NHS
South East Coast Ambulance Service
NHS Foundation Trust

Quality Account 2021-22

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

Contents

Part 1: Statement of Quality from Our Chief Executive

Introduction

I am pleased to introduce the annual Quality Account for 2021/22. 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 our priorities for 2022/23.

The start of this financial year saw us in the grip of a second wave of COVID with the effects of the Alpha and then subsequently the Omicron variants impacting heavily on our services and on those of our system partners.

Building on the success of the in-house vaccination programme we delivered during the previous year, in October 2021 we were again called upon to undertake a booster programme for our staff and volunteers as we began to see the number of COVID cases in the community start to creep up.

I'm delighted to report that we were able to deliver a very effective programme which saw more than 90 per cent of staff fully vaccinated - an outstanding achievement.

While Government restrictions have remained in place for the majority of the year, we have continued to have social distancing measures in place in our 111 call centres and in our 999 Emergency Operations Centres; until recently we have heavily restricted visitors and staff from attending our sites.

This has meant that the majority of our support staff have continued to work from home during the year. However, we have worked hard to ensure that our 'business as usual' functions have 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.

During the year, we have continued to see an increase in the number of 999 and 111 calls that we received compared to the previous year, with patterns of demand very much reflecting the continuing COVID pandemic and the impact this has had on the wider NHS system.

The high demand for both 999 and 111 services, coupled with challenges in ensuring we had sufficient staff available to meet the demand, meant that, at times of particular pressure, some patients waited longer than we would like for a response.

Although we performed well compared to our ambulance colleagues nationally, we were not able to consistently meet the national targets for both 999 and 111 and recognised that, whilst trying to deliver performance improvements, we also needed to remain focussed on keeping our patients safe.

As you will read in the Quality Account, as well as taking steps to improve performance whenever possible, we also worked hard to keep patients who were waiting safe and ensure we were monitoring the impact of long waits on them.

As system pressures peaked at points during the year, we also worked closely with our system partners to monitor and manage risks to patients as the overall system became more pressured, particularly around delayed hospital handovers.

As part of their new inspection regime, in February 2022 SECAmb were part of an inspection by the CQC of the Kent & Medway Emergency & Urgent care system covering a number of NHS providers.

This was subsequently published by the CQC on 23rd June 2022 and highlighted that, despite good work by individual organisations, further work was needed across the system to ensure people were not facing lengthy delays as they wait for assessment and treatment.

Following on from the system-wide inspection, the CQC undertook a Core Service inspection of our Emergency Operations Centres on 22nd February 2022 and of our NHS 111 service on 28th February /1st March. Our Emergency & Urgent Care service and our Resilience function retained the ratings from the previous inspections in 2019 and 2018 respectively.

In addition, the CQC conducted a focussed 'Well Led' inspection of the Trust on 15th and 16th March 2022.

The CQC published their final report on 22nd June 2022. The 'Well Led' domain was rated as Inadequate but we were pleased however to see our NHS 111 service retain it's rating of 'Good', despite the significant pressures on the service during the COVID pandemic and the excellent patient care provided by our staff recognised.

The CQC report did highlight a number of areas of concern including a disconnect between the Executive Team, senior leadership and the wider organisation, concerns around some of our governance and risk processes and a perceived lack of appropriate and visible focus on quality. It also highlighted a number of concerns around aspects of the Trust's culture, including bullying.

Ahead of the CQC inspection, work had already begun to address a number of the areas highlighted in the report, however this now forms the basis for a broader and more comprehensive action plan. This will deliver our priorities for the coming year (see more below) and also addresses the specific findings from the CQC inspection, as well as feedback from other sources, including the NHS Staff Survey results.

During the latter part of 2021/22 and taking on board feedback from our staff and from other key stakeholders, we undertook a review of the coming year's priorities, and the following areas were identified for primary focus during 2022/23:

People and Culture – Develop a culture that reflects our values, supports our vision and ensures the satisfaction and wellbeing of our people

Quality – Embed quality improvement across everything we do

Leadership and Engagement – ensure informed commitment to our objectives through consistent and compassionate leadership and constructive engagement

Responsive Care – achieve a balance scorecard in delivery of our response targets, centred on the patient and ensuring long-term success

Each priority has a number of supporting plans which cover the detailed actions that we have already started to work on and we will continue this important work during the year.

In summary we have experienced a challenging year but there have also been successes, not least our continued response to the COVID pandemic and the on-going hard work and commitment of our staff during challenging times.

We know that we have much work to do, especially in light of the recently-published CQC report, however I, and the whole leadership team, am committed to deliver sustainable improvements to ensure that can build and improve 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.

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

This section of the quality account relates to key areas of development which we will work on over the next 12 months. These are referred to as 'priorities' throughout the quality account and each of them will be reported on to the Board and our Council of Governors throughout the coming year.

The current set of priorities were agreed in the 2019/20 period, with an aim to implement the objectives through 2020/21 and 2021/22 and although progress has been made against each of them, the impact of the COVID-19 pandemic and the need to divert many of the Trust's resources, meant it was not possible to fully achieve the objectives. A proposal was made to the Executive Management Board (EMB), to carry-over our priorities for a second year to 2022-23. This was approved by the Quality and Patient Safety Committee (QPSC) and agreed by the South East Coast Ambulance Service's lead commissioner, following discussions with wider stakeholder engagement.

The priorities detailed in this section are both retrospective and forward looking as they look back on the previous year's progress and set out what we plan to achieve in the coming financial year.

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	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.

A national supervision framework has now been released within the ambulance sector following recommendations made in the report into ambulance services by Lord Carter. This document provides guidance on how ambulance trusts can implement clinical supervision nuancing the core elements with locally derived aspects.

The model which will be established by SECAmb will be developed to ensure a standard approach that can be utilised to embed safe and effective care and ensure that staff are optimally supported. Safety is at the heart of every patient interaction and clinical supervision has been shown to improve patient safety, reduce burnout, increase staff retention and competency (Health & Care Professions Council (HCPC) 2015). Effective supervision can contribute to the continued development of healthy organisational cultures and improve engagement and morale (NHS Education for Scotland 2018). The principles of clinical supervision provide a safe environment to develop leadership qualities and the opportunity to critique clinical and cultural practices (Blishen 2016). Importantly, the HCPC (2015) and 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.

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. Fundamentally, clinical supervision has three domains which come together to provide a supporting framework from practice - promoting confident practice; supporting competency; resolving uncertainty in practice.

Supervision provides a safe, confidential space to support clinicians in 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.

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. The intention is to demonstrate the tangible benefits to staff and our service delivery which ultimately seeks to enhance patient care.

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 2 (2021/2022)**
  - 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)
  - Developing Terms of Reference for a Clinical Supervision Task and Finish Group commencing in quarter 1 2022/23

- **Year 3 (2022/23)**
  - Quarter 1: Convene a multidisciplinary planning team involving representatives from all key professionals to work through national ambulance strategy and develop a supervision strategy for SECAmb which meets the requirements of all professionals. This will include scoping out all professional requirements and what is already in place for some professionals.
  - Quarter 2: The strategy will be complete and ready for approval by the Trusts Senior Management Group (SMG) and Executive Management Board (EMB).
  - Quarters 2 and 3: Phased implementation for selected groups of staff across the Trust.

- Quarter 4: Review of phased implementation and development of plan to progress the full roll out of supervision to all staff in the next year.
- Utilise Quality Improvement (QI) methodology to define and refine the quality of the supervision model
- After initial roll out, the following will be reported on:
    - Reporting the percentage (%) of staff with a named supervisor
    - Reporting the number of encounters with a supervisor
    - 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?

- Improvements in staff-reported experience in the workplace. Specifically, improvements in staff survey results, particularly relating to motivation at work
- Improved patient outcomes and experience (trends in adverse events, complaints etc)
- Measuring impact on sickness levels associated with stress, burnout and moral injury. Currently the Ambulance sector has the highest sickness levels in the NHS with an average of 20 days per person per year (Carter, 2019)
- Linking quality and performance aspirations to the benefits of supervision, such as optimising on-scene times, conveyance decisions, re-presentation rates, whole system flow. We will look to establish evidence that supervision further promotes putting patient choice at the heart of each patient encounter

Our performance 2021/22

The progress for this quality account domain has been affected by the COVID-19 directly in terms of capacity to consider the national direction of travel with supervision as well as the delays to the publication of the national supervision framework.
While there has been limited progress towards commencing clinical supervision, the trust has worked on improving the structure for clinical leadership at Operating Unit (OU) level, mainly by ensuring that each locality has a team of Paramedic Practitioners (PPs) in a consistent rota. These new rotas will mean that PPs can be at the vanguard of clinical supervision when it commences and being trained as supervisors able to deliver the first level of supervision as set out in the timeline for quarters 2 and 3 in 2022/23.

Terms of reference have been developed for a Clinical Supervision Task and Finish Group and a consultant paramedic has been identified to chair this group.

Actions to be carried forward to 2022/23

Publication of the national supervision framework has now happened, and the framework document has been released to ambulance trusts, following an initial delay as an implication of the COVID-19 pandemic. Objectives carried forward include:

- Embedding clinical leadership structures across the Trust (Operational Unit Paramedic Practitioner Hubs)
- Quarter 1: Convene a multidisciplinary planning team involving representatives from all key professionals to work through national ambulance strategy and develop a supervision strategy for SECAmb which meets the requirements of all professionals. This will include scoping out all professional requirements and what is already in place for some professionals.

- Quarter 2: The strategy will be complete and ready for approval by the Trusts Senior Management Group and Executive Management Board.
- Quarters 2 and 3: Phased implementation for selected groups of staff across the Trust.
- Quarter 4: Review of phased implementation and development of plan to progress the full roll out of supervision to all staff in the next year.
- Utilise QI methodology to define and refine the quality of the supervision model
- After initial roll out, the following will be reported on:
    - Reporting the percentage (%) of staff with a named supervisor
    - Reporting the number of encounters with a supervisor
    - Implementing supervision training for the post graduate workforce
    - Scoping and implementing training for all clinical supervisors

In summary, the third year of this quality measure will support the implementation of the national ambulance clinical supervision framework which in turn supports the requirement outlined in Health Education England's (HEE) supervision frameworks. Clinical supervision is being embraced by the Trust strategically and is expected to see tangible improvements to staff welfare and patient care, as well as further promoting 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	2.Introduction of Mental Health First Aid (MHFA) Training for Front-Line Staff

Why is this a priority?

The reasoning for this to be considered a priority which were articulated in the 2019/20 Quality Account are still evident however, emphasis at this time was more leaning towards front line staff receiving skills training that would support front line clinical work as well as knowledge in recognising and managing personal challenges as well as supporting colleagues. We are now offering this to a wider staff group.

Aims and Objectives

In order to address the requirement for a change of approach, the Mental Health Team in collaboration with the Clinical Education Department introduced the training as continuous professional development (CPD) and to facilitate as a minimum, one course each month.

How will we achieve this?

A minimum of one course per month will be facilitated with places for up to sixteen participants.

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

-A well-attended rolling programme of courses on a monthly basis throughout 2022.
-We will have a training delivery programme for 2022 with a process of evaluation at year end.
-The addition of 3 instructors by close of 2022.

Our performance 2021/22

Since September 2021 up to February 2022 five courses have been successfully facilitated and have received excellent feedback.

Actions to be carried forward to 2022/23

- 3 additional instructors to be in place by end 2022
- A minimum of 1 course with up to 16 places to be facilitated per month throughout 2022. This can be flexed subject to additional instructors being available
- Quarterly monitoring of effectiveness with Clinical Education Team monthly
- An improved booking system to be in place by end April 2022 to maximize course take up and reduce drop-out rate

Board Sponsor

Executive Director of Nursing & Quality

Implementation Lead

Mental Health Consultant Nurse

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

Why is this a priority?

It is acknowledged that some patients 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 their 'long-lie'. These include reduced confidence, increased anxiety, dehydration, hypothermia, rhabdomyolysis, pneumonia, and acute kidney injury. These issues can lead to significant impacts on the patient's life, including affecting their long health or even leading to 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), or other suitable ambulance response, 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 to ensure that the patient has appropriate aftercare. This may include an "Urgent Community Response", which is a recent addition to community services and provides a rapid response to support more patients in the community. In the future, pending the successful proof of concept 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 a timeframe which prevents long-lie risks occurring. While challenging, this should be as quickly as 20 minutes, as pressure damage can begin to occur in some patients early in their long-lie. 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

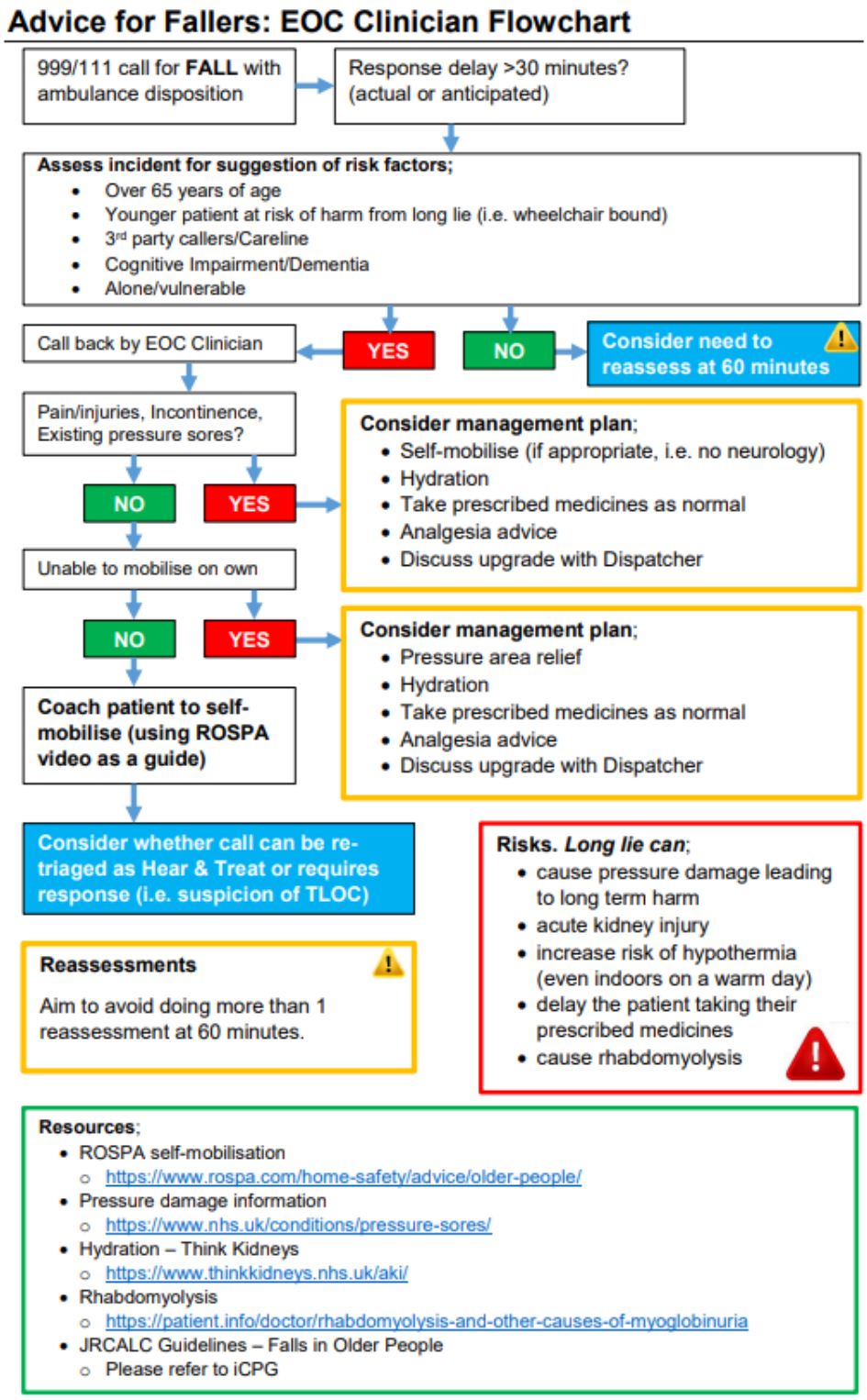
In residential and care homes, despite there being staff available to assist residents, often patients are left on the floor until the ambulance arrives. The reasons for this include not having lifting aids available, a fear of harming the fallen resident further, and having a 'no-lift' policy in place. 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 2020/21 there were over 30,000 calls to SECAmb where the call was categorised as a fall. Mindful that many calls for falls are categorised as “trauma” or other determinants, the true number of fallers is known to be higher. The majority of calls for falls are prioritised as Category 3 which requires an average response time of 120 mins. During this period the average response time for Category 3 falls was 1 hour and 12 minutes which, while within our contract standard still places fallers at risk of a long-lie. A proportion of the calls are in places such as care homes and this provides an opportunity to support fallers before an ambulance arrives.

The SECAmb Care Home Flowchart (shown on the next page) 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 partners in community services, Clinical Commissioning Groups (CCGs), Integrated Care Systems (ICS), and third sector, to gain support to embed the documents within all care homes. This remains an ongoing piece of work as a system partner across health and social care.

SECAmb Care Home Flowchart:



Aims and Objectives

For the Trust, this project would expect to see a reduced number of ambulance callouts 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 this work will reduce risk in this group of patients once this project has completed its proof of concept, evaluation, and full trust roll-out.

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 Emergency Operations Centre (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% or care homes by the end December 2020
- We will see a reduction in the number of ambulance calls to falls patients at care homes
- We will see a reduction in the number of reported incidents and SIs relating to long lies

Our performance 2021/22

- ✓ **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. The falls model of care goes live in Gatwick and East Sussex Operating Units in February 2022. Following this proof of concept, which was delayed due to the pandemic, we will both evaluate the impact and seek to roll out more widely.

Actions to be carried forward to 2022/23

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. Below demonstrates the specific actions we will carry forward to 2022-23:

- Review the proof-of-concept period for the Community Falls Team model of care deployment
- Develop a business plan/case to support wider roll out of the falls model of care
- Establish local clinical leads from our paramedic practitioner teams to support care homes liaison, working alongside our Strategic Partnerships Managers at a system level.
- Continue to engage with partners across health, social care, third sector, and blue light agencies to explore joint working to support rapid response to falls

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 from Care Homes focus, Response model of care development with PPs 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, Virtual Response to patients from PP Urgent Care Hubs.

Board Sponsor
Executive Medical Director

Implementation Lead
Consultant Paramedic

2.2 Statements of assurance from the Board

Provided and/or sub-contracted services

During 2021/22 the South East Coast Ambulance Service NHS Foundation Trust (SECAmb) provided two relevant health services: 999 Accident & Emergency Services and NHS 111 Integrated Urgent Care (IUC) service.
The South East Coast Ambulance Service NHS Foundation Trust has reviewed all the data available to them on the quality of care in all relevant health services.
The income generated by the relevant health services reviewed in 2021/22 represents 86% of the total income generated from the provision of relevant health services by the South East Coast Ambulance Service NHS Foundation Trust for 2021/22.

Clinical Audit

During 2021/22 ten national clinical audits and one national confidential enquiry covered relevant health services that South East Coast Ambulance Service NHS Foundation Trust provides.
During that period South East Coast Ambulance Service NHS Foundation Trust participated in 100% national clinical audits and national confidential enquiries which it was eligible to participate in.
The national clinical audits and national confidential enquiries that South East Coast Ambulance Service NHS Foundation Trust was eligible to participate in during 2021/22 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
ST Elevation Myocardial Infarction (STEMI)	Delivery of Timeliness requirements
Stroke	Delivery of Care Bundle
Stroke	Delivery of Timeliness requirements
Sepsis	Delivery of Care Bundle
Delayed Hospital Handover	Review of Hospital Handover Delays

The national clinical audits and national confidential enquiries that South East Coast Ambulance Service NHS Foundation Trust participated in during 2021/22 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
ST Elevation Myocardial Infarction (STEMI)	Delivery of Timeliness requirements
Stroke	Delivery of Care Bundle
Stroke	Delivery of Timeliness requirements
Sepsis	Delivery of Care Bundle
Delayed Hospital Handover	Review of Hospital Handover Delays

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 2021/22, 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 included in the denominator**	**Percentage of the number of registered cases required**
Cardiac Arrest	Return of Spontaneous Circulation (All Cases)	2,783	100%
Cardiac Arrest	Return of Spontaneous Circulation (Utstein Group)	501	100%
Cardiac Arrest	Survival to Discharge (All Cases)	2,766	100%
Cardiac Arrest	Survival to Discharge (Utstein Group)	490	100%
Cardiac Arrest	Delivery of Care Bundle	1,049	100%
ST Elevation Myocardial Infarction (STEMI)	Delivery of Care Bundle	1,703	100%
ST Elevation Myocardial Infarction (STEMI)	Delivery of Timeliness requirements	1,148*	100%
Stroke	Delivery of Care Bundle	14,716	100%
Stroke	Delivery of Timeliness requirements	3,965*	100%
Sepsis	Delivery of Care Bundle	7,817	100%
Delayed Hospital Handover	Review of Hospital Handover Delays	50	100%

*Timeliness figures are from Apr 21-Dec 21. This is the most recent data released by NHS England at the time of the report.

The reports of nine national clinical audits were reviewed by the provider in 2021/22 and South East Coast Ambulance Service NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

National Audit	Actions to improve the quality of healthcare provided
Cardiac Arrest	• The Trust has re-instated 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 this data is validated. It is expected that the full data set will be available by the end of May, which will then need analysis and reporting. The Annual Cardiac Arrest report is under development and will be published during Q3 2021/22. • The survival to discharge from hospital data was replaced with 'survival to 30 days' (NHS England, 2021) from January 2021. • The Trust will also restart Codestat (key CPR performance metrics data).
ST Elevation Myocardial Infarction (STEMI)	• The Trust plans 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 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	• 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	• Improvement work is underway to provide meaningful Clinical Outcome Indicator (COI) feedback to clinicians.

The reports of twelve local clinical audits were reviewed by the provider in 2021/22 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
Observations in incidents with high NEWS2 scores	• Approval of what observations should be recorded in an initial and repeat Set of Observations and at what frequency they should be conducted refreshing the Trusts minimum dataset. • Communication to be sent to remind clinicians to complete and record that Repeat Set of Observations and an approved frequency. • Communication to be relayed to ambulance clinicians of their responsibilities to patient care when they are at hospital waiting to hand over. • Audit to be shared with the project overseeing the data integration of LP15 data into the ePCR.
Airway Management in Cardiac Arrest	• Bulletin/communication/poster to be disseminated with the results of the audit, including praise for the high compliance. • Options of how best to document End-Tidal Carbon Dioxide ($EtCO_2$) waveform to be explored. • Bulletin/communication/guide to be circulated on how to document the EtCO2 waveform. • Bi-annual reaudit to continue
End of Life "Just in Case" Patient Group Directions	• Communication to go out to praise clinicians for great work in this area of patient care. • Liaison with the End-of-Life Care lead to provide a list of referral services. • Liaison with the End-of-Life Care lead to provide a list of expected support structures that should be in place.
End of Life "Just in Case" medications	• Clinicians to be reminded about the importance of Worsening Care Advice (WCA) as part of a bulletin or key skills refresher (if appropriate). • A clinical review of these incidences to be carried out to ensure that there is no Duty of Candour or safety concerns. • Audit proposal to be added to the scoring for the Clinical Audit Platform (CAP) 2022/2023.
Head Injury on Anti-coagulants	• Circulate a clinical bulletin to detail the results of the audit, including information about how to document UTA, pain-free pain scores, inlcuding the patient's baseline Glasgow Coma Scale (GCS) and praise for the high compliance.
Fracture Neck of Femur	• Complete clinical bulletin to detail the Fracture Neck of Femur (FNOF) care bundle with emphasis on documenting a pain score/providing analgesia and splinting and/or excavation. • Praise for the high compliance to temperature documentation, primary assessment, and fluid therapy. • Signposting clinicians to the ePCR fields to document splinting and/or excavation.

	• A reminder about the difference in management between fractured neck of femur and shaft of femur. • Add to Clinical Audit Plan 2022/23.
Palliative and End of Life Care	• Circulate clinical bulletin/poster to advocating good practice and important points to frontline clinicians to improve morale and to support good care. • Carry out discussions between the End of Life Care (EOLC) Clinical Oversight Group with local CCGs, hospices, social services, and other agencies to ensure that patients, families, and carers are fully supported in their autonomous decisions regarding care pathways.
Referral and Discharge (Safety of Discharge)	Audit not yet presented to CAQSG
Frailty and Falls	Audit not yet presented to CAQSG
Cannulation	• Clinical bulletin/poster advocating important points to frontline clinicians.
Clarithromycin Administration in Acute Otitis Media - Patient Group Directions	• Create a comms piece (poster, video, bulletin, or training update) to remind clinicians of the indications for Clarithromycin, the importance of providing adequate worsening care advice and the importance of safety netting.

Research & Development

The number of patients receiving relevant health services provided or subcontracted by South East Coast Ambulance Service NHS Foundation Trust in 2021/22 that were recruited during that period to participate in research approved by a research ethics committee was one.

Commissioning for Quality & Innovation (CQUIN)

South East Coast Ambulance Service NHS Foundation Trust's income in 2021/22 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) payment framework because CQUIN activity for Trusts was suspended for the period from April 2021 to March 2022 as confirmed in the guidance on finance and contracting arrangements for H1 2021/22 and H2 2021/22, published in March 2021 and September 2021, therefore providers were not asked to update on CQUIN performance data for 2021/22. 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. Further details of the finance and contracting guidance are available electronically at https://www.england.nhs.uk/operational-planning-and-contracting

Care Quality Commission (CQC)

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

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 2021/22.

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

Information Governance

South East Coast Ambulance Service NHS Foundation Trust Information Governance Assessment Report overall score for 2021/22 was approaching standards. This scoring resulted in the Trust submitting its Data Security & Protection toolkit with an approved Improvement Plan. This Improvement Plan had a target date for completion by the 31 December 2021.

In December 2021, NHS Digital issued formal communications advising organisations that they were no longer required to submit their updated Improvement plans by the 31 December 2021. Whilst no new deadline was set, they advised organisations that they could still submit and update their Improvement Plan should they wish to do so.

Following review, the Trust took the decision to continue with its Improvement Plan submission. Whilst it is noted that this is no longer a mandatory requirement, the Trust views submission as an important way of demonstrating internal and external assurance which NHS Digital have acknowledged.

Payment by Results (PbR)

South East Coast Ambulance Service NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2021/22 by the Audit Commission.

Data Quality

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
- The Trust has improved capture of NHS numbers, using an automated link to the national tracing service at the point of data entry. With the implementation of shared care records across Integrated Care System (ICS) areas this is essential to ensuring linkage of records for healthcare treatment purposes across healthcare organisations

Learning from Deaths

Between April 2021 and December 2021 5,622 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:

1,691 in the first quarter;
1,763 in the second quarter;
2,168 in the third quarter;
Fourth quarter data is not yet available.

We are still analysing Q4 data, and it will be published within the 2022/23 annual quality account.

We have included data for all deaths within the reporting period for the first 3 quarters. As an ambulance service we attend patients who have already died or die as a result of their illness or injury.

By 28/04/2022, 120 case record reviews have been completed. 36 investigations – using defined Root cause analysis within the Learning from Deaths (LFD) Framework – have been carried out in relation to 156 of the deaths included in item 27.1.

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

60 in the first quarter;
60 in the second quarter;
60 in the third quarter;
Fourth quarter data is not yet available.

We are still analysing Q4 data, and it will be published within the 2022/23 annual quality account. The information for Q4 for the previous reporting period, 2020/21, is detailed below, as stated in the last quality account published by the Trust.

In the fourth quarter of 2020/21 60 reviews were carried out.

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;
Fourth quarter data is not yet available.

We are still analysing Q4 data, and it will be published within the 2022/23 annual quality account. The information for Q4 for the previous reporting period, 2020/21, is detailed below, as stated in the last quality account published by the Trust.

In the fourth quarter of 2020/21 0 representing 0% of the patient deaths during the reporting period were judged to be more likely than not to have been due to problems in the care provided to the patient.

These numbers have been estimated using the structured judgement reviews.

The Trust has learnt the following:

In more than 90% of the 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 less than 10% of the reviews there was a delay in attending the patient. The reviewers have not found evidence that these delays significantly impacted on the outcome for most of the patients, however two cases in quarter 1 were identified where a delay to a Category 1 and a Category 2 call may have impacted on the outcome for the patient.

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.

As in previous reports, from the way that we collect the data on deaths, 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 Disability 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. A review of our electronic Patient Care Record (ePCR) is currently being performed and this issue is included in the review.

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.

The Trust has taken the following actions as a result of the 156 case reviews above:

- End of Life Care Group to provide guidance on the use of photos of the deceased within the patient records
-Raise issue of Primary Care planning for end-of-life care for patients at the End of Life Care (EOLC) regional groups
-Learning from Deaths Group to issue advice on ‘when not to start resuscitation’ to provide greater clarity for crews
-Learning from Deaths Group to review the use of the Cardiac Arrest Form due to a number of incidents reviewed having no form completed
-Raise the issue of patients on ‘blood-thinners’ currently not being taken into consideration during triage

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

0 case record reviews and 0 investigations completed after 31/03/2020 which related to deaths which took place before the start of the reporting period.

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.

0 representing 0% of the patient deaths during 2021/22 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.

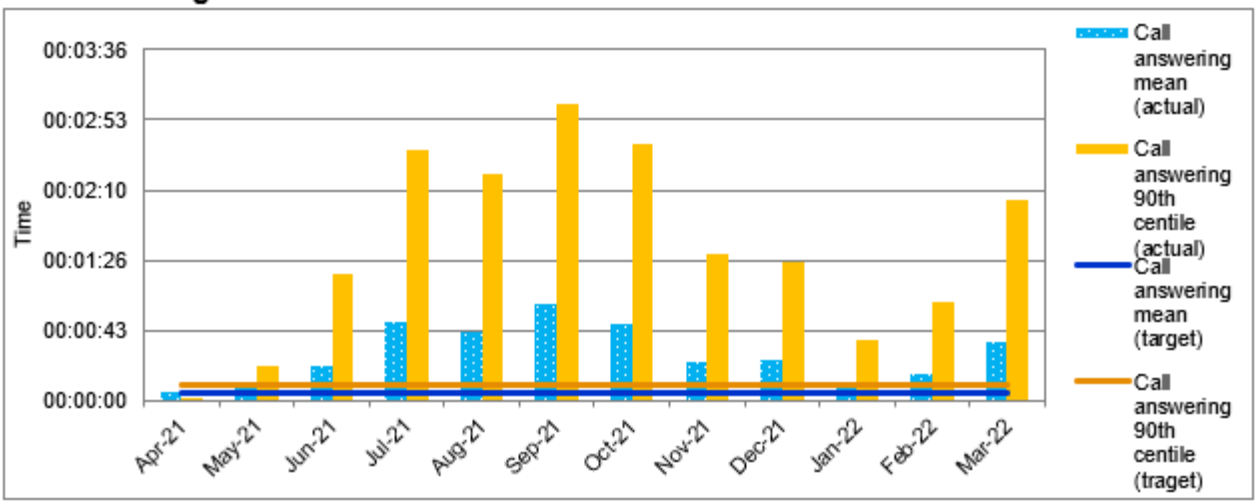
The Ambulance Response Programme (ARP) set a suite of performance targets for call answering and operational response to a range of categories of call. These metrics are collated from all ambulance services and are proxy measures for patient care where the speed of response required is assigned according to clinical need according to triage through an appropriate system – NHS Pathways in SECAmb.

The table below shows the overall performance against all ARP targets as well as call outcomes between 01 April 2021 and 31 March 2022.

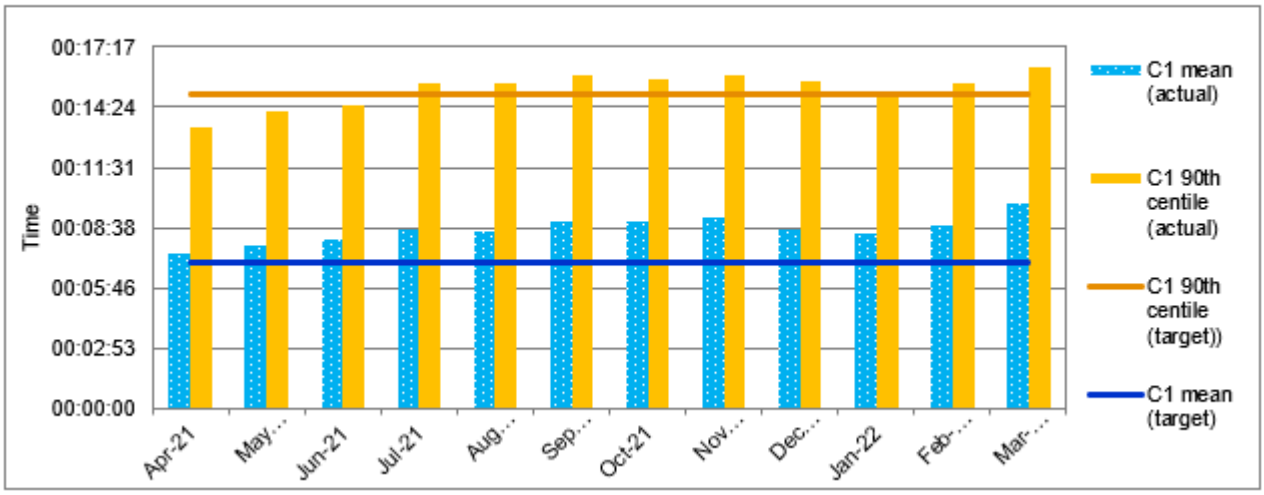
	Target		AQI		
Category	Mean	90th Centile	Incidents	Mean	90th Centile
C1	00:07:00	00:15:00	27022	00:08:35	00:15:20
C1T	00:19:00	00:30:00	17102	00:10:26	00:18:42
C2	00:18:00	00:40:00	200166	00:28:34	00:57:51
C3		02:00:00	98056	02:22:27	05:26:58
C4		03:00:00	2224	02:44:21	06:39:01
ST	All Incidents		122665	32.55%	
SC	All Incidents		220327	58.47%	
HT	All Incidents		33816	8.97%	
Count of Incidents			376808		
Count of Incidents with a Response			342992		
999 Mean	Call Answer Target 00:05		938745	00:30	
999 90th	Call Answer Target 00:10			01:47	
Trust EOC 999 Abandoned Calls			17284	1.8%	
A0	EOC All Calls		461820		

As can be seen from the above, all ARP performance in the main categories did not meet the contracted ARP standards. The graphs below show how the performance across the financial year fluctuated, but consistently remained outside the target levels.

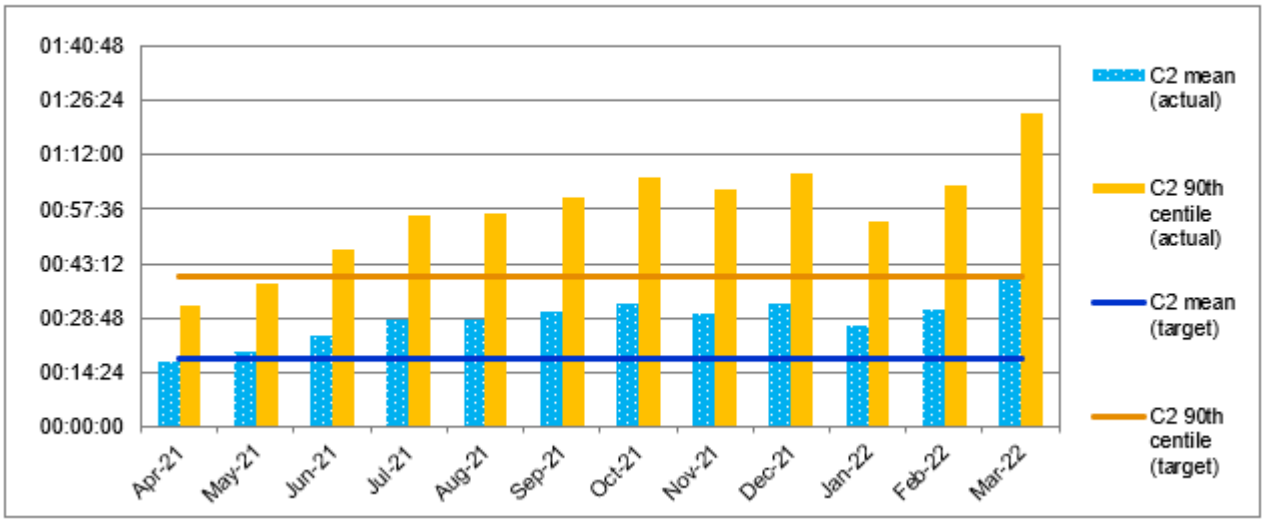
Call answering



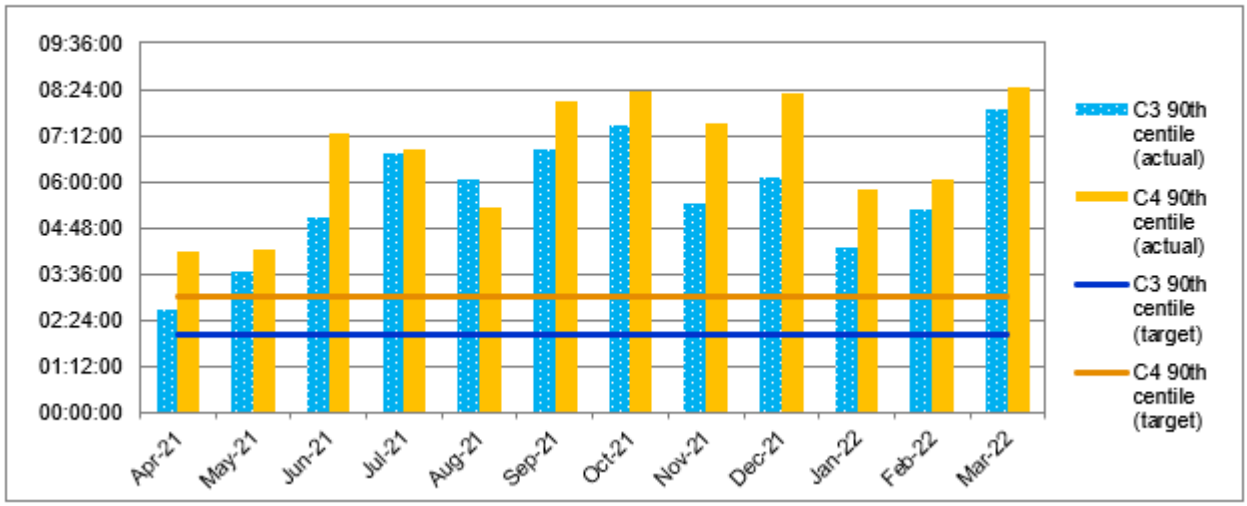
C1 response times



C2 response times



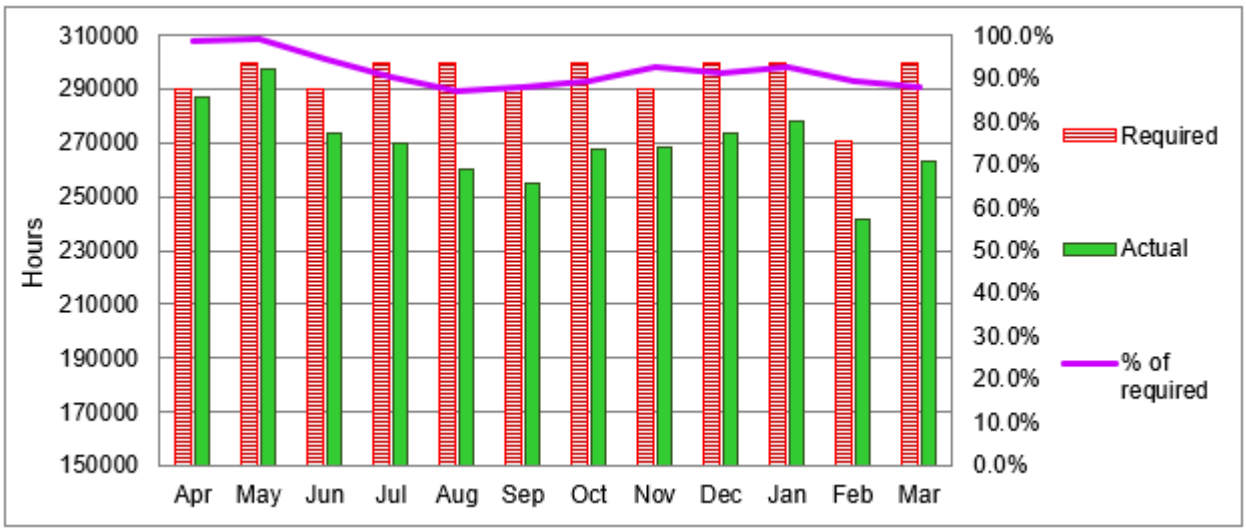
C3 & C4 response times



Front-line resourcing

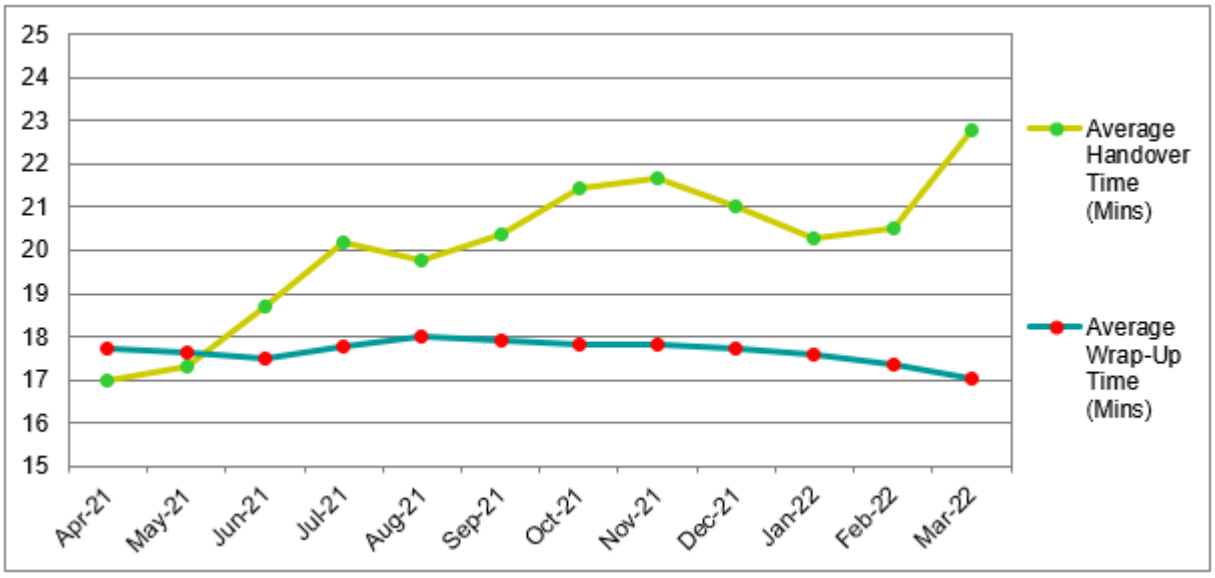
Overall, the 2021/22 financial year was very challenging, primarily in relation to the ability to produce sufficient staff hours to meet the demand – this being significantly impacted through high levels of staff absence through sickness (Covid and non-Covid related) see across the year.

Throughout the year, the operations team have used targeted incentivisation of shifts to look to mitigate risk where there have been specific periods/days of staff shortage (e.g., particularly at weekends), or where the predicted demand was expected to be very high (e.g., immediately after a bank holiday). This has had a good level of success, which in conjunction with both planned and additional support from Private Ambulance Providers, has assisted in maintaining a higher level of staffing then would otherwise have been seen.



Hospital handover times

In addition, with the difficulties seen across many of the hospitals across the region to support patient flow, this has resulted in an increasing handover time across the year whilst the Trust has continued to work to deliver an improving wrap-up time, as shown in the graph below. Whilst several acute trusts have experienced challenges, increased in handover time have been seen in all areas – this is despite strong working relationships between local teams and at strategic ICS levels. Unfortunately, often when SECAmb have been experiencing higher levels of handover delays, this has coincided with times of greatest activity, creating a more significant impact on the service being able to reach patients in a timely manner.



Key actions taken across the year

- In line with national ambulance guidelines, SECAmb assesses its level of escalation according to the Resource Escalation Action Plan (REAP). This is a document that provides a structure under which to assess current pressures, linked to a suit of recommendations of appropriate actions to manage associated risk against quality and performance issues. REAP is reviewed on a weekly basis at the Senior Management Group with final agreement of the REAP level reached by the Executive Management Board.
- In addition to the use of REAP, the Trust uses a Surge Management plan (SMP) to manage much more dynamic fluctuations in service challenge – often across hours rather than days. This plan has a structured stepped process with clearly defined actions to be taken to dynamically manage and/or mitigate risks/issues. Throughout the 2021/22 year, due to the extraordinary circumstances experienced across the health and social care system it was necessary to develop an additional suit of actions to complement and extend those with the SMP document. All these actions were fully described, quantified and taken through an appropriate governance process for approval, and will be included in the formal review and update of the document scheduled for early 2022/23.

- During this the summer of 2022, SECAmb participated in a national pilot relating to the revalidation of C3 & C4 calls, where the intention was to undertake appropriate over-the-phone assessment of patients by control room clinicians to confirm the most appropriate outcome. This was building on the learnings and successes of a similar pilot within the 111 service, where good clinical outcomes had resulted in not only safe and appropriate clinical outcomes for patients, but also reduced the volume of calls being converted to ambulance dispositions. Following the success of this pilot in the 999 service in SECAmb and other ambulance trusts, it has now been extended to all English services.
- Due to the outbreak of the COVID-19 pandemic in the 2020-21 financial year, it was not possible to complete the roll-out of the full annual programme of clinical training and key skills. Consequently, during 2021/22 the Trust agreed that the intention was to complete this roll-out to ensure staff had completed the minimum requirement by the end of March 2022.
- To support service delivery across the year, the Trust also reviewed the use of specialist practitioners to support clinical decision making and outcomes, call management and staff support:
    - Hazardous Area Response Team (HART) resources continue to be tasked according to the national specifications; however, the use of the solo response vehicles was extended at times of escalation.
    - Paramedic Practitioners undertook duties within local 'hubs' where they were able to provide virtual assistance on decision making for crews on scene with complex patients – in many cases the outcome was a decrease in the number of patients conveyed to emergency departments, and a high proportion of see & treat or referral to other pathways.
    - Critical Care Paramedics extended the cohorts of patients they responded to as well as providing additional virtual support to on-scene crews.
- Across the year as part of on-going system partnership engagement, SECAmb participated in programmes focusing on improving the quality and safety of care provision in a whole system/integrated way. One of these related to system flow and included the management of diverts. As hospitals experienced surges in demand in their Emergency Departments, SECAmb, in collaboration with the hospital itself, and other system/acute partners, agreed to individual or multiple diverts, where for a specific period, patients would be conveyed to other local hospitals to provide a short period of partial relief to the trust under increased pressure. Whilst these often resulted in only small numbers of patients being conveyed to alternative locations, this was often sufficient to support the hospital in a way that was beneficial from a quality and risk aspect.
- In September, NHS England approached all ambulance trusts to provide additional non-recurrent monies to support the predicted additional demand expected over the winter period from October through to the end of March. These monies were allocated to specific programmes of work, all of which were designed to mitigate the potential risk associated with this additional demand, and primarily focused on increasing available resources, through the recruitment of a large cohort of extra Emergency Medical Advisors and EOC clinicians and contracting of additional Private Ambulance Provider resources. These actions had a material positive impact through the winter period and even into early March 2022. The other workstreams within this programme included a pilot of the use of taxis to convey specific patient cohorts who have received over-the-

phone assessment, and the use of Hospital Ambulance Liaison Officers (HALOs) to facilitate support at critical times at specific emergency departments. Both of these have had success in supporting improved service delivery.

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

Stroke

This table demonstrates the percentage of patients with suspected stroke, assessed face to face, who have received an appropriate diagnosis bundle. The diagnostic bundle includes completing a face, arm, and speech test, testing the patient's blood pressure and testing the patient's blood glucose level.

Month	SECAmb Stroke Diagnostic Bundle Compliance	SECAmb Mean	National Average	Highest National	Lowest National
Apr-21	95%	95%	98%		
May-21	96%	96%	98%	99%	96%
Jun-21	97%	96%	98%		
Jul-21	94%	96%	98%		
Aug-21	97%	96%	98%	100%	94%
Sep-21	97%	96%	98%		
Oct-21	98%	96%	98%		
Nov-21	98%	96%	98%	99%	93%
Dec-21	97%	97%	98%		
Jan-22	97%	97%			
Feb-22	97%	97%			
Mar-22	97%	97%			

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 data following the roll out of electronic Patient Clinical Records (ePCRs) for the majority of incidents.

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:

- Telemedicine for stroke where a stroke doctor triages the patient in the patient's home or in the ambulance and decides if the patient should be conveyed to a stroke unit. This has already significantly improved stroke patient flow in Kent, but benefits to stroke patients as an individual group are difficult to quantify given the overall subsuming of this group into category 2 calls.
- Operating Unit (OU) level audit data will identify individual OUs and clinicians to feedback compliant and non-compliant incidents.

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. The care bundle includes administration of aspirin, glyceryl trinitrate (GTN), analgesia (pain relief) and recording two pain scores. This data is published quarterly by NHS England.

Month	SECAmb STEMI Care Bundle Compliance	SECAmb Mean	National Average	Highest National	Lowest National
Apr-21	69%	69%	77%	94%	64%
May-21	60%	64%	77%		
Jun-21	57%	62%	77%		
Jul-21	61%	62%	77%	96%	61%
Aug-21	63%	62%	77%		
Sep-21	54%	61%	77%		
Oct-21	55%	60%	76%	97%	55%
Nov-21	54%	59%	76%		
Dec-21	57%	59%	76%		
Jan-22	56%	59%			
Feb-22	53%	58%			
Mar-22	59%	58%			

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 data following the roll out of ePCRs for the majority of incidents.

The current bundle of care is underperforming, mainly with regard to the administration of paracetamol as an analgesic. A recent deep dive of the care bundle revealed compliance for Nov-21 Data being identified as:

- Aspirin: 98%
- GTN: 88%
- 2 pain scores: 90%
- Appropriate analgesia: 69%
  (Morphine and/or Entonox to be given. Only If both are contra-indicated can paracetamol be considered an appropriate choice)

The proportion of patients who received the STEMI Care Bundle continues to be below the national average and shows normal patterns of variation encountered with smaller sample sizes. ePCR forcing functions for the adequate documentation of STEMI clinical care has not led to the expected improvement in performance predicted in the 2020/21 Clinical Audit Annual Report. STEMI audit identifies the administration of Paracetamol without documenting that Morphine Sulphate or Entonox continues to contribute to a significant lowering of audit compliance. This is a result of complex technical guidance from the National Ambulance Service Clinical Quality Group (NASCQG).

The combined complexities of the analgesia component bring the overall STEMI Clinical Outcome Indicator) (COI) compliance down.

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:

- Communications such as a STEMI ‘Time-bomb’ poster is being planned to encourage reduced time on scene.
- Joint Royal Colleges Ambulance Liaison Committee (JRCALC) to review Acute Coronary Syndrome (ACS) guidelines to simplify analgesia guidance.
- Ongoing Continuing Professional Development (CPD) events to emphasise optimal STEMI care.
- OU level data on STEMI is being circulated to certain OUs and feedback to OUs is being planned.
- Liaising with Clinical Education to display STEMI slides to raise awareness of the care bundle and need for a timely response.
- Deep dive carried out to identify the reasons behind STEMI care bundles non-compliance.

Sepsis

This table demonstrates the percentage of patients with sepsis, assessed face to face, who have received an appropriate care bundle. This measure only includes patients with an infection NEWS2 (National Early Warning Score) of 7 or above. The patient must have a respiratory rate, level of consciousness, blood pressure and oxygen saturations documented. High flow oxygen and fluids must be administered where appropriate, and place hospital pre alert call.

Month	SECAmb Sepsis Care Bundle Compliance	SECAmb Mean	National Average	Highest National	Lowest National
Apr-21	85%	85%	82%		
May-21	84%	84%	82%		
Jun-21	84%	84%	82%	92%	61%
Jul-21	81%	83%	82%		
Aug-21	86%	84%	82%		
Sep-21	84%	84%	83%	92%	62%
Oct-21	85%	84%	83%		
Nov-21	85%	84%	83%		
Dec-21	87%	85%	84%	94%	67%
Jan-22	83%	84%			
Feb-22	86%	85%			
Mar-22	84%	85%			

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 data following the roll out of ePCRs (electronic Patient Clinical Records) for the majority of incidents.

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:

- Improved design of electronic records to improve documentation of essential care elements, these will be in line with any changes made at national level.
- Communications to clinical staff to stress the importance of and the evidence base for completion of the sepsis care bundle.

ROSC

This table demonstrates the percentage of patients, where return of spontaneous circulation was achieved following a cardiac arrest, who received an appropriate care bundle. This data is published quarterly by NHS England.

Month	SECAmb ROSC Care Bundle Compliance	SECAmb Mean	National Average	Highest National	Lowest National
Apr-21	83%	83%	77%	98%	52%
May-21	77%	80%	77%		
Jun-21	90%	83%	77%		
Jul-21	76%	81%	77%	94%	53%
Aug-21	68%	79%	77%		
Sep-21	75%	78%	77%		
Oct-21	78%	78%	77%	98%	63%
Nov-21	77%	78%	77%		
Dec-21	69%	77%	77%		
Jan-22	72%	77%			
Feb-22	73%	76%			
Mar-22	70%	76%			

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 data following the roll out of electronic Patient Clinical Records (ePCRs) for the majority of incidents.

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 2021/22 Annual Cardiac Arrest Report was circulated in Q4 of 2021/22. The 2022/23 is under development and will be published during Q3 of 2022/23.

- A dedicated Resuscitation Task and Finish Group is in place meeting regularly to review cardiac arrest performance.

- The annual data set, at the time of writing this report, is incomplete. Therefore, full analysis and interpretation cannot be completed until all data is validated.

It is expected that the full data set will be available by the end of June, which will then need analysis and reporting. This is in-line with national targets.

Patient Safety Incidents

The number of patient safety incidents reported within the trust during 2021/22 was 7,465, and the number of such patient safety incidents that resulted in severe harm or death was 29 (2.5%).

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
- Auditing all incidents awaiting allocation and being investigated and chasing up the owners of these incidents
- Focus on incident reporting in Serious Incident Group (SIG) and feedback in Quality and Patient Safety Group (QUAPS) 111/999 and Operations meetings

Part 3: Other Information

3.1

Part 3 of the quality account is used to present an overview of quality across the Trust's services along with any other information relevant to the quality of health services provided or subcontracted during the reporting period.

The various areas referred to as 'indicators' in this section represent information that has been reported and monitored by a number of forums throughout 2021/22 such as the Trust Board and Quality Patient Safety Committee.

Throughout the reporting period of 2021/22 SECAmb has continued to work through pressures resulting from the ongoing pandemic. For the past two years the Trust has operated a COVID Management Team and Test & Trace Cell which 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. Regular meetings (daily initially) also supported senior oversight of all risks associated with the pandemic in order that mitigation could be quickly agreed and implemented.

During the time this group operated we:

-Had 3,055 confirmed COVID cases amongst our staff

-Managed 20 workplace outbreaks

-Together with our partners, vaccinated 6,119 staff, partners & household members with first and second doses

-Provided 2,452 staff with the COVID booster

Although this group closed on 31/03/2022, COVID-19 absence management and support remained a priority which was continued by local leadership teams, supported by existing processes and provisions such as the Wellbeing Hub. The COVID-19 absence: workplace advice tool and key action cards remain available for all staff to provide general guidance.

This winter has continued to be a challenge, from both the ongoing impact of COVID-19 and the expected increase in calls across the winter months. European Union (EU) Transition has contributed to the challenge and this extra dimension has been mitigated somewhat by all the prior planning that had been undertaken by the organisation.

Working closely with Kent Local Resilience Forum Partners, SECAmb has been engaged in the work to overcome some of the traffic problems that have become apparent in the period post EU transition. This close working relationship has allowed SECAmb to be a key partner in the multi-agency response.

Regrettably, despite all of the preparations, there have been some short notice interruptions to effective service delivery, generally due to Border issues and the building traffic. However, the use of the Temporary Dynamic Conveyance model and interagency

communications, through a variety of coordinating groups, have ensured that any disruption is managed in a robust and effective manner.

Freedom to Speak Up (FTSU)

Our Executive Director for Freedom to Speak up is our Executive Director of Nursing & Quality. We also have a Non–Executive Director (NED) for Freedom to Speak up. In August 2018, South East Coast Ambulance Service NHS Foundation Trust employed a full time Freedom to Speak up Guardian (FTSUG).

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

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

Staff who choose to raise concerns via the Freedom to Speak Up process receive 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 in the future for advice or guidance.

The table below demonstrates the concerns raised through Freedom to Speak Up over the previous reporting period and 2021/22.

Quarter/Year	FTSU Concerns
20/21 Q1	19
20/21 Q2	13
20/21 Q3	66
20/21 Q4	45
21/22 Q1	19
21/22 Q2	19
21/22 Q3	60
21/22 Q4	46

The Executive team meets with the Freedom to Speak up Guardian on a monthly basis. The Freedom to Speak Up Guardian reports into the Board on a quarterly basis; this report includes key themes for the concerns and learning.

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.

Key Indicators 2020/21: Patient Safety

Indicator 1: Infection Prevention Control

The aim for 2021/22 was to maintain compliance with the national guidance relating to the COVID-19 pandemic, whilst still ensuring that all over Infection Prevention and Control (IPC) procedures were being followed by staff 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 compliance in all areas of IPC practice shown via the IPC audit results, with a decline in both hand hygiene and vehicle cleanliness standards for the whole year. The reasons for a drop in compliance have been reviewed by the IPC Team with actions in place to improve compliance. The team has also supported the staff carrying out the audits as some of the decline was due to incorrect completion of the audit tool.

One area of good compliance was seen in the use of the correct Personal Protective Equipment (PPE) due to constant communications to all staff throughout the year 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 92.03%. 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 throughput the year using a variety of communication methods including pictorial and regular webinars.

Throughout the year the Trust's 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 continuation of weekly calls for the COVID Management Group (CMG) 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:

- Partnership working with Kent, Sussex, and Surrey IPC Forums
- Attendance on the South East Regional IPC calls
- Track and Trace Team for staff related COVID-19 incidents
- Outbreak Management Framework developed and implemented to trace contacts prevent spread of outbreaks for all infections
- Working groups to address emerging issues associated with the pandemic
- The Trust pro-actively collaborated with all ambulance trusts nationally to agree robust processes related to the pandemic.
- IPC trained support available on call 24/7 to all managers and our crews.
- Planning and delivery of the COVID-19 / Seasonal Flu vaccination programme

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

This year the flu vaccination was delayed for two reasons. The supply issues from the manufacturer and a decision made to do a joint vaccination with the COVID-19 Booster vaccine. The uptake for the flu vaccination was lower than in previous years with only 63% of patient facing staff and 63% non-patient facing staff receiving the vaccine.

Lessons learnt have been added to next year's programme and the first meeting of the flu vaccination programme team has been scheduled for April 2022.

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. Throughout 2021/22 South East Coast Ambulance Service NHS Foundation Trust (SECAmb) has striven to meet its statutory responsibilities in the care and protection of patients of all ages.

In 2021/22, a total of 23,751 referrals were received: 19,154 for adults and 4,597 for children. This equates to an increase of 12.85 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. Over the past four years the Trust has seen a 75% rise in safeguarding referral numbers.

The year-on-year increases in safeguarding referrals demonstrates a continued awareness amongst all staff of harm, abuse and neglect and shows that they can respond by escalating through appropriate channels. Additionally, there will be other extrinsic factors, for example high profile media cases will often highlight and draw attention to forms of abuse, and challenges in local authorities' and other supportive organisations financial envelope 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.

2021/22 the safeguarding team began to use social issues as a primary concern option. This has enabled the team to triage to better understand the needs of the patients that are referred in and ensure they are shared with the most appropriate team including adult and children social care. Social issues (excluding overt abuse or neglect) counted for nearly 40% of the total referrals received. Further referral activity during the year has seen a 46% per cent rise in concerns for patients' mental health. There are no obvious themes that provide a cause, however, the wider impact of the increased cost of living, the grief of losing a family member during the pandemic and general reduction in the stigma of mental health may well have played a contributory factor.

During 2021/2022, Safeguarding training continued to take place via Microsoft Teams. The training was constantly updated following relevant changes in legislation and outcomes from multi-agency reviews where SECAmb have participated.

The trends of note seen in Safeguarding Adult Reviews and S42s concerns included self-neglect and those who may refuse onward referral where their self-neglect is affecting their mental or physical health or having an impact on others around them. Extra guidance with a focus on self-neglect and professional curiosity was added to ensure that staff with patient interface had an enhanced knowledge of these areas.

Several areas of good safeguarding practice have been highlighted during 2021/22. For example, SECAmb have been involved with working closely with a number of key partners in supporting care homes across Surrey Heartlands footprint. This work was supporting them to recognise a deteriorating clinical picture of a number of residents within the care home. Following early intervention and escalation to the Operational Team Leaders by crews on scene, the safeguarding team were able to initiate early conversations with system partners, commissioners and local authority to implement contingency planning. SECAmb were commended by the CQC in the work that was carried out in minimising risk to vulnerable members of society.

SECAmb remain the only United Kingdom (UK) ambulance service to provide a 24/7 on call safeguarding function, ensuring a specialist practitioner is available to provide subject matter expertise and clinical leadership to frontline practitioners. This service has received exemplary feedback.

The safeguarding team have also work closely with Kent Children's social care and the Kent Health Visiting Service to develop new referral pathways to benefit patients by ensuring their referrals are getting to the right place in a timelier way. It also ensures that the referral is not needing to be passed through many teams making the safeguarding pathway more personal for that patient.

Board Sponsor
Executive Director of Nursing & Quality

Indicator 3: Patient Safety

Patient safety has featured as a key priority for 2018/19, 2020/21 and 2021/22. The intention was to improve professional practice by developing systems where staff access information about errors or omissions. Significant 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 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 that we could put in measures to reduce risks.

Due to the ongoing increase in demand for the Trust's services, resulting from wider system pressures, the potential for harm to our patients has been significantly greater this year. To stay abreast of increased harm and to aid the learning of lessons the Serious Incident (SI) Team have completed daily harm reviews since 21st June 2021.

Implementation of the NHS Patient Safety Strategy has progressed over the reporting period and the introduction of the Patient Safety Response Framework has supported learning across the Trust by using a variety of different methodologies to investigate incidents, such as After Action Reviews (AARs) and End-to-End (E2E) call reviews, which enable us to learn more quickly than traditional root cause analysis investigations. They also help us to include external services in our investigation review meetings and involve a multi-professional skill set to allow joined up working and more widespread learning from the recommendations and actions. As a result, the Trust has increased strengths in a no blame culture and building relationships with external partners.

Incidents

Incident reporting is central to improving patient safety within an NHS Trust. During the financial year of 2021/22 the Trust have another increase of incidents reported through the Datix system. This shows the Trusts commitment to patient safety and gaining from lessons learned from these incidents.

Total incidents reported

Fiscal Year	Number of Incidents Reported	% Increase on Previous Year	Number of 'Jobs' into the Trust	% of 'Jobs' resulting in incident being reported
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%
2021/2022	17,254	12.3%	757,989	1.2%

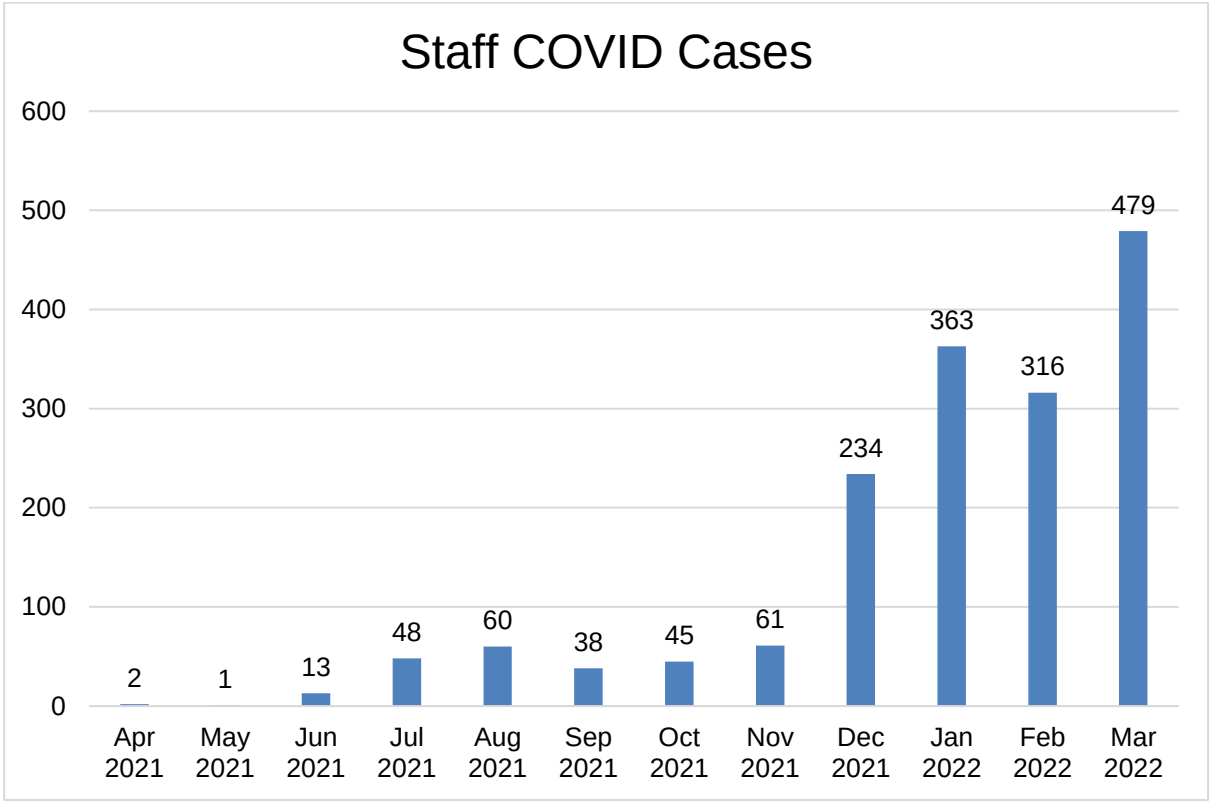
Over the past 12 months the Trust have built on the work from 2020/21 financial year. There is a culture in the Trust in taking the lessons learned from incidents rather that of a blame culture. There will be wider Trust work carried in 2022/23 to broaden the reach of learnings coming out of incidents. It can also be seen that a culture of reporting incidents is still evident from the year-on- year increase.

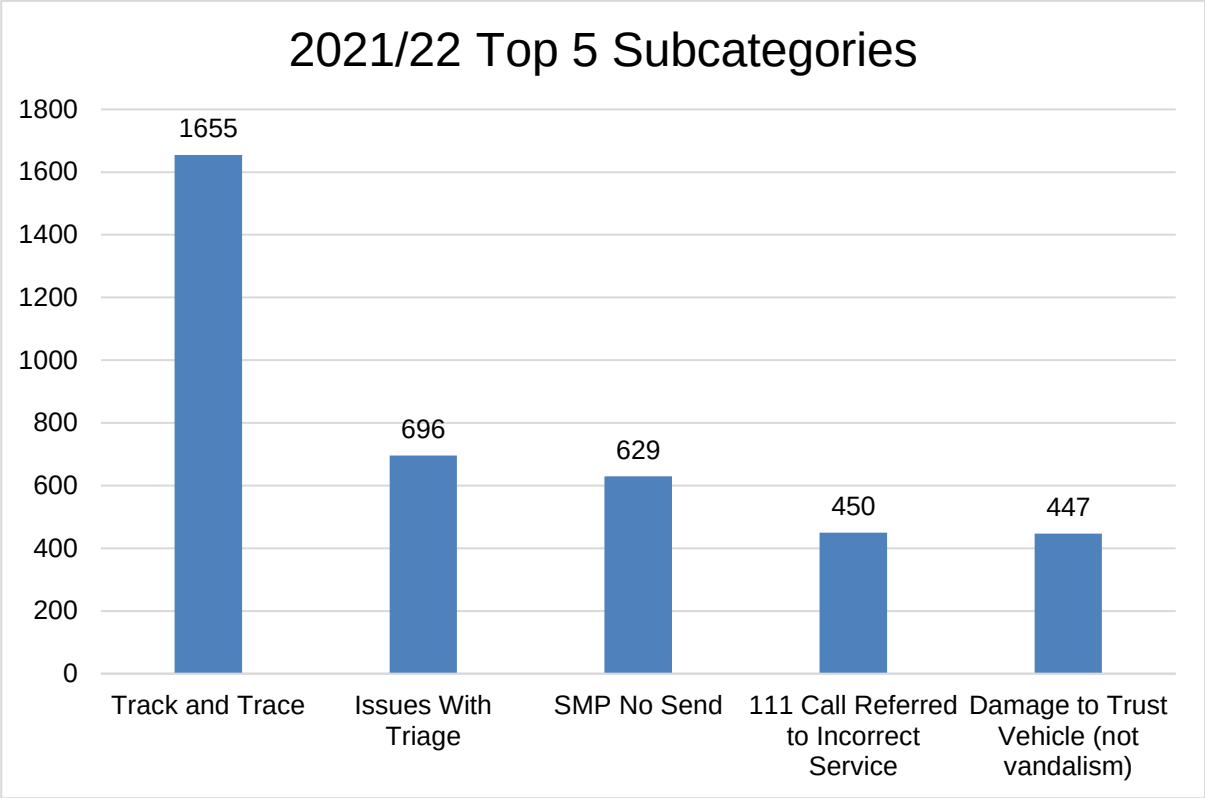
The below demonstrates an increase year-on-year in relation to specific types of incidents reported in the Trust (discrepancies with data above attributable to incidents awaiting investigation and validation of categorisation).

	Financial Year 2020/2021	Financial Year 2021/2022	Increase Year on Year
Patient/Service User	5,548	7,302	7.5%
Affecting Staff	4,999	5,696	1.1%
Incident Affecting the trust	3,186	3,756	1.0%
Incident Affecting Visitors	179	359	4.9%

One of the contributors to the increase in the figures is a result of **Track and Trace**, this subcategory is used for staff that are isolating or have COVID-19. The Trust saw an increase on the impact of Omicron variant in December 2021 and these cases have increased over the three-month period from January through to March 2022. Please see the below breakdown by month.

The top five categories of incidents reported during 2021/22, which can be seen below have not changed dramatically from that of 2020/21 financial year. This shows the on-going pressures and demand on the service. The Trust have been in REAP4 status for the majority of 2021/22, and this looks set to continue in 2022/23.





Serious Incidents

We have continued to strengthen the relationship of the Serious Incident Group with other key governance groups to ensure learning is disseminated throughout the Trust. Over the past year, the SI group has worked on presenting their reports to key groups at their monthly meetings; namely the Clinical Governance Group (CGG), and the Quality Patient Safety groups (QUAPS) for 111/EOC, and Operations.

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 2021-2022 the Trust reported 67 serious incidents and 0 never events. Once investigated, it was agreed with the Lead Commissioners that 6 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 61 SIs. This is a reduction from last year's figure of 75, and we can report three years of sustained improvement. The Trust has historically been a very high reporter of serious incidents, however over this past year, the Trust have particularly focused on the need for learning from events, and therefore have clustered several reports together where it was believed the SI threshold was met however the learning to be identified from the incident was similar or likely to be the same to another incident already being investigated. As a result of this practice, although the Trust have declared slightly fewer incidents, it is believed that the speed, quality and effectiveness of the learning has improved.

Over the past year, the Trust have also identified that in some incidents, there was a greater need for a more focused approach to ensure staff receive timely, quality led feedback to support their learning, as opposed to the investigation requiring a deeper,

potentially more system wide approach. As a result, newer methodologies such as End to End (E2E) or After-Action Reviews (AAR) have increased over the past year.

Level 3 Reported 2021/22

Level 3 Reporting Type	Number of Incidents Reported
After Action Review	17
Internal RCA	14
End to End Review	5
Patient Safety Incident Response Framework	1
Grand Total	**37**

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 implement change to reduce the chances of the same situation reoccurring. The Trust has historically struggled to evidence completion of SI actions in a timely way, and it continues to focus its efforts on closing the outstanding actions, so that going into the new financial year, learning can be timely, and effective. All action owners are consulted ahead of allocation and buy into learning, dissemination, and improvement processes created from these actions. 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 QUAPS 999/111, / Operations, as well as the CGG, Clinical Education, and the Paramedic Practitioners are all examples of where this approach is making a difference. These groups also provide an opportunity for senior operational managers to understand where their departmental risks are and address them.

Board Sponsor
Executive Director of Nursing & Quality

Indicator 4: Medicines Management

Medicines Management is a new indicator to 2021/22 and has been included to demonstrate improvements made over the reporting period

In 2014 the Trust purchased Omnicell cabinets to store, dispense and return medicines pouches and controlled drugs (CDs) at station sites. Omnicell cabinets are secure, biometric, automated dispensing machines, built primarily for use in a hospital setting. At the time an electronic medicines management system was unprecedented in terms of safe and secure handling of medicines in pre- hospital care and remains so. However due to unforeseen circumstances in that plan the Trust has been left with a two-tier medicines management system whereby larger stations (Make Ready Centres) use Omnicell G4 cabinets (an electronic solution) CD registry whilst smaller, less busy stations remain with the Bristol Maid cabinets, pen and paper CD register (a manual solution).

A digital medicines system supports the Trust's overarching strategy and 5-year Medicines Optimisation Strategy by developing a fit for purpose system and processes by utilising new supporting technology where applicable. In December 2021 the Chief Pharmacist presented a business case to the Trust to upgrade all existing Omnicell hardware (which are now end of life) and introduce electronic software (MedX) across all sites at SECAmb, which was approved. The introduction of a digital medicines management system Trust wide improves the ability to audit medicines, including CDs. There are further benefits of running a single solution for electronic management, including clear and efficient stock control and inventory management, this offers significant improvements to current processes including a more streamlined stock holding, ensuring the Trust is only carrying what is required, offering potential financial savings, and reducing waste. Furthermore, a future MedX development from the supplier will allow the system to integrate with e-PCR making audits and investigations simpler, quicker and less resource intensive for operational management and create a closed loop medicines administration audit trail.

A phased approach is seen to be the most effective way forward as transitioning manual sites to an electronic system is a significant change in process and will require robust planning and training as well as collaborative working from various departments. This solution would also support the Medicines objective of achieving 'Outstanding' with CQC and provide a single, optimal electronic CD register and stock management solution which meets not only the Trusts safety and security needs but will create operational efficiencies enabling the provision of best care for our patients. This electronic system will allow operational clinicians more time with patients due to less time processing Medicines and paper records. In time there will also be closed loop administration through integration with e-PCR records ensuring total clinical oversight of care.

This plan to fully transition the Trust to an CD electronic medicines management system which will position SECAmb as national leaders in safe and secure handling of medicines at ambulance station sites in pre-hospital care.

Board Sponsor
Executive Medical Director

Indicator 5: Management of Acute Behavioural Disturbance

This indicator is new to 2021/22 and has been included to demonstrate the work undertaken around the management of Acute Behavioural Disturbance relating to training and improving our response to these patient's.

Acute behavioural disturbance (ABD) is not a formal diagnosis and there is no widely accepted definition. ABD is an 'umbrella' term given to the features of a specific presentation including delirium, severe agitation, extreme strength, endurance without fatigue and bodily dysfunction. ADB is not a psychiatric presentation and typically is secondary to intoxication with illicit drugs, however some psychiatric illness can present with features of ABD. Due to the presentation of ABD this often results in necessary restraint by Police in order to maintain the safety of both the individual and the public; unfortunately, restraint significantly increases the risk of sudden death.

If not recognised and treated rapidly, ABD may lead to death. Maintaining physical restraint is dangerous for both the patient and those undertaking the restraint. Due to the nature of ABD and the associated agitation and bodily dysfunction, neither de-escalation nor spontaneous resolution are likely. Treating the underlying effects is complex and initial managing primarily focuses on safety and reducing bodily dysfunction through the provision of specialist sedation. Some of this specialist care is not readily available within the out of hospital environment due to the risks and skill requirement.

There have been a number of cases nationally that have resulted in the coroner making a Prevention of Future Death (PFD) recommendation involving ambulance and police services.

In response to both a growing number of cases of ABD and the PFD, SECAmb have developed practices to support improvement in both the recognition and treatment of patients presenting with ABD.

Improving our recognition

A package of training has been developed and is available to all clinical and EOC staff. This training aims to improve the understanding and recognition of ABD and therefore improving the clinical response and management of this life-threatening and time sensitive presentation.

Improving our response

Call taking and triage processes have been updated to increase the priority of patients presenting with ABD, specifically patients who are being actively restrained who now receive a C1 response, the highest priority.

Improving our clinical response

SECAmb are in a privileged position to have an existing team of specialist critical care paramedics (CCPs). CCPs are already trained in the provision of sedation for other procedures, and we have extended this training and scope to include the provision of rapid sedation to patients presenting with ABD. CCPs are now targeted to all cases of ABD to provide clinical support and where necessary rapid sedation.

In summary, ABD is a complex presentation and presents a number of risks to both patient and responders alike. ABD has some unique features requiring a unique approach. SECAmb have taken a number of steps to improve the recognition of ABD across the workforce, whilst in addition being one of a small number of ambulance services able to provide specialist support and rapid sedation when required.

Board Sponsor
Executive Medical Director

Key Indicators 2020/21: Clinical Effectiveness

Indicator 1: EOC and 111 Quality Account reports

This section is new to 2021/22 and ties in various aspects of the services provided by the Trust with a focus on data from performance throughout the reporting period and what we have done with his information to improve the quality of patient care we provide.

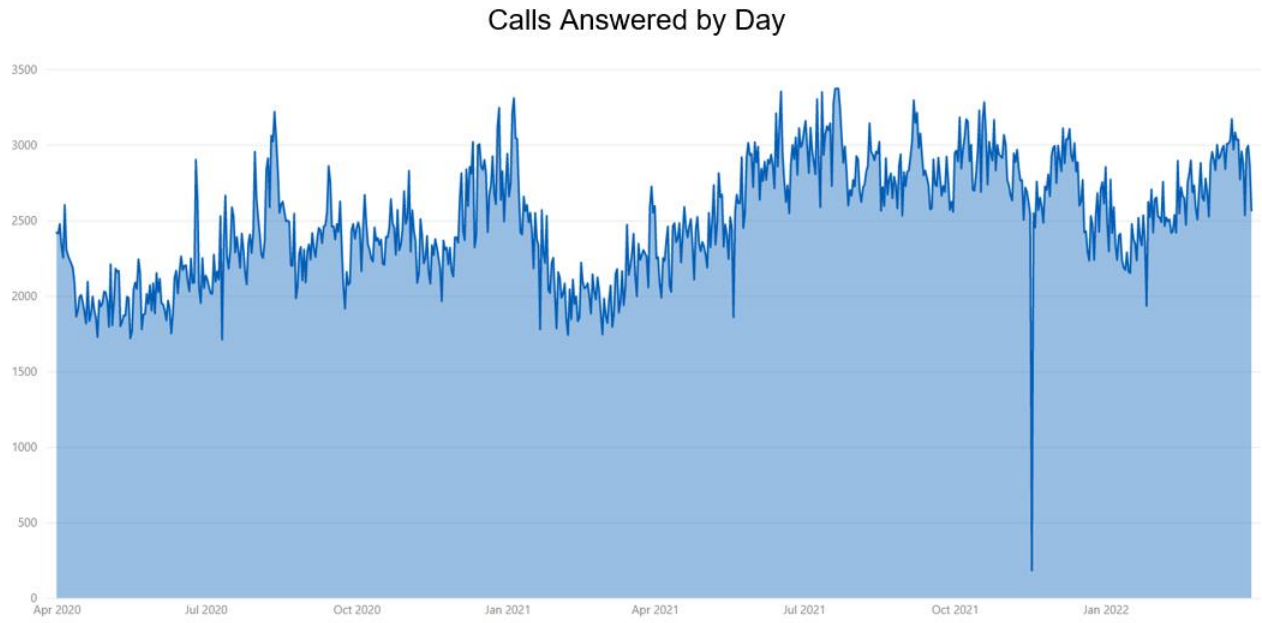
999 Performance (1 April 2021 - 31 March 2022)

999 call activity volume rose by 18.6%, or 163,726 calls, throughout the financial year compared to the previous financial year (1,044,787 calls offered in 21/22, compared to 881,061 calls offered in 20/21). This is as a result of changes to patient behaviours and healthcare requirements, as the regional emergency and urgent care service demand and capacity accounts for the COVID-19 pandemic.

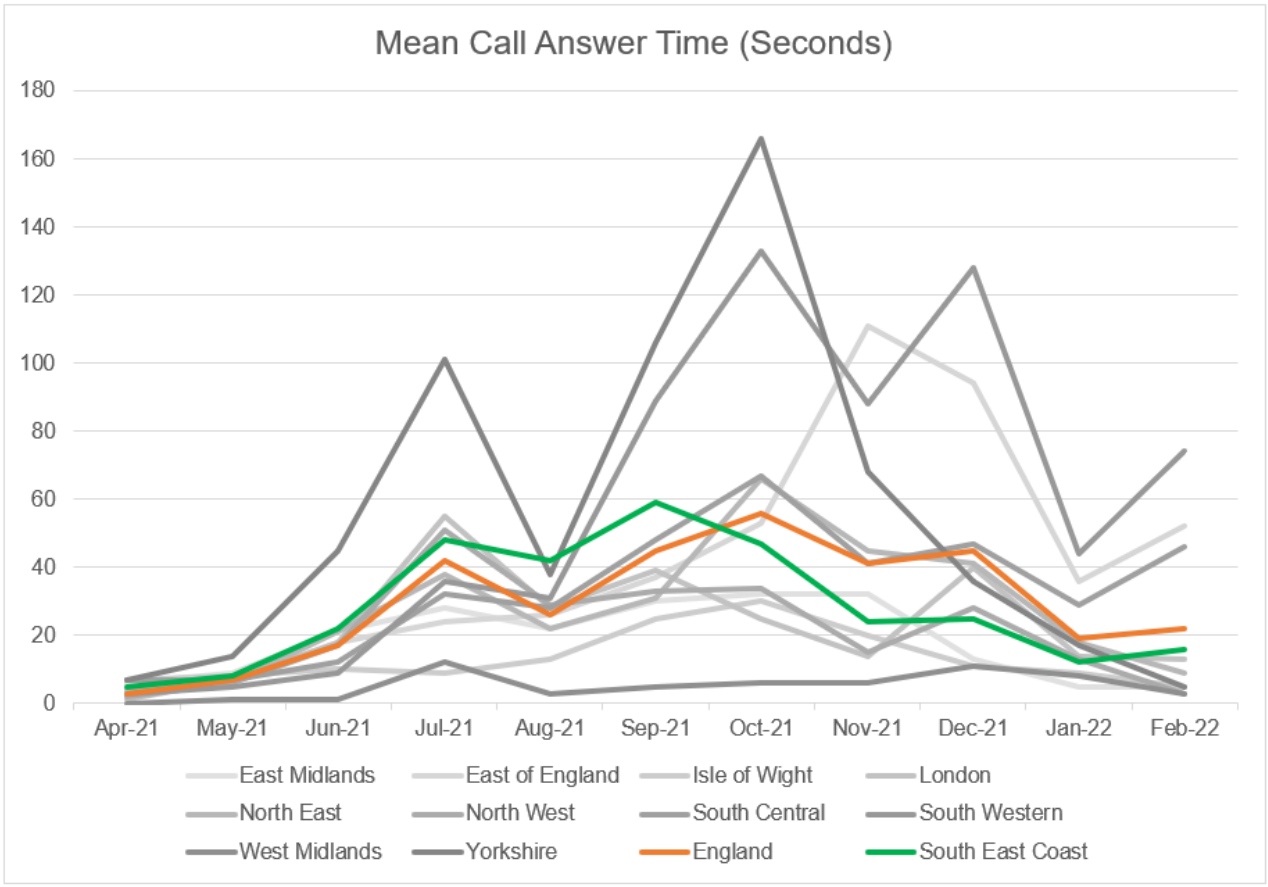
Despite the challenges presented, the Trust's 999 performance has been constantly maintained throughout the year, with only Q2 performance showing fluctuation in what has typically been above average performance for response times, despite being asked throughout the year to provide call handling mutual aid for additional ambulance services including Scotland, Yorkshire Ambulance Service and London Ambulance Service.

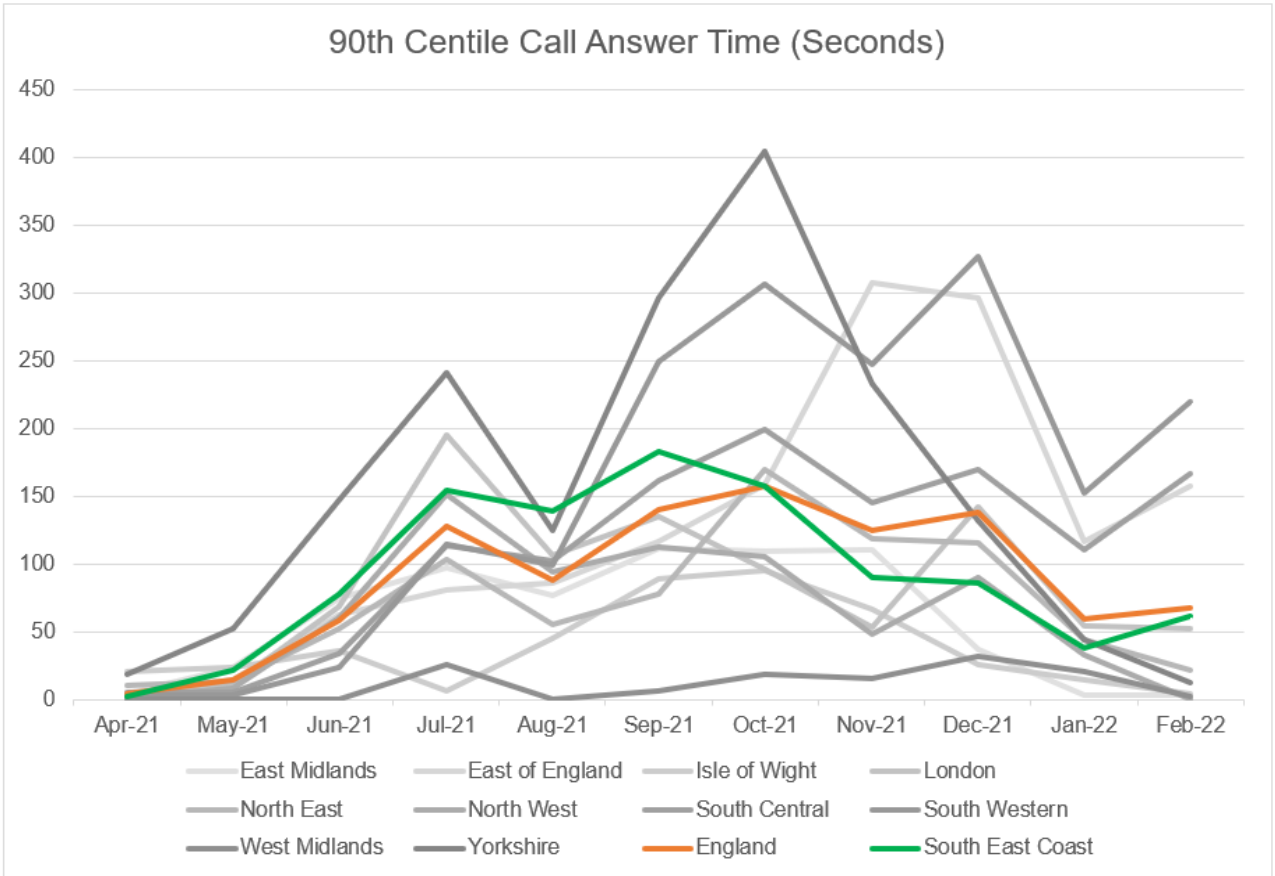
The Emergency Operations Centre (EOC) operational and clinical staffing levels have met or exceeded establishment targets, with Emergency Medical Advisor (EMA) and key core clinical staffing for EOC functions at full substantive levels. This has been the case throughout the year because of the Trust's focus on recruitment and maintaining appropriate levels of staffing. However. it has remained challenging to meet rota demand due to increased abstraction, including elevated sickness levels and abstractions linked to COVID-19, including self-isolation.

The graph below shows calls answered by day for April 2021 to March 2022 inclusive:

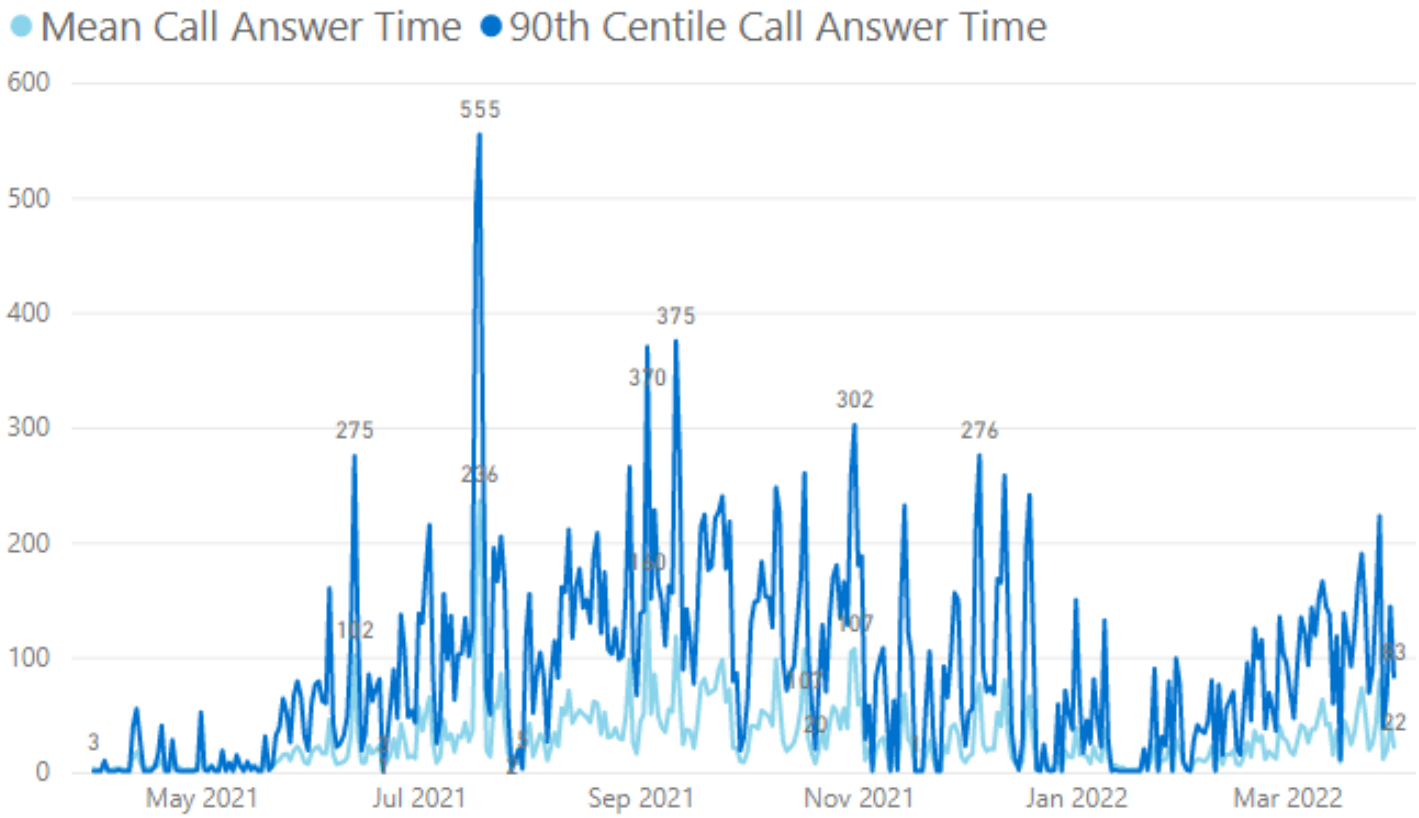


Below are graphs to show monthly data for Mean and 90th Centile Call Answer time for all England Ambulance Trusts for April 2021 to March 2022 inclusive:





Below is a graph showing Mean and 90th Centile Call Answer Times by day for April 2021 to March 2022 inclusive:



EOC Patient Safety: Mental Health / Deliberate Self Harm

In April 2019, the National Clinical Director for Urgent and Emergency Care at NHS England wrote to all ambulance trusts and NHS 111 providers requesting they reviewed their processes to ensure robust clinical oversight was in place in control rooms, to monitor self-harm and suicidal patients safely and effectively, particularly those who have been initially allocated a Category 3 non-emergency ambulance response.

In April 2021, the Association of Ambulance Chief Executives (on behalf of NHSE/I) provided a 'Category 3 / 999 Overdose and Suicidal Ideation Calls – initial assessment of lethality/toxicity principles document' to all NHS Ambulance Trusts across the UK. The document provided a set of principles for the five areas of the control room operation: Call Handling, Dispatch, Initial Clinical Review, CAD (Computer Aided Dispatch) Changes and Clinical Safety and Oversight.

On 26 October 2021, the Trust went live with technical changes in the Cleric CAD, alongside changes to call handling, clinical and dispatch processes in the EOCs to improve the management of 999 calls for patients at risk of suicide and/or accidental overdose.

In all cases where a 999 call has been made for a patient who is suicidal or, who has taken an overdose, be that either accidentally or intentionally, that case is now highlighted for a clinical review. If a clinician is unable to review the call, then the CAD provides a visual warning after 30 minutes of the need to review and will automatically upgrade the

call to a Category 2 ambulance response after 40 minutes if the review has still not occurred.

A summary paper was presented to the Trust's Quality and Patient Safety Committee (QPSC) on 4th January 2022. From 26th October 2021 to December 2021 inclusive, a total of 5,612 calls triggered the Suicide / Overdose validation process. The following data shows a breakdown of the calls into groups:

Number of calls triggered for the Suicide/OD Validation Process **5612**	Number of calls on scene before 40-minute trigger **18**
Number of calls reviewed within the 40 minutes **834**	Number of calls upgraded after review time expired **1942**
Number of calls to gain a C2 Dx Code and report as a C2 **485**	Number of calls to gain a C1 Dx Code and report as a C1 **9**
Number of calls upgraded to a C2 but reported as a C3 **1822**	Number of calls to gain a C3 Dx Code and report as a C3 **2324**
Number of calls to gain a C4 Dx Code and report as a C4 **0**	Number of calls to gain a C5 Dx Code and report as a C5 **662**

Currently from the data available we can ascertain that overall, the Trust's EOC team now has much greater oversight of calls for patients experiencing a mental health crisis, with intervention for some cases resulting in appropriate categorisation of the call through upgrading or signposting to alternative dispositions.

Current known issues with functionality due to system issues will be addressed following the delivery of the changes to the Cleric CAD. In the interim, the system relies on recognition and intervention from the EOC clinical team. This is something that requires work with one-to-one training and shared learning.

Following the delivery of the Cleric changes, it is proposed that a further 3-month look back report is generated to review the impact. The ability to review the activity and impact still requires a manual assessment, so reporting through Business Intelligence (BI) must be considered if this activity is to be monitored, particularly due to the potential impact on C2 performance.

As part of next steps and to review the wider clinical teams' clinical decision making and adherence to process, work is also due to be undertaken in conjunction with the EOC Practice Development team to review the management of mental health and suicidal calls, as part of a focused audit, contributing to wider learning for all of EOC colleagues.

Kent, Medway and Sussex 111 Integrated Urgent Care (KMS 111 IUC) Performance (1 April 2021 - 31 March 2022)

From 1 October 2020 SECAmb as the lead organisation, working together with Integrated Care 24 (IC24), has been delivering the KMS 111 IUC service throughout all of Kent, Medway and Sussex. The KMS 111 Service has a fully staffed Clinical Assessment Service (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.

This service has inbound calls received by Service Advisors and Health Advisors on an approximate SECAmb 80% / IC24 20% split.

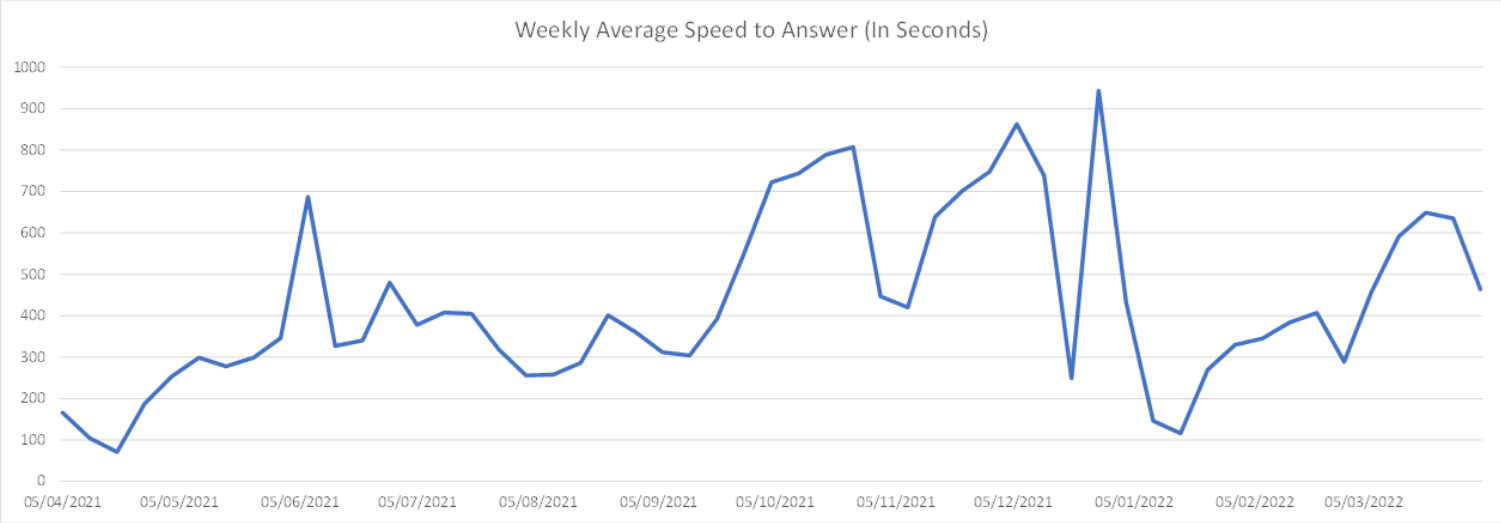
Calls are received through the freephone 111 number by members of the public, as well as healthcare professionals and service users through the "Starline" healthcare professional routing system. Assessment and/or triage is undertaken by a Service Advisor or a Health Advisor and can result in an emergency ambulance being arranged at the point of call, symptom management advice given, or referral to the CAS or other services profiled in the Directory of Services, 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.

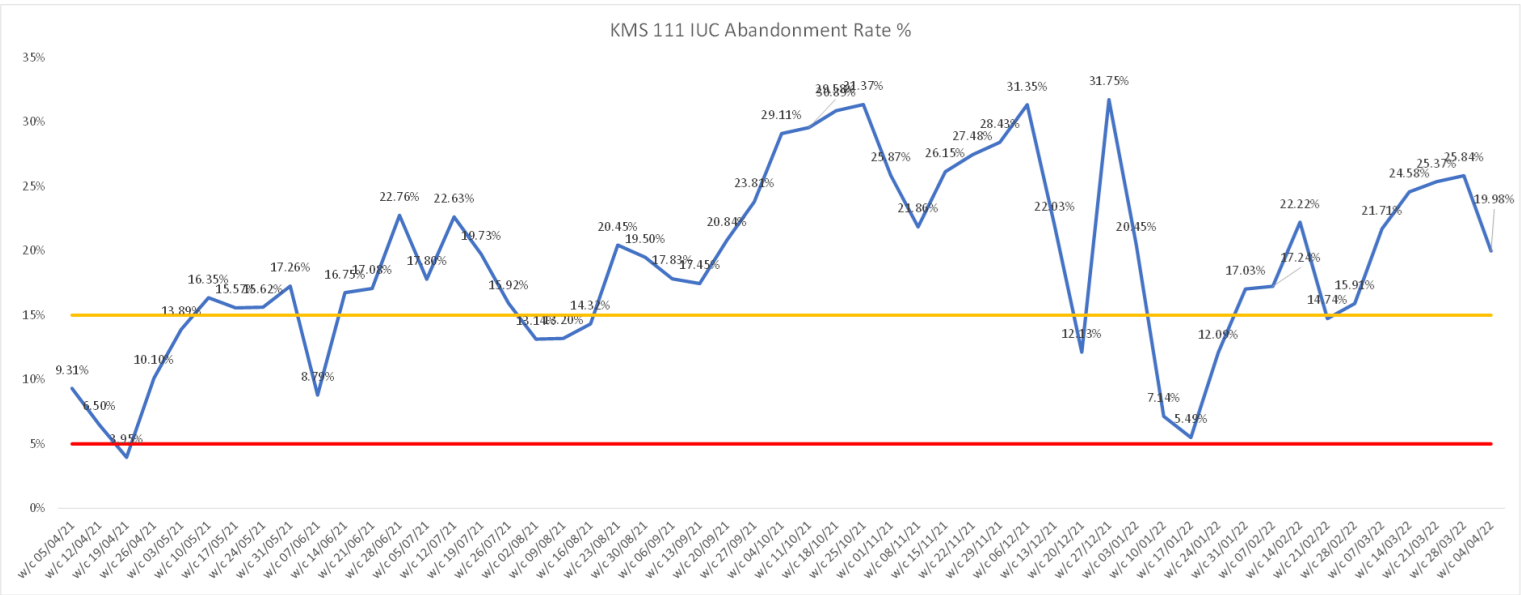
The pandemic has continued to impact on 111's activity (number of calls received) throughout the financial year as external factors have led to volatile variations in call demand and profile. The service has increased operational capacity and continues to work extensively with NHS England, NHS Pathways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

SECAmb and IC24 have also been recognised at a prestigious award ceremony for its work to involve patients and the public in the design, procurement and implementation of KMS 111, recognised in the 'Involving People in the Commissioning & Delivery of Services' category in the Healthwatch Recognition Awards 2022, organised by both Healthwatch Kent and Healthwatch Medway.

Below is a graph showing the average speed to answer calls in seconds, each week, from week commencing 5th April 2021 to week commencing 4th April 2022 inclusive:



Below is a graph showing the percentage of calls abandoned by the caller after 30 seconds, each week, from week commencing 5th April 2021 to week commencing 4th April 2022 inclusive:



Direct Access Booking and NHS 111 First

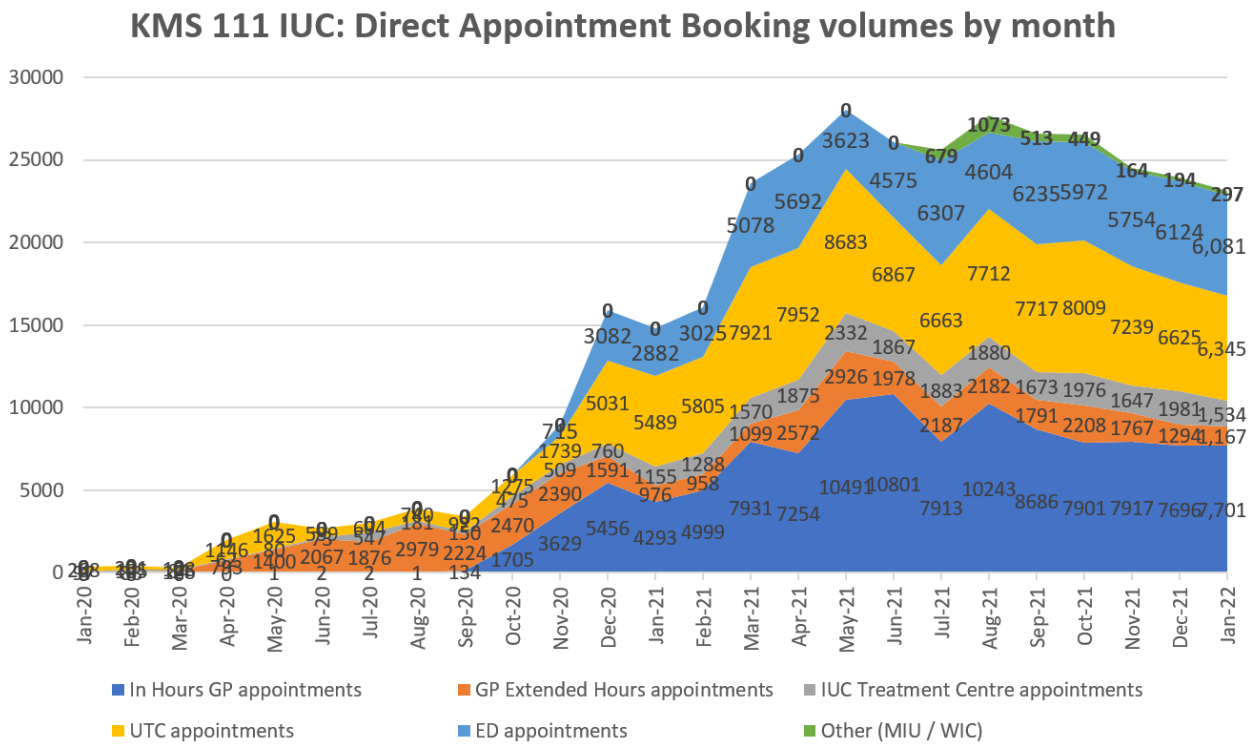
NHS 111 First was officially launched nationwide along with a media campaign on the 1st of December 2020. NHS 111 First takes the principle of 111 as the first point of access for urgent healthcare one step further, ensuring that patients have access to either a telephone or online consultation, prior to an appointment slot or Direct Appointment Booking (DAB) being given at an Emergency Department or Urgent Treatment Centre.

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 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 DAB to Urgent Treatment Centres and GP Access Hubs. In addition, the expansion of our clinical cohort within the service's CAS has maximised the Consult and Complete rate.

The work undertaken to introduce Direct Appointment Booking from 111 Into Urgent and Emergency Care was recognised at the Health Service Journal Partnership Awards 2021, winning the Best Acute Sector Partnership within the NHS.

From a starting point in early 2020, the service makes over 20,000 appointments per month (see below for split by service categorisation). As a result, KMS 111 is regularly ranked #1 nationally for the % of Emergency Department dispositions confirmed by a booking.



111 Patient Survey

The 111 Patient Survey Proposal was developed from the NHS Friends and Family Test to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. Engagement was proposed through the delivery of the system via text message providing a hyperlink to an online survey in December 2019.

In September 2020 the patient survey was successfully deployed following a rigorous Quality Impact Assessment, Data Privacy Impact Assessment and Equality Analysis process, and close engagement with We Love Surveys, a well-established specialist provider of "point of experience" feedback. The final product included language selection and options to increase font sizes to improve accessibility.

In June 2021, following a recognised drop in positive responses to patient experience, a deep dive of April and May survey data was undertaken. Recommendations from the deep dive included a review of results by the Patient Experience team to establish if any of the feedback suggested reportable incidents.

In July 2021, the Patient Survey Concerns Proposal was deployed. The patient survey provided the opportunity to capture participant demographics, where disclosed, which was then matched to a noted negative experience.

This information is used to trace the original patient journey and investigate what lessons can be learned and actions taken to improve the journey for patients in the future.
In February 2022, Patient Survey Concerns Reporting was deployed. When the patients survey concerns are investigated a root cause is given for the outcome of the investigation.

This investigation and reporting provides a new, proactive pathway for learning from incidents, as well as establishing a means of recognising that existing and ongoing actions to improve the service are targeted to address presented concerns.

In February 2022, this was advanced further, with the Patient Survey Concerns and Compliments proposal. Messages of thanks matched to a noted positive experience is used to trace the original patient journey and produce and issue compliments to colleagues for recognised good practice.

Board Sponsor
Executive Director of Operations

Indicator 2: Clinical Education Strategy

Throughout 2021/22 reporting year, there has been much focus upon the continued development and improvement of the Trusts Clinical Education Department that provides education and training activity to our clinical workforce, fosters strong external partnership relationships with University, Further Education partners and Heath Education England.

In previous years there has been significant challenges in the provision of education and training as a result of a poor Ofsted monitoring visit in 2019 resulting in rapid changes to our approach of onboarding and developing clinical staff. Whilst the department and the Trust have worked hard to deal with the immediate issues, the time has come to develop a strategic direction, this came as a recommendation following an internal audit conducted by RSM (the Trusts internal auditors) and the commencement of the new Consultant Paramedic for Clinical Education and Training in early 2021.

In this reporting period, key stakeholders from all levels within the organisation have contributed to the development of a new Clinical Education and Training Strategy. This enabling strategy looks to complement our corporate strategy 'Sustainable SECAmb 2020-2025', supporting the success of our Trust in providing a service to our population that we are proud of.

Much of the strategy has been developed because of feedback from our colleagues and learners, comparing Trust current processes to industry standards within education (and comparing education and training provision of other UK ambulance Trusts).

Its key aim is to develop, over the next three years, a fit for the future Education and Training department that has strong foundations of quality at its core – aligned to the Ofsted inspection dimensions. To achieve this, there will need to be a review and overhaul of the current department structures to ensure that all learners, operational colleagues and leaders are adequately supported by the subject matter expertise of educators.

There are six key areas that will be delivered by the strategy that align to the Health Education England Quality Framework, these include:

- Learning Environment and Culture
- Educational Governance and Leadership
- Supporting and Empowering Learners
- Supporting and Empowering Educators
- Delivering Curricula and Assessments
- Developing a Sustainable Workforce

This ambitious strategy will utilise the Trusts Better by Design programme as a vehicle to support change and progress. A new Education and Training Delivery Board has been set up that will monitor progress and function as the management group overseeing developments and improvements in wider Education and Training activity across the Trust. This management group reports into the Executive Management Board with assurance sought through the Workforce and Wellbeing Committee.

A project management approach has been developed to ensure success in the delivery of the Clinical Education and Training Strategy and work has started already in its

implementation whilst continuing to support the Trust in the delivery of its clinical workforce pipeline.

With the strategy approved by Trust Board in February 2022, the hard work now starts in implementing, however, this provides a truly fantastic opportunity to the Trust to build a responsive Education and Training department to meet our needs, the needs of our clinical colleagues and most importantly the needs of our patients.

Board Sponsor
Executive Medical Director

Indicator 3: Out of Hospital Cardiac Arrest

All SECAmb staff can play a vital link in the chain of survival 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 intervention, typically chest compressions and defibrillation.

The primary focus for 2020/21 was on adapting and modifying practice in the COVID-19 environment and other workstreams were stopped or significantly impacted. The focus in 2021/22 was unfortunately similar given the ongoing need to respond to the challenges of the pandemic. This had a significant impact on the objective to improve outcomes from OHCA. An annual cardiac arrest report was produced in September 2021 to cover the 2020/21 reporting period.

In 2020/21 SECAmb attended 8,370 out of hospital cardiac arrests. Of these incidents, resuscitation was commenced or continued for 2,691 (32%) patients. This annual proportion has been falling, which is in line with the national annual average. This is likely to be due to an improvement in the recognition of cases where resuscitation would be futile or not in the patient's best interests, combined with an increase in patients with Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) or Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) forms (written decisions taken by health care professionals and patients not to undergo resuscitation in the event of cardiac arrest).

The chain of survival outlines the key components that lead to improved outcomes from OHCA, the first three of the four links in the chain relate to action, all of which can be undertaken prior to the arrival of the ambulance service or by lay responders; (1) early call for help, (2) early CPR, (3) early defibrillation.
55% of SECAmb's resuscitation attempts in 2020/21 were witnessed by a bystander. In SECAmb, the survival rate for bystander witnessed arrests is more than twice as high (8%) compared to unwitnessed arrests (3%).
76% of non-EMS witnessed resuscitation attempts received bystander CPR before the arrival of EMS. This both exceeds the target of 50% set by the Global Resuscitation Alliance and has been increasing steadily over the past four years.
6% of non-EMS witnessed resuscitation attempts for 2020/21 had a PAD applied before the arrival of SECAmb clinicians. This number does not include cases where the patient was in cardiac arrest and was successfully resuscitated before the arrival of EMS. In 2020/21 there were 17 such cases, and 7 of these had been defibrillated using a PAD.

The priority for H2 of 2021/22 was to map the road to recovery from the pandemic and an OHCA improvement programme was established. The programme has 8 key projects and incorporates all key stakeholders to support delivery:

1. Establish a cardiac arrest registry
2. Continuous improvement in the provision of telephone CPR
3. Provide training and skills assurance in resuscitation practice for all clinical staff
4. Collect and provide performance feedback after every cardiac arrest
5. Engage blue light partners for co-responding
6. Improve performance, management and capability of Goodsam
7. Improve community engagement with public access defibrillation

8. Improve community engagement to promote CPR training and Automated External Defibrillator (AED) awareness

These projects primarily focus on the first three links in the chain of survival and include the development of or recommencement of workstreams that have been paused and brings all stakeholders and activity into a single point of coordination and oversight.

Some of the early focus of these projects will include recommencement of a variety of activity in Q1 of 2022/23; specific training for Emergency Medical Advisors to improve confidence in providing telephone CPR, training and skills assurance for all operational clinical staff, provision of feedback to clinicians following OHCA. In addition, there has been a major piece of work reconciling the register and serviceability of our public access defibrillator network.

This programme will continue through 2022/23 with ongoing reporting and monitoring. In addition, a major review of practice guidance will be undertaken as there is a return to pre-pandemic type practice and issuing of revised national guidance, with specific focus on the impact and ongoing necessity for enhanced personal protective equipment and return to core resuscitation principles.

Board Sponsor
Executive Medical Director

Indicator 4: Taxi Service

On the 31st of January 2022, the Trust went live with the utilisation of taxis for patients who had been clinically assessed and deemed in need of onwards care within Emergency Departments (ED) and Urgent Treatment Centres (UTC).

As part of the governance to introduce taxis as an alternative transport model, the Trust engaged with other UK Ambulance Trusts to understand what their criteria for use are.

Using the information gained and subject matter expertise from within the Trust, we have developed criteria that we believe will allow for optimum use of the taxi service, whilst providing the safety mechanism to protect patients and the Trust.

The table below is the criteria for use with this service, which will be reviewed in line with the trial to consider if any changes are required:

Inclusion Criteria	Exclusion Criteria	Additional
Patients requiring definitive care in a specified facility.	Patients who may pose a risk to self or others	Clinician working within EOC/111 or remote hubs undertaking PaCCs/NHSP supported clinical assessments
Must have been assessed as clinically appropriate for taxi conveyance	Impaired as result of alcohol consumption	Referral within 1 or 4 hour disposition
Able to mobilise & sit in taxi	D&V or contaminated with body fluids	
All other self-conveyance options exhausted	Consider age of patient – to discuss under 18s unaccompanied	
Has capacity (or accompanied by responsible adult/carer) and has consented to taxi transportation	Infectious conditions	Best interest decision to convey by taxi could be made by the clinician triaging the call
Maternity calls where there is no risk to mother or baby		Midwife/CCD to assist in decision
	Violent patients or those with a history of violence known to the service	
	All children under the age of 18 years with a flag on CPIS (unaccompanied)	

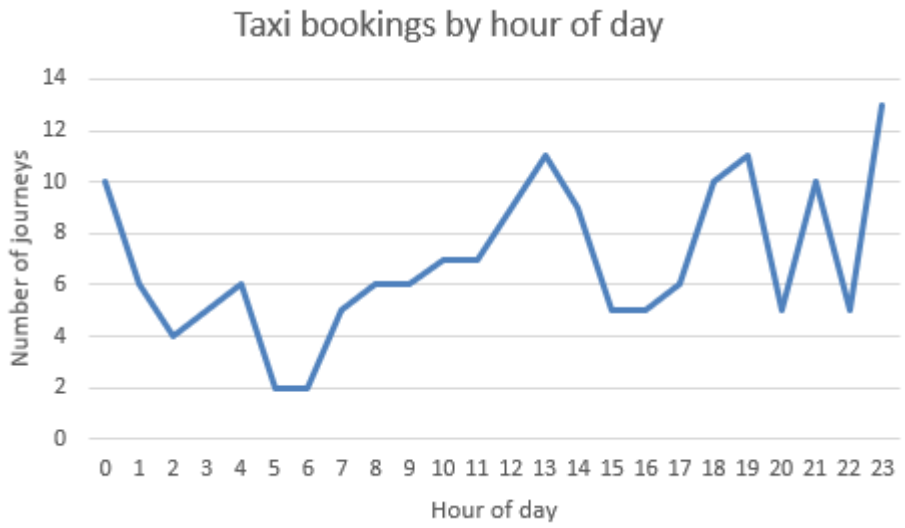
The pilot utilises the 365 Response booking portal to organise and arrange these taxis and provides the ability to track and monitor the progress of these journeys.

Since the go-live of the pilot, there has been some issues that have arisen and been swiftly investigated through collaboration with 365 Response; as a result, these issues are being addressed and in part, rectified.

The issues were calls not being acknowledged and times not being added by the providers on the portal which led to confusion for staff knowing if the taxis they had booked had been to collect their patients. There were occasions when the journeys were not acknowledged, and the taxis did not arrive for the patients, and we received Expected Time of Arrival (ETA) calls from these patients asking where their taxis were. When this issue occurred, we reassessed and reinstated the ambulances and captured the information through Datix to allow us to track the issues.

Although some issues continue to occasionally present, the close working relationship with 365 Response has seen the regularity of issues reduce.

Utilisation of taxis shows a spread throughout the day, but with greater usage between the hours of 12:00 – 14:00, 18:00 – 20:00 and 23:00 – 01:00. These hours see a reduced availability of operational resources due to the meal break windows in Field Operations and the end of shift arrangements, as per Trust policy.



Clinicians who are trained with the Trust's approved triage assessment tools i.e., NHS Pathways and NHS Pathways Clinical Consultation Support (PaCCS) have undertaken an awareness training package of the 365 Response booking portal and utilise this portal to book transport for their patients.

Once booked, the clinicians monitor the portal to ensure the journeys are acknowledged and completed within time by the providers.

Any journeys that are not acknowledged within time or, where it is evident the journey has not been completed, will be reviewed, and managed by the booking clinician.

The Operations Manager Clinical (OMC) currently meet weekly with the 365 Response team to address any issues or concerns. This review process is to review any issues that have been escalated to them during the previous week for discussion and to address any

key learning points. There is still an immediate point of contact for clinicians who book a taxi for a patient, whilst on shift.

It is important to note that at no stage during the pilot, has any patient harm been identified and the utilisation of taxis within 999 is deemed a safe and appropriate alternative to ambulance dispatch for specific, low acuity non-emergency cases.

Due to the activity around key Operating Units (OU) that face the greatest demand, along with the key timeframes when operational responses are reduced, the alternative pathway and support taxis offer in terms of reducing delays is significant.

A proposal has been made to the Senior Management Group (SMG) to continue with the utilisation of taxis to support the delivery of patient care, with some minor amendments to the process as part of phase 2 of the pilot.

It is further proposed that the current oversight from the clinician with regards to ensuring the journeys are acknowledged and completed within the agreed time is removed. During the first phase, it was found this consumed a great deal of time and put excessive pressure on staff. This will mean the responsibility for monitoring patient flow once the booking has been completed is withdrawn from the process. Patients are advised at the point of booking to contact SECAmb, in the event a taxi does not arrive within one hour. If such a phone call is received, then appropriate steps can be taken to ensure the patient is transferred to their required place of care including contacting the taxi providers or re-assessing and reinstating an ambulance response if appropriate. Removal of this oversight will result in greater utilisation of taxis as an alternative, pathway for SECAmb to provide optimal patient care.

Board Sponsor
Executive Director of Operations

Key Indicators 2020/21: Patient Experience

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

The Patient and Family/Carer Experience Strategy 2020-2025 was first reported on in the 2020-21 quality account after the final strategy was approved by the Trust board in May 2020.

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/.

The Trust's Patient and Family/Carer Experience Strategy (2020-2025) was co-designed with key stakeholders, including the public and patients during the latter part of 2019. The final strategy was approved by the Trust Board in May 2020.

The Strategy covers five years, with actions to complete within the first one and two years, three and four years and finally the fifth. At the time of developing the strategy the COVID-19 pandemic and its impact could not have been predicted, it has however, inevitably hindered much of the activity to progress the actions.

A stock take of the first two years' actions has been completed to enable the Trust to understand what work is already underway and what remains outstanding.

There are 55 actions for years one and two, captured under five aims, the table below also shows the amount progressed under each aim and lists all the actions and their status (completed / underway).

Aim	Number of actions	Number of actions completed / underway
Leadership	12	9
Organisational Culture	10	6
Collecting Feedback	13	7
Analysis and Triangulation	14	6
Reporting and Publication	6	2

We are focussing on ensuring that our Patient Experience Group membership is more inclusive to encourage input from the Trust Patient Experience Team (PET) and inclusion team to reflect the diversity of our patients.

The group recognised that the Trust format for strategies is not easily interpreted and has since developed a 'patient friendly' version which will be more easily understood.

A gap was identified in that the protected characteristics of people who either complement our service or raise concerns was not being collected which meant we could not 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. The Patient Experience Team have therefore worked alongside the Trust Inclusion Hub Advisory Group to collect and analyse the data. More information around this can be found further on in the quality account within indicator 3 for patient experience in which we focus on the patient experience report.

Board Sponsor
Executive Director of Nursing and Quality

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.

The Trust continues to see an increase in demand for our services which has been reflected in the number of complaints that we have received which is up by 51% over the same period last year. It should however be noted that the Trust had a reduction in the number of complaints received in the 2020/21 period of 22.5%. If compared with the average number of complaints that were received in pre-pandemic years 2019/20 - 939, 2018/19 – 1003 and 2017/18 – 1195, with an average of 1045, there is a slight increase during the last year of less than 3.5% to 1079.

During the first and second lockdown in 2020 the Trust increased the number of days to respond to complaints from 25 to 50 working days. The decision was taken this year after consulting with other ambulance and acute trusts to reduce this to 35 working days although many other Trusts have kept a 60 working day timescale.

The Trust closed 1016 complaints during the reported period, with 82.5% closed within 25 working days and 11% closed within 25 - 35 working days and 6.5% closed over 36 working days. The average response time was 18 working days. During the investigation period all complainants were kept informed and advised if there was a delay.

Compliments

The Trust received 2011 compliments during the reported period which showed a 9% decrease on the same period last year. Compliments are recorded on the Trust's Datix system (electronic patient safety and risk management software system), alongside complaints, so that both the positive and negative feedback is captured and reported back to operational staff.

The staff member(s) concerned receives a letter from the Chief Executive in recognition of the dedication and care they provide to our patients. During 2021/22 the Trust received 2011 compliments, the number of compliments received in 2020/21 was 2190.

Compliments by service/operating area and month

Service / Operating Unit by month	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Total
Ashford OU	15	6	13	15	11	4	10	18	13	10	13	16	144
Brighton and Mid Sussex OU	28	16	16	16	15	15	14	17	12	23	9	11	192
Chertsey OU	18	6	5	12	22	7	12	4	8	13	13	12	132
Gatwick and Redhill OU	38	29	34	17	23	17	25	27	21	29	31	26	317
Guildford OU	9	10	16	14	9	6	13	11	5	23	12	14	142
Medway and Dartford OU	16	23	19	23	18	8	16	16	14	18	20	16	207
Paddock Wood OU	23	7	6	15	11	11	16	12	18	17	11	15	162
Polegate and Hastings OU	18	18	12	12	19	7	20	13	17	17	16	11	180
Tangmere and Worthing OU	15	17	22	25	23	14	21	12	15	20	29	14	227
Thanet OU	20	14	11	11	6	15	17	10	11	24	8	10	157
HART	2	2	0	1	2	1	0	1	1	0	1	0	11
KMS 111 IUC	0	1	0	3	6	2	2	1	7	6	5	2	35
East EOC	0	1	0	1	0	1	1	0	3	2	1	2	12
West EOC	1	1	0	1	5	2	1	1	1	3	3	3	22
Community First Responder	1	0	0	0	0	0	1	3	0	1	1	0	7
Private Ambulance Provider	4	8	8	5	7	0	6	4	4	7	6	5	64
Total	208	159	162	171	177	110	175	150	150	213	179	157	2011

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

Our operational staff received 1871 compliments from the 688,408 attendances they made, this is equivalent to one compliment for every 368 attendances.

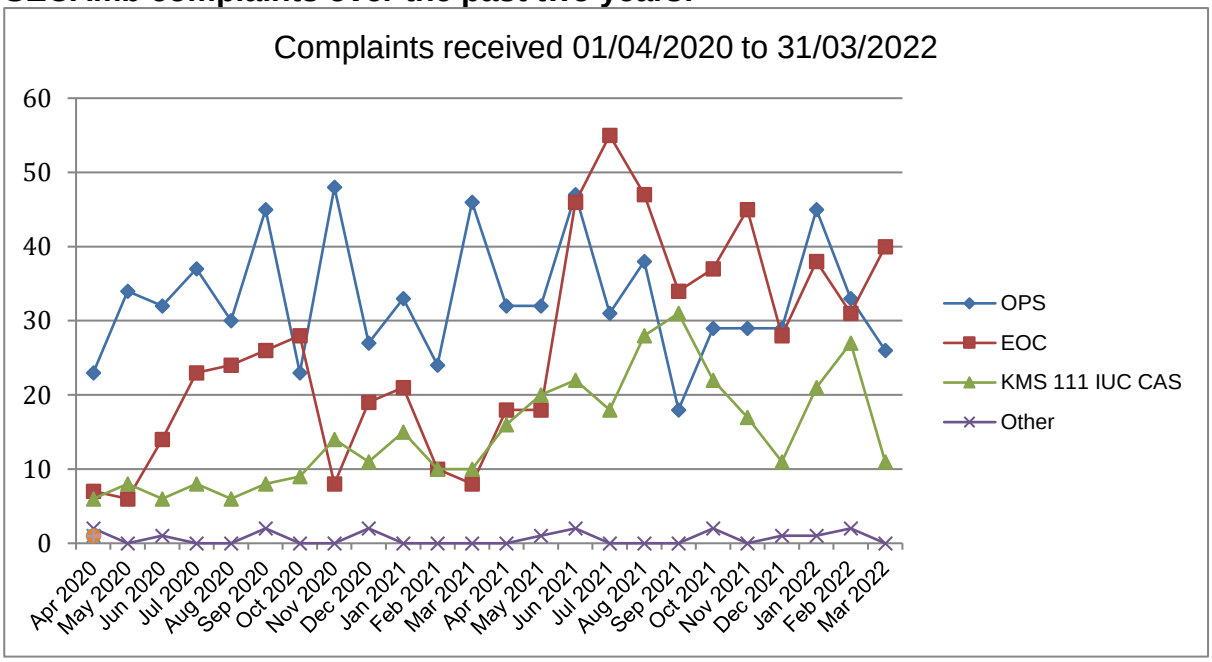
Complaints

The number of complaints received by the Trust for the reported period was 1079, this shows an increase of 51%. However, it should be noted that the Trust experienced a reduction of just over 24% during last year when the Trust received 714 complaints.

During 2021/2022

- Our Emergency Operations Centre staff answered 923,808 calls.
- Our A&E road staff attended 688,408 responses to patients.
- Our NHS 111 staff took 1,108,963 calls.

SECAmb complaints over the past two years:



Feedback from Care Opinion website:

We value, and act on all, the feedback from patients, their families, and carers however these are received. We monitor and respond to feedback that we receive from Care Opinion.

During 2021/22, the feedback from them was:

	Compliments	Complaints
Care Opinion	8	2

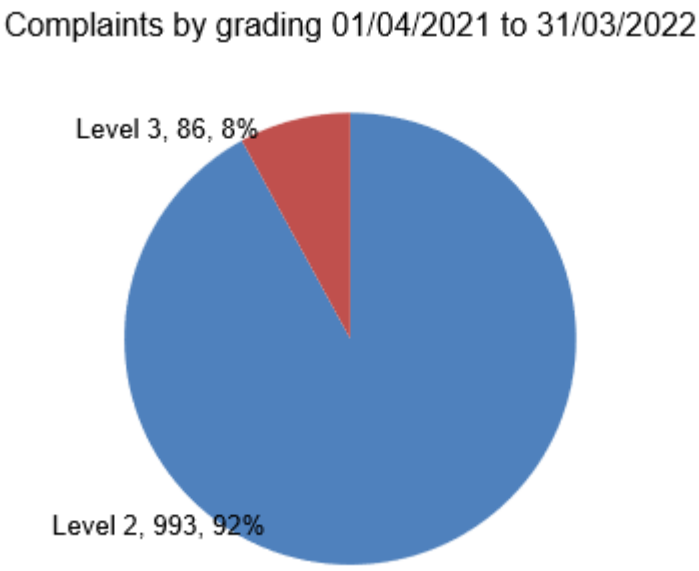
This is compared to the previous year, 2020/21, when feedback was:

	Compliments	Complaints
Care Opinion	6	2

When complaints are received, they are reviewed and graded according to their apparent seriousness; this ensures that they are investigated proportionately. 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 2021/22 were graded as level 2 (92%), with the remaining 8% as level 3. The level of grading given to a complaint when received is reviewed once the investigation has been completed and may be increased or downgraded dependent on the outcome.



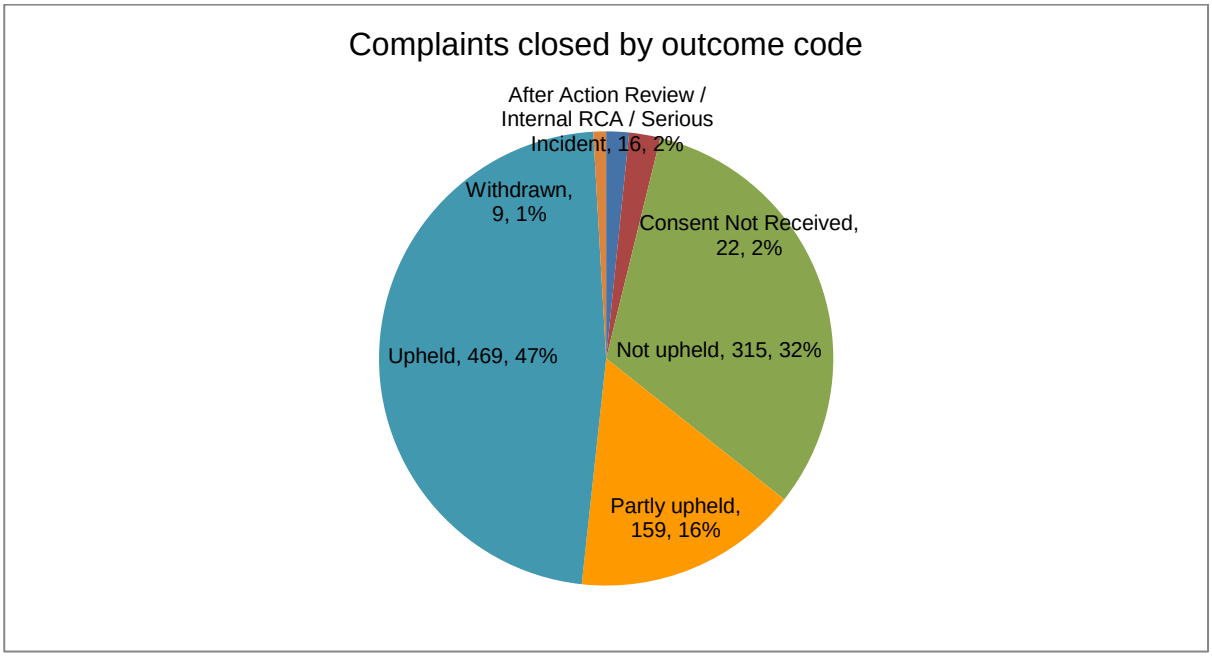
Complaints are categorised into subjects and can be further distinguished by sub-subject to help with identifying trends.

Complaints received during 2021/22 by subject and service area:

	OPS	EOC	KMS 111 IUC CAS	Other	Total
Administration	1	1	1	1	4
Communication issues	2	6	4	0	12
Concern about staff	250	22	24	4	300
Information request	0	0	0	1	1
Miscellaneous	5	2	1	0	8
Patient care	122	166	73	3	364
Timeliness	3	238	148	0	389
Transport	1	0	0	0	1
Total	384	435	251	9	1079

When a complaint is concluded, a decision is made by the Investigating Manager to either uphold, partly uphold, or not uphold the complaint, based on the findings of their investigation. During 2021/2 1016 complaints were responded to; of these 63% 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’. The outcome from complaints is shown in the figure below:

Complaints by outcome, 2021/22



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 31 such complaints in the reported period. There are also some complaints that are reviewed by the Serious Incident Group, and if they result in a Serious Incident / Internal Root Cause Analysis / After Action Review the complaints are closed and the complainant informed of the new timescales for the investigation to be completed.

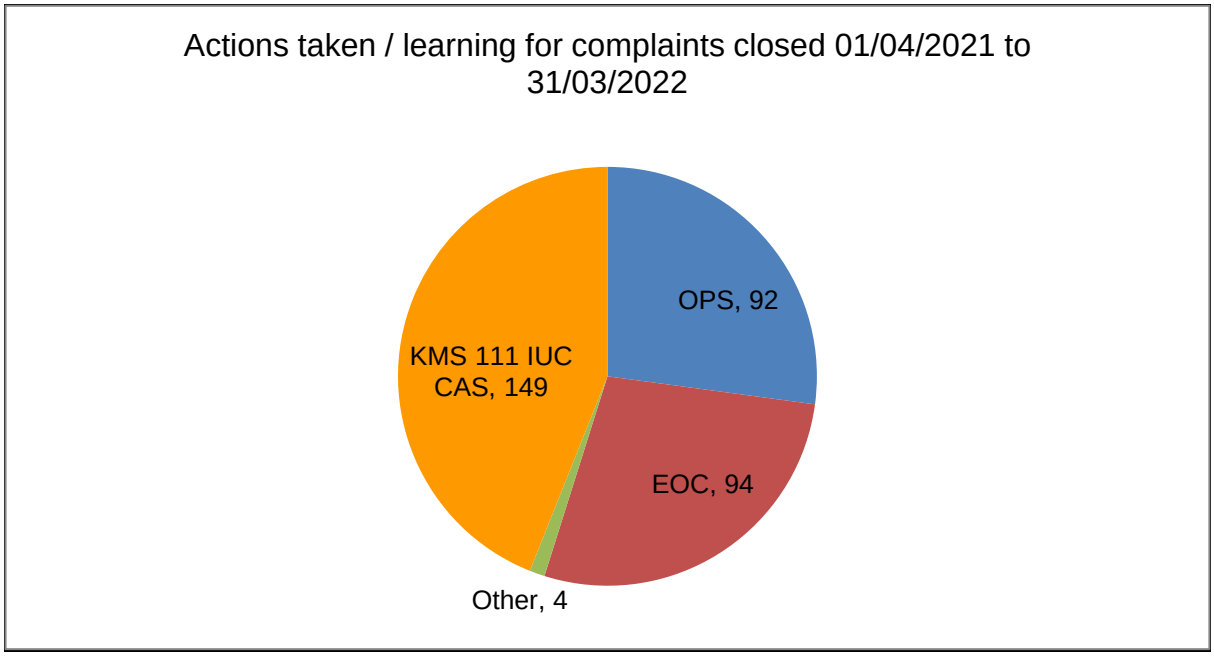
Previously, the Trust's agreed timescale within the complaint's procedure was for 90% of complaints to be responded to within 25 working days. This timescale was extended during the pandemic to 35 working days. Complainants have been very understanding of this increased timescale and appreciate the pressure the NHS as a whole are under.

Directorate	Number of complaints closed within 25 working days	Number of complaints closed within 35 working days	Number of complaints closed over 35 working days	Overall number of complaints closed
OPS	246	63	58	367
EOC	370	23	9	402
KMS 111 IUC CAS	214	21	3	238
Other	9	0	0	9
Overall	839	107	70	1016

Despite the pressures of the ongoing pandemic the Trust managed to close 82.5% of complaints within 25 working days and 93% within the extended 35 working days.

Learning from complaints

Lessons from complaints throughout 2021/22 have again been wide ranging.



339 actions were identified from complaints and, examples of specific learning and changes made because of complaints include:

- Issue raised with NHS Pathways triage system at a national level include:
  - 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 problems.
- Introduction of systems to support the use of 'What3Words' 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.
- Organisational focus on performance to avoid delayed responses to patients.

Parliamentary and Health Service Ombudsman

Any complainant who is not satisfied with the outcome of a formal investigation into their complaint may take their concerns to the Parliamentary and Health Service Ombudsman (PHSO) for review. When the Ombudsman's office receives a complaint, they contact the Patient Experience Team to establish whether there is anything further the Trust feels it could do to resolve the issues. If we believe there is, the PHSO will pass the complaint back to the Trust for further work. If the Trust believes that local resolution has been exhausted, the PHSO will ask for copies of the complaint file correspondence to review and investigate.

In the year 2021/22 the PHSO only contacted the Trust to ask for copies of one complaint file. There was one case from 2020/21 that following the Ombudsman review resulted in the Trust being asked to pay £500.00 to the complainant.

Patient Advice and Liaison Service (PALS)

PALS is a confidential service to offer information or support and to answer questions or concerns about the services provided by SECAmb which do not require a formal investigation.

The table below details the number of PALS enquires received by the Trust during 2020/21 and 2021/22:

Type	2020/21	2021/22	Percentage difference
Concern	96	83	-13%
Enquiry	27	18	-33%
Information Request	356	452	+27%
Overall	424	553	+30.5%

Most requests for information are Subject Access Requests, where patients or their relatives require copies of the Electronic Patient Clinical Record (ePCR) completed by our crews when they attended them, or recordings of 999 or NHS111 calls, for a range of reasons. These requests are dealt with in accordance with the General Data Protection Regulations. The implementation of the new ePCR has streamlined the process.

Other contacts are requests for advice and information regarding what to expect from the ambulance service, people wanting to know how they can provide us with information about their specific conditions to keep on file should they need an ambulance, calls about lost property, and on occasion, families wanting to know about their late relatives' last moments.

Board Sponsor
Executive Director of Nursing & Quality

Indicator 3: Patient Experience Report

The Patient Experience Report is a new indicator to 2021/22. As mentioned in Indicator 1 for this section (Patient and Family/Carer Experience Strategy 2020-2025) the Patient Experience Group identified a gap in capturing protected characteristic data of people who either compliment our service or raise concerns to ensure that we are meeting the needs of all our diverse patients, their families, and carers.

The Patient Experience Group (PEG) has been impacted by the pandemic and the Trust having been in REAP 4 / BCI, and unfortunately many meetings were cancelled. When possible though the group has met to take forward some work. A good example relates to the development of the Patient Experience survey which went live in April 2021. The survey asks for feedback on the complainant's experience of liaising with the Patient Experience Team (PET) and also captures specific details on their protected characteristics. This information is being used to form a patient experience report that will allow the Trust to understand who is utilising the service, who is complaining or complimenting, and just as importantly, who the Trust is not hearing from. This is information the Trust has not had before and will go some way to assist with reaching out to the hard-to-reach cohorts of the public, or those that do not feel particularly engaged with. This work is in its infancy; however, the PEG is optimistic that it will bring us closer to understanding more about the experiences of our service users and allow us to learn.

The report is still under review and scrutiny at the time of writing and there is a plan in place to sign off this piece of work in May 2022. Once the Patient Experience Group have agreed on the final version of the report this will be produced on a bi-monthly basis and taken to all future PEG meetings for analysis and discussion.

The report will include information relating to the total number of responses and then dig deeper into what the reason for contact was and any themes and trends for example, for complaints, timeliness and patient care have been seen to feature as higher totals than communication complaints. This information will allow us to plan ways of joined up working and target learning in the areas that require it most.

Although the report is in its early stages and yet to be finalised the PEG have gained an insight into information, we previously were unaware of such as the most popular age group to complete the patient experience survey (over 70's) and how many people had a disability or long-term condition. This will allow us to see which people have not or are less likely to complete the survey and become more innovative in the way we work to include and allow all our diverse patients the opportunity to access the same services with fair treatment.

The patient experience report also assists us to see which areas we get more complaints and compliments for and has so far evidenced that compliments remain significantly higher than complaints for the Trust as a whole.

Board Sponsor
Executive Director of Nursing & Quality

3.2 Mandatory Reporting Indicators

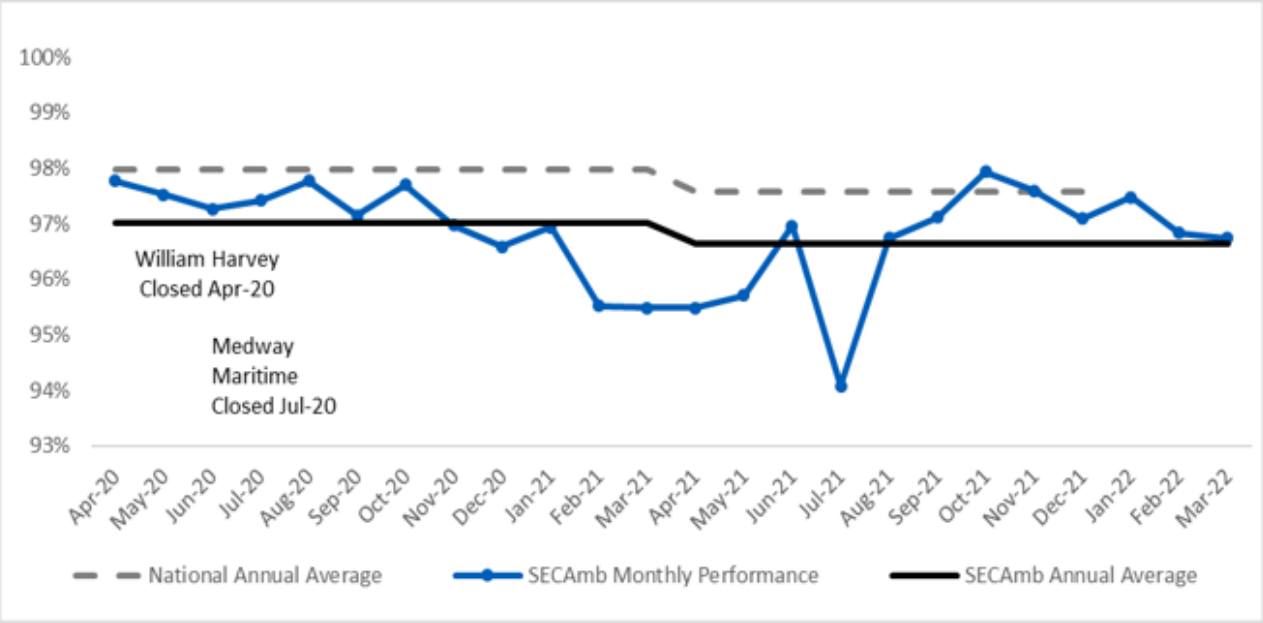
Ambulance Response Programme: Response Times

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

Stroke

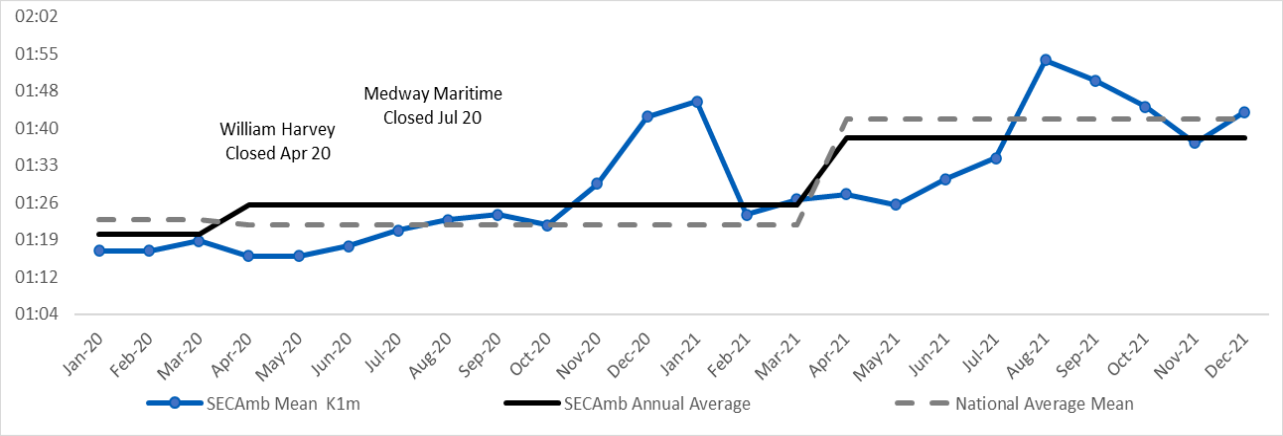
During 2021, the Trust continued to focus on several key strategic partnership initiatives, among these included extensive involvement with stroke reconfiguration work to support revised pathways across Kent and Medway, Surrey and Frimley and developing pathways across Sussex. New technology developments (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:

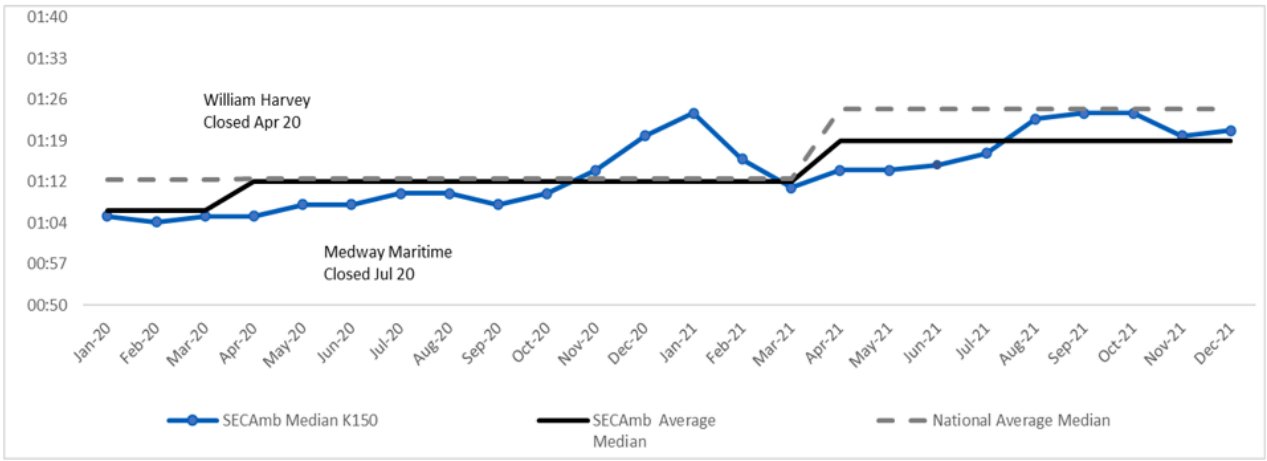


In the first half of 2021/22 the Trust saw a continued dip in performance against the stroke diagnostic bundle, however, over the last five months of the financial year an improvement has been maintained when measured against quarters 1 and 2. The diagnostic bundle includes recording of a Fast (Face, Arm, Speech) test, assessment of blood glucose and blood pressure levels. The proportion of patients who received the Stroke Diagnostic Bundle continues to be just below the national average and shows normal patterns of variation that can be encountered with smaller sample sizes. ePCR forcing functions for the adequate documentation of stroke clinical care has not led to the expected improvement in performance predicted in the 2020/21 Clinical Audit Annual Report. Stroke audit identifies the documentation of blood glucose levels as contributing to a lowering of audit compliance.

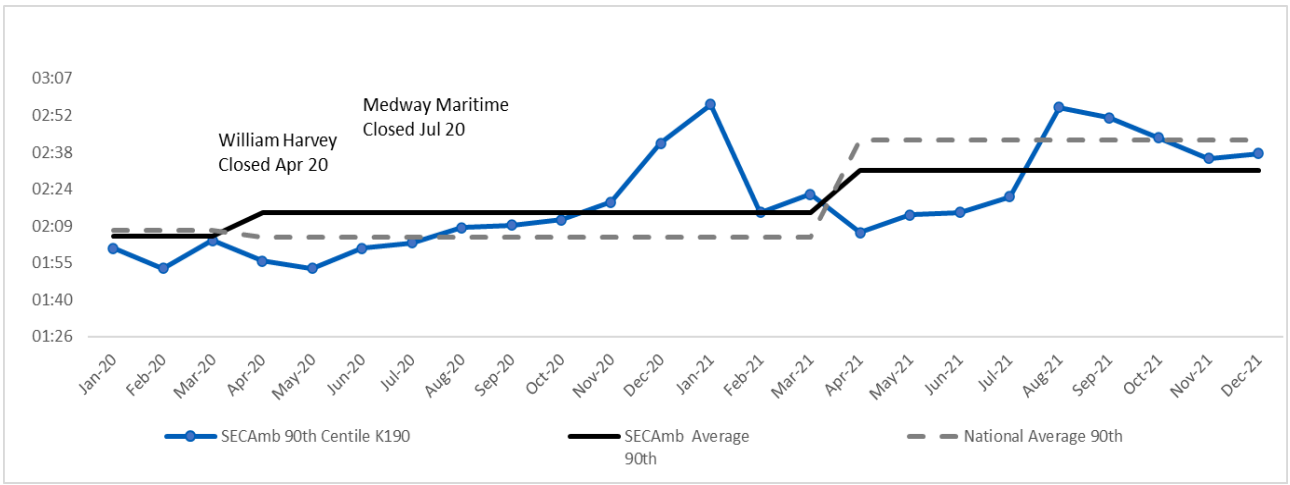
Mean time from call to hospital door for patients with confirmed stroke:



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



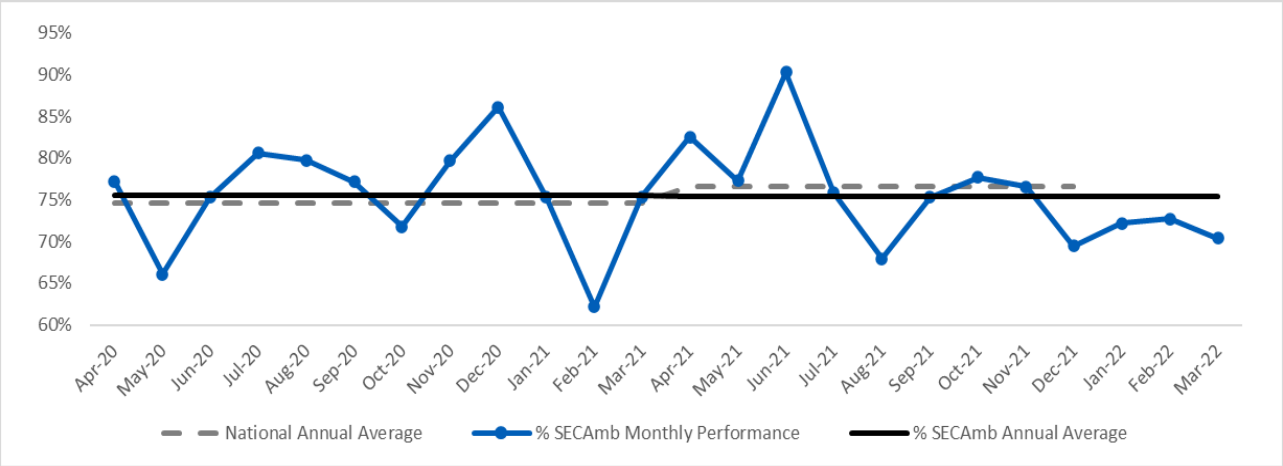
90th centile time from call to hospital door for patients with confirmed stroke:



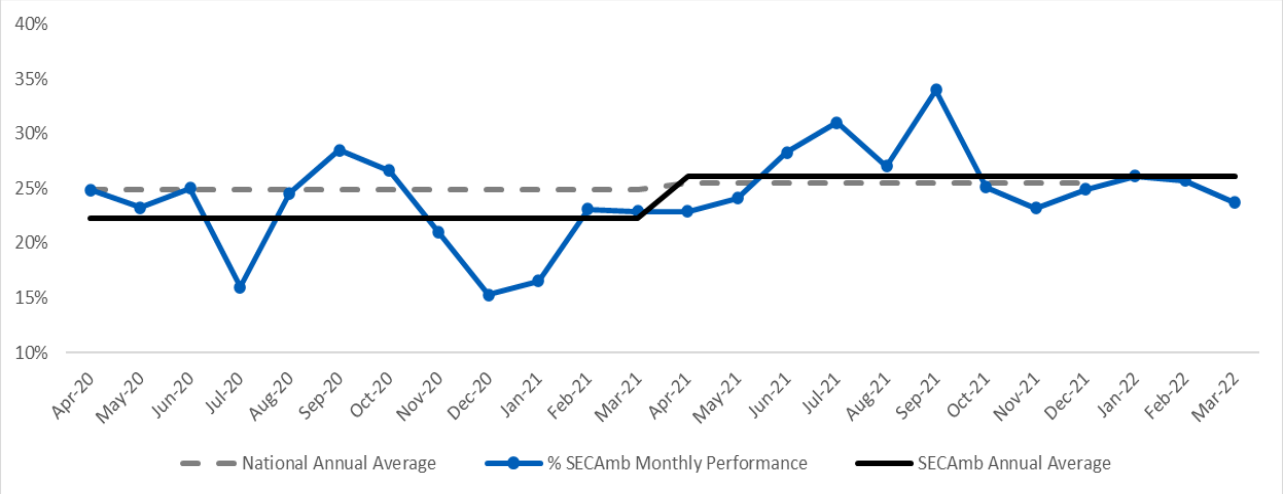
Return of Spontaneous Circulation (ROSC) after cardiac arrest

Improvement in the return of Spontaneous Circulation (ROSC) after cardiac arrest has featured as an element of a key priority since 2018/19. The reporting data within this report covers the most recent two-year period.

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

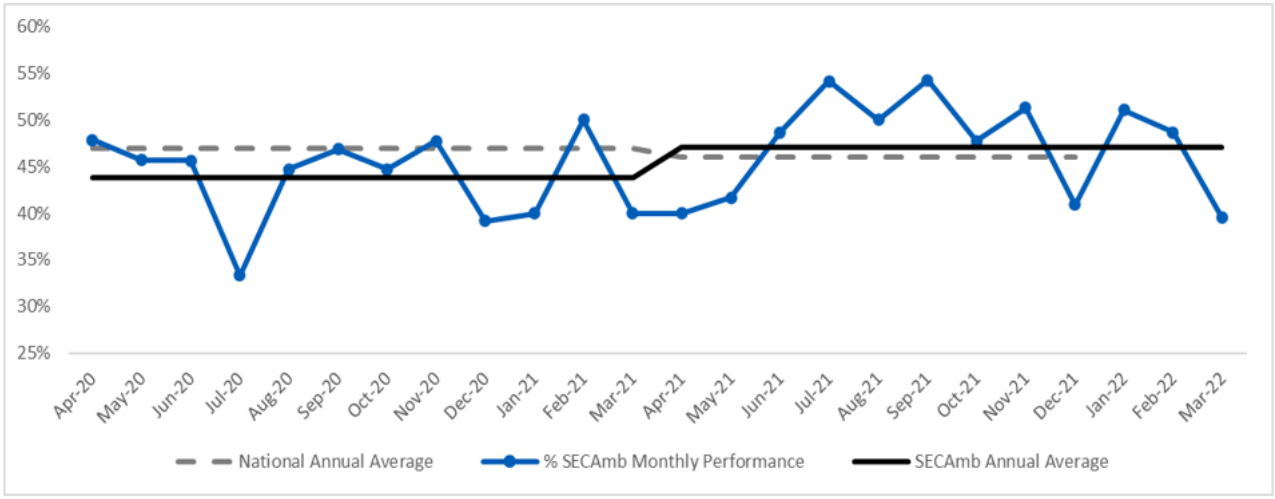


ROSC at time of arrival at hospital (all patients):

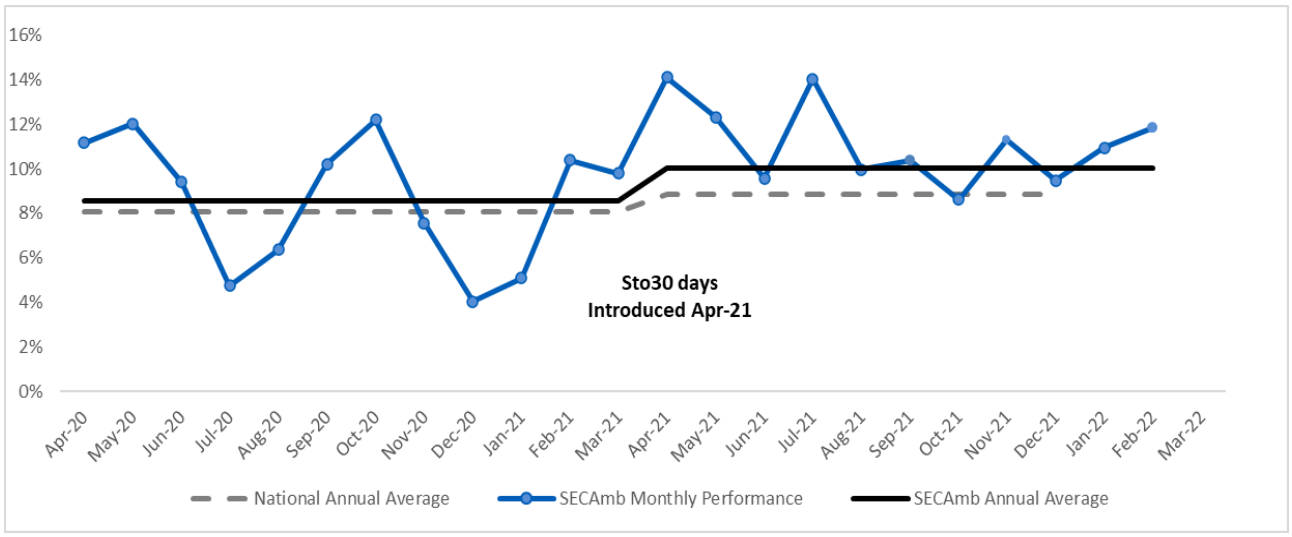


The number of patients with ROSC at hospital was reduced during the height of the COVID-19 pandemic, this has been observed nationally and internationally.

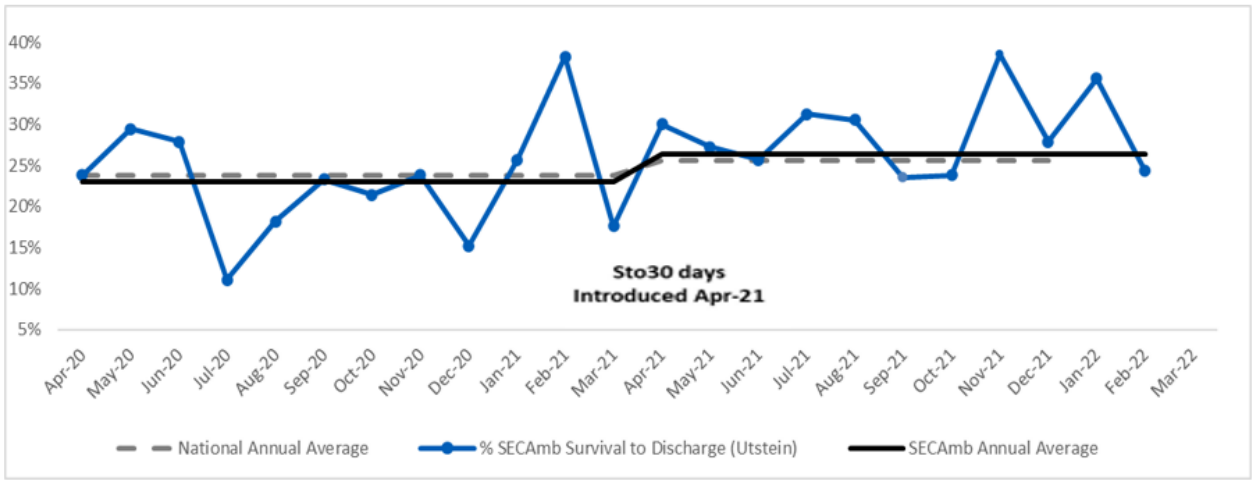
ROSC at time of arrival at hospital for *Utstein Comparator Group:



Survival to 30 days (Sto30) after cardiac arrest:



Survival to 30 days after cardiac arrest for Utstein Comparator Group:

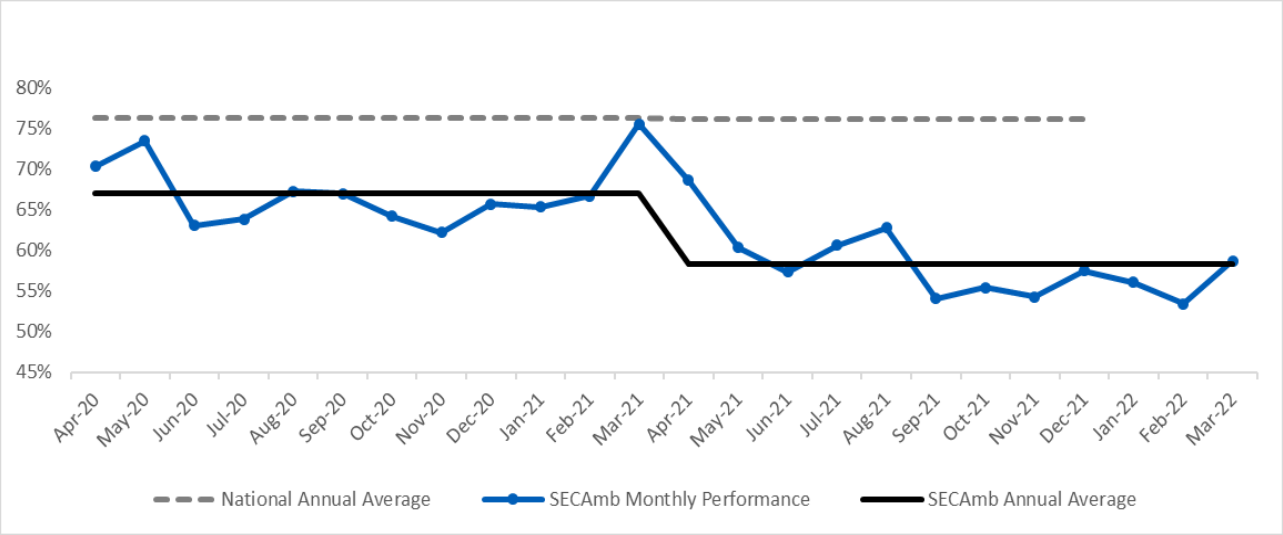


* The Utstein style is a set of guidelines for uniform reporting of cardiac arrest.

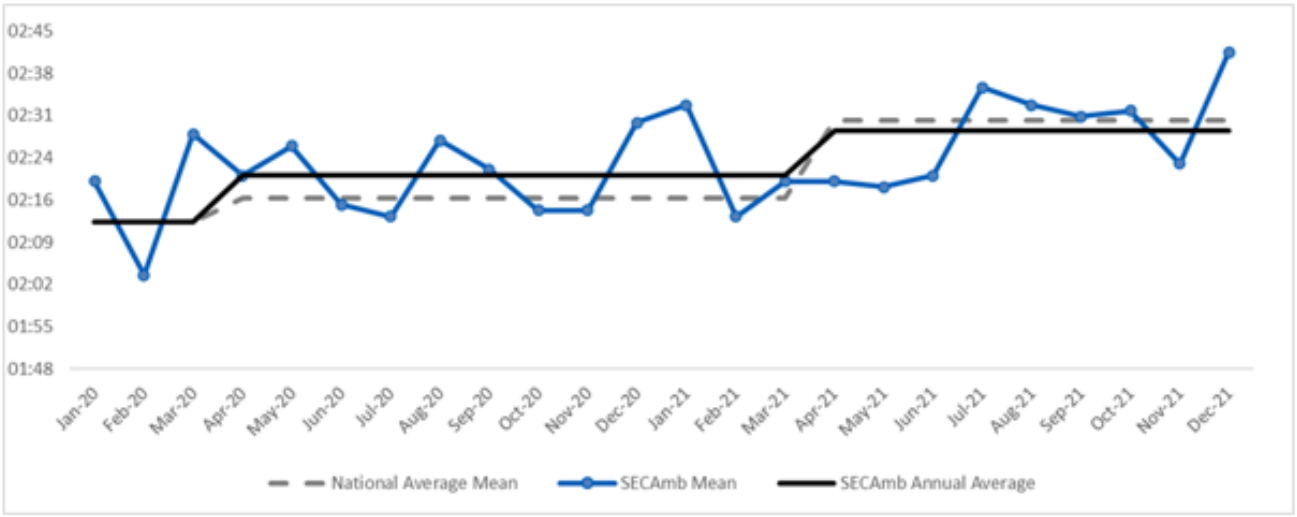
ST Elevation Myocardial Infarction (STEMI)

The Trust aims to identify and measure its performance in 100% of the ST elevation myocardial infarctions (STEMI) cases that it attends. The Trust measures the quality of care provided to patients who are suffering a suspected STEMI by the proportion of patients who receive a bundle of care that is shown to improve outcomes for patients for this patient group. The care bundle includes administration of aspirin, glyceryl trinitrate (GTN), analgesia (pain relief) and recording two pain scores. The most common areas of non-compliance are the administration of analgesia and the documentation of two pain scores. The Trust also records the call to angiography time for patients presenting with a STEMI, this is compared as the mean and the 90th centile against other Trusts.

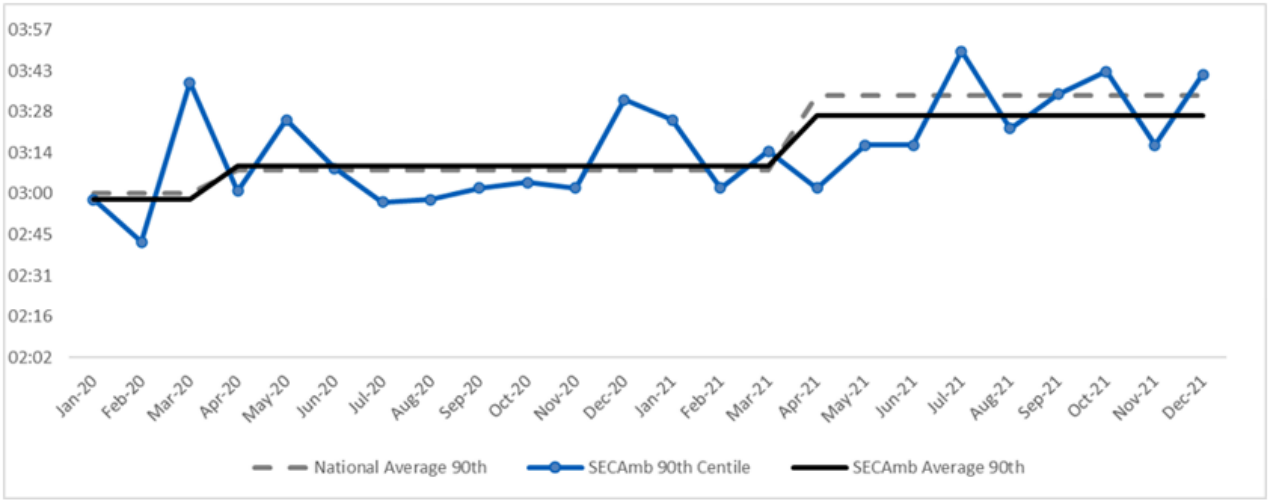
The percentage of suspected STEMIs, who received the STEMI care bundle are as below:



Mean time from call to angiography for patients with confirmed STEMI:



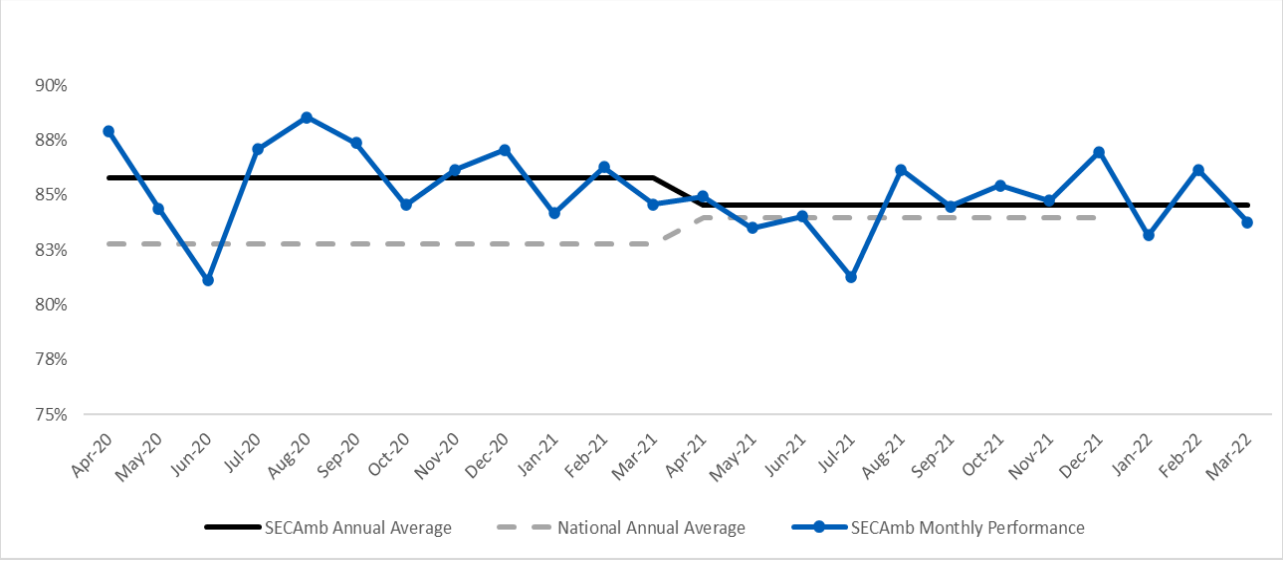
90th centile time from call to angiography for patients with confirmed STEMI:



Sepsis care bundle

The Trust aims to identify and measure its performance in 100% of the sepsis cases that it attends. The Trust measures the quality of care provided to patients who are suffering from sepsis by the proportion of patients who receive a Sepsis Care Bundle that is shown to improve outcomes for this patient group. This measure only includes patients with an infection NEWS2 (National Early Warning Score) of 7 or above. The patient must have a respiratory rate, level of consciousness, blood pressure and oxygen saturations documented. High flow oxygen and fluids must be administered where appropriate, and place hospital pre alert call. The most common area of non-compliance is failure to record a pre-alert call was made. This may be due to a perception of these pre-alerts being disregarded once the patient arrives, but the reasons are not fully known.

The percentage of sepsis patients, who received the sepsis care bundle are as below:



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

Joint Commissioner Statement from NHS Surrey Heartlands CCG (SyHCCG) 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 2021/22 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 2021/22. This has occurred within the agreed timeframe, and the CCG and its constituent CCGs are satisfied that the Quality Account (QA) incorporates all the mandated elements.

We acknowledge that 2021/22 has and continues to be challenging and the impact and aftermath of COVID-19 is reflected in the narrative and performance of the QA. Equally, despite unprecedented challenges, we acknowledge the effort in maintaining quality and safety for patients. For example, the continued focus and responsiveness to patient experience and the work conducted on harm reviews.

Having reviewed the QA document for 2021/22 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 2021–31st March 2022 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, regular quality assurance meetings took place bi-monthly with the lead commissioner and monthly with all commissioners' involvement. The priorities identified within the account for the year ahead reflect and support the agreed priorities discussed during these meetings. SyHCCG in collaboration with its constituent CCGs, has agreed and set new priorities for the coming year, now that the pandemic has abated, and we come to terms with living with COVID. However, we are under no misapprehension that life has fully returned to normal and SECAmb are still under significant pressure and high demand from the public.

This QA demonstrates the Trust's commitment to improving services and caring for its staff. In particular, the introduction of the clinical supervision of frontline operational workforce; the introduction of Mental Health First Aid (MHFA) training for frontline staff; for Fallers, accessing urgent and emergency care for Care Homes.

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 2022/23 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. This past year has demonstrated how unpredictable the healthcare landscape can be and the negative impact that can have on organisations ability to recover from the effects of the pandemic and 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) statements

Kent County Council Health Overview and Scrutiny Committee

"Thank you for offering Kent County Council's Health Overview and Scrutiny Committee the opportunity to comment on SECAmb's Quality Account for 2021-22. HOSC is expecting to receive a number of similar requests from Trusts providing services in Kent.

Given the number of Trusts which will be looking to KCC's HOSC for a response 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."

East Sussex Health Overview and Scrutiny Committee

"Thank you for providing the East Sussex Health Overview and Scrutiny Committee (HOSC) with the opportunity to comment on your Trust's draft Quality Report 2021/22.

The HOSC recognises much of the Trust's efforts over the past year will have been focussed on maintaining its high standards of care whilst adhering to COVID-19 social distancing measures and dealing with the impact of the pandemic on staff sickness absence. The Committee, therefore, welcomes the success SECAmb has achieved in 2021/22, despite the considerable pressures placed on it by COVID-19.

HOSC has invited SECAmb to attend its meetings twice over the past year to look at its quality performance in relation to NHS 111 Clinical Assessment Service (CAS), hospital handover times, and the four Ambulance Response Programme (ARP) category response times. The Committee thanks those trust officers who gave their time to attend.

The HOSC has paid particularly close attention to the new 111 CAS due to its recent review of urgent care provision in Eastbourne, of which the new clinically-led phone triage service was set to be a key pillar. We welcome the ability of the CAS to directly book patients into urgent care services – such as Emergency Departments (ED), Urgent Treatment Centres (UTCs), and GP appointments – and the frequency with which this service is being used for patients who call 111. We do recognise, however, that it is limited by the number of available appointments, and this is out of SECAmb's control.

The HOSC welcomes the increased number of call handlers recruited to 111 but also recognises that, because of the pandemic, the call volume for 111 has exceeded the levels the service was commissioned to provide. We therefore hope that planned discussions with the Clinical Commissioning Groups (CCGs) result in additional resources being made available, enabling further successful rounds of recruitment to be undertaken by the trust.

The HOSC has been concerned about SECAmb's response times to the four ARP categories for some time and is disappointed that they are still not being met, albeit the trust is performing well compared to its peers. Whilst additional funding was made available through the Demand and Capacity review to deal with historic under performance, the Committee appreciates that the impact of COVID-19 – on both the volume of calls and the staff sickness levels – has meant the targets have still not been met. Assuming the impact of COVID-19 recedes, the Committee hopes to see the targets all being met as soon as possible, as they will help to ensure an improved, safer service for patients.

HOSC welcomes the work SECAmb has undertaken with East Sussex Healthcare NHS Trust (ESHT) to improve hospital handovers at the acute trust's two main hospital sites in Eastbourne and Hastings, for example, the commitment to achieve 30-minute handover times and to eliminate all wait times of over 60 minutes. SECAmb covers an area far wider than ESHT, and we hope these initiatives are rolled out to the other acute trusts in SECAmb's patch. We plan to look at this issue further in September 2022.

2022/23 Quality Priorities

The Committee agrees with the trust's assessment that the 2021/22 year has been dominated by COVID-19 and we understand the Priorities for Improvement for 2021/22 were not fully realised due to the need to respond to the pandemic and have therefore been rolled over to 2022/23. The Committee hopes that the impact of COVID-19 declines during the next year and that the Trust is able to complete its Priorities for Improvement in full.

We welcome the Quality Priority to introduce Mental Health First Aid (MHFA) training for front-line staff as a way of improving awareness of mental health, reducing suicides and improving early detection of mental ill health; we hope that the roll-out of training continues apace throughout the coming year.

Finally, the priority “Falls: Accessing Urgent and Emergency Care for Care Homes” would appear to be an ambitious plan to reduce the number of long-lie falls in care homes, which has the potential to improve patient outcomes and the trust’s own capacity and performance against the Category 3 ARP. The Committee would welcome an update on this programme at a future meeting.”

Health and Adult Social Care Scrutiny Committee (HASC) statement

“Thank you for offering the Health & Adult Social Care Scrutiny Committee (HASC) the opportunity to comment on South East Coast Ambulance Service Foundation Trust Quality Account for 2021-22.

HASC agreed in 2016 that formal responses from the committee to quality accounts, from that year onwards, would only be forwarded to NHS providers where HASC had undertaken formal scrutiny of those providers within the previous financial year. Therefore, as the committee did not scrutinise any services directly provided by SECAmb in 2021-22, the committee will not be making any comments this year.”

Statement from Healthwatch

Healthwatch Brighton and Hove

“For capacity reasons we will not be able to help this year. Healthwatch West Sussex usually lead on ambulance services on behalf of all 3 Healthwatch in Sussex.”

Healthwatch Kent

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

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

We’d like to take this opportunity to support the Trust by setting out the areas we have worked together on in the past year:

- We have an effective relationship with the Trust. The deputy chief nurse has attended the South East Healthwatch Network meeting regularly to give an update on SECAmb activity and listen to our feedback.
- We recognised the Trust for its work alongside IC24, to involve patients and public in the development of the Kent and Medway 111 service at our recent Healthwatch Recognition awards.
- Our volunteers continue to contribute to the 111 working group.

- We've shared several cases with the Trust over the last year from patients and families, each of which has been responded to.
- One of these cases was shared with NHS England to review.
- We welcome the patient friendly patient experience strategy.

We have read the Quality Account with interest. Generally, it makes sense and gives the public a glimpse into the Trust performance over the last year. We look forward with anticipation progress in your patient experience work. We are always happy to support you to listen to your patients and act on their feedback.

Finally, we are encouraging all Trusts to consider adding in a section in the report for each quality priority which clearly sets out about how it will affect the people who use the service.'

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 not given an updated version of this guidance for 2021-22, as with the previous year's quality account, therefore the most recent version was used

- The contents of the quality report are not inconsistent with internal and external sources of information including:

  - Board minutes and papers for the period 01 April 2021 to 31 March 2022

  - Papers relating to quality reported to the board over the period 01 April 2021 to 31 March 2022

  - Feedback from commissioners dated 20/05/2022

  - Feedback from four governors dated 02/05/2022, 03/05/2022, 16/05/2022 and 18/05/2022

  - Feedback from three local Healthwatch organisations dated 14/05/2022, 19/05/2022 and 30/05/2022

  - Feedback from overview and scrutiny committees dated 03/05/2022, 10/05/2022 and 18/05/2022

  - The Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, went to Board in January 2022

  - The national patient survey was not undertaken in 2021/22. The last national patient survey was in 2018

  - The national staff survey ran from 22nd September to 26th November 2021

  - 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:

As part of their new inspection regime, in February 2022 SECAmb were part of an inspection by the CQC of the Kent & Medway Emergency & Urgent care system covering a number of NHS providers.

Following on from this, the CQC undertook a Core Service inspection of our Emergency Operations Centres on 22nd February 2022 and of our NHS 111 service on 28th February / 1st March. Our Emergency & Urgent Care service and our Resilience function retained the ratings from the previous inspections in 2019 and 2018 respectively.

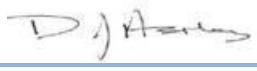
In addition, the CQC conducted a focussed 'Well Led' inspection of the Trust on 15th and 16th March 2022.

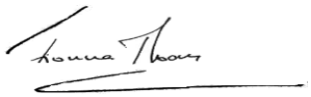
The CQC published their final report on 22nd June 2022. The 'Well Led' domain was rated as Inadequate but we were pleased however to see our NHS 111 service retain it's rating of 'Good', despite the significant pressures on the service during the COVID pandemic.

The CQC report highlighted a number of areas of concern including a disconnect between the Executive Team, senior leadership and the wider organisation, concerns around some of our governance and risk processes and a perceived lack of appropriate and visible focus on quality. It also highlighted a number of concerns around aspects of the Trust's culture, including bullying.

Ahead of the CQC inspection, work had already begun to address a number of the areas highlighted in the report, however this now forms the basis for a broader and more comprehensive action plan. This will deliver our priorities for the coming year, and also addresses the specific findings from the CQC inspection, as well as feedback from other sources, including the NHS Staff Survey results.

By order of the board

Date	29/06/2022	**Chairman**	

Date	29/06/2022	**Chief Executive**	

Glossary

Acronym	Term
A&E	Accident & Emergency
AARs	After Action Reviews
ABD	Acute Behavioural Disturbance
ACS	Acute Coronary Syndrome
AED	Automated External Defibrillator
AQI	Ambulance Quality Indicators
ARP	Ambulance Response Programme
BCI	Business Continuity Incident
BI	Business Intelligence
C1	Category 1
C2	Category 2
C3	Category 3
C4	Category 4
CAD	Computer Aided Dispatch
CAP	Clinical Audit Platform
CAS	Clinical Assessment Service
CCD	Critical Care Desk
CCG	Clinical Commissioning Group
CCPs	Critical Care Paramedics
CDs	Controlled Drugs
CFRs	Community First Responders
CGG	Clinical Governance Group
CMG	COVID Management Group
COI	Clinical Outcome Indicator
CPD	Continuous Professional Development
CPIS	Child Protection Information Sharing
CPR	Cardiopulmonary Resuscitation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality Innovation
D&V	Diarrhoea and Vomiting
DAB	Direct Access Booking
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation
E2E	End-to-End
ECG	Electrocardiogram
ED	Emergency Department
EMA	Emergency Medical Advisor
EMB	Executive Management Board
EMB	Executive Management Board
EOC	Emergency Operations Centre
EOLC	End of Life Care
ePCR	electronic Patient Clinical Record
ETA	Expected Time of Arrival
ETCO2	End-tidal Carbon Dioxide
EU	European Union
FNoF	Fracture Neck of Femur
FTSU	Freedom to Speak Up

FTSUG	Freedom to Speak Up Guardian
G&W	Guildford and Waverley
GCS	Glasgow Coma Scale
GP	General Practitioner
GTN	Glyceryl Trinitrate
HALOs	Hospital Ambulance Liaison Officers
HART	Hazardous Area Response Team
HASC	Health and Adult Social Care Scrutiny Committee
HCPC	Health and Care Professions Council
HEE	Health Education England
HOSC	Health Oversight and Scrutiny Committee
IC24	Integrated Care 24
ICP	Integrated Care Provider
ICS	Integrated Care Systems
IFT	Inter-Facility Transfers
IPC	Infection Prevention and Control
ISDNs	Integrated Stroke Development Networks
IUC	Integrated Urgent Care
JRCALC	Joint Royal Colleges Ambulance Liaison Committee
KMS	Kent, Medway and Sussex
LeDeR	Learning Disability Mortality Review
LFD	Learning from Deaths
MDT	Multi-disciplinary Team
MHFA	Mental Health First Aid
NASCQG	National Ambulance Service Clinical Quality Group
NED	Non-Executive Director
NEWS2	National Early Warning Score
NHS	National Health Service
NHSE	National Health Service England
NHSI	National Health Service Improvement
NHSP	National Health Service Pathways
NRLS	National Reporting and Learning System
OHCA	Out of Hospital Cardiac Arrest
OMC	Operations Manager Clinical
OTLs	Operational Team Leaders
OU	Operating Unit
PaCCS	NHS Pathways Clinical Consultation Support
PALS	Patient Advice and Liaison Service
PbR	Payment by Results
PCNs	Primary Care Networks
PEG	Patient Experience Group
PET	Patient Experience Team
PFD	Prevention of Future Death

PHSO	Parliamentary Health Service Ombudsman
PP	Paramedic Practitioner
pPCI	Primary Percutaneous Coronary Intervention
PPE	Personal Protective Equipment
PSIRF	Patient Safety Incident Response Framework
Q3	Quarter 3
Q4	Quarter 4
QA	Quality Account
QI	Quality Improvement
QPSC	Quality and Patient Safety Committee
QUAPS	Quality and Patient Safety Group
RCA	Root Cause Analysis
REAP	Resource Escalation Action Plan
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
RoSC	Return of Spontaneous Circulation
SECAmb	South East Coast Ambulance Service
SIG	Serious Incident Group
SIs	Serious Incidents
SMG	Senior Management Group
SMP	Surge Management Plan
STEMI	ST Elevation Myocardial Infarction
Sto30	Survival to 30 days
SyCCG	Surrey Heartlands CCG
UCH	Urgent Care Hub
UK	United Kingdom
UTC	Urgent Treatment Centre
WCA	Worsening Care Advice