that patients receive better care and are booked into the most clinically appropriate service available. The Trust continues to evolve and develop its CAS, with the service currently working on the transition to a new Electronic Prescribing Service (EPS), which is undergoing First of Type (FoT) testing in collaboration with NHS England, NHS Digital and the NHS Business Support Authority (BSA), with full sign-off expected before the end of April 2021.

One of the key changes introduced to 111 during the past year is the national NHS England 111 First initiative. SECamb benefited from being an “early adopter” and had multiple pilots

in tandem with local Acute care providers operating from September 2020, in advance of the national deployment. NHS 111 First was officially launched nationwide along with a media campaign on 1st December 2020. NHS 111 First takes the principle of 111 as the first point of access for urgent healthcare one step further, ensuring that patients have access to either a telephone or online consultation, prior to an appointment slot or Direct Appointment Booking being given at an Emergency Department or Urgent Treatment Centre.

111 First aims at ensuring that there is a clinical review of cases where a patient has received an Emergency Department disposition, following initial contact with 111. This system change required a significant amount of collaborative work between multiple providers, commissioners, and NHS England. One of the principal aims for 111 First is to alleviate avoidable pressure upon the emergency care system, enabling Acute care providers to prioritise their most ill and high acuity patients needing care, whilst also reducing the risk of nosocomial infection arising from crowded waiting rooms.

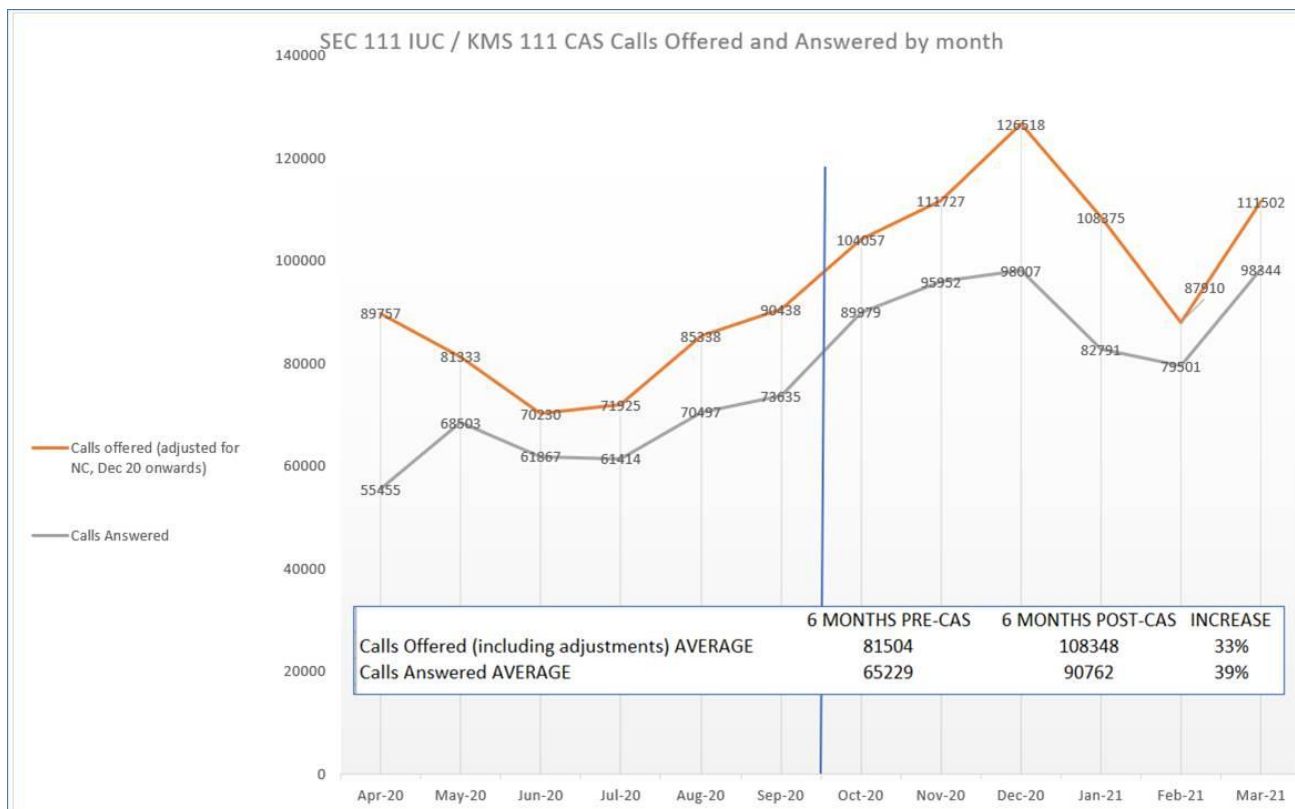
The fully integrated CAS fulfils a vital role in the delivery of Integrated Urgent and Emergency Care (IUEC) across the Kent, Medway, and Sussex footprint, being a single point of entry for patients to access the patient healthcare that they need, with the aim of supporting patients to access care closer to home.

The service has inbound calls received by Service Advisors and Health Advisors on an approximate SECAMB 80% / IC24 20% call split. Calls are received through the freephone 111 number by members of the public, as well as health care professionals and service users through the “Starline” Health Care Professional (HCP) routing system. Assessment and/or triage is undertaken by a Service Advisor or a Health Advisor, and either emergency ambulance arranged at the point of call, symptom management advice given, or referral to the CAS or other services profiled in the Directory of Services (DoS), including but not limited to direct booking into GP services and Urgent Treatment Centres, and referral to other primary care services in the region, dependent on the service user’s need.

Enquiries can also reach the CAS from members of the public dependent on requirements following completion of an assessment via the NHS 111 Online service, available online and via the NHS app.

The provision of 111 First as well as the continued clinical validation of calls reached in the 111 service receiving a Category 3 or Category 4 non-emergency ambulance response outcome, has consolidated the service’s focus on mitigating pressure on the wider health system. Referrals to A&E services are further mitigated by the expansion of direct appointment booking to Urgent Treatment Centres and GP Access Hubs. In addition, the expansion of the service’s clinical cohort within the CAS has maximised the clinical contact rate of patients who are triaged assessed in 111, whilst also increasing the overall “Consult and Complete” rate.

The pandemic has continued to impact on 111’s activity (number of calls received) throughout the financial year, as external factors have led to unusual variations in call demand (see graph below). The service has increased operational capacity and continues to work extensively with NHS England, NHS Pathways (who provide the triage assessment computer system) and Public Health England to ensure changes are embedded to support 111 call handlers to conduct assessments involving COVID-19 concerns. Despite a period of unprecedented challenge, the service has maintained its focus on a safe and high-quality patient experience.



Board Sponsor
Executive Director of Operations

Indicator 2: Paediatric Framework

The NHS Long Term Plan contains a commitment that by 2023/24 every patient in England will be able to access a digital first primary care offer. Access to primary care services via online consultations will be a key part of achieving that commitment. In June 2020 the 111 team deployed a video consultation pilot for the management of 111 clinical cases during the Covid-19 pandemic utilising paediatricians who had expressed interest to the Royal College of Paediatrics and Child Health to assist the NHS 111 service. These clinicians were trained in the use of GoodSAM as a video consultation tool and allocated patients from the 111 IUC clinical stack for their review and onward referral if appropriate.

These clinicians reviewed patients appropriate to their skill set and within the first month the paediatrician cohort had managed 84.4% of their patients with self-care compared with an average of 43% taken by non-paediatric clinicians for cases of the same age group and acuity. Of those patients who were referred to other services, the majority were referred to their primary care provider for treatment, protecting the wider health economy and reducing pressure on emergency and urgent care providers.

The work carried out with this group of staff has laid the foundation for the use of video consultation by Paramedic Practitioners in EOC, and the remote training methods developed through this pilot as a necessity due to COVID-19 has continued, supporting the recruitment of GPs from a wider geographical area for the 111 IUC CAS which was launched in October 2020.

Board Sponsor

Executive Director of Operations

Indicator 3: Telemedicine for Stroke Services

Telemedicine is a way of accessing a doctor via FaceTime on the back of the ambulance or in the patient's home. The doctor can see the patient and ask further questions as needed.

Why

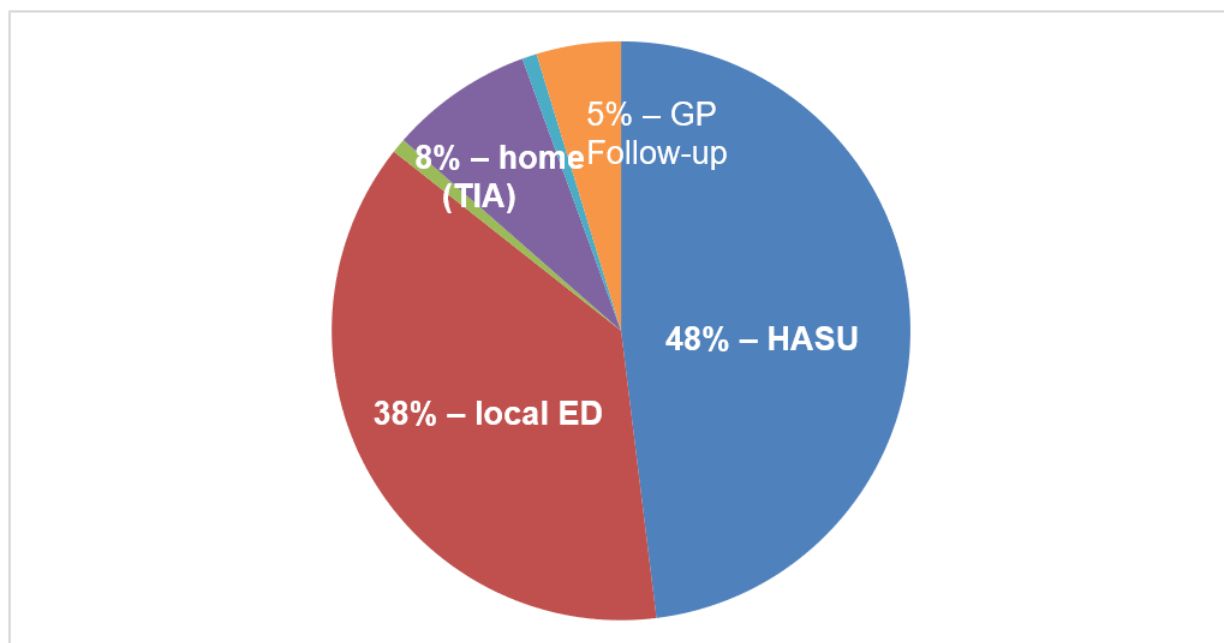
Stroke reconfiguration in Kent has seen the number of hospitals which receive suspected stroke patients reduce from 6 to 3, with associated longer journey times. However, as 20-40% of suspected strokes are 'mimics' many may not be best conveyed to a stroke hospital. Others may have had a possible transient ischaemic attack (TIA) or be exhibiting other neurological symptoms and may be safely referred to a TIA clinic or GP. This was brought into sharp relief during Covid due to the additional risk of conveying patients unnecessarily and possibly exposing them and other patients to Covid.

How

The National stroke lead and consultant approached SECamb approached SECamb during 2019 to do a 'proof of concept' pilot to see if telemedicine via iPads using FaceTime was feasible. The 2-week pilot was successful, but not extended until spring 2020 when COVID-19 struck. The stroke unit was moved from the William Harvey to Kent and Canterbury to take pressure off ITU beds. This prompted the roll-out to the entire East Kent area around Kent and Canterbury catchment area. At the same time, University College London (UCL) approached both Trusts with a view to doing a Rapid Service Review. London Ambulance Service also approached SECamb for advice on instigating the same scheme and joined the rapid service review.

Results

Initial results have been very positive, with substantial changes in flow. A retrospective review of the few cases where the patient was found to be having a stroke but conveyed to a local ED found no harm – no patients were eligible for thrombolysis, and if they had been could have still received thrombolysis with remote support from a stroke consultant. The UCL rapid service review will be completed in July.



Future directions

Telemedicine has been rolled out to the other areas of Kent (Maidstone and Darent Valley) and there is interest from other areas within SECamb. A TIA pathway is also being used by some hospitals to take direct referrals rather than bring the patient in or refer via the patient's GP.

There has been national interest from other ambulance trusts, including North East Ambulance Service (NEAS) who are doing a research project led by a NEAS paramedic. The University College London has put in a proposal to the National Institute for Health Research (NIHR) for a 2-year in-depth evaluation. There is ongoing governance and review internally within Kent.

Board Sponsor

Executive Director of Operations

Indicator 4: Out of Hospital Cardiac Arrest

This priority featured in the 2018/19 and 2019/20 quality accounts and we have continued to report on this throughout 2020/21.

All SECAmb staff along the patient journey can play a vital link in the chain of action that is required to save a life following Out of Hospital Cardiac Arrest (OHCA). Cardiac arrest occurs when the heart suddenly stops circulating blood around the body. It is different from a heart attack where there is a blockage in the supply of blood to the heart muscle. Cardiac arrest is a sudden potentially reversible event and should not be confused with ordinary dying. Patients suffering OHCA need rapid CPR, and defibrillation if appropriate. The Trust has undertaken work to drive prevention strategies and plans to improve outcomes from cardiac arrest.

The primary focus for 2020/21 was on adapting and modifying practice in the COVID-19 environment and other workstreams were stopped, i.e., the audit team were reassigned, CFRs were suspended, Key Skills was postponed and there were no resources available to progress. An annual cardiac arrest report will be produced in September 2021 to cover the 2020/21 reporting period and it is predicted with confidence that the situation with workstreams being diverted will be improved for 2021/22.

Improving the speed of response to out of hospital cardiac arrest and outcomes for patients is highlighted in the NHS Long Term Plan. To improve, it is essential that the Trust monitors performance and uses data to help make decisions that will save more lives following cardiac arrest.

During the reporting period work was started to support Emergency Medical Advisors (EMAs) in 999 Emergency Operation Centres and Health Advisors in 111 on recognising cardiac arrests over the phone and training was given to enable them to act quickly in providing the appropriate advice during emergency calls. This training is referred to as 'No-No-Go' and is a straight-forward approach to identifying when a patient is not conscious, not breathing and prompts the call handler to 'Go' for CPR. This protocol initiates early bystander resuscitation whilst also arranging a Category 1 ambulance response (ambulance to attend scene within a mean time of 7 minutes, but within 15 minutes in 9 out of 10 cases).

As part of a Serious Incident (SI) investigation a survey was carried out on the use of No-No-Go and aimed at both 999 and 111 call takers to find out what challenges they were experiencing with this. This produced results which showed that 32% of the EMAs and 52% of the Health Advisors that completed the survey did not feel confident with the process. Popular themes in 999 included that EMAs felt there were too many buttons to press before getting to Basic Life Support (BLS) instructions on the system and being uncertain as to when the patient is agonal breathing. In 111 the themes for Health Advisors demonstrated the lack in confidence was often a result of feeling that they needed more experience dealing with cardiac arrest calls. These themes have helped to produce valuable learning which will be carried forward into 2021/22. The SI investigation produced recommended actions for 111 staff to receive No-No-Go / BLS update training and introduction of some cross working, to allow them to listen in with 999 EMA's and boast their experience with Category 1 calls. For 999 staff it has been recommended that simulation CPR calls are reintroduced in the initial training course, which was previously dropped due to time constraints.

The audit team have supported monitoring arrangements and tested call handler competency by focussing one month's routine audits on cardiac arrest calls. This provided

an opportunity to provide feedback on an individual basis and highlight any areas for improvement. The Trust are working towards implementing a live audit process in which call handlers will receive feedback immediately after taking a call to build on the quality of feedback.

On 24/03/2020 Community First Responders were pulled from normal duties due to a lack of PPE and plans were made to redeploy them in the Trust in areas such as undertaking the accelerated training course to support in call taking roles (bank contracts), C1 license holders were able to assist with logistical movements and temperature checking until they could return to CFR work, for which a decision was made on 17/04/2020 to reinstate them.

There were some difficulties experienced by crews relating to what level of PPE they should be wearing when attending a cardiac arrest incident. This was due to conflicting information being distributed on a national level. The Trust established guidance to state that crews should wear level 2 PPE to start CPR in the initial stages of getting hands to chest, to prevent delays and improve outcomes. They were advised that level 3 PPE should be worn to do aerosol generating (intubation), for this there were some minor expected delays.

To the right is the poster which was distributed to front line staff in the early stages of the pandemic to clarify PPE requirements for non-aerosol generating and aerosol generating procedures during resuscitation. This information was reinforced on a regular basis during organisational response briefing calls and webinars in which staff were encouraged to ask questions relating to areas of uncertainty pertaining to PPE.

There is evidence emerging nationally and internationally about Return of Spontaneous Circulation (ROSC) rates associated with COVID-19. This is being monitored by the Trust and specific information on ROSC is outlined later in this section on page 72.

Board Sponsor
Executive Medical Director

COVID-19 IPC-PPE

Date of issue: 24 March 2020
Approved by: Emma Williams (DDO) +SLT7
Written by: Louis Parsons (OTL)

South East Coast Ambulance Service
NHS Foundation Trust

PPE Requirements for Non-Aerosol Generating and Aerosol Generating Procedures (AGPs) During Resuscitation

Examples of non-AGPs:

- Manual airway manoeuvres
- Postural manoeuvres
- Chest compressions (in isolation of advanced airway or ventilation interventions)

AGPs relevant to the ambulance service:

- Laryngoscopy/Intubation
- Extubation
- Open airway suctioning
- Manual ventilation (BVM)
- Choking/FBAO removal
- Tracheostomy suctioning
- Insertion of a naso-gastric or oro-gastric tube
- Surgical airway

General contact with confirmed or suspected Covid-19 Case
SECAmb Level 2 PPE (Minimum PPE)

Aerosol Generating Procedures
SECAmb Level 3 PPE (Full PPE)

Level 2 PPE (Minimum PPE):

- Eye protection (if required)
- Fluid repellent surgical mask (or non-fit tested FFP3 mask)
- Plastic Apron
- Hand hygiene
- Double glove

Level 3 PPE (Full PPE):

- Eye protection
- FFP3 respirator
- Fluid repellent coverall
- Hand hygiene
- Double glove

IPC/AGPPE v01 / 2020-03-24
COVID-19: AGP/AGP PPE

Page 1 of 1

Key Indicators 2020/21: Patient Experience

Indicator 1: Patient and Family/Carer Experience Strategy 2020-2025

The Trust Board regularly receives patient and staff stories. These can be accessed via <https://www.secamb.nhs.uk/what-we-do/about-us/trust-board-meeting-dates-and-papers/board-stories/>.

A Patient, carer and family experience strategy had been developed during 2019/20. This was due to be approved in March 2020, but Board approval was delayed due to the emerging pandemic. This was finally approved in May 2020.

Work to embed the strategy was delayed for a 6-month period following a meeting in November 2020 due to the need to refocus to manage the COVID-19 pandemic, however, several workstreams continued at a slower pace.

The terms of reference and membership of the Patient Experience Group were reviewed, and the group has started to establish key workstreams. We are focussing on ensuring that our membership is more inclusive and more reflects diversity of our patients. We recognise that the group could not meet as often as we would have liked, and all contact for the past 12 months has been virtual which has led to challenges for some members.

The group recognised that the Trust format for strategies is not easily interpreted and has been developing a 'patient friendly' version which will be more easily understood. This is almost complete.

We have started to consider patient experience data which will enable us to better understand the experience of all our patients. We identified a gap in that the protected characteristics of people who either complement our service or raise concerns was not being collected. As a result, we cannot be assured that we are meeting the needs of all our diverse patients, their families, and carers or that they are having an equitable level of experience when accessing our services. Work supported by the Trust Inclusion Hub Advisory Group facilitated plans to collect the data. From April 2021, the Trust will start to collect and analyse this data and will be able to report on it next year. This will help inform any actions we must take to ensure we are hearing from all groups including seldom heard sections of our community and support us in meeting our duties under the Equality Act 2010. The developmental work also included training for the Patient Experience Team.

The Trust recognised a need to develop stronger relationships with external partners. Membership from external partners has been strengthened in our Patient Experience Group. In addition, Trust representatives attend the quarterly regional Health Watch meeting.

Board Sponsor
Executive Director of Operations

Indicator 2: Patient Feedback

As noted under Patient Safety, learning from complaints was a key priority in 2018/19 and has continued to be reported in quality accounts since.

Compliments

The number of compliments received by Trust staff continues to grow year on year. During 2020-21 the Trust received 2,190 compliments, an increase of just over 16% on the 1,887 compliments received during 2019-20.

The staff member(s) concerned receives a letter from the Chief Executive in recognition of the dedication and care they provide to our patients.

Compliments by service / operating area and month

Service / Operating Area and Month	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Total
Ashford OU	5	10	13	16	16	11	7	9	9	9	15	17	137
Brighton and Mid Sussex OU	11	12	19	13	16	18	23	17	8	20	13	19	189
Chertsey OU	15	14	15	13	13	17	8	16	8	11	14	6	150
Community First Responder	0	0	0	0	0	0	0	0	0	0	1	0	1
Gatwick and Redhill OU	26	19	26	29	32	36	26	28	22	27	44	33	348
Guildford OU	17	16	14	12	29	20	9	12	5	15	15	9	173
Medway and Dartford OU	17	22	22	22	20	19	17	17	18	11	20	24	229
Paddock Wood OU	18	14	18	14	13	10	10	12	9	9	11	14	152
Polegate and Hastings OU	13	17	20	12	14	16	19	10	13	12	14	18	178
Tangmere and Worthing OU	22	18	12	29	21	13	17	21	13	20	13	21	220
Thanet OU	18	13	10	19	17	21	12	11	16	14	14	17	182
HART	0	1	0	1	1	3	1	2	0	4	2	0	15
East EOC	2	2	7	5	4	7	1	6	1	5	2	0	42
West EOC	4	6	2	5	11	8	7	10	5	3	2	1	64
NHS111	1	4	5	8	5	5	5	3	7	5	2	1	51
Private Ambulance Provider	0	0	0	7	6	4	5	9	6	6	8	7	58
Safeguarding	0	0	0	0	1	0	0	0	0	0	0	0	1
Total	169	168	183	205	219	208	167	183	140	171	190	187	2190

These compliments provide a welcome boost for our staff especially during the difficulties they have endured throughout the pandemic.

The Trust has continued to ensure that staff receive compliments in a timely manner: the average number of days to process a compliment is five working days (these are far simpler to process than complaints which require investigation). The 2,190 compliments received during 2020-21 represent one compliment for every 810 interactions with a patient.

Complaints

On 30 March 2020 NHS England and NHS Improvement supported a pause of the NHS complaints process. However, we took the decision to continue investigating complaints within our stipulated 25 working day timescale. This decision was made as we felt it was the right thing for our patients that the Trust continued to learn and provide our complainants with timely responses to the concerns that they had raised regarding our service. During the second lockdown and due to the severe pressures, the internal timescale for completing investigations was extended from 25 to 50 working days, however most complaints were responded to within 25 working days within the extended period

The Trust closed 711 complaints during the reporting period, with 87% closed within 25 working days. Our average response time was 20 working days. During the investigation period all complainants were kept informed and advised if there was a delay.

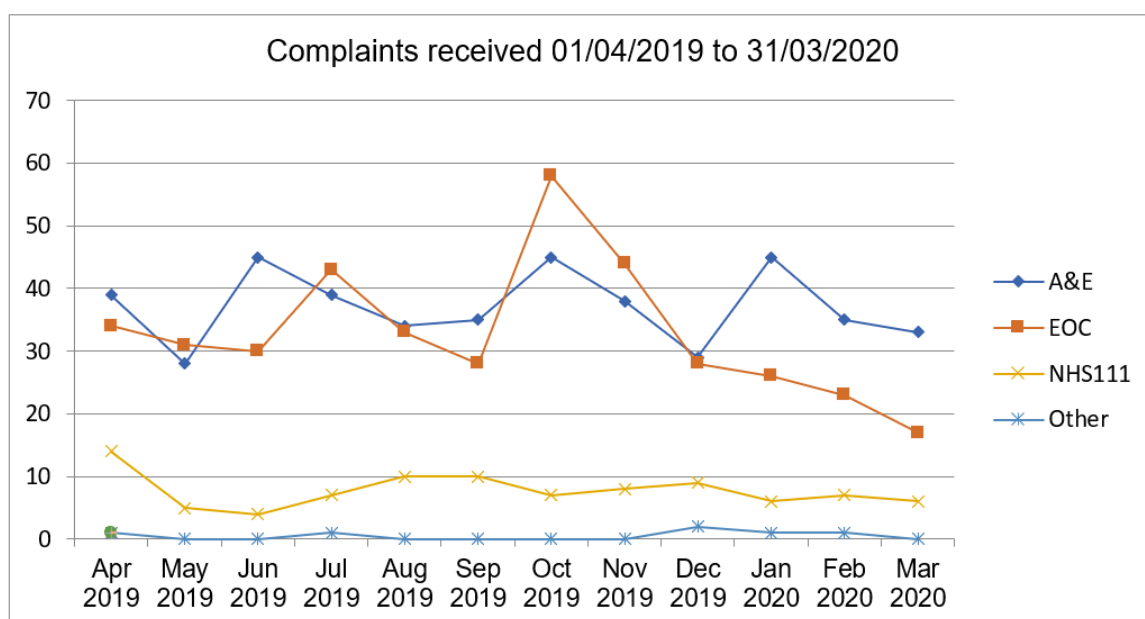
Compliments and complaints are recorded on the Trust's Datix system (electronic patient safety and risk management software), so that both the positive and negative feedback is captured and reported back to operational staff.

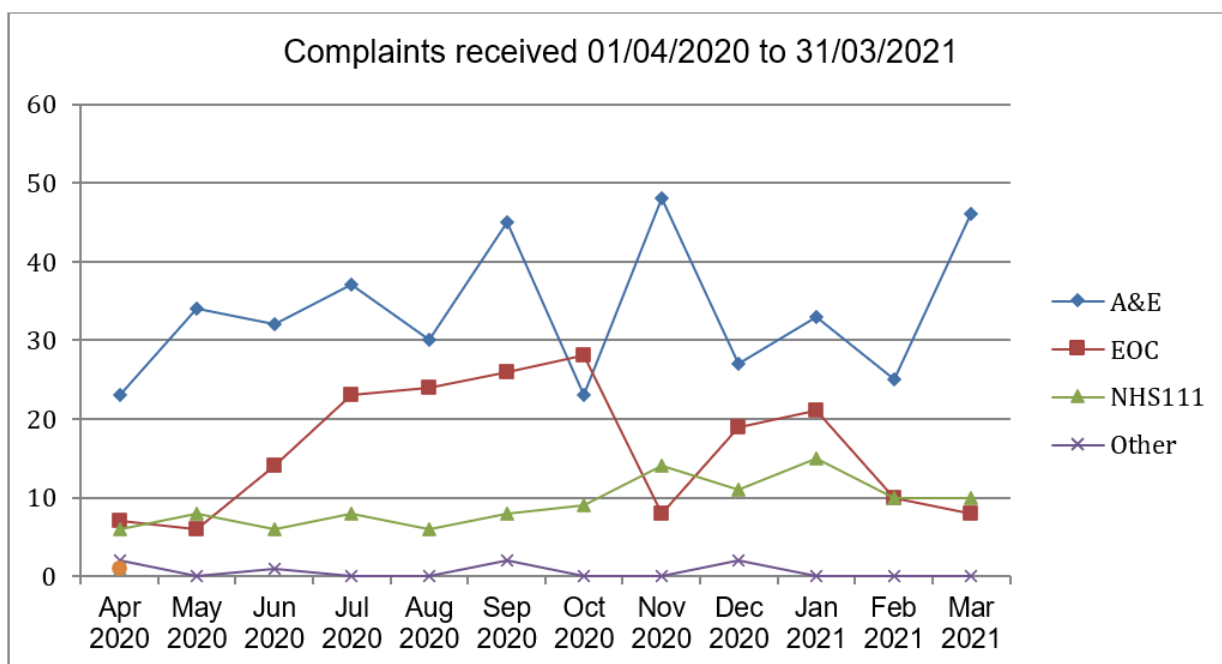
The number of complaints received by the Trust for the reported period was 714. This is a reduction of just under 22.5% over last year when the Trust received 939 complaints: there was a notable reduction in the number of complaints received during the first wave of the pandemic.

During 2020-21:

- Our Emergency Operations Centre staff answered 830,594 calls
- Our A&E road staff made 690,798 responses to patients.
- Our NHS 111 staff took 943,840 calls.

SECAMB complaints over the past two years:





Feedback from Care Opinion and NHS Choices websites:

We value and act on all the feedback from patients and their families however these are received. We monitor and respond to feedback quickly.

This table shows the comparison between feedback from these websites over the last two years:

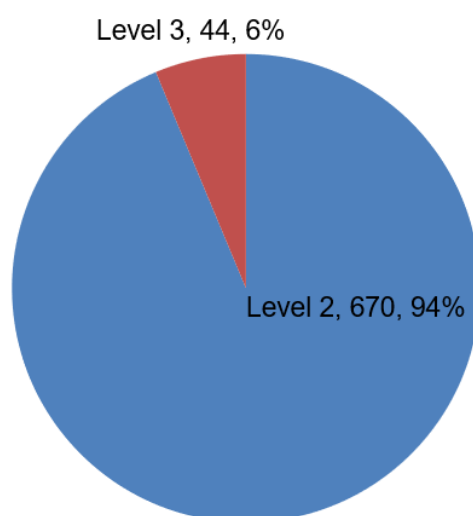
Website	2019/2020		2020/2021	
	Compliments	Complaints	Compliments	Complaints
NHS Choices	17	7	24	4
Care Opinion	13	4	6	2

Complaints are reviewed and graded according to their apparent seriousness; this ensures that they are investigated proportionately. Level 1 are enquiries of the Patient Experience Team that do not require an investigation and as such are not included in these figures. The two levels used for investigations are:

- Level 2: A complaint that appears to be straightforward, with no serious consequences for the patient / complainant, but needs to be sent to a manager for the service area concerned to investigate.
- Level 3: A complaint which is serious, having had clinical implications or a physical or distressing impact on the patient / complainant, or to be of a very complex nature.

Most complaints received during 2020-21 were graded as level 2, 670 (94%), with the remaining 44 (6%) as level 3.

Complaints by grading 01/04/2020 to 31/03/2021



Complaints are categorised into subjects and can be further distinguished by sub-subject if required.

Complaints received during 2020-21 by subject and service area:

	A&E	EOC	NHS111	Other	Total
Concern about staff	266	19	18	4	307
Patient care	118	85	68	0	271
Timeliness	5	88	15	0	108
Communication issues	5	1	7	2	15
Miscellaneous	7	1	1	1	10
Administration	1	0	2	0	3
Total	402	194	111	7	714

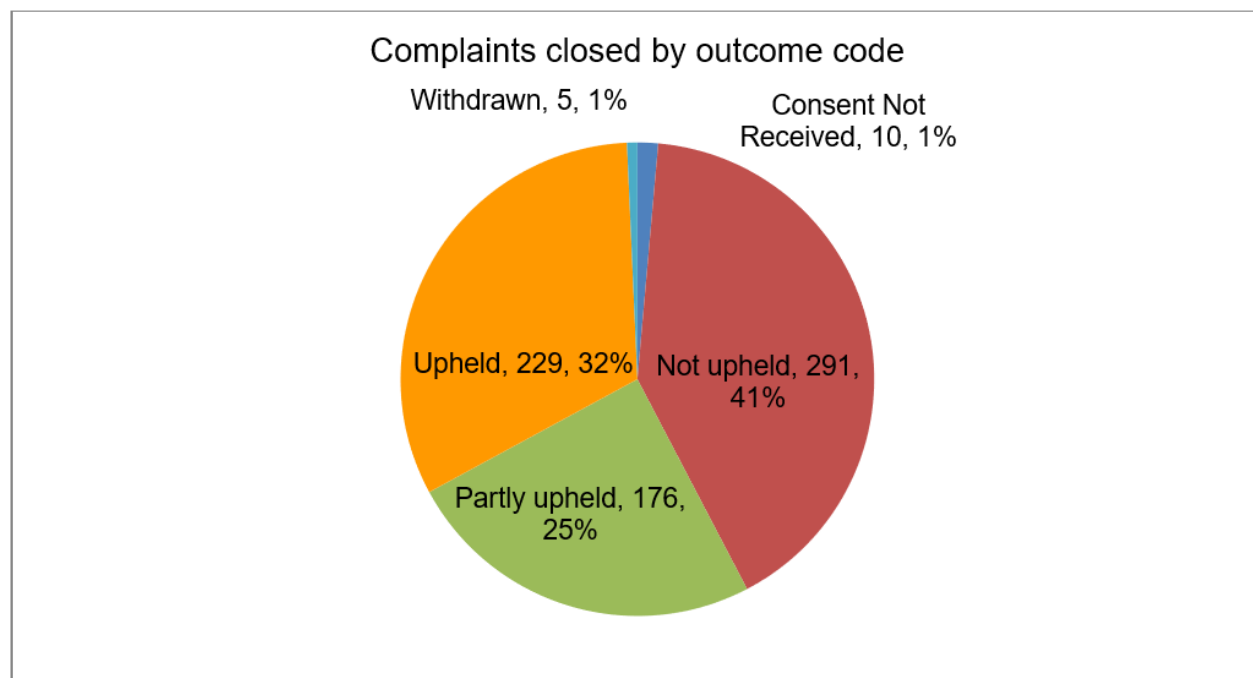
The 714 complaints received during 2020-21 represent one complaint for every 2,485 interactions with patients.

When a complaint is concluded, a decision is made by the Investigating Manager to either uphold or not uphold the complaint, based on the findings of their investigation. During 2020-21, 711 complaints were responded to; of these 57% were found to be upheld or partly upheld. If a complaint is received which relates to one specific issue, and substantive evidence is found to support the allegation made, the complaint is recorded as 'upheld'. If a complaint is made regarding more than one issue, and one or more of these issues are upheld, the complaint is recorded as 'partially upheld'.

There are a small number of complaints that are closed due to consent not being received from the patient to disclose information from their medical records. However, these complaints are still investigated and any learning that is identified by the investigating manager implemented. There are also a small number which are withdrawn by

complainants who specifically request an investigation does not take place and asks us to withdraw their complaint. There were 15 such complaints in the reported period. The outcome from complaints is shown in the figure below:

Complaints by outcome, 2020-21



The Trust's agreed timescale within the complaint's procedure is for 90% of complaints to be responded to within 25 working days. Despite the operational challenges faced, the Trust managed to achieve 87% during this period and the average number of days to respond to a complaint was 20 working days.

Directorate	No. of complaints closed	No. of complaints closed within 25 working days	% closed within 25 working days
A&E	403	332	82%
EOC	203	190	94%
NHS111	103	100	97%
Other	7	3	43%
Total	716	625	87%

Learning from complaints

Lessons from complaints throughout 2020-21 have been wide ranging.

427 actions were identified from complaints during the period.

Examples of specific learning and changes made because of complaints include:

- Issues raised with NHS Pathways triage system at a national level including:
 - Patients who have suffered head injuries whilst taking anti-coagulants

- Shared learning documents sent to staff in a specific role to disseminate learning, these include:
 - Guidance for NHS111 staff on Palliative care patients.
 - Medication provided outside of the UK.
 - Callers with communication challenges.
- Introduction of systems to support the use of 'What3Words' mapping to make it easier for our crews to find people in rural locations.
- One-to-one feedback/coaching for individuals, such as meeting with the End-of-Life Care Lead to enhance understanding.
- New Operational Instructions being issued to all frontline staff, and
- Organisational focus on performance to avoid delayed responses to patients.

Board Sponsor

Executive Director of Nursing & Quality

Indicator 3: Dementia Strategy

Following revisions to the national Friends and Family Test guidance in 2019, ambulance Trusts were given the option of undertaking a co-designed patient experience improvement project from 1st April 2020. The Trust took the decision to codesign a project focussing on improving the experience and care of our patients with dementia. During this time, it became apparent that a Trust wide direction was required due to several emerging gaps. The project refocussed on collaborative design of a Dementia Strategy.

This strategy has been developed following consultation with relevant stakeholders, from a wide variety of disciplines. These include representatives from Kent, Surrey, Sussex Acute and Community NHS Trust's, our Commissioners as well as Education, Fleet, Inclusion Hub, and Workforce team within SECamb.

We have engaged with our patients, their families and carers, our staff, and external partners, including Dementia Action Alliance, Alzheimer's Society and Health Watch across the region, to co-develop this strategy and set out six key promises to allow for a more holistic approach and forward-thinking Dementia care.

The development of our strategy has helped us to identify areas that we currently do well in addition to those where we need to change how we do things. We will build on our existing good practice. We recognise that we need to be ambitious to truly improve the experience of our patients and their families living with dementia. We will take a Trust wide approach to embed a dementia friendly environment through culture change, leadership, and education for all our workforce.

The development of this strategy recognised the negative feedback on the Trust strategy template which had been used for the Patient, family, and carer experience strategy. The dementia strategy has been developed to contain a page which can be used as a stand-alone poster.

A draft strategy was completed by the end of December 2020, however increasing operational pressures arising from a pandemic peak, which occurred at that time, a decision was taken to delay the consultation to obtain a broader feedback. This consultation will be completed within the next financial year (by May 2021, the consultation had commenced).

3.2 Mandatory Reporting Indicators

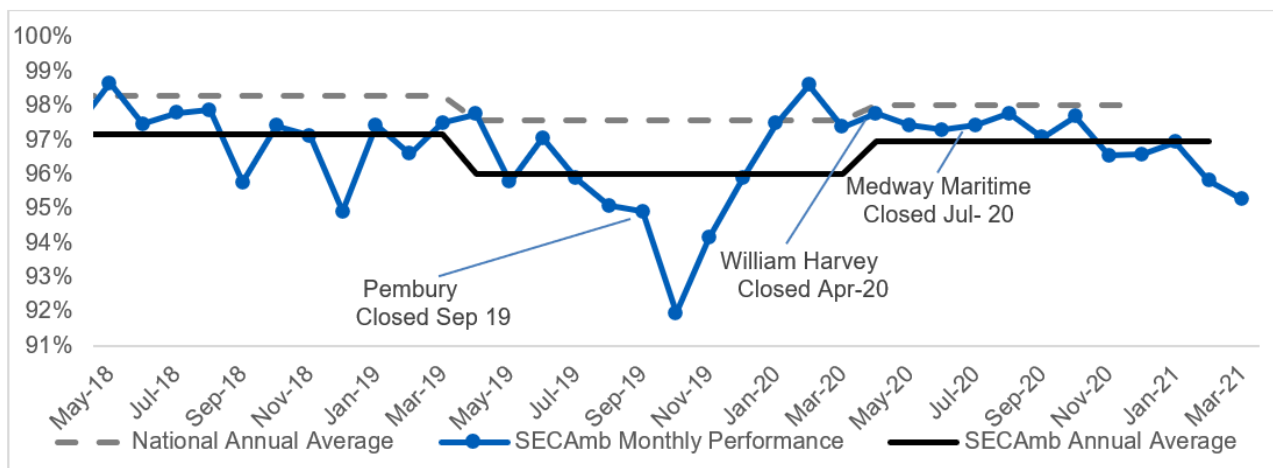
Ambulance Response Programme: Response Times

South East Coast Ambulance Service NHS Foundation Trust performance against the National Ambulance Response Programme (ARP) response times are reported in Part 2.

Stroke

During 2020, the Trust focused on several key strategic partnership initiatives, among these included extensive involvement with stroke reconfiguration work to support revised pathways across Kent and Medway, Surrey and Frimley and developing pathways across Sussex. New technology developments (telemedicine) in Kent are shared widely to enable best practice region-wide and engagement with the newly formed Integrated Stroke Development Networks (ISDNs) will ensure this continues.

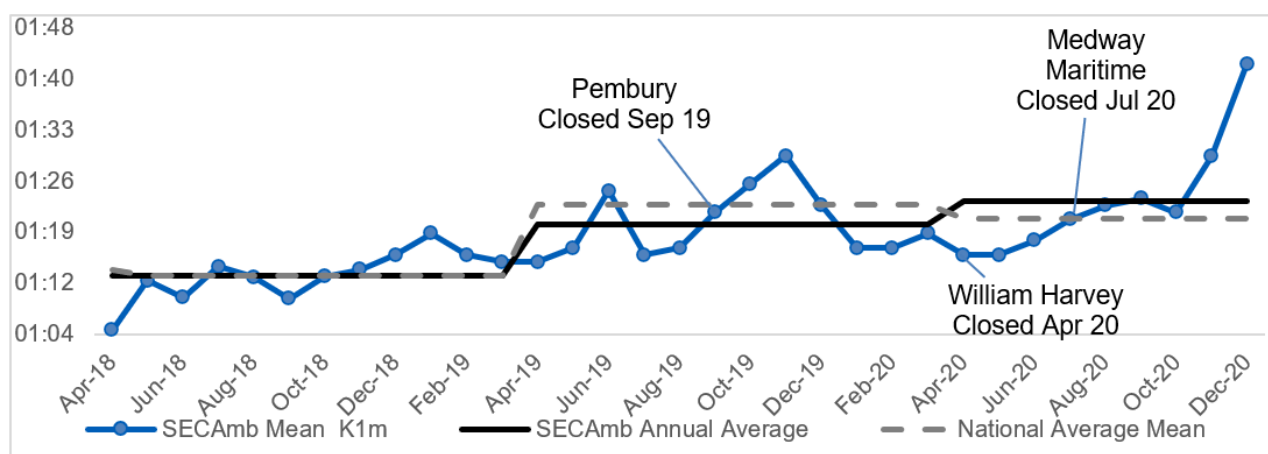
The percentage of suspected stroke or unresolved transient ischaemic attack patients, who received the stroke diagnostic bundle are as below:



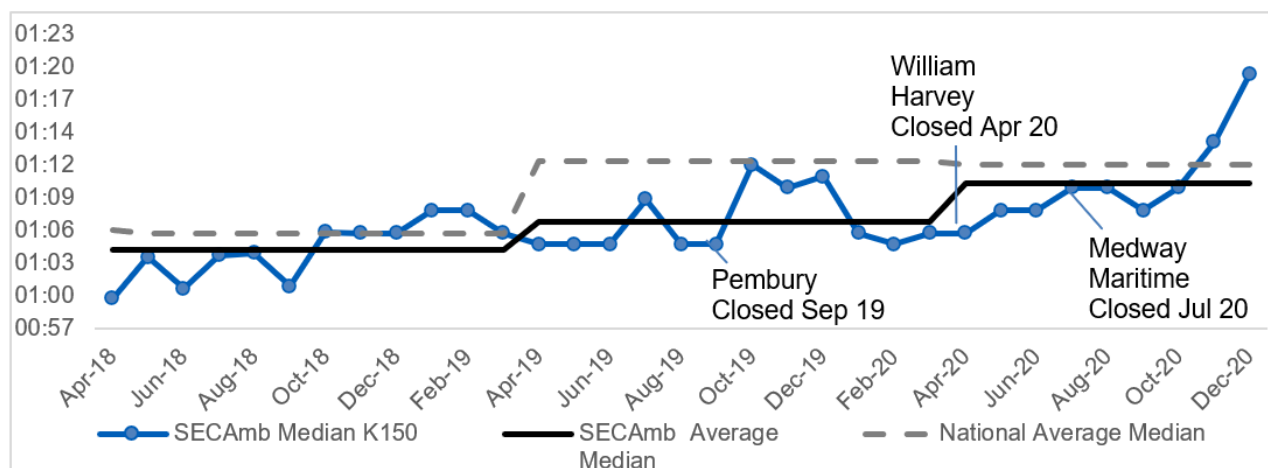
This measure has shown improvement since updates were made to the Trust's electronic Patient Clinical Record (ePCR) platform in November 2019 that encourage clinicians to document the essential elements of care.

A worsening trend can be seen since May 2020. We have identified that some crews are not doing a blood glucose measurement. We are addressing this by introducing OU level data so that OUs can work to improve this with crews. We are also proposing an ePCR change to prompt crews to do all aspects of the AQIs before closing the ePCR, however we have noted the reporting of blood pressure has improved.

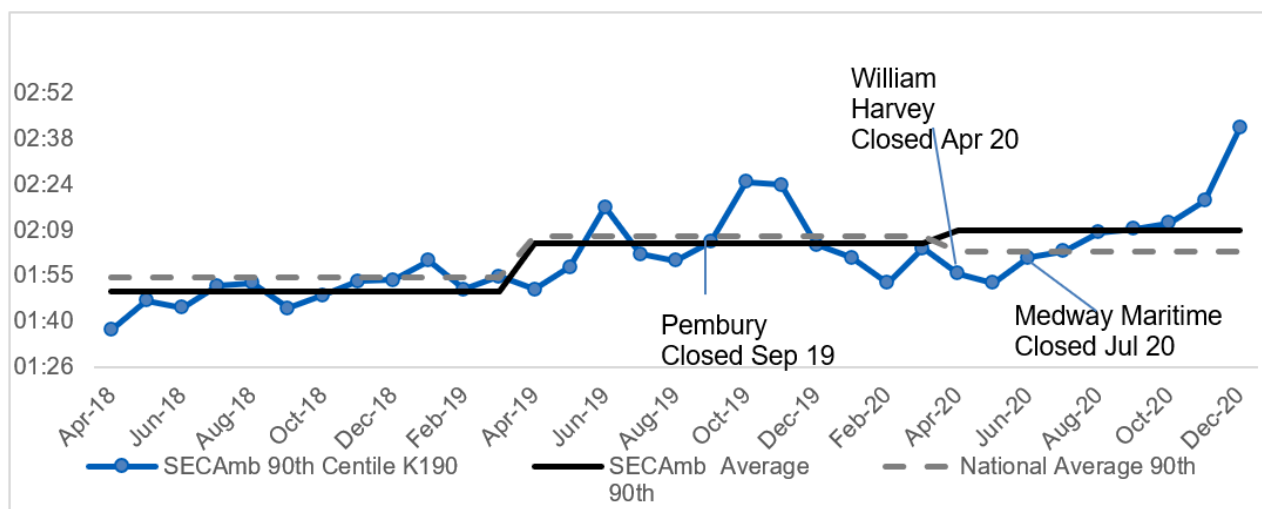
Mean time from call to hospital door for patients with suspected stroke:



Median time from call to hospital door for patients with suspected stroke:



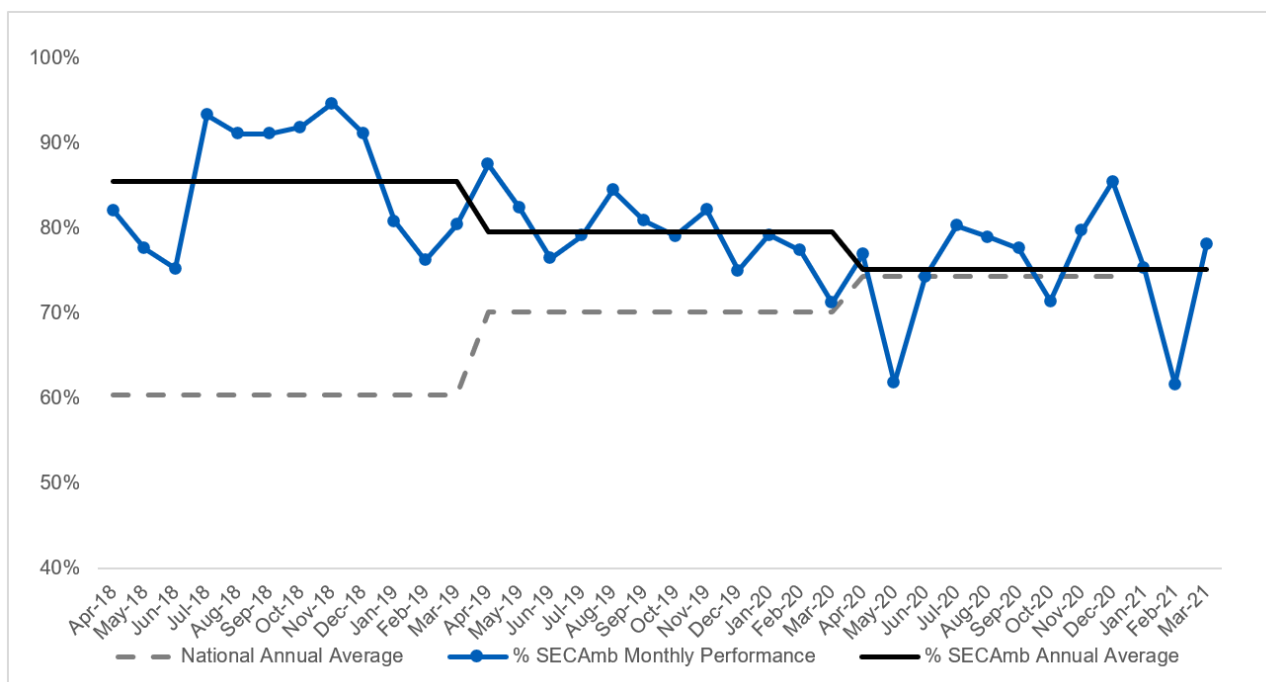
90th centile time from call to hospital door for patients with suspected stroke:



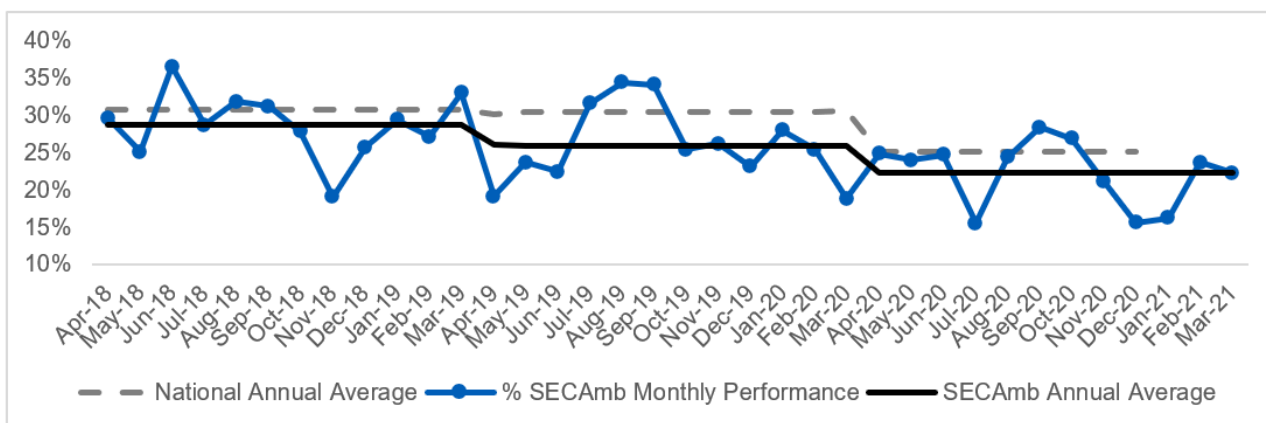
Return of Spontaneous Circulation (ROSC) after cardiac arrest

Improvement in the return of Spontaneous Circulation (ROSC) after cardiac arrest has featured as an element of a key priority in 2018/19 and 2019/20. The reporting data within this report covers that overarching period.

Percentage of patients where ROSC was achieved, who, where applicable, received a full bundle of care:

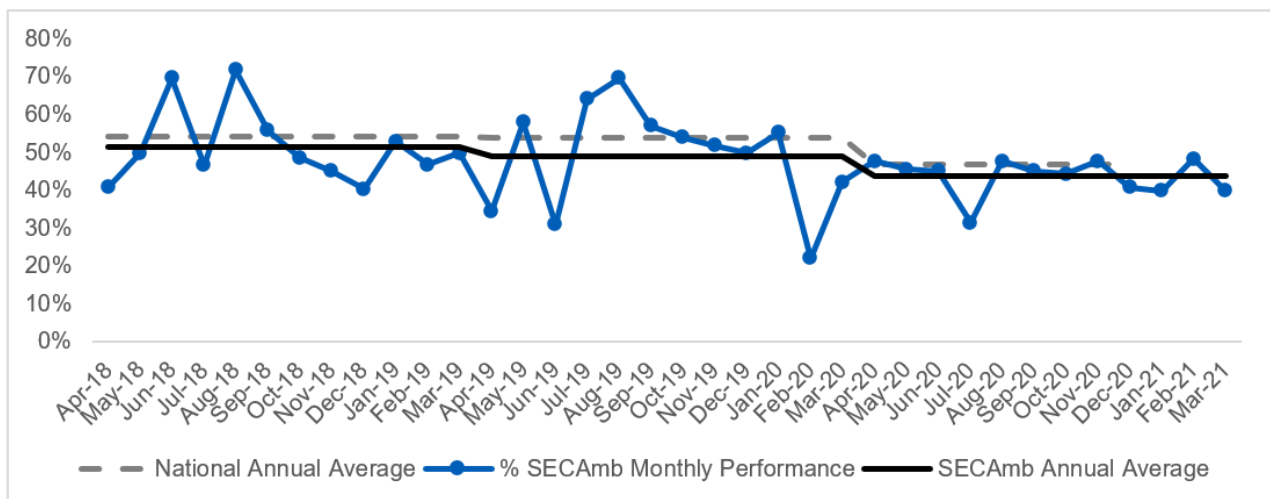


ROSC at time of arrival at hospital (all patients):

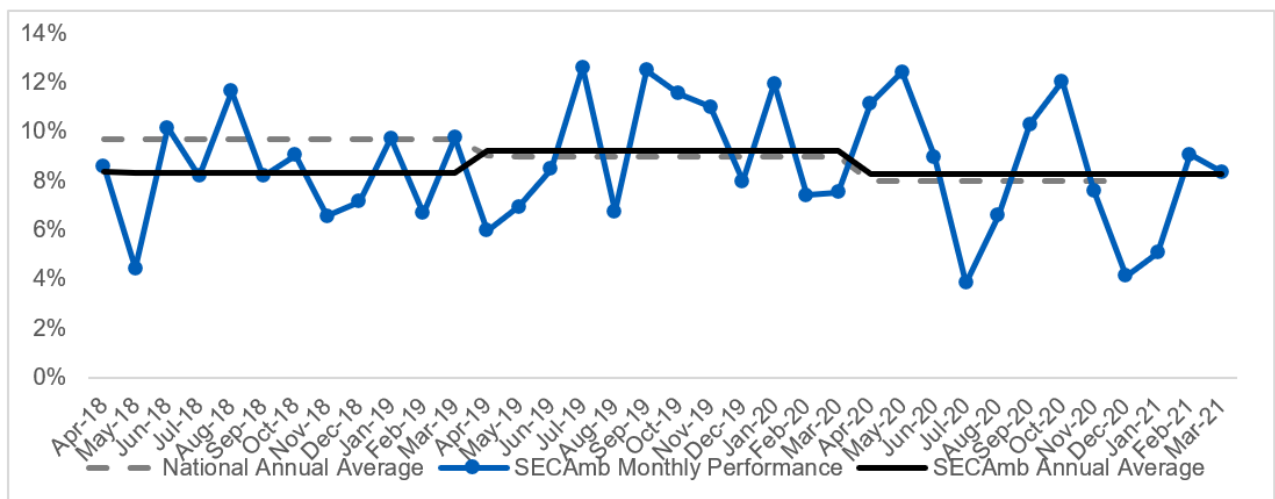


The number of patients with ROSC at hospital was reduced during the height of the COVID-19 pandemic, this has been observed nationally and internationally.

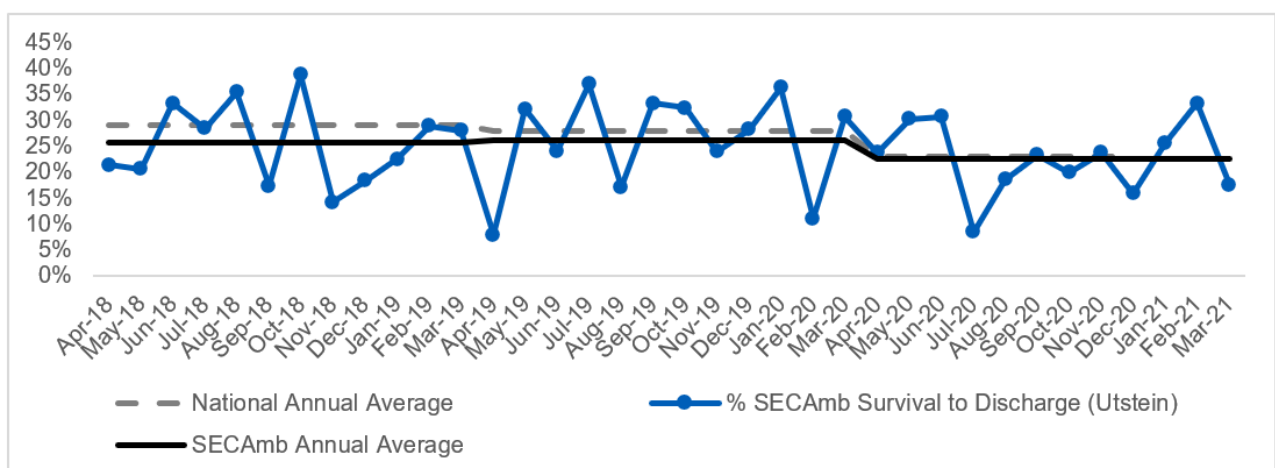
ROSC at time of arrival at hospital (*Utstein Comparator Group):



Survival to discharge after cardiac arrest:



Survival to discharge (Utstein Comparator Group survival rate):



* The Utstein style is a set of guidelines for uniform reporting of cardiac arrest.

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 (SyHCCG) is the lead commissioner for the South East Coast Ambulance 999 Service (SECamb) covering the 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 2020/21 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 Account for 2020/21. This has occurred within the agreed timeframe, and the CCG and its constituent CCGs are satisfied that the Quality Account (QA) incorporates all of the mandated elements.

We acknowledge that 2020/21 has and continues to be challenging and the impact of Covid-19 is reflected in narrative and performance of the QA. Equally, despite unprecedented challenges, we acknowledge the effort being put into maintaining quality and safety for patients. For example, the continued focus and responsiveness to patient experience and the development of key strategies including how the Trust will improve care for those suffering with Dementia. Further, the work involved by the individuals and teams in bringing the evidence together in this QA, especially given the unpredictable timescales required.

Having reviewed the QA document for 2020/21 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 2020–31st March 2021, and reviewed as part of performance under the contract with SyHCCG as the lead Commissioner.

Whilst stakeholder events were unable to go ahead this year, the priorities identified within the account for the year ahead reflect and support agreed priorities discussed through the Trusts previous stakeholder events. Given the current landscape, SyHCCG in collaboration with its constituent CCGs recognises the logical approach to rolling these priorities over.

This QA demonstrates the Trust's commitment to improving services. In particular, the introduction of a 24/7 Infection Prevention Control team member on call which supports staff with any out of hours concerns, outbreak management, local healthcare issues affecting the Trust and general advice, provided both internally and externally. Additionally, its focus on safeguarding training has resulted in 21% increase in safeguarding referrals, suggesting a much increased awareness of Harm, Abuse and Neglect.

Recruitment and retention challenges remain an area of concern and continue to be high on the agenda – given the difficulties across workforce and in particular Paramedic recruitment.

The CCG welcomes the collaborative system approach that SECamb have engaged in to mitigate this complex challenge.

There is narrative to support Quality Improvement commitments where the Trust's national and local clinical audit results have indicated the need for focused work. In particular, the improvement programmes around STEMI, ROSC and Stroke which are a key national quality outcome measure. SyHCCG is keen to support the Trust in their efforts to deliver priorities, especially where a holistic, systems thinking approach is needed.

Commissioners support the Quality Account report and priorities and are looking forward to working with SECamb on the developments planned for 2021/22 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 renewed Quality Improvement plans and seeing evidence of sustainable long term quality and safety improvements.

SyHCCG acknowledge the current challenges SECamb face related to demand and its impact on performance and recovery. Further, the additional challenges anticipated challenges, for example, increased activity at coastal areas due to 'staycations' as a result of Covid-19 travel restrictions. The past year has demonstrated how unpredictable the healthcare landscape can be and the negative impact that can have on organisations ability to meet priorities. It is important to acknowledge this and the possibility that SECamb's ability to fully deliver on the priorities set out in this QA and more widely may suffer as a result.

Overall, we believe the QA reflects that providing a safe and effective service whilst maintaining patient quality of care and safety is a high priority for the Trust. As Lead Commissioner we continue to welcome a positive, open 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."

Health Oversight and Scrutiny Committee (HOSC) statement

All Health Oversight and Scrutiny Committees within our region were approached for comment. We acknowledge that the challenges associated with timescales set out on page 78 have impacted negatively on the timescales we have been able to offer key stakeholders to comment on this report. We have not received any statements from HOSCs for this report.

We gratefully acknowledge the response from Kent County Councils Health Oversight and Scrutiny Committee.

"South East Coast Ambulance Service NHS Foundation Trust Quality Accounts 2020-21
Thank you for offering Kent County Council's Health Overview and Scrutiny Committee the opportunity to comment on SECamb's Quality Account for 2020-21. HOSC has received a number of similar requests from Trusts providing services in Kent, and we may well receive more. Given the number of Trusts which will be looking to KCC's HOSC for a response, and the short window for responses, the Committee does not intend to submit a statement for inclusion in any Quality Account this year. Please be assured that the

decision not to comment should not be taken as any reflection on the quality of the services delivered by your organisation and as part of its ongoing overview function, the Committee would appreciate receiving a copy of your Quality Account for this year once finalised.”

In addition, we have received confirmation from Medway Council Health and Adult Social Care Overview and Scrutiny Committee acknowledging that the Trust attended a meeting once during November 2020. Details of the meeting were provided.

Statement from Healthwatch

All Healthwatch partners within our region were approached for comment. We acknowledge that the challenges associated with timescales set out on page 78 have impacted negatively on the timescales we have been able to offer key stakeholders to comment on this report. We have not received any statements from Healthwatch for this report. Representatives from the Trust meet with all Healthwatch partners within our region on a quarterly basis and this year’s report was discussed on 4 June 2021. A final version of this report will be shared with our partners.

We gratefully acknowledge the response from West Sussex Healthwatch partners.

“Thank you for contacting Healthwatch to advise on your quality accounts.

We have since sought information from Healthwatch England and received the following update:

The National Quality Board are currently undertaking a review and we (through *redacted*, who sits on the Board) have strongly recommended that the review takes into account the views of all those who provide scrutiny for QAs (local Healthwatch, OSCs, commissioners).

In the meantime, we understand from DHSC that, like last year and because of the pandemic, NHS providers will not be asked to meet a strict June 30 deadline but instead will be allowed flexibility in terms of when they submit their QAs. One assumes that DHSC have alerted NHS providers to that. We are monitoring this page - [About Quality Accounts - NHS \(www.nhs.uk\)](#) – which should be updated once the required statutory instrument has been enacted.

Having clarified that the structural layout of the document remains unchanged, and assuming that this will continue to create a quality account that remains inaccessible to people outside the NHS, we will not be reviewing any Quality Accounts this year. We have historically fed back on the inaccessibility of the language and structure of information but over more recent years, we have put forward a statement that our resources need to be used in a more productive way and that we would not review these when the document format and style is inaccessible to most.”

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. NHS Trusts were directed to use the previous year's format.
- The contents of the quality report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period 01 April 2020 to 31 March 2021
 - Papers relating to quality reported to the board over the period 01 April 2020 to 31 March 2021
 - Feedback from commissioners dated 10/06/2021
 - Feedback from two governors dated 04/06/2021 and 09/06/2021. This was undertaken virtually due to time constraints as described below.
 - Feedback from local Healthwatch organisations dated 13/05/2021
 - Feedback from overview and scrutiny committees dated 11/06/2021.
 - The Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, will go to Board in September 2021. Production has been delayed due to the COVID-19 pandemic.
 - The national patient survey was not undertaken in 2020/21. The last national patient survey was in 2018.
 - The national staff survey ran from 21st September to 27th November 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:

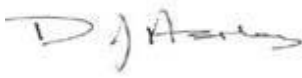

NHS England / Improvement communicated information on the NHS Accounts timetable on 15th January 2021. This stated "The requirements and deadlines for quality accounts are prescribed in regulations and are not controlled by NHS England and NHS Improvement. DHSC is currently reviewing whether regulations should be amended to revise the 30 June quality accounts deadline for 2020/21".

No further communication was received following this information until 4th May, and the prescribed template for the document for 2020/21 was not published, therefore work on the Annual Quality Account was postponed pending further national direction. The lead commissioner confirmed that they understood and supported this approach.

In anticipation of the need to publish an Annual Quality Account, consideration was given to priorities for 2021/21 and discussions with the lead commissioner and Health Watch, supported continuing the existing priorities into 2021/22 to demonstrate improvement over a longer period. This was supported by the Executive Management Board.

The Trust received information on 4th May 2021 to advise that the deadline for publishing the Annual Quality Account would remain 30th June 2021.

By order of the board

Date	28.6.21	Chairman	
Date	28.6.21	Chief Executive	

Glossary

Acronym	Term	Acronym	Term
A&E	Accident & Emergency	ECG	Electrocardiogram
ABD	Acute Behavioural Disturbance	ePCR	Electronic Patient Clinical Record
ACC	Adult Critical Care	EPS	Electronic Prescribing Service
AAKSS	Air Ambulance Kent, Surrey, Sussex	ECSW	Emergency Care Support Worker
AQI	Ambulance Quality Indicator	ECAL	Emergency Clinical Advice Line
ARP	Ambulance Response Programme	ED	Emergency Department
BSA	Business Support Authority	EMA	Emergency Medical Advisor
CPR	Cardiopulmonary Resuscitation	EOC	Emergency Operations Centre
CQC	Care Quality Commission	EPRR	Emergency Preparedness Resilience and Response Team
CAS	Clinical Assessment Service	EtCO2	End-tidal Carbon Dioxide
CAP	Clinical Audit Plan	EMB	Executive Management Board
CCG	Clinical Commissioning Group	FoT	First of Type
CESG	Clinical Education Steering Group	FTSUG	Freedom to Speak up Guardian
COI	Clinical Outcome Indicator	GP	General Practitioner
CQUIN	Commissioning for Quality and Innovation	G & W	Guildford and Waverley
CFR	Community First Responder	HART	Hazardous Area Response Team
CPD	Continuous Professional Development	HCP	Health Care Professional
CMG	Covid Management Group	HEE	Health Education England
CCD	Critical Care Desk	HOSC	Health Overview & Scrutiny Committee
CCP	Critical Care Paramedic	HEMS	Helicopter Emergency Medical Service
DQIPs	Data Quality Improvement Plans	HR	Human Resources
DAB	Direct Appointment Booking	IC24	Integrated Care 24
DoS	Directory of Services	ICP	Integrated Care Provider
DCA	Double-Crewed Ambulance	ICSSs	Integrated Care Systems

Acronym	Term	Acronym	Term
IPR	Integrated Performance Report	PGD	Patient Group Direction
ISDNs	Integrated Stroke Development Networks	pPCI	Percutaneous Coronary Intervention
IUEC	Integrated Urgent and Emergency Care	PPE	Personal Protective Equipment
IUC	Integrated Urgent Care	PCN	Primary Care Network
IVR	Interactive Voice Recognition	PAP	Private Ambulance Providers
IFT	Inter-Facility Transfer	PHE	Public Health England
JRCALC	Joint Royal Colleges Ambulance Liaison Committee	QPS	Quality and Patient Safety
KMS 111 CAS	Kent, Medway, and Sussex Clinical Assessment Service	REAP	Resource Escalation Action Plan
LeDeR	Learning Disabilities Mortality Review	ROSC	Return of Spontaneous Circulation
MGG	Medicines Governance Group	SEC IUC 111	SECamb Integrated Urgent Care 111 Service
MBE	Member of the Most Excellent Order of the British Empire	SI	Serious Incident
MHFA	Mental Health First Aid	SIG	Serious Incident Group
MDT	Multi-Disciplinary Team	SPOC	Single Point of Contact
NEWS	National Early Warning Score	SECamb	South East Coast Ambulance Service
NHS	National Health Service	STEMI	ST Segment Elevation Myocardial Infarction
NHSE	National Health Service England	SMP	Surge Management Plan
NHSI	National Health Service Improvement	SHCCG	Surrey Heartlands CCG
NIHR	National Institute for Health Research	STP	Sustainability and Transformation Partnership
NRLS	National Reporting and Learning System	TIA	Transient Ischaemic Attack
NED	Non-Executive Director	UK	United Kingdom
NEAS	North East Ambulance Service	UCL	University College London
OU	Operational Unit	UCH	Urgent Care Hub
OI Hub	Operations Improvement Hub	UTC	Urgent Treatment Centre
ORMG	Organisational Response Management Group	VC	Video Consultation
PP	Paramedic Practitioner		
PCR	Patient Clinical Record		