NHS
South East Coast Ambulance Service
NHS Foundation Trust

Quality Account
2023/24

Introduction

The Quality Account is a report on the quality of our services over the 2023/24 financial year. The quality of the services is measured by looking at:

- **Patient safety**
- **• Effectiveness of patient care**
- **Patient feedback about care provided**

This report also provides information on improvements we have made over this period and gives us the opportunity to share our successes with those that matter most, our patients.

The Quality Account is broken down into three parts:

- **Part 1** of the report contains a statement of quality from our Chief Executive.
- **Part 2** reports on our progress over 2023/24 and outlines our priorities for improvement for 2024/25. This section also details 'statements of assurance from the board' and 'reporting against core indicators'. These statements contain mandated wording to ensure we have provided a sufficient update on each aspect of the service provided over 2023/24.
- **Part 3** of the Quality Account is an opportunity to share other aspects of quality from across the Trust that have not already been discussed. This includes any other information relevant to the quality of health services provided or subcontracted during the reporting period.

Contents

Part 1

Statement of Quality from Our Chief Executive

I am pleased to introduce our annual Quality Account for 2023/24. This report outlines the work we have carried out in the past year to ensure the quality and safety of the care we provide to our patients is maintained and where required, improved. The report also details our priorities for the 2024/24 as we look to ensure the improvements we have made are cemented across the organisation.

During 2023/24 we remained in the national Recovery Support Programme (RSP) – a programme run by NHS England to support challenged Trusts. SECAmb was placed in RSP in 2023 as a result of concerns raised around leadership and governance the CQC's Well Led Inspection and our on-going Improvement Journey is focussed on addressing these concerns. Working together with NHS England and our local partners, our aim is to exit RSP during 2024/25.

As part of our overall improvement programme and despite the challenges, we have continued to make real progress during this period in a broad range of areas. We have developed new ways of partnership working across our local NHS system and improved the responsiveness of the service we provide to our patients.

2023-24 continued to see significant pressure on the ambulance service and on the wider healthcare system. Despite this, we were one of only two ambulance services nationally to meet the temporary 2023-24 Category 2 call response time target of 30 minutes, with patients being responded to in an average 28 minutes and 2 seconds.

This is an extremely important category of call where some 60 per cent of all our calls fall. We also performed well against the national average in other call categories, but we recognise the need to build on this further and deliver improved performance across all categories of call in order to achieve the performance rightly expected by our patients. I am also pleased to see that we have made significant improvements in consistently delivering improved call answer times.

I welcome the progress we have made in delivering against our quality priorities set out last year. You can read more in the report about how we continue to improve training in maternity/obstetric emergencies, our closer working with Urgent Community Response (UCR) teams across our region, and how we are developing and improving our listening and engaging opportunities with patients, and their families and carers.

Our closer working with UCR teams is very much about making sustainable long-term change. This is really important work which is seeing more patients across our region receiving specialist care in their own homes instead of being admitted to hospital.

A key partner in this project, and the first to go live on a new portal providing its clinicians with secure access to information on our computer aided dispatch (CAD), system was Sussex Community NHS Foundation Trust in March. It now has all seven of its UCR teams live across the county.

Through this work, we expect to see a growing number of patients assisted via the portal and managed by local UCR teams without further support from the ambulance service. This not only ensures our patients are receiving appropriate care in their homes but also helps free up our teams to be as available as possible to attend higher priority and life-threatening calls.

I am pleased with the work which has taken place in the last year as we look to improve our listening and engagement opportunities with our patients and the public. October 2023 saw us launch a new 999 patient experience questionnaire, which in turn has been supported by a leaflet and a business-style card with a link to the questionnaire to be handed out to patients and at events. We have also installed stickers on our ambulances encouraging patients and their families to feed back on their experience of our service.

This year also saw us launch a Community Forum which is held virtually on a bi-monthly basis. The insights gained from the forum will continue to feed into various projects and workstreams to help inform their progress with the views of our patients.

We have set out our proposed priorities the 2024/25 Quality Account for 2024/25. These include work to improve on the feedback colleagues receive on patient clinical records (PCRs). We aim to improve the quality of PCR completion and support meaningful supervision to colleagues.

We will also provide further support to colleagues by building on previous work to ensure that all patient discharges are either directly supported by a senior clinical decision maker, most commonly an Advanced Paramedic Practitioner working in one of our Urgent Care Hubs, or receive a 'post discharge review', also undertaken within the Urgent Care Hub.

Our final QA priority will involve working to address health inequalities. A two-year programme, structured in two phases will focus on patients with maternity and/or severe mental illness presentations with the intention to improve clinical care and outcomes through the reduction in health inequalities.

I recognise that we have much work to do to ensure we are delivering the service our patients expect. I and the whole leadership team are committed to ensuring improvements are sustainable and deliver real change.

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

Simon Weldon
Chief Executive Officer

South East Coast Ambulance Service
NHS Foundation Trust

Part 2

Priorities for Improvement and Statements of Assurance from the Board

This section of the Quality Account is divided into two parts; the first sets out progress made against the priorities for 2023/24 and the second details the key areas of development for the next 12 months.

2.1 Quality Priorities for Improvement

Looking back – report on the 2023/24 Quality Priorities

There were three priorities during this period:

- **Priority 1** (Domain: Clinical Effectiveness) – Learning from Reviews to Improve Safety in Maternity Obstetric and Neonatal Care
- **Priority 2** (Domain: Patient Safety) – Utilising Urgent Community Response Services to Improve Safety for Patients in the Clinical Stack
- **Priority 3** (Domain: Patient Experience) - Listening and Engaging with our Patients, their Families and Carers

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

Domain	Clinical Effectiveness
Priority Title:	Learning From Reviews to Improve Safety in Maternity Obstetric and Neonatal Care
Review of 2022/23 report	Historically ambulance crews have received little or no training in maternity/obstetric emergencies and we know this can cause anxiety for staff. Maternity calls often involve caring for two patients (Parent and Child) who can become very unwell very quickly. SECAmb has been proactive in addressing this by employing a consultant midwife who is responsible for training colleagues and supporting maternity care in the pre-hospital setting. Whilst this is extremely positive, we are keen to continually improve and having been involved in 13 Healthcare Safety Investigation Branch (HSIB) maternity investigations over 2022/23, we wanted to focus on this area to ensure that we are maximising our opportunity to get it right for all patients and their babies.
The aim for 2023/24	• Joint training session with ambulance crews and midwives relating to the management of maternal emergencies in the community. This will be facilitated through the use of immersive mannequins and simulation to replicate real life scenarios. • Work with Joint Royal College Ambulance Liaison Committee (JRCALC) to amend and update national ambulance guidance. Currently three areas of the guidance have already been updated with five outstanding. • Areas we have completed in Include breech birth, haemorrhage and care of the newborn. We are working on these in order of prevalence first. • Development of quick view videos on how to respond to medical emergencies for JRCALC to support the new guidance. • Working with Resuscitation Council UK (RCUK) to develop a specific pre-hospital newborn resuscitation course. • Work with acute trusts to deliver joint training on pre-hospital maternity emergencies. • Meet with partners at NHS Pathways to review and collaboratively amend guidance based on data relating to harm/incidents/near misses.
Our performance	• Joint training session with ambulance crews and midwives relating to the management of maternal emergencies in the community. This is ongoing and continues to run every month with different trusts across the geographies of Kent, Surrey and Sussex. • We are aiming to hold a session every quarter in each County. For SECAmb, this will be monthly as we cover 3 counties. Every session we hold includes 15 midwives and 15 ambulance clinicians. • Work with Joint Royal College Ambulance Liaison Committee (JRCALC) to amend and update national ambulance guidance. Ongoing work with the maternity national leads group/AACE. By the end of 2024 it is hoped that all maternity guidance will be based on best practice and recent evidence base. • Development of quick view videos on how to respond to medical emergencies for JRCALC to support the new guidance. Due in 2024. This work is yet to be commenced. • Working with Resuscitation Council UK (RCUK) to develop a specific pre-hospital newborn resuscitation course. This is now a recognised course with RCUK and 6 have been delivered across the 4 nations. • Work with acute trusts to deliver joint training on pre-hospital maternity emergencies. See above (Point 1) • Meet with partners at NHS Pathways to review and collaboratively amend guidance based on data relating to harm/incidents/near misses. Ongoing work with pathways and more recently it has been discussed at Clinical advisory group (CAG) re senior clinicians interrupting module 1 on pathways to advise on time critical care/interventions. This will be new for SECAmb.
Did we achieve this priority	We have achieved all of the actions we intended to carry out except for JRCALC videos which will hopefully be completed by the end of 2024 – early 2025.
Actions to be carried forward to 2024/25	Silent videos on JRCALC.

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

Domain	Patient Safety
Priority Title:	Utilising Urgent Community Response Services to Improve Safety for Patients in the Clinical Stack
Review of 2022/23 report	When an individual calls 999 or 111 their call is triaged by an Emergency Medical Advisor (EMA) or a Health Advisor (HA) who will run through an assessment and either reach an outcome or pass the caller over to a Clinical Supervisor / Clinical Advisor (CA) for further assessment. In some cases, the EMA / HA may be able to transfer the caller straight through to a clinician, however many calls will be transferred into the clinical stack, where they await a call back from a CA. For calls that result in a Category 3 (C3)[1] / Category 4 (C4)[2] ambulance disposition (outcome) this will generally be the case and under periods of service pressure the clinical stack will become very large despite internal processes to mitigate this. This means patient call backs will be delayed and thus result in delays to their care, which poses a risk to patient safety.
The aim for 2023/24	• Reduce the number of calls in the clinical stack to provide capacity for more timely call backs. • Consider referring patients to services more appropriate for their needs. • Upskilling SECAmb Clinicians through training and education to support appropriate referrals to UCR services. • Work on falls referrals pathways and introduce referral guidance to SECAmb clinicians to support referrals for patients to Urgent Community Response (UCR) services, which may include "Remote callers". [3] • Partnership working to introduce daily contact with Key UCR providers to support patient referrals from the 999 C3/C4 validation Clinical Support Desk (CSD) queue and introduction of the Computer Aided Dispatch (CAD) 'Portal' functionality to facilitate UCR direct support to 999.
Our performance	On the 9th May 2023, the Trust commenced daily calls with the Urgent Community Response services that respond within our footprint. Starting on this date with one team, these calls grew, with teams from across the SECAmb footprint joining a half hour meeting at lunchtime where an opportunity was given for them to review incidents awaiting an ambulance response and saw incidents being sent directly to them for their attendance, saving the need for an ambulance response. On the 6th February 2024, the Trust went live with its first UCR team having access to a Cleric portal which sees incidents within the C3 / C4 validation list being sent directly to them between the hours of 10:00am and 16:00pm every day. Since this date the Trust has seen the launch of 7 teams using the portals within the Sussex boundary, where calls are able to be sent directly to the UCR teams. Since the go live of the portals, 364 cases have been passed to the UCR teams with 73 accepted and completed by them (20.05%). 43.62% of these cases have been auto rejected with 36.85% deemed clinically inappropriate and 13.48% rejected due to no capacity within the teams to manage. These last two reasons also include times when there is not a clinician available to manage the patient available i.e. only physiotherapist available rather than an Advanced Care Practitioner. The ongoing meetings and review with each individual team is supporting a system approach to understanding where there are gaps in provision within each team / locality. Although the acceptance rates for the teams appears low, it is this capturing of rejection reasons that is supporting understanding how a wider system review could support the development of individual teams in the future, as well as supporting the Trust's delivery of care to our communities.
Did we achieve this priority	This priority is currently partially achieved, however continues to be a primary focus for delivery teams. Engagement continues with service managers to support the completion of required governance steps as well as training requirements for individuals to allow for the go live of individual portals. Remaining teams are at differing stages within this process. Regular engagement sessions continue with the UCR teams already on board with the portals to review and learn from cases, as well as continuing to support the daily hosted calls for teams who are not yet ready for the portal.
Actions to be carried forward to 2024/25	To continue the delivery of a sustainable approach to UCR use across the Trust footprint, which will involve onboarding all teams in the early months of 2024/25.

1 Category 3 – urgent calls. Patients may be treated by ambulance staff in their own home. We aim to respond within two hours 90% of the time.

2 Category 4 – less urgent calls. Some of these patients will be given advice over the telephone or referred to another service such as a GP or pharmacist. These less urgent calls will be responded to at least nine out of 10 times within 180 minutes.

3 Remote callers – an individual that calls 111 / 999 and is not with the patient at the time of calling.

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

Domain	Patient Experience
Priority Title:	Listening and Engaging with our Patients, their Families and Carers
Review of 2022/23 report	Good patient experience is associated with better clinical safety and effectiveness, and we know that a successful organisation must listen to its patients' needs and design products and services accordingly. We also know that whilst we think we know what patients want, we often fail to ask or engage them directly.
The aim for 2023/24	• Development of a Patient Experience Questionnaire (PEQ) for our 999 service in which service users will have the opportunity to submit anonymous feedback on the service they received. • We will work with the communications team to 'spread the word' about the work we are undertaking and how the public can get involved. This will include updating our website, advertising the information on social media platforms and putting QR codes in the back of ambulances which link to a digital survey. • A Community Forum will be launched for service users or representatives to attend to share experiences following contact with our 111 and 999 services. We will use this opportunity to share with patient, family or community representatives an overview of current projects we are working on with the aim of seeking feedback and partnership to get these right. • A patient volunteer programme will be available to invite the public to work with us on Quality Improvement projects, identified through the above two points to support co-production and meaningful partnerships with patients, their families and carers or those that represent them. • Engaging with external stakeholders and Trusts to share the programme of work as it develops with sufficient oversight and seek ongoing feedback and opportunity for collaboration and improvement.
Our performance	We successfully achieved what we set out to do over 2023/24 and accomplished the below aims: • We launched a 999 Patient Experience Questionnaire in October 2023. • We have been working with our communications team and external partners to spread the word of all patient involvement opportunities. • We have developed a leaflet and a business style card with a link to our PEQ to hand out to patients and at events. We also added this information to the care advice leaflets which are given to patients we do not transport to another care facility which states the treatment carried out. We have also had some A5 stickers produced to go in the back of ambulances with this link. • We launched a Community Forum which is held virtually on a bi-monthly basis. The insights gained from these groups is fed into various projects and workstreams to help inform them with the patient voice. • We have developed a QI project based on patient feedback from the Community Forum and other engagement sessions with the support of patient representatives. This is a digital booklet which advises what happens when you use our services and when to use them. • We have held multiple focus groups to support Trust wide projects such as the Quality Improvement group for Keeping Patients Safe in the Stack (KPSitS). This group worked with patients to develop the wording used within a script used by call handlers to deliver Estimated Time's of Arrival for ambulances. • • We developed a volunteer agreement to begin recruiting patient representatives to work on QI projects with us. • We are regularly collaborating with other NHS Trusts and seeking feedback and assurance from our external stakeholders such as Healthwatch and National Ambulance Service Patient Experience Group (NASPEG).
Did we achieve this priority	We achieved the majority of this priority as detailed in our performance over 2023/24 above. This workstream has evolved and there are plans in place to ensure this area is given continuous focus to move forward in a proactive way supporting ongoing improvement. One area we partially achieved relates to the number of surveys we had hoped to receive back each month from our PEQ. In hindsight, the planning involved to launch the various materials with the QR code and link to our PEQ took longer than expected. Once the A5 stickers have been fitted in ambulances we expect to achieve our goal of receiving 100 responses a month. It should be noted that these stickers are being added to ambulance from March 2024 and this is expected to help us see this improvement within the first quarter of 2024/25.
Actions to be carried forward to 2024/25	In 2024/25 we are planning to further develop our patient involvement and inclusion, this will include the below actions: • Achieve a 999 Patient Experience Questionnaire (PEQ) response rate of at least 150 responses per month. • Deliver 6 patient engagement sessions, these could include: – Community Forums – Focus Groups – Mind mapping sessions. – Panel / review session with patient representative • Gain 4 diverse patient representatives in patient engagement sessions from the below groups: – BAME – Lived experience, mental health, – Lived experience, physical health. – LGBTQ+

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

Looking forward – report on the 2024/25 Quality Priorities

Identification of the 2024/25 priorities was undertaken following a new agreed process to enhance our stakeholder engagement with multi-professional groups at different levels of the organisation and the wider public.

The new process involved two surveys; one for our professional stakeholders which included staff, Integrated Care Board (ICB), Health Oversight and Scrutiny Committee (HOSC) and Healthwatch, the other was for the public. The surveys provided opportunity for people to share what is important to them to help us improve over 2024/25 and from the feedback we formed a long list of 23 potential priorities.

We then met with key internal stakeholders. The long list of priorities was discussed as well as other areas for consideration that had not already been identified through the stakeholder engagement. The shortlisted priorities were discussed in detail regarding alignment to the Trust strategy, consideration of interdependencies and alignment to the three priority domains of patient experience, clinical effectiveness, and patient safety.

The final proposed priorities for the Quality Account for 2024/25 are as detailed below:

- **Priority 1** (Domain: Clinical Effectiveness) – Feedback to staff on PCR
- **Priority 2** (Domain: Patient Safety) – Unsafe discharge
- **Priority 3** (Domain: Patient Engagement) – Health Inequalities

Domain	Clinical Effectiveness
Priority Title:	Feedback to staff on Patient Care Records (PCR)
Why is this a priority?	Patient Care Records (PCR) are integral to safe and effective patient care affording an opportunity to ensure smooth transition of care across the patients care journey. They also support the Trust in measuring effectiveness and development of our clinical care through audit. The quality of patient care records are variable as identified through central audit and there is no defined and consistent process that supports PCR review and feedback at a local level. Feedback to colleagues on the quality of PCR completion will support the supervision agenda aligned to the Trust's developing strategy. This will improve the quality of documentation; as a result, promoting safe and effective patient care and support the Trust in measuring effectiveness and development of clinical care.
Aims and objectives	To improve the quality of patient care record completion and support meaningful supervision to our colleagues.
How will we achieve this?	• Review learning following supervision project that supports needs for improved feedback • Define/scope the problem statement/hypothesis. • Identify and engage with key stakeholders. • Baseline current practice; obtaining feedback from Clinical Audit, Legal Services. • Generate options to drive improvements. • Test/implement option(s). • Monitor & continue to adjust options. • Monitor outcomes
How will we know if we have achieved the quality measure?	• An approved procedure within the Trust outlining our approach to PCR review and feedback. • Evaluation of the Quality Improvement process followed (Define Measure Analyse Improve and Control (DMAIC)) • Improved quality of PCR completion evidenced through Clinical Audit.

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

Domain	Patient Safety
Priority Title:	Unsafe Discharge
Why is this a priority?	Discharging patients on scene creates risks for a variety of reasons. These include factors such as: • The nature of out-of-hospital care • The lack or immediate support and supervision • The variety of conditions patients present with • The inherent and ever-present reality of the fallibility of clinical decision making • The risk of diagnostic error. We know from audit and other lines of enquiry that our staff are clinically effective and comply with policy and guidance when undertaking discharge. However, there are factors that limit this and so we need to consider measures that support clinicians to ensure that patients are not harmed should an unsafe discharge occur.
Aims and objectives	The aim is to ensure that all discharges are either directly supported by a senior clinical decision maker, most commonly an Advanced Paramedic Practitioner (Urgent & Emergency Care) – APPUEC - working in an Urgent Care Hub, or receive a "post discharge review", also undertaken within the Urgent Care Hub setting undertaken by APPUEC teams.
How will we achieve this?	We have trialled a post-discharge review system in our Tangmere Urgent Care Hub. This saw over 100 discharges reviewed during the project. The process requires an APPUEC to review all discharges within 1 hour of the episode of care taking place. The purpose of the PDR is to appraise the care documented and check that adequate advice and safety netting is in place, along with checking that the clinical impression is correct. The APPUEC can either follow-up with the crew to gain more information, or in cases of significant concern contact the patient by telephone to follow-up. During the pilot, 3 cases were deemed unsafe and some required crew follow-up. The entire process is based on learning, supervision, and good leadership. It accepts that humans make mistakes for a variety of reasons, and that the post-discharge review system is there to trap any errors before they reach a consequential stage, such as the patient deteriorating. The data captured in the system is aggregated and on full roll out will be used to inform local and regional organisation clinical learning and system design/development. There are also opportunities for Quality Improvement activities using the data.
How will we know if we have achieved the quality measure?	• Increase number of post-discharge reviews undertaken • Monitoring of staff access to discussing discharge on scene (using the Emergency Clinical Advice Line (ECAL) system – emergency care advice line to speak to an APPUEC) • An overall increase to as near to 100% in the total of post-discharge reviews and ECALs combined. • Reduction in complaints relating to discharge. • Reduction in legal claims and coronial concerns relating to discharge. • Increased education and supervisory activity utilising data from post-discharge review.

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

Domain	Patient Experience
Priority Title:	Health Inequalities
Why is this a priority?	Health inequalities are 'unfair and avoidable differences in health across populations and between different groups within society' (The King's Fund 2020). 80% of health inequalities arise due to the different conditions which we are born into, live, work and age. Health inequalities are affected by the factors that determine a person's ability to access healthy choices equally. Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement. There are five clinical areas of focus, for children and 5 for adults, which require accelerated improvement. Governance for these five focus areas sits with national programmes; national and regional teams coordinate activity across local systems to achieve national aims. These adult priorities are: 1. Maternity 2. Mental illness (SMI) 3. Chronic respiratory disease 4. Early cancer diagnosis 5. Hypertension case-finding and optimal management and lipid optimal management The priorities for children are: 1. Asthma 2. Diabetes 3. Epilepsy 4. Oral health 5. Mental health
Aims and objectives	This is a 2-year programme structured in 2 phases focusing on patients with maternity and/or severe mental illness presentations with the intention to improve clinical care and outcomes through the reduction in health inequalities.
How will we achieve this?	• Engage with colleagues to implement two specific task & finish groups for this work. • Define/scope the problem statement/hypothesis. • Identify and engage with key stakeholders. • Work with the ambulance health inequalities group to identify others working on the same priorities. • Baseline current practice across a range of measures/metrics. • Validate and visualise the data. • Generate options to drive improvements. • Test/implement option(s). • Monitor & continue to adjust options. • Monitor outcomes. • Communications.
How will we know if we have achieved the quality measure?	Quality metrics related to the care delivered to patients with maternity and/or severe mental illness – exact details will need to be worked up and quantified during the define stage.

References

NHS England » Core20PLUS5 (adults) – an approach to reducing healthcare inequalities.
AACE documents - Ambulance Services helping to reduce Health Inequalities - aace.org.uk

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

2.2 Statements of Assurance from the Board

This section of the quality report includes a series of statements of assurance from the Trust Board on particular points of the service, set out by the 'detailed requirements' document provided by NHS England and NHS Improvement. The exact form of each of these statements, as specified by the quality accounts regulations, is laid out below with full details included.

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

	Prescribed information	Form of statement
1.	The number of different types of relevant health services provided or subcontracted by the provider during the reporting period, as determined in accordance with the categorisation of services: (a) specified under the contracts, agreements or arrangements under which those services are provided or (b) in the case of an NHS body providing services other than under a contract, agreement or arrangements, adopted by the provider.	**Provided and/or sub-contracted services** During 2023/24 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.
1.1	The number of relevant health services identified under entry 1 in relation to which the provider has reviewed all data available to it on the quality of care provided during the reporting period.	The South East Coast Ambulance Service NHS Foundation Trust has reviewed all of the data available to them on the quality of care in two of these health services.
1.2	The percentage that the income generated by the relevant health services reviewed by the provider, as identified under entry 1.1, represents of the total income for the provider for the reporting period under all contracts, agreements and arrangements held by the provider for the provision of, or subcontracting of, relevant health services.	The income generated by the relevant health services reviewed in 2023/24 represents 96% of the total income generated from the provision of relevant health services by the South East Coast Ambulance Service NHS Foundation Trust for 2023/24.

	Prescribed information	Form of statement
2.	The number of national clinical audits (a) and national confidential enquiries (b) which collected data during the reporting period and which covered the relevant health services that the provider provides or subcontracts.	**Clinical Audit** During 2023/24 ten national clinical audits and nil national confidential enquiries covered relevant health services that South East Coast Ambulance Service NHS Foundation Trust provides.
2.1	The number, as a percentage, of national clinical audits and national confidential enquiries, identified under entry 2, that the provider participated in during the reporting period.	During that period South East Coast Ambulance Service NHS Foundation Trust participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.
2.2	A list of the national clinical audits and national confidential enquiries identified under entry 2 that the provider was eligible to participate in.	The national clinical audits that South East Coast Ambulance Service NHS Foundation Trust was eligible to participate in during 2023/24 are as follows: Cardiac Arrests Return of Spontaneous Circulation (ROSC) at Hospital (All patients) ROSC at Hospital (Utstein) Post ROSC Care Bundle Survival to 30 days (All patients) Survival to 30 days (Utstein) STEMI Care Bundle STEMI Timeliness Stroke Diagnostic Bundle Stroke Timeliness Falls Care Bundle (Pilot)

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

	Prescribed information	Form of statement
1.	The number of different types of relevant health services provided or subcontracted by the provider during the reporting period, as determined in accordance with the categorisation of services: (a) specified under the contracts, agreements or arrangements under which those services are provided or (b) in the case of an NHS body providing services other than under a contract, agreement or arrangements, adopted by the provider.	**Provided and/or sub-contracted services** During 2023/24 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.
1.1	The number of relevant health services identified under entry 1 in relation to which the provider has reviewed all data available to it on the quality of care provided during the reporting period.	The South East Coast Ambulance Service NHS Foundation Trust has reviewed all of the data available to them on the quality of care in two of these health services.
1.2	The percentage that the income generated by the relevant health services reviewed by the provider, as identified under entry 1.1, represents of the total income for the provider for the reporting period under all contracts, agreements and arrangements held by the provider for the provision of, or subcontracting of, relevant health services.	The income generated by the relevant health services reviewed in 2023/24 represents 96% of the total income generated from the provision of relevant health services by the South East Coast Ambulance Service NHS Foundation Trust for 2023/24.
2.	The number of national clinical audits (a) and national confidential enquiries (b) which collected data during the reporting period and which covered the relevant health services that the provider provides or subcontracts.	**Clinical Audit** During 2023/24 ten national clinical audits and nil national confidential enquiries covered relevant health services that South East Coast Ambulance Service NHS Foundation Trust provides.

	Prescribed information	Form of statement
2.1	The number, as a percentage, of national clinical audits and national confidential enquiries, identified under entry 2, that the provider participated in during the reporting period.	During that period South East Coast Ambulance Service NHS Foundation Trust participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.
2.2	A list of the national clinical audits and national confidential enquiries identified under entry 2 that the provider was eligible to participate in.	The national clinical audits that South East Coast Ambulance Service NHS Foundation Trust was eligible to participate in during 2023/24 are as follows: Cardiac Arrests Return of Spontaneous Circulation (ROSC) at Hospital (All patients) ROSC at Hospital (Utstein) Post ROSC Care Bundle Survival to 30 days (All patients) Survival to 30 days (Utstein) STEMI Care Bundle STEMI Timeliness Stroke Diagnostic Bundle Stroke Timeliness Falls Care Bundle (Pilot)

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

	Prescribed information	Form of statement
2.3	A list of the national clinical audits and national confidential enquiries, identified under entry 2.1, that the provider participated in.	The national clinical audits that South East Coast Ambulance Service NHS Foundation Trust participated in during 2023/24 are as follows: Cardiac Arrests ROSC at Hospital (All patients) ROSC at Hospital (Utstein) Post ROSC Care Bundle Survival to 30 days (All patients) Survival to 30 days (Utstein) STEMI Care Bundle STEMI Timeliness Stroke Diagnostic Bundle Stroke Timeliness Falls Care Bundle (Pilot)
2.4	A list of each national clinical audit and national confidential enquiry that the provider participated in, and which data collection was completed during the reporting period, alongside the number of cases submitted to each audit, as a percentage of the number required by the terms of the audit or enquiry.	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 2032/24, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry. Cardiac Arrests 100% ROSC at Hospital (All patients) 100% ROSC at Hospital (Utstein) 100% Post ROSC Care Bundle 100% Survival to 30 days (All patients) 100% Survival to 30 days (Utstein) 100% STEMI Care Bundle 100% STEMI Timeliness 100% Stroke Diagnostic Bundle 100% Stroke Timeliness 100% Falls Care Bundle (Pilot) 100%

	Prescribed information	Form of statement
2.5	The number of national clinical audit reports published during the reporting period that were reviewed by the provider during the reporting period.	The reports of ten national clinical audits were reviewed by the provider in 2023/24 and South East Coast Ambulance Service NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.
2.6	A description of the action the provider intends to take to improve the quality of healthcare following the review of reports identified under entry 2.5.	Improvement actions taken this year are: 1. We joined the national technical guidance committee for developing the new falls audit. This audit aims to improve care for elderly fallers. We also participated in discussions regarding possible new national audits in respect of non conveyance and end of life care 2. We expanded the feedback trial with Medway OU, audit data for national audits is now circulated monthly across all Trust sites. 3. We developed an audit dashboard that is sent to all OUs so they can identify non-compliant incidents and trends in non-compliance. 4. We have expanded the feedback project to send “Thank You” letters to all clinicians after their patient survives an Out-of-Hospital cardiac arrest. 5. We continue to improve the Cardiac Arrest Annual Report. This year, it was sent to external audiences via the Communications Dept.
2.7	The number of local clinical audit (a) reports that were reviewed by the provider during the reporting period.	
2.8	A description of the action the provider intends to take to improve the quality of healthcare following the review of reports identified under entry 2.7.	

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

	Prescribed information	Form of statement
		The reports of thirteen local clinical audits were reviewed by the provider in 2023/24. This year, we focussed on the quality of drug administration, 8/13 audits this year were drug related. Clinical Audit and Medicines Governance have worked closely this year to implement the following improvements: 1. Audit data has been used to inform the Medicines Administration module on Key Skills 2. A PGD audit tracker has been developed so that audits are available during the review phase of a PGD. 3. Audit has improved the wording of PGDs such as removing contradictory exclusions/ inclusions, changing sedation management plans and removing the ambiguous term "shocked" from post-ROSC PGDs. 4. Audit results highlighted the practice of seeking "Top Cover" to administer drugs outside of the PGD, leading to a reduction in non-compliance. 5. Audit highlighted that drug box labels were giving patients the wrong dosage information; the labels have now been changed.
3.	The number of patients receiving relevant health services provided or subcontracted by the provider during the reporting period that were recruited during that period to participate in research approved by a research ethics committee within the National Research Ethics Service.	**Research & Development** The number of patients receiving relevant health services provided or subcontracted by South East Coast Ambulance Service NHS Foundation Trust in 2023/24, who were recruited during that period to participate in research approved by a research ethics committee was 157.

	Prescribed information	Form of statement
4	Whether or not a proportion of the provider's income during the reporting period was conditional on achieving quality improvement and innovation goals under the Commissioning for Quality and Innovation (CQUIN) payment framework agreed between the provider and any person or body they have entered into a contract, agreement or arrangement with for the provision of relevant health services.	**Commissioning for Quality & Innovation (CQUIN)** A proportion of South East Coast Ambulance Service NHS Foundation Trust income in 2023/24 was conditional on achieving quality improvement and innovation goals agreed between South East Coast Ambulance Service NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2023/24 and for the following 12- month period are available electronically at NHS England » Commissioning for Quality and Innovation.
4.1	If a proportion of the provider's income during the reporting period was not conditional on achieving quality improvement and innovation goals through the CQUIN payment framework, the reason for this.	
4.2	If a proportion of the provider's income during the reporting period was conditional on achieving quality improvement and innovation goals through the CQUIN payment framework, where further details of the agreed goals for the reporting period and the following 12-month period can be obtained.	
5	Whether or not the provider is required to register with CQC under Section 10 of the Health and Social Care Act 2008.	**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 registered with CQC with no conditions attached to registration. The Care Quality Commission has not taken enforcement action against South East Coast Ambulance Service NHS Foundation Trust during 2023/24.
5.1	If the provider is required to register with CQC: (a) whether at end of the reporting period the provider is: i. registered with CQC with no conditions attached to registration ii. registered with CQC with conditions attached to registration (b) if the provider's registration with CQC is subject to conditions, what those conditions are and (c) whether CQC has taken enforcement action against the provider during the reporting period.	
6	Removed from the legislation by the 2011 amendments	
6.1		

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

	Prescribed information	Form of statement
7	Whether or not the provider has taken part in any special reviews or investigations by CQC under Section 48 of the Health and Social Care Act 2008 during the reporting period.	Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.
7.1		
8	Whether or not during the reporting period the provider submitted records to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest version of those statistics published prior to publication of the relevant document by the provider.	N /A acute services
8.1	If the provider submitted records to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data: (a) the percentage of records relating to admitted patient care which include the patient's: (i) valid NHS number (ii) General Medical Practice Code (b) the percentage of records relating to outpatient care which included the patient's: (i) valid NHS number (ii) General Medical Practice Code (c) the percentage of records relating to accident and emergency care which included the patient's: (i) valid NHS number (ii) General Medical Practice Code.	N /A acute services
9	The provider's Information Governance Assessment Report overall score for the reporting period as a percentage and as a colour according to the IGT Grading scheme.	I**nformation Governance** The Trust is currently working towards the Data Security and Protection Toolkit (DSPT) 2023/2024 submission which is due on the 30 June 2024. For the 2022/2023 return the overall score was 'Approaching Standards', the DSPT was submitted with an Improvement Plane which was received and approved by NHS England. This plan has now been completed.
10	Whether or not the provider was subject to the Payment by Results clinical coding audit at any time during the reporting period by the Audit Commission.	**Payment by Results (PbR)** South East Coast Ambulance Service NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2023/24 by the Audit Commission.
10.1	If the provider was subject to the Payment by Results clinical coding audit by the Audit Commission at any time during the reporting period, the error rates, as percentages, for clinical diagnosis coding and clinical treatment coding reported by the Audit Commission in any audit published in relation to the provider for the reporting period prior to publication of the relevant document by the provider.	
11	The action taken by the provider to improve data quality.	**Data Quality** South East Coast Ambulance Service NHS Foundation Trust will be taking the following actions to improve data quality: • Developing a digital and data strategy, of which data quality will be a critical pillar. This will ensure that data quality is aligned with the strategic vision and goals of the Trust, and that the Trust leverages the potential of digital technologies and data analytics to improve service delivery and patient outcomes. • Expanding scope and reach of data quality teams within SECAmb. This will involve increasing the capacity and capability of the data quality staff, enhancing their training and development opportunities, and establishing clear roles and responsibilities for data quality across the Trust. • Agreeing data quality improvement plans with commissioners. This will entail working collaboratively with the commissioners to identify and prioritise data quality issues, set realistic and measurable targets, and monitor and report on progress and outcomes.

Learning from Deaths

	Prescribed information	Form of statement
27.1	The number of its patients who have died during the reporting period, including a quarterly breakdown of the annual figure.	During 2023/24 8626 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: 2091 in the first quarter; 1875 in the second quarter; 2416 in the third quarter (22/23); 2244 in the fourth quarter (22/23).
27.2	The number of deaths included in item 27.1 which the provider has subjected to a case record review or an investigation to determine what problems (if any) there were in the care provided to the patient, including a quarterly breakdown of the annual figure.	By 31/03/2024, 341 case record reviews have been carried out in relation to 341 of the deaths included in item 27.1. In 2 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; 161 in the second quarter; 60 in the third quarter; 60 in the fourth quarter.
27.3	An estimate of the number of deaths during the reporting period included in item 27.2 for which a case record review or investigation has been carried out which the provider judges as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patient (including a quarterly breakdown), with an explanation of the methods used to assess this.	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; 0 representing 0% for the fourth quarter. These numbers have been estimated using the Subjective Judgemental Reviews of a panel of Clinicians.
27.4	A summary of what the provider has learnt from case record reviews and investigations conducted in relation to the deaths identified in item 27.3. .	• The standard of care provided at the time of death by our staff is excellent in the majority of cases. • Clinicians are compassionate when caring for the relatives of those deceased. • The attempts to resuscitate patients are in line with policy and standards of practice. • In a small number of cases staff could improve their documentation on the patient records. • In a small number of cases the ambulance service should have got to the scene quicker (in line with Ambulance Response Programme targets) but the panel did not find evidence that any delays contributed to the death of the patient for the random selection of cases that were audited.
27.5	A description of the actions which the provider has taken in the reporting period, and proposes to take following the reporting period, in consequence of what the provider has learnt during the reporting period (see item 27.4).	• Staff education on writing clearly within the patient record. • Advice to staff not to include photos of the deceased in the patient record. • Education of staff regarding being clearer on why resuscitation has been stopped.
27.6	An assessment of the impact of the actions described in item 27.5 which were taken by the provider during the reporting period.	• Less incidents where the patient records include photos of the deceased. • Greater number of patient records which have clearly described rationale for ceasing resuscitation.
27.7	The number of case record reviews or investigations finished in the reporting period which related to deaths during the previous reporting period but were not included in item 27.2 in the relevant document for that previous reporting period.	0 case record reviews and 0 investigations completed after 31/03/2023 which related to deaths which took place before the start of the reporting period.
27..8	An estimate of the number of deaths included in item 27.7 which the provider judges as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patient, with an explanation of the methods used to assess this.	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.
27.9	A revised estimate of the number of deaths during the previous reporting period stated in item 27.3 of the relevant document for that previous reporting period, taking account of the deaths referred to in item 27.8.	0 representing 0% of the patient deaths during are judged to be more likely than not to have been due to problems in the care provided to the patient.

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

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 m

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.

The table below shows the overall performance against all ARP targets as well as call outcomes between 01 April 2022 and 31 March 2023.

	Target		AQI		
Category	Mean	90th Centile	Incidents	Mean	90th Centile
C1	00:07:00	00:15:00	55339	00:09:19	00:16:55
C1T	00:19:00	00:30:00	35307	00:11:09	00:20:28
C2	00:18:00	00:40:00	390093	00:34:50	01:12:22
C3		02:00:00	171161	02:43:55	06:15:39
C4		03:00:00	4886	03:14:30	08:10:53
HCP 3			10887	02:53:30	06:28:48
HCP 4			9718	03:40:43	08:44:20
IFT 3			5510	03:17:48	08:15:35
IFT 4			1279	03:41:37	08:46:51
HCP 60				0:0:0	0:0:0
HCP 120				0:0:0	0:0:0
HCP 240				0:0:0	0:0:0
ST	All Incidents		229803	31.96%	
SC	All Incidents		418434	58.19%	
HT	All Incidents		70850	9.85%	
Count of Incidents			719087		
Count of Incidents with a Response			648237		
999 Mean	Call Answer Target 00:05		891915	00:51	
999 90th	Call Answer Target 00:10			02:54	
Trust EOC 999 Abandoned Calls			42225	4.5%	
UHU	Calls Answered		1010519		

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

The table below shows the overall performance against all ARP targets as well as call outcomes between 01 April 2023 and 31 March 2024.

	Target		AQI		
Category	Mean	90th Centile	Incidents	Mean	90th Centile
C1	00:07:00	00:15:00	57100	00:08:33	00:15:39
C1T	00:19:00	00:30:00	35832	00:09:59	00:18:28
C2	00:18:00	00:40:00	406542	00:28:02	00:57:07
C3		02:00:00	170493	02:09:11	04:46:31
C4		03:00:00	5574	02:32:10	05:52:34
HCP 3			12457	02:07:48	04:35:55
HCP 4			10117	02:45:07	06:21:22
IFT 3			6151	02:19:20	05:17:25
IFT 4			1408	02:46:18	06:44:39
HCP 60				0:0:0	0:0:0
HCP 120				0:0:0	0:0:0
HCP 240				0:0:0	0:0:0
ST	All Incidents		236196	30.99%	
SC	All Incidents		433065	56.83%	
HT	All Incidents		92828	12.18%	
Count of Incidents			762089		
Count of Incidents with a Response			669261		
999 Mean	Call Answer Target 00:05		871230	00:20	
999 90th	Call Answer Target 00:10			01:15	
Trust EOC 999 Abandoned Calls			21172	2.4%	
UHU	Calls Answered		984681		

The South East Coast Ambulance Service NHS Foundation Trust 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.

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

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

- 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.
- Implementation of new operational rotas has been completed and the success has ensured the demand profile is being met, which has led to a reduced reliance on the use of private ambulance providers.
- In addition, this has led to the Trust spending less time at SMP level 4 and the current REAP level is 2.
- There is a reduction in sickness levels.
- Driving forward a recruitment programme for both front line operational areas and the Emergency Operations Centre (EOC). The recruitment has been successful and the operational areas are now at full establishment. The EOC recruitment has proven positive with good progress made. Whilst the drive for the EOC is still in place the ongoing success has meant the pace has been slowed and the required number of onboarding training reduced.
- Within the EOC the C3/C4 validation process was moved from being tested throughout implementation into business as usual from 9th January 2024. To gain assurance of this process harm reviews of patients have been carried out. These reviews have found the process does support patients in reaching the most appropriate disposition or service referral for their need and helps to prevent unnecessary delays.
- Additionally, on 6th September 2023 the Trust joined the NHS England national C2 Segmentation pilot. This approach enabled the validation of C2 calls and their segmentation depending on their defined symptom group / discriminator. This is intended to support in times of higher demand and reduced operational hours so initially was in place daily between 12 noon to 20:00. As the pilot progressed the times were extended and as of 23rd October 2023 was fully implemented from 08:00 to 02:00.
- Local commissioners and providers have developed a range of pathways including 2-hour Urgent Care Response (UCR), virtual wards and frailty pathways, all of which provide care and treatment support for specific clinical presentations. The regional focus on the use of community pathways as an alternative to conveying patients to emergency departments. This has been fully implemented across the Sussex Integrated Care Systems (ICS) and engagement is underway with Kent and Surrey ICS'.

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. This data is published quarterly by NHS England.

Month	SECAmb Stroke Diagnostic Bundle Compliance	SECAmb Mean	National Average	Highest National	Lowest National
Mar-23	98%	97%	97%		
Apr-23	97%	97%	98%		
May-23	98%	97%	98%	100%	93%
Jun-23	98%	97%	98%		
Jul-23	98%	97%	98%		
Aug-23	97%	97%	98%	100%	94%
Sep-23	98%	97%	98%		
Oct-23	98%	97%	98%		
Nov-23	98%	97%			
Dec-23	96%*	97%			
Jan-24	92%*	97%			
Feb-24	91%*	97%			

* This measure has shown a steep performance drop since November 2023. This is because we have been using auto-compliance figures due to staff shortages. Auto-compliance figures are only used for months where data is not required for national reporting. We are in the process of recruiting an analyst and will ensure that the next NHSE submission has audited figures, therefore this will not affect our national audit performance.

Data Quality

The South East Coast Ambulance Service NHS Foundation Trust (SECAmb) considers that this data is as described because 85% of records are now electronic patient care records.

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 ambulance response calls.
- Operating Unit (OU) level audit data has begun to identify individual OUs and clinicians to feedback compliant and non-compliant incidents.

The annual data set, at the time of writing this report, is incomplete as NHSE submissions are 3 months in arrears. 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 2024, which will then require verification, analysis and reporting. This is in-line with national timelines.

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 the recording of 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
Mar-23	67%	74%	73%		
Apr-23	67%	67%	77%	95%	52%
May-23	66%	67%	77%		
Jun-23	67%	67%	77%		
Jul-23	73%	67%	77%	95%	60%
Aug-23	62%	67%	77%		
Sep-23	63%	67%	77%		
Oct-23	65%	67%	77%	96%	57%
Nov-23	66%	67%			
Dec-23	71%	67%			
Jan-24	70%	67%			
Feb-24	66%	67%			

Data Quality

The South East Coast Ambulance Service NHS Foundation Trust (SECAmb) considers that this data is as described because 85% of records are now electronic patient care records.

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:

- A deep dive into the reason for non-compliance found that the most common areas of non-compliance continue to be the administration of analgesia and the documentation of two pain scores. This part of the care package needs to be balanced against the need to keep on scene times short.
- Joint Royal Colleges Ambulance Liaison Committee (JRCALC) to review Acute Coronary Syndrome (ACS) national guidelines to simplify analgesia guidance.
- OU level data on STEMI is being circulated to OUs and feedback to OUs is being planned.
- OU STEMI platform allows OUs to look at their STEMI performance.

The annual data set, at the time of writing this report, is incomplete as NHSE submissions are 3 months in arrears. 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 2024, which will then require validation, analysis and reporting. This is in-line with national targets.

Sepsis (Retired as a National Audit, Reported at Trust-level only)

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 a hospital pre alert call made.

No further national submissions are required as Sepsis has been replaced as a Clinical Outcome Indicator by a Falls indicator in 2023/24. The Trust will continue to locally monitor Sepsis Care Bundle compliance, although not report the data nationally following its withdrawal.

Month	SECAmb STEMI Care Bundle Compliance	SECAmb Mean	National Average	Highest National	Lowest National
Mar-23	88%	87%	No longer a national reporting requirement		
Apr-23	86%	87%			
May-23	84%	87%			
Jun-23	87%	87%			
Jul-23	88%	87%			
Aug-23	85%	87%			
Sep-23	88%	87%			
Oct-23	85%	87%			
Nov-23	87%	87%			
Dec-23	88%	87%			
Jan-24	87%	87%			
Feb-24	88%	87%			

Data Quality

The South East Coast Ambulance Service NHS Foundation Trust (SECAmb) considers that this data is as described because 85% of records are now electronic patient care records.

Actions being taken

No actions to improve this element has been made this year. Instead, we have been working with internal colleagues to update the sepsis guidance now that we have more autonomy over the care bundle. Once sepsis care guidelines are agreed we will change the audit criteria and continue to audit as a local audit only.

Patient Safety Incidents

The number of patient safety incidents reported within the Trust during 2023/24 was 3,496 and the number of such patient safety incidents that resulted in severe harm or death was 31 (0.9%).

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 Quality Report (IQR)
- 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 DatixCloudIQ[4] (DCIQ)
- Implementation of Patient Safety Incident Response Framework (PSIRF) and Learning From Patient Safety Events (LFPSE) and incident workflow
- Auditing all incidents awaiting allocation and being investigated and chasing up the owners of these incidents
- Extensive work on clearing incident backlogs and breaches
- Focus on incident reporting in Serious Incident Group (SIG) and feedback in Quality Governance Group (QGG) 111/999 and Operations meetings
- Monthly Trust incident reporting training sessions for staff at all levels of the organisation

4 DatixCloudIQ (DCIQ) is a digital system that enables healthcare organisations to understand adverse events and implement strategies to enhance the delivery of care

ROSC

This table demonstrates the percentage of patients, where return of spontaneous circulation (ROSC) 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
Mar-23	70%	74%	77%		
Apr-23	72%	72%	76%	99%	68%
May-23	69%	72%	76%		
Jun-23	70%	72%	76%		
Jul-23	69%	72%	76%	99%	37%
Aug-23	65%	72%	76%		
Sep-23	68%	72%	76%		
Oct-23	80%	72%	76%	100%	65%
Nov-23	73%	72%			
Dec-23	79%	72%			
Jan-24	78%	72%			
Feb-24	73%	72%			

Data Quality

The South East Coast Ambulance Service NHS Foundation Trust (SECAmb) considers that this data is as described because 85% of records are now electronic patient care records.

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 2022/23 Annual Cardiac Arrest Report was circulated in Q3 of 2023/24.
- There has been a slight decline in performance between year start and year to date, with variable performance throughout the year. The reporting of the bundle requires clinicians to document the care they've provided. The below figures show that ROSC and patient survival is improving and so it is likely that this dip in performance is due to lack of documentation rather than lack of clinical care. SECAmb is contributing to improvement work at national level, looking at the efficacy and limitation of the care bundle. We have worked closely with the Cardiac Arrest Outcome Improvement Board and Operating Units to understand the barriers facing clinicians and will await national changes before implementing local improvement work.

The annual data set, at the time of writing this report, is incomplete as NHSE submissions are 3 months in arrears. 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 2024, which will then require validation, analysis and reporting. This is in-line with national targets.

Quality Account
2023/24

South East Coast Ambulance Service
NHS Foundation Trust

Part 3

Other Information

Part 3 of the quality account is an opportunity to share other aspects of quality from across the Organisation that have not already been discussed. This includes any other information relevant to the quality of health services provided or subcontracted during the reporting period.

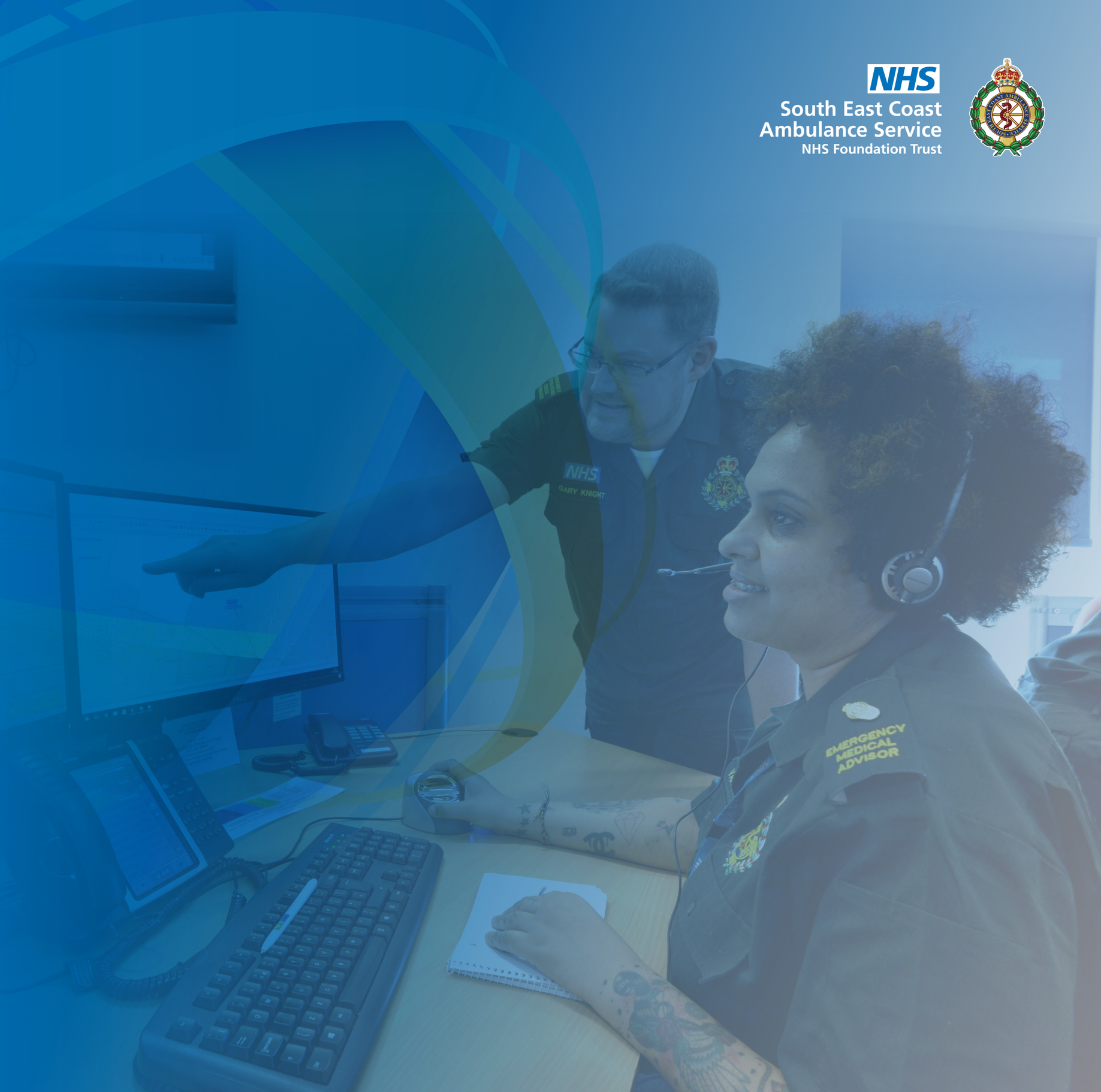
The information will be presented as a number of indicators within the following sections:

Freedom to Speak Up (FTSU)

Patient Safety

Clinical Effectiveness

Patient Experience



Freedom to Speak Up (FTSU)

The Freedom to Speak Up (FTSU) Team work independently within South East Coast Ambulance Service NHS Foundation Trust (SECAmb). The FTSU Guardian has direct access to the Board through regular meetings with the CEO and presentation of board report bi-annually. Leadership of the FTSU service is overseen by the Executive Director of Quality & Nursing, support is also provided by a Non-Executive Director (NED).

The FTSU team consist of a full time FTSU Guardian and two full time deputy FTSU Guardians. The team work collaboratively with leadership throughout the organisation to support the development of a culture where speaking up is seen as a valuable opportunity to improve services for staff, patients and the public, creating a supportive workplace with a focus on learning and improvement, allowing staff to raise their concerns without fear of reprisal.

Staff can raise concerns to the FTSU Team in several ways including a team email address, individually by email to the guardian or deputies, by phone using the whistleblowing hotline or in person. Staff can also raise concerns via a form available on the staff intranet, this route provides an option to do so anonymously.

The details on how to contact the FTSU team are shared on the staff intranet page, on posters around the Trust and on merchandise given out to SECAmb staff during FTSU engagement visits and events such as October FTSU awareness month. Our SECAmb intranet is available to all staff members and gives clear advice on raising concerns on a dedicated FTSU page and is where the Trust stores its 'Freedom to Speak up Policy.' This policy has been recently updated to align with national guidance.

The FTSU Team attend meetings, sites, universities and events to promote the work of FTSU as well as identify and break down potential barriers that might prevent staff members from feeling able to speak up.

SECAmb use FTSU data to triangulate with other areas of the organisation such as SI's, HR data and leavers surveys to enable early support to be put in place where necessary.

Aims and Objectives

- FTSU will support the organisation in improving the responses to staff survey questions relating to speaking up, including how safe staff feel to speak up.
- Our Trust will be establishing a network of FTSU ambassadors and aim to increase diversity amongst our FTSU network to support all staff to feel safe to speak up.
- FTSU webinars and university visits will continue, expanding this work to capture year two and three students.
- We will continue to look to improve the way in which we share learning within our organisation.

A FTSU dashboard enables the team to report on and present anonymised data about concerns received by the FTSU team, including number/type/area/theme to the organisation. The database records information that is required to be submitted quarterly to The National Guardians Office (NGO), making it easier to collate the figures and submit them via the online NGO portal.

Concerns raised to FTSU Team by Year/Quarter:

2021-2022	Number of FTSU Concerns Raised	2022-2023	Number of FTSU Concerns Raised	2023-2024	Number of FTSU Concerns Raised
Q1	19	Q1	20	Q1	46
Q2	19	Q2	35	Q2	51
Q3	60	Q3	52	Q3	62
Q4	46	Q4	60	Q4	69
Total	144	Total	167	Total	228

The FTSU Guardian has open access to and meets regularly with the Executive Team and reports quarterly to the Board on key themes and learning from concerns raised.

3.1 Our indicators

Patient Safety

Indicator 1: Keeping Patients Safe in the Clinical Stack (KPSitS) Quality Improvement Project

Between April 2022 and March 2023, within the Emergency Operations Centre (EOC), clinicians closed over 100,000 duplicate calls. Duplicate calls make up 26% of call volume into the service. To address the high volume of duplicate calls that the service receives, impacting our telephone response times, the Quality Improvement (QI) team, working with colleagues from EOC and other directorates have trialled, a revised call closure script. This is designed to better manage patient's expectations regarding a call back, thus reducing the likelihood of patients having to telephone the service to chase a callback or to ask for an update.

The project team have also trialled providing patients with an estimated time of arrival (ETA). The call script utilised to provide this information has been updated to reflect the feedback provided by staff and patient representatives and the functionality to implement this improvement is available within the Computer Aided Dispatch (CAD) system enabling the ETA to be displayed. The EOC Call Handling Procedure has been revised to reflect the required changes and both improvements have been implemented.

Texting of interim care advice to help support the reduction in the overall handling time for incoming 999 calls, thus allowing a quicker response for patients, commenced on 01 December 2023. Following a call with the service, patients now have the interim care advice sent to them by text. This means that patients have access to this information to refer to post call completion.

It is expected that this will reduce duplicate call volumes as well as reducing the Average Handling Time (AHT) of incoming emergency calls, meaning that the service can answer calls more quickly and respond to patients more efficiently and effectively. A recent review of data suggests that the implementation of interim care advice appears to have stabilised after an initial period of growth, indicating that it has become a routine part of business operations. This plateau in usage may suggest that staff members have integrated interim care advice into their workflows and are utilising it as intended. The improvement does not appear to have had a positive impact on callbacks and AHT as initially anticipated. The project team will continue to monitor this in the months ahead.

Between January to April 2023 over 14,000 welfare calls (these are calls made to patients to assess for any new or worsening symptoms whilst waiting for a callback from a clinician) were made with each call lasting two minutes on average. This equates to 469 hours spent on welfare calls over the period. Text messages are currently manually sent out to cases awaiting a clinical response. A change request has been submitted to enable the CAD to automate these texts regularly throughout the duration of a patient's wait for a response, again allowing increased capacity for clinicians to undertake value adding activity with patients.

A review of duplicate call data also showed that when patients call back within a 24-hour period, they are most likely to be upgraded following a 3rd and 4th call back into the service and the risk of deterioration increases. To address this, a change request has been submitted to create a separate queue for these patients to ensure that they are prioritised.

Indicator 2: Patient Safety Incident Response Framework (PSIRF) implementation and prioritisation

This indicator has been selected to showcase the developments within patient safety that have been progressed over 2023/24.

We have successfully implemented the Patient Safety Incident Response Framework (PSIRF)[5] ahead of the 1st of April deadline, with several key highlights:

- The publishing of our first Patient Safety Incident Response Plan (PSIRP).
- Delivery of the Trusts training plan in line with the National Patient Safety Syllabus.
- Re-structure of the Trusts governance groups to provide supportive oversight, mirroring each Integrated Care System (ICS) footprint in our region.

What we plan to do next:

Throughout 2024/25 we aim to develop a Trust wide safety improvement plan prioritising five key high-risk areas:

- Missed ST elevation myocardial infarction (STEMI)
- Harm following discharge on scene
- Safety during conveyance
- Delays to hands on chest
- Inter-facility transfer (IFT)

We also aim to increase the support we offer patients and/or their representatives following a patient safety incident, using open and honest conversations. We aim to continuously improve by using patient (or their representative) feedback.

We are committed to working with system partners to create Patient Safety Partners roles in our region, ensuring patients have a voice as we develop our patient safety agenda.

If you are interested in working with us as a patient representative or would like more information on how you can get involved, please contact engagementteam@secamb.nhs.uk

5 PSIRF: The Patient Safety Incident Response Framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

Indicator 3: Out of Hospital Newborn Life Support (OH-NLS) Course Development

What is it?

Resuscitation Council UK (RCUK) have created a new version of the one day Newborn Life Support Course (NLS) that addresses the needs of practitioners working in the out of hospital environment. This course has all of the key learning outcomes of "in-hospital" NLS, but also addresses the human factors, transport considerations, equipment and team working that is a feature of community resuscitation faced by ambulance service clinicians.

Why this is important?

The national maternity safety ambition is to halve the 2010 rate of stillbirths and neonatal deaths by 2025. Babies born out of hospital require good maternity care, skilled stabilisation, and in a small number of cases, more advanced resuscitation at birth and high-quality ongoing neonatal care. This has been raised in recurrent maternity reviews and the Ockenden enquiry and is a theme in many cases reviewed by the Maternity and Neonatal Safety investigation team (MNSI, previously HSIB). Deficits in neonatal resuscitation are a feature of some of the ambulance service cases, which this course will help to address.

The need for newborn resuscitation is unpredictable. The public rightly expects all ambulance clinicians dealing with the birth of their baby outside of hospital to be able to assist their newborn if they do not start to breathe after birth. There is clear evidence that resuscitation skills can degrade over time and that paramedics are not always confident in this skill due to infrequent exposure, so recertification of these skills combined with regular update training is vital.

SECAmb's role in this process

Dawn Kerslake (Consultant Midwife) has been part of the national team that has written and designed the course, championing fit for purpose education for paramedics that is designed to meet their needs and those of the patients they attend. A pilot version of the course was run within the SECAmb area in 2023, in collaboration with Air Ambulance Kent Surrey Sussex and is now being run at multiple sites across the UK.

Benefits to the Quality of Newborn Care in SECAmb

- SECAmb clinical staff gained experience in developing and improving the course, as well as receiving free practical training in the process.
- Development of some SECAmb staff as future OH-NLS Instructors who will continue to deliver and facilitate training for clinical staff locally.
- Helping to showcase SECAmb as an innovative and clinically focused service that is willing to collaborate and support national developments, helping with recruitment and retention into the service which will benefit patient care.

Indicator 4: Infection Prevention Control (IPC)

What is it?

The key aim for 2023/24 was to implement an Improvement Plan including all of the lessons learnt from the COVID-19 pandemic.
The main elements of the plan that have been completed are as follows:

- Introduction of the new NHS IPC Manual to replace the old Trust format in line with national guidance
- Development of Standard Operating Procedures specific to ambulance services
- Review and change to the old IPC audit tools, which are now IPC Practice Reviews
- Refresh all of our IPC Champions in field operations with the first training day planned for 22nd of April 2024
- Platform for a new IPC App in development to assist staff access relevant IPC tools
- Development of a Dispatch Desk Dashboard to help the leadership teams with compliance issues for IPC practices
- IPC Team attending all ICB forums for IPC as well as Post Infection Review meetings

This year the Trusts flu vaccination programme was managed by the IPC Team with support from relevant teams. A full Programme Plan was implemented, with the first planning meeting taking place in May 2023.

After the low uptake last year likely due to nationally acknowledged vaccination fatigue, the good news is that our Frontline Staff uptake improved by 16% to 72.9% and the Total Staff uptake was up slightly by 1.7% to 59.5%.

Lessons learnt have been added to next year's programme and the first meeting of the flu vaccination programme team has been scheduled for July 2024.

Clinical Effectiveness

Indicator 1: Category 3 / Category 4 Validation

On the 25th May 2021, the Trust joined the NHS England national pilot related to Category 3 & 4 validation. This process was introduced as a proof of concept to support the direction of patients to the most appropriate care pathways for their needs. Individual calls would present to a Clinical navigator for review and if it was felt that the patient would benefit from an enhanced assessment, the call would be passed to a clinician for an assessment.

Following an independent review, guidance was given to all services to develop and implement a validation process that serviced the needs of their communities.

In January 2023, the Trust amended the principles of Category 3 & 4 validation and commenced with current processes. All Category 3 & 4 calls taken by SECAmb now present for navigation and are reviewed and sent for clinical intervention if appropriate. This enables us to undertake enhanced clinical assessments for an even larger number of patients than before.

Since April 2023, we have seen a steady increase in the number of incidents where clinical intervention has taken place, with a total of 74% of Category 3 & 4 calls across the financial year, which have been through clinical validation (101,079 patients who have been assessed by a clinician to ensure we are supporting their care needs).

32% of these calls have been directed away from an ambulance response (32,341 patients) into other areas of the healthcare system or given advise on managing their own symptoms, with a further 24.08% of calls that have been assessed and subsequently upgraded to a higher response category (16,158 patients).

The Trust continues to review and monitor its performance in this clinical intervention process to ensure we continue to meet the needs of all our patients.

Indicator 2: Out of Hospital Cardiac Arrest

The Cardiac Arrest Outcomes Improvement Programme is made up of eight discrete projects all with the over-arching objective of improving survival from out of hospital cardiac arrest. The projects for 23/24 either build on the successful projects of 22/23 or provide ongoing focus to longer terms projects. Of note within the year we have seen the successful conclusion of a resuscitation feedback pilot, ensuring our clinical teams have the tools to learn and improve, as well as an enthusiastic drive to improve the delivery of high-quality telephone CPR by our Emergency Call Advisors.

The programme continues to drive engagement and innovation in improving outcomes from cardiac arrests and following ongoing development of our cardiac arrest registry we are now better placed to use data to drive improvement. This has helped us fully appreciate the value of bystander interventions, especially starting CPR and using a defibrillator prior to the ambulance arriving and this will be our primary focus for the coming year, along with tackling healthcare inequalities that influence outcomes.

For the period April to November 2024 (it takes time to collect and check outcome data and so this is always behind) we have a return of spontaneous circulation rate (return of a heartbeat not requiring CPR) of 29.9% and a survival rate of 11.7%, compared to the average for ambulance services in England of 29% and 9.7%.

For further information on resuscitation in SECAmb please read our Annual Cardiac Arrest Report available on our website Annual cardiac arrest report - bystander CPR key to improving survival rates - NHS South East Coast Ambulance Service (secamb.nhs.uk)

Indicator 3: Quality Assurance Visits (QAV)

This indicator has been chosen to demonstrate the advancements in Quality Assurance made during the 2023/2024 period. We have effectively established a Quality Assurance framework throughout the organisation, fostering connectivity from the operational level to the board in a regulated manner. Key highlights include:

- Establishment of the Trusts quality governance groups to establish a platform for overseeing and assuring quality at local, regional, and trust-wide levels.
- Development of localised Quality Assurance and Engagement visits, covering areas of excellence and areas for improvement, aligned with the CQC's key domains. The five key questions we ask - Care Quality Commission (cqc.org.uk)

What we plan to do next:

As we move into 2024/25, our next steps entail finalising the cycle of business for all Quality Assurance and engagement visits, with a keen focus on evaluating their effectiveness and analysing sustained improvement.

Additionally, Quality Leads will be established at a system level to support operational leaders in integrating a quality-focused agenda aligned with current best practices and the CQC Key domains.

Furthermore, we aim to deepen the embedding of a learning culture within our organisation, ensuring continuous sharing of best practices within patient services. This effort will be underpinned by robust quality improvement methodologies.

Patient Experience

Indicator 1: Urgent and Emergency Care (UEC) Hubs

In June 2023 Maidstone and Tunbridge Wells NHS Trust (MTW) approached SECAmb with a funded proposal to co-locate Advanced Paramedic Practitioners (APP) with hospital ACPs (Advanced Clinical Practitioner) and community Geriatricians or ACPs from Kent Community Health Foundation Trust (KCHFT) in one room, with the shared goal to support SECAmb crews on scene with patients to get their patients the right care, first time. The main driver

was to support admission avoidance and joint decision making for West Kent patients in the MTW catchment area and avoid unnecessary Emergency Department (ED) admissions.

This project began in September 2023 and has been ongoing since. The West Kent Hub, based at Paddock Wood MRC as seen over 2,500 patient discussions take place, often involving complex and frail patients, to understand their needs and wishes, and ensure their care is provided in the right place, first time.

As a direct result of this collaboration, we have avoided over 850 unnecessary admissions to ED. Instead, patients have been directly referred or signposted to other more suitable pathways, such as: Same Day Emergency Care (SDEC, 114), Surgical Assessment Unit (27), Urgent Community Response, known locally as the Home Treatment Service (324), Urgent Treatment Centres (53), GP in ED (127) or discharged safely with advice (388). Other pathways including Hospices or community services are also referred into.

Paddock Wood OU has seen a sustained 5% reduction in conveyance rates to ED since this project has started and seen an almost 33% increase in shared decisions being undertaken, which means our patients are directly benefiting from the safety and quality of these multi-disciplinary discussions.

Indicator 2: Strategy Clinical Case for Change and Models of Care

The strategy programme was established to create an ambitious and innovative, clinically-lead and patient centred, long-term strategy that ensures the Trust can sustainably deliver high-quality, equitable and efficient care to patients. Whilst maintaining our financial envelopes, enhancing the experience of our people, supporting our partners, and protecting our environment.

To enable the programme to achieve this a development framework was created which consisted of three core phases – Phase 1 Diagnose & Forecast, Phase 2 Generate Options & Prioritise and Phase 3 Deliver & Evolve.

Throughout all phases an extensive programme of engagement has been undertaken. This effort has involved our people, patients, and partners, gathering their invaluable insights on the clinical case for change, diagnostic work, and an analysis of our wider health and care systems' joint forward plans.

Why We Need to Change: Demand is projected to increase by 15% in 5 years due to ageing and complex health needs. Current models are unsustainable with increasing NHS operational, financial, and workforce challenges.

What We Are Suggesting: Align services with patient needs: differentiated physical response for emergencies, virtual response for non-emergencies. Introduce advanced technology, such as AI, for smarter triage and integrated virtual response.

Alignment with National Policy: Prioritisation of enhanced response times, staff experience, and system productivity; aligning with NHS recovery aims. Digital healthcare initiatives support national goals, ensuring operational effectiveness and financial sustainability.

We need a new strategy that allows us to face our challenges, doing nothing is not an option. A new strategy will enable us to deliver outstanding patient care, build a more sustainable organisation within the wider NHS and enhance the experience of our people.

Our strategy is to differentiate our response to best meet patient needs, by providing:

Timely care for emergency patients: Resources will be refocused to provide a better and faster response to our emergency patients.

Virtual care for non-emergency patients: Patient needs are thoroughly assessed by a senior clinician remotely. This will enable patients to be cared for directly or referred to the most appropriate care provider.

Connecting other patients with the right care, if they don't need us: If, once assessed, the patient's needs do not require a SECAmb response, they will be signposted to an appropriate agency.

Indicator 3: Learning from Deaths / End of Life Care (EoLC)

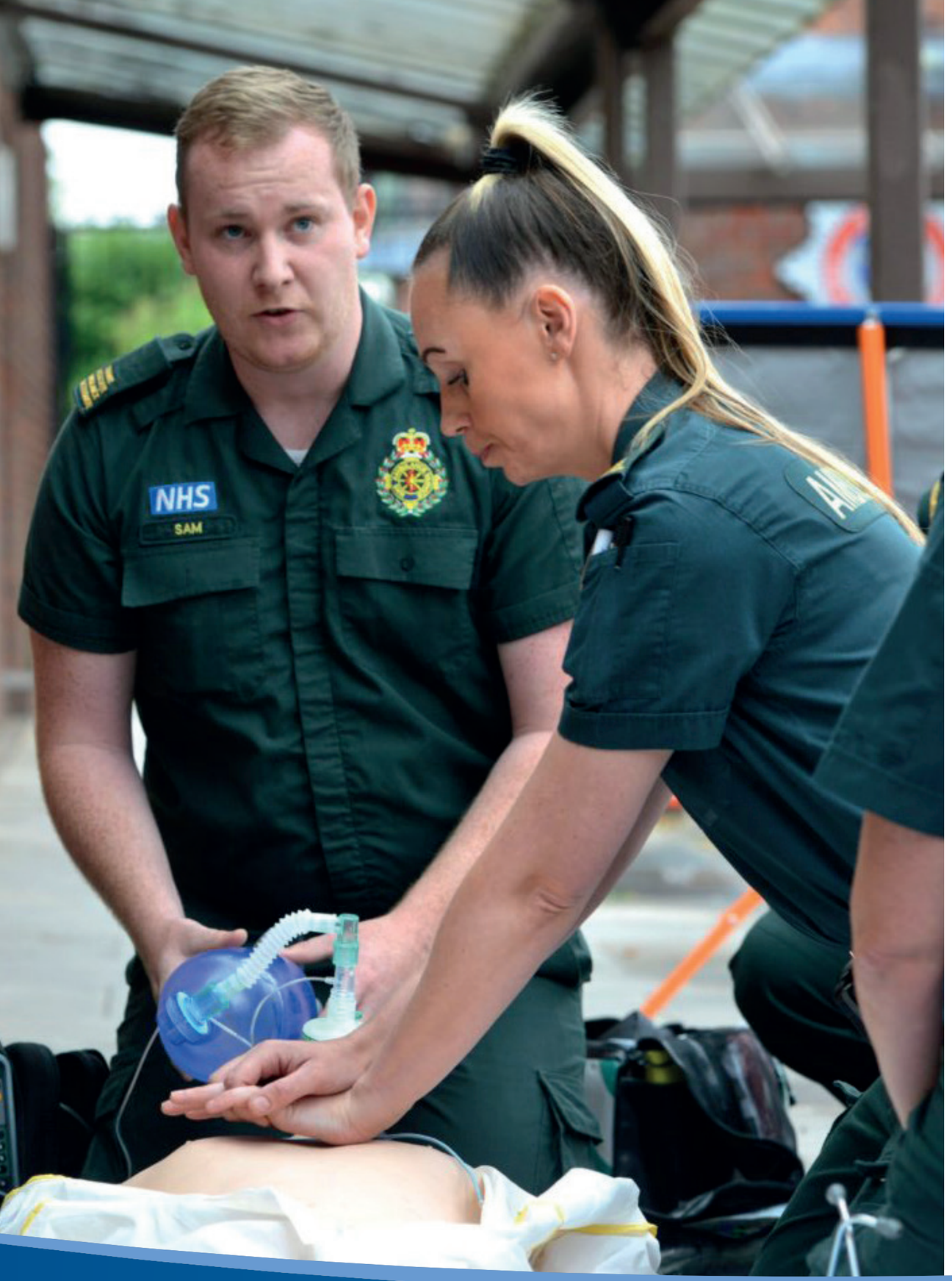
Managing acute crisis for patients at the end of their lives can be complex, difficult and often lead to outcomes that patients and families would not have initially wished for. Compounded by funding and capacity issues across the NHS and charity sectors, the ambulance service is being increasingly called upon to deliver care to patients who have a terminal diagnosis. SECAmb has for many years been one of the leading ambulance trusts in the UK for End of Life Care (EOLC), by being one of only a handful of trusts having a dedicated clinical EOLC Lead.

Our EOLC Lead works collaboratively with partner organisations who deliver both specialist and generalist palliative care across the four Integrated Care Systems covered by SECAmb. A significant amount of work in the 2023/24 financial year has been to collate and share the data we hold to enable a shared understanding of the needs of the patients the ambulance service see. This has led to several discussions across the system about improvements that could be made to care services. Further developments are planned that will improve the way in which we identify, code and document our interactions with EOLC patients. This improvement in data will identify any gaps in commissioning or service delivery.

Over the previous few months, significant work has taken place in developing a Model of Care for Palliative, End of Life and dying patients. This aspirational work will set out the innovations planned over the next five years. This has detail for several areas for development, including building on our offers of education for staff, referral pathways and new ways to access care and support for patients.

The Trust has also been working in collaboration with University of Southampton on a Marie Curie funded research project. The Paramedic Delivery of End of Life Care (ParAid) study aims to explore the experience of paramedics across England in delivering EOLC. Looking at what factors influence professional decision making to help shape practice, policy and service development in the future.

We move into the new financial year with excitement for the developments to come. Our priorities will be to deliver the Model of Care strategy and planning on how we operationalise those priorities. The EOLC Lead continues to work with partners across the trust and this will become increasingly important as we progress to new ways of working.



3.2 Mandatory Reporting Indicators

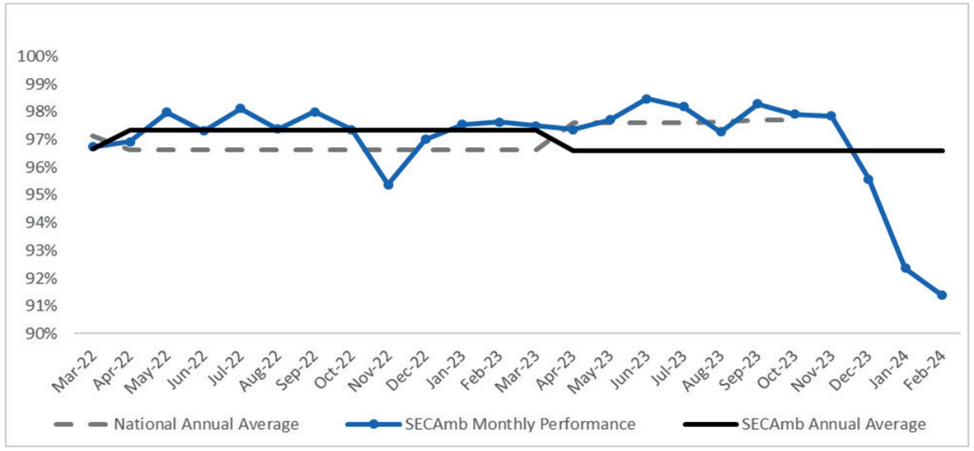
Ambulance Response Programme: Response Times

South East Coast Ambulance Service NHS Foundation Trust performance against the National Ambulance Response Programme (ARP) response times are reported in Part 2.3

Stroke

During 2023, the Trust continued to focus on several key strategic partnership initiatives, 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 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:

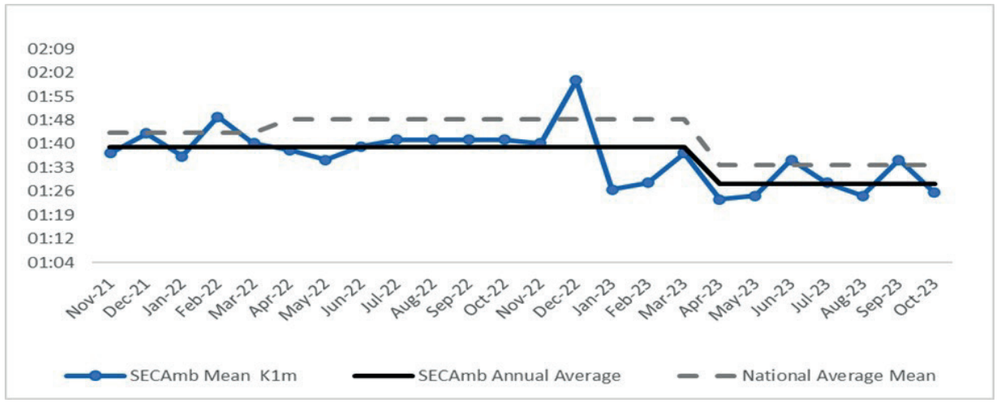


During the first half of 2023/24, the Trust saw broadly consistant perfomance that was in-line with the national average, however there has been a sharp decline in performance since November 2023. This is because we have been using auto-compliance figures due to staff shortages. Auto-compliance figures are only used for months where data is not required for national reporting. We are in the process of recruiting an analyst and will ensure that the next NHSE submission has manually audited figures, therefore this will not affect our national audit performance.

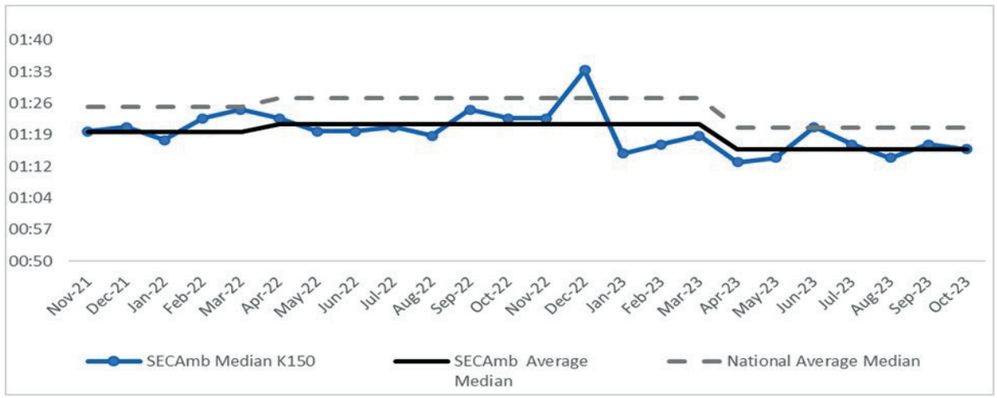
The diagnostic bundle includes recording of a Face, Arm, Speech Test (FAST) andassessment of blood glucose and blood pressure levels. Stroke audit identifies the documentation of blood glucose levels as contributing to a lowering of documentation audit compliance.

Part 3: Other Information

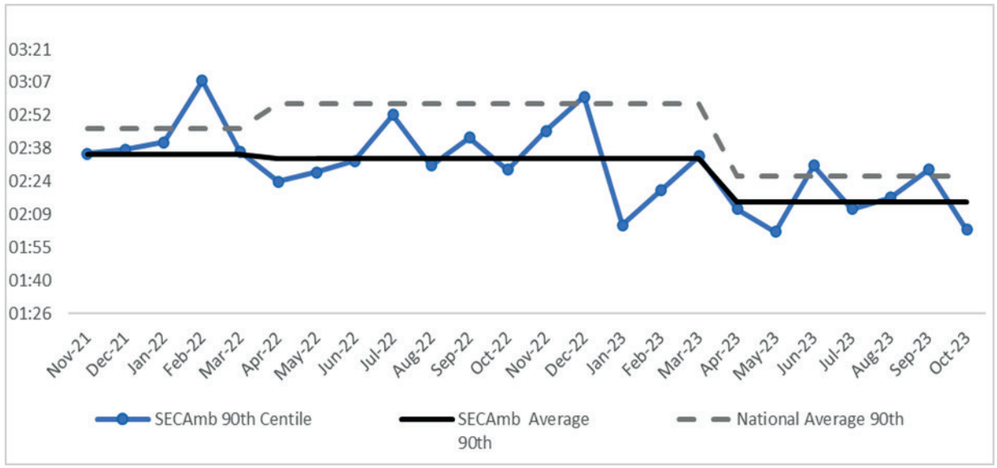
Mean time from call to hospital door for patients with confirmed stroke:



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.



The oposite graphs, for Stroke timeliness indicators, show performance has improved from year start to year to date.

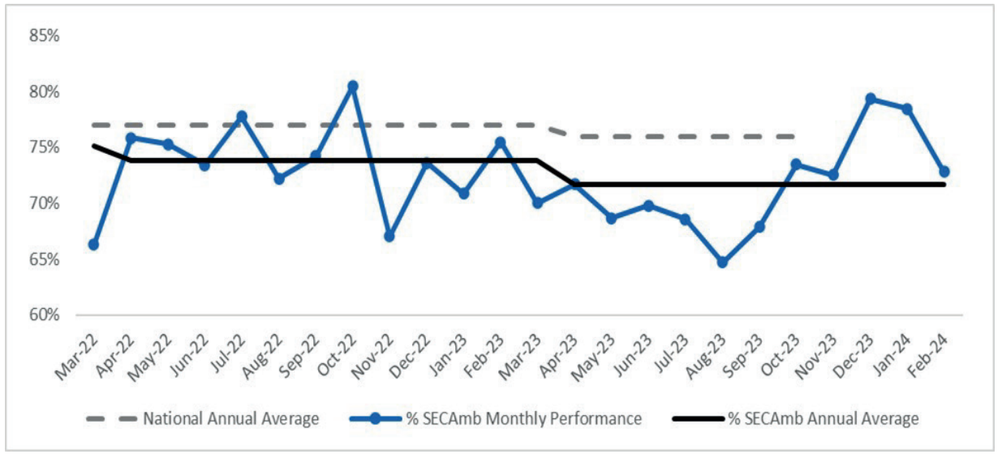
The introduction of telemedicine for FAST+ (suspected stroke) patients added around 6-7 minutes onto every on-scene time, but correspondingly shortened hospital treatment times by a greater degree after hospital arrival.

The timeliness figures remain faster than the national average.
A service evaluation has been undertaken by University College London which will help inform some of these information gaps.

Actions that are underway to improve stroke performance include a detailed audit to identify OU (Operational Unit) level performance and data, which will then inform further service improvement initiatives and sharing of best practice.

Return of Spontaneous Circulation (ROSC) after cardiac arrest

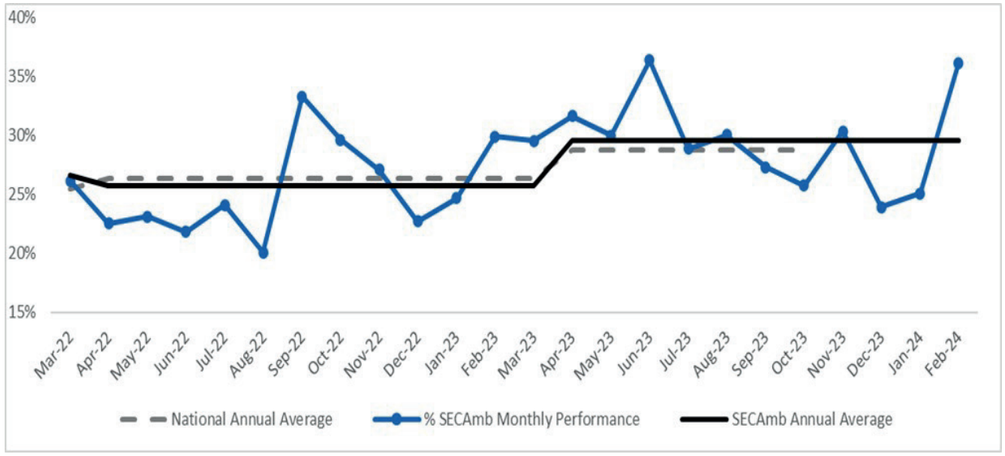
Percentage of patients where ROSC was achieved, who, where applicable, received a full bundle of care:



There has been a slight decline in performance between year start and year to date, with variable performance throughout the year. The reporting of the bundle requires clinicians to document the care they've provided. The below figures show that ROSC and patient survival is improving and so it is likely that this dip in performance is due to lack of documentation rather than lack of clinical care. SECAmb is contributing to improvement work at national level, looking at the efficacy and limitation of the care bundle. We have worked closely with the Cardiac Arrest Outcome Improvement Board and Operating Units to understand the barriers facing clinicians and will await national changes before implementing local improvement work.

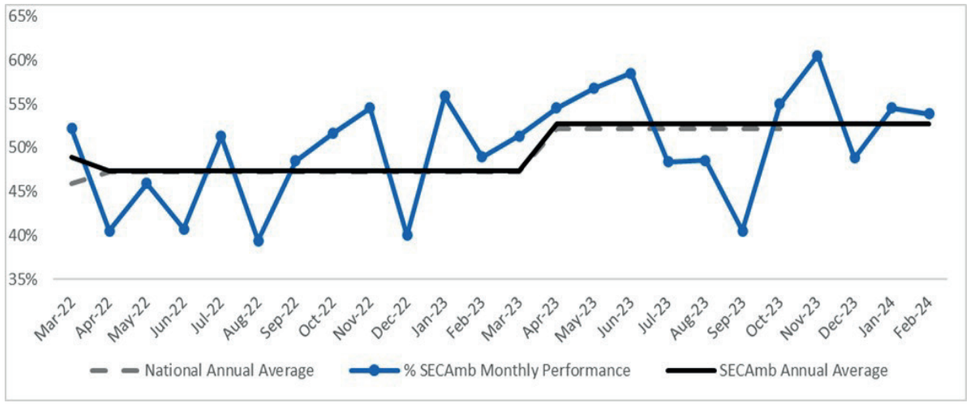
Part 3: Other Information

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



A detailed Annual Cardiac Arrest Report was published in 2023/24. ROSC at hospital continues to improve and is now higher than the national average. This provides reassurance that the ROSC care bundle compliance is likely to be a documentation issue and clinical care is improving.

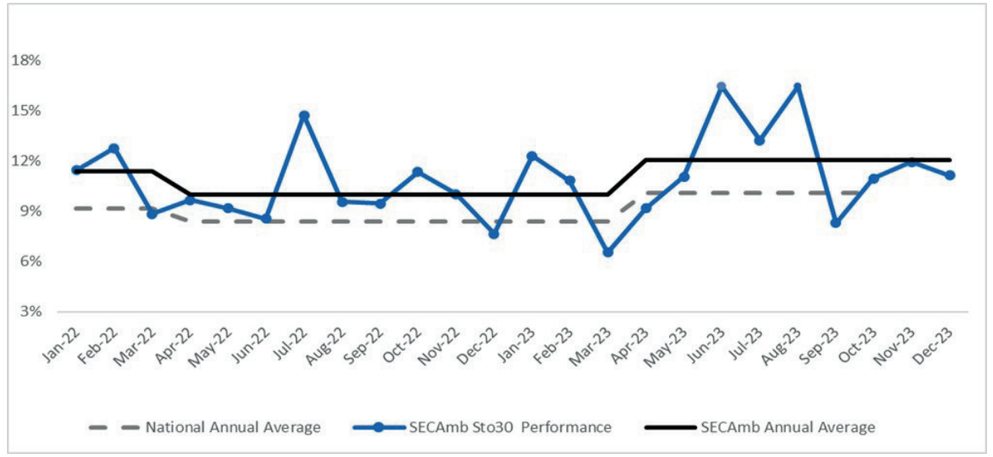
ROSC at time of arrival at hospital for Utstein Comparator Group:



The 'Utstein[6] comparator group' refers to patients who had a bystander witnessed cardiac arrest, in a VF/VT rhythm and cardiac in origin. Therefore, a higher rate of ROSC would be expected. This is a small subset and so variation between months is anticipated, however performance for the year remains within the normal variables and shows improvement aligned to the national picture.

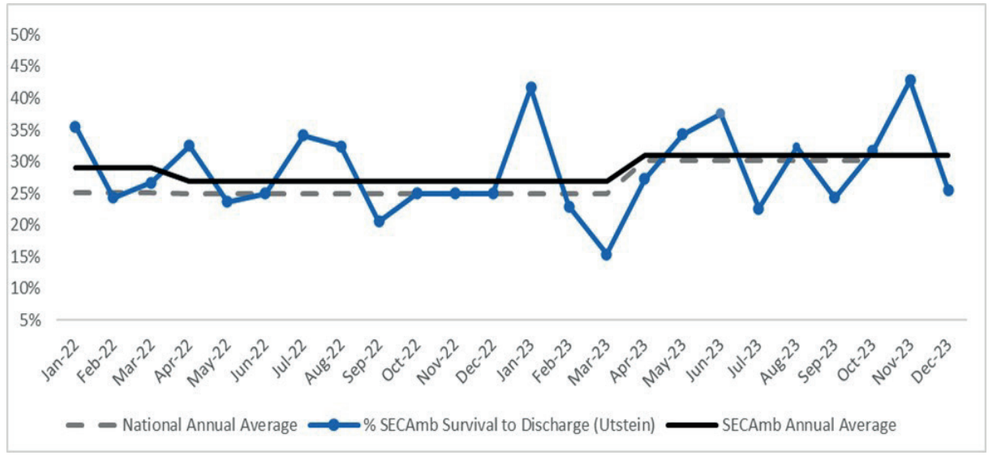
6 The Utstein style is a set of guidelines for unform reporting of cardiac arrest.

Survival to 30 days (Sto30) after cardiac arrest:



Performance in respect of this element has remained above the national average from year start to year to date, and the SECAmb year to date average is higher than recorded in 2022/23. A detailed Annual Cardiac Arrest Report was published in 2023/24. Improvement work continues to be co-ordinated by the Cardiac Arrest Outcome Improvement Programme Board.

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

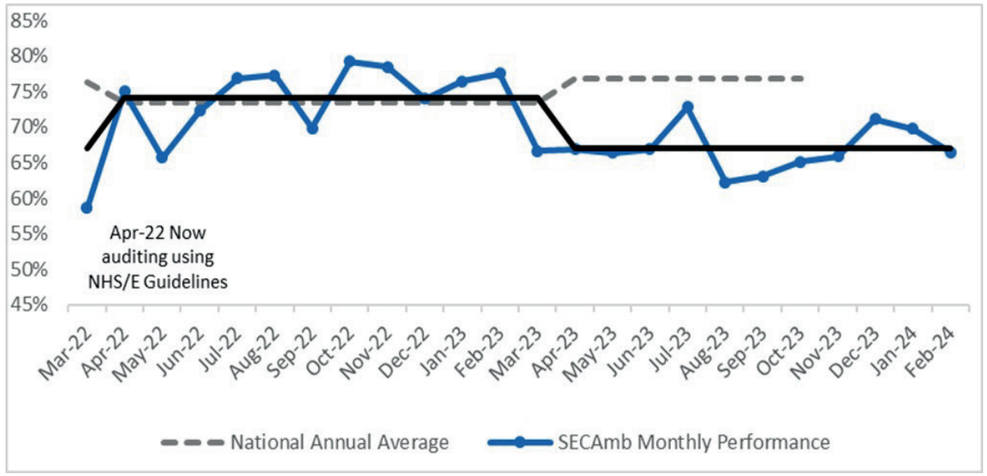


- The 'Utstein comparator group' refers to patients who had a bystander witnessed cardiac arrest, in a VF/VT rhythm and cardiac in origin. Therefore, a higher rate of ROSC would be expected.
- Due to the nature of the group being reported there is a higher probability of survival.
- Performance for the year has improved and remains within the normal national variables for this indicator. There is liable to be a degree of fluctuation due to the small number of incidents eligible for inclusion in this element.

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 percentage of suspected STEMI patients, who received the STEMI care bundle is as below:



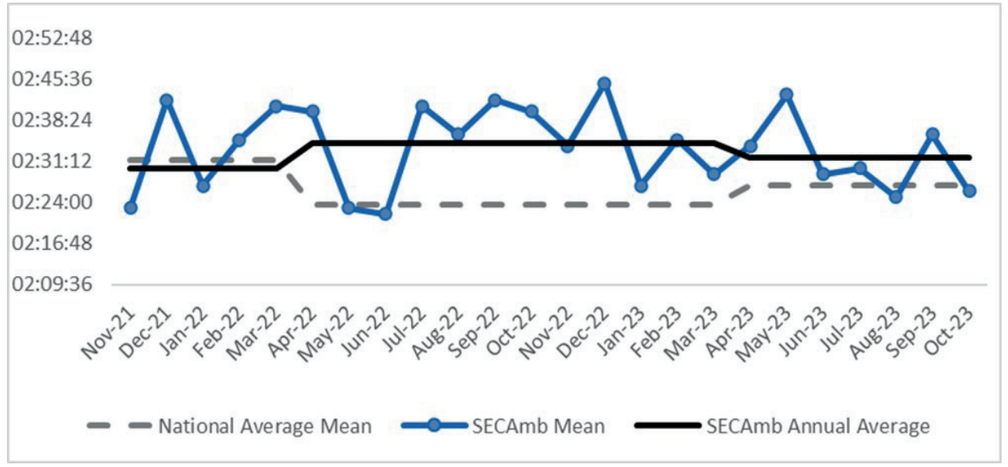
The percentage of patients experiencing a STEMI who received a full bundle of care:

- The Trust saw improvement in this care bundle in 2022/23, however this has not been sustained with a performance decline and SECAmb running below national annual averages.
- The diagnostic bundle includes administration of aspirin, glyceryl trinitrate (GTN), analgesia (pain relief) and the recording of two pain scores.
- The most common areas of non-compliance continue to be the administration of analgesia and the documentation of two pain scores.

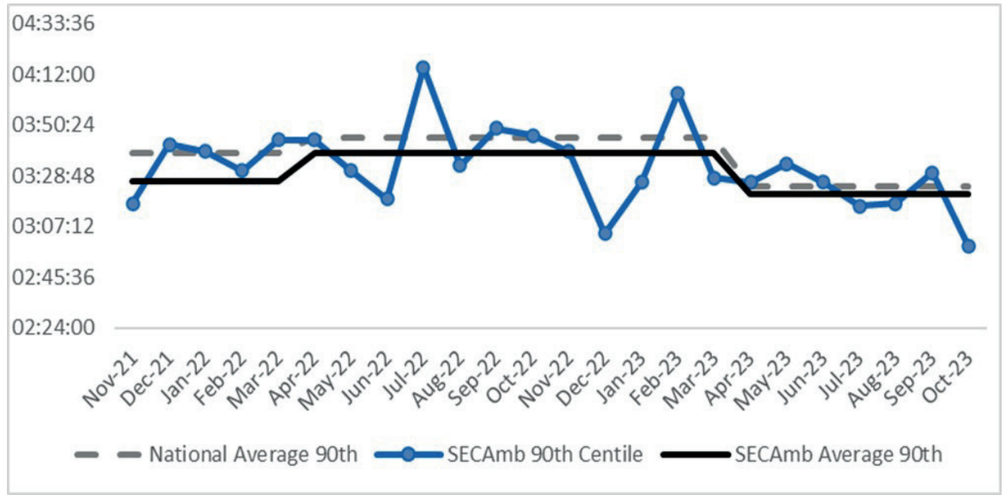
Improvement work will focus on joint working partnerships with the OUs to drive improved compliance on analgesia and 2 pain scores.

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.

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



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



The above graphs for STEMI timeliness indicators show expected levels of variance from year start to year to date.

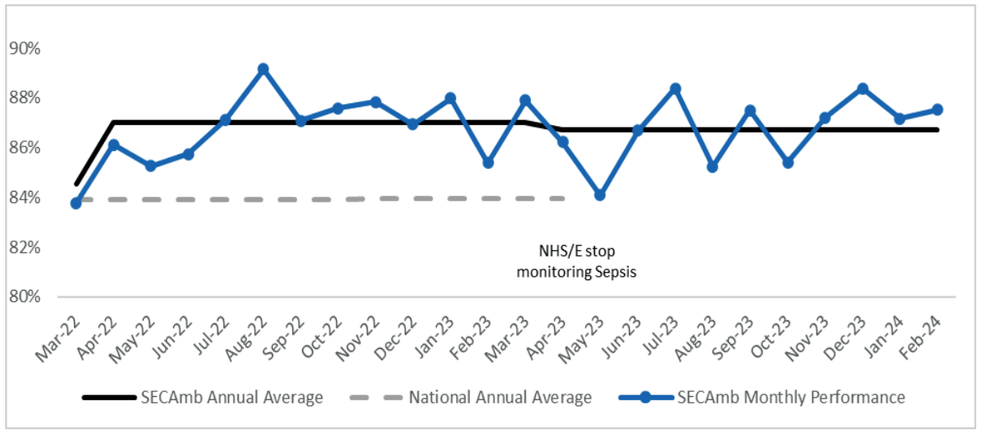
- Trust STEMI mean performance has improved but is currently longer than national averages, which have also improved.
- Trust STEMI 90th centile performance has improved and is broadly in line with national averages.
- A communication campaign previously took place to focus attention on reducing time on scene for STEMI. Focussed service improvement measures arose out of a detailed audit and service evaluation on STEMI care.

Sepsis care bundle (Internal reporting only)

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 pre-alert call made to the receiving hospital.

In November 2022, NHS England advised no further submission was required as Sepsis was to be replaced as a Clinical Outcome Indicator by a Falls indicator in 2023/24. The Trust will continue to locally monitor Sepsis Care Bundle compliance, although not report the data nationally following its withdrawal.

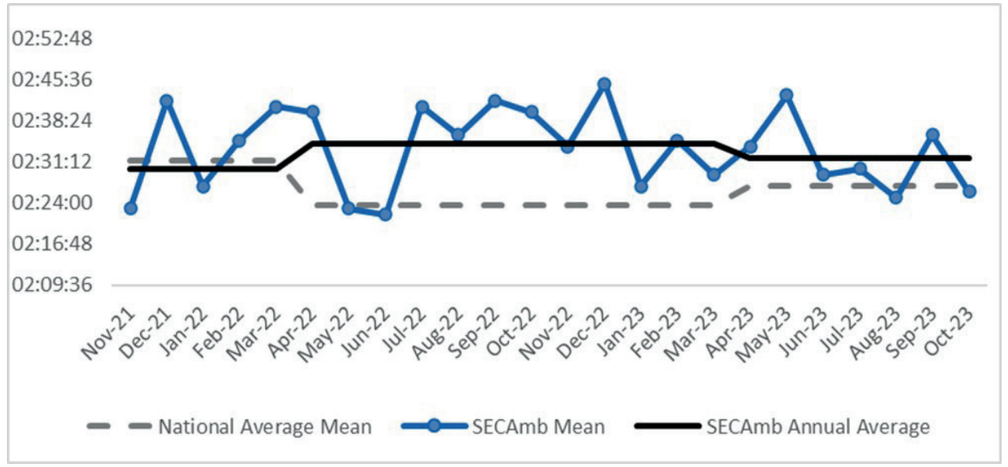
The percentage of sepsis patients, who received the sepsis care bundle are as below:



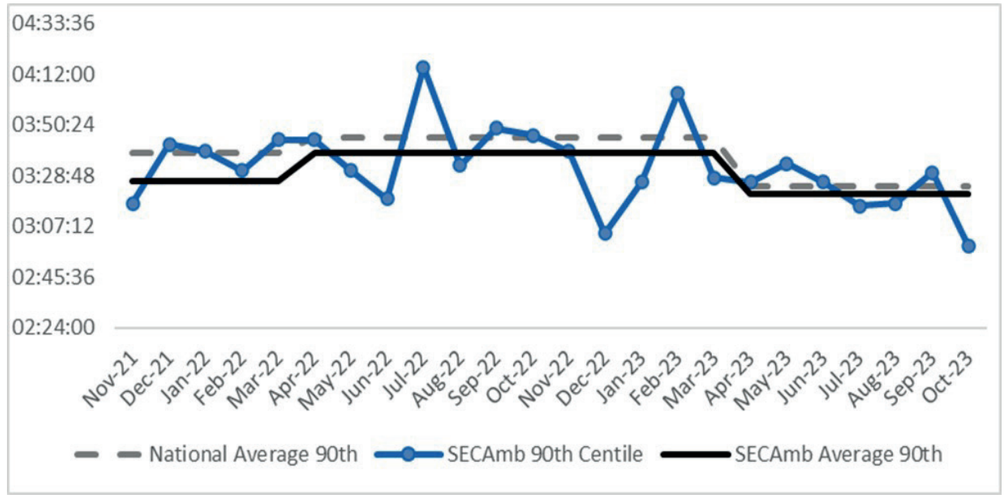
- The number of patients with suspected or confirmed sepsis (National Early Warning Score (NEWS2) of 7 or above), who received the sepsis care bundle remained broadly the same compared to 2022/23.
- In November 2022, NHS England advised no further submission was required as Sepsis was to be replaced as a Clinical Outcome Indicator by a Falls indicator in 2023/24.
- The Trust will continue to locally monitor Sepsis Care Bundle compliance, although not report the data nationally following its withdrawal.

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.

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



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



The above graphs for STEMI timeliness indicators show expected levels of variance from year start to year to date.

- Trust STEMI mean performance has improved but is currently longer than national averages, which have also improved.
- Trust STEMI 90th centile performance has improved and is broadly in line with national averages.
- A communication campaign previously took place to focus attention on reducing time on scene for STEMI. Focussed service improvement measures arose out of a detailed audit and service evaluation on STEMI care.

South East Coast Ambulance Service
NHS Foundation Trust

Annex 1:

Statements from commissioners, local Healthwatch organisations and overview and scrutiny committees

We thank our external stakeholders for taking the time to review the Quality Account in its various stages of development. We have noted all suggestions for improvements. Where possible, these have been incorporated into the final version of the Quality Account. If we have been unable to do this, we have documented all improvements for consideration in next year's Quality Account, supporting our journey of continuous improvement.

Annex 1: Statements from Commissioners, local Healthwatch organisations and Overview and Scrutiny Committees

Joint Commissioner Statement from NHS Surrey Heartlands ICS on behalf of Kent, Medway, Surrey, and Sussex regions

NHS Surrey Heartlands ICS (SH ICS) is the lead Commissioner for the South East Coast Ambulance 999 Service (SECAmb 999) covering the ICSs that make up the Kent, Medway, Surrey, and Sussex regions. Following engagement with the constituent ICSs, SH ICS, welcomes the opportunity to review and support the SECAmb Quality Report and Account.

As the lead Commissioner we can confirm that the Trust consulted with us and invited comments regarding the annual Quality Account (QA). This has occurred within the agreed timeframe, and the ICS and its constituent ICSs are satisfied that the QA incorporates the mandated elements.

Having reviewed the QA document the ICS 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 2023–31st March 2024 and reviewed as part of performance under the contract with SH ICS as the lead Commissioner.

We acknowledge the Trust's continued improvement journey relating to care quality, especially the progress it has made towards key must do areas within the Care Quality Commission (CQC) report in 2022. For example, the strengthened thread of quality between senior leaders and the rest of the Trust and an improved governance process concerning safety incidents. This improvement has coincided with the introduction of the SECAmb's Patient Safety Incident Response Plan and local Incident Review Groups (IRG), forming part of the national Patient Safety Incident Response Framework (PSIRF). The Trust has evidenced a greater focus on engagement and learning, both from success and when care falls below expectations.

We know there has been considerable focus on keeping people safe at times of increased demand. It is encouraging to see the Quality Improvement methodology that has been applied to this work, and we look forward to seeing the benefits for both patients and staff once the outputs are fully in place.

The priorities identified within the QA for the year ahead reflect topics that require significant work by the Trust. However, there are aspects of these priorities that system partners will work with SECAmb to enable, for example, successful out-of-hospital cardiac arrest outcomes requiring a concerted effort from all system partners to increase access and education for community defibrillators.

We look forward to working with the Trust on all aspects of its journey, most importantly in sustaining the improvements already being made. This joint working will, in part, be supported and strengthened within the Integrated Care System (ICS) Collaborative for Clinical Quality – a supra-ICS forum that brings together Chief Nurse counterparts, including NHS England. This forum will act as platform for SECAmb and associates to enable oversight of and early warnings about care quality success, risks, and issues.

The ICS Commissioners supports the QA report and priorities, and are looking forward to working with SECAmb on the developments planned for 2024/25 to deliver sustainable change as outlined in the QA.

As lead Commissioner we encourage the Trust to maintain a collaborative and open relationship with us. This is fundamental to our collective responsibility for the safe and effective care for our citizens.

Healthwatch Surrey

Thank you for the opportunity to comment on South East Coast Ambulance Service NHS Foundation Trust's 2023 -24 Quality Account. Over the past year, we have maintained a collaborative working relationship with South East Coast Ambulance Service NHS Foundation Trust. We have continued to share the voice of local people in the form of themes arising from our collection of insight along with other Healthwatch organisations. This year we have seen a renewed focus on how to make sharing insight from people who have used South East Coast Ambulance Services (SECAmb) more meaningful. We look forward to continuing this relationship and working on improving ways in which the trust can learn from the insight that we share.

At Healthwatch Surrey, we are committed to obtaining the views of Surrey residents about their needs and experience of local health and social care services. As such, we were pleased to note the progress achieved towards the priority "Listening and Engaging with our Patients, their Families and Carers." We have had discussions about the importance of providing a range of non-digital ways for people to share their feedback and we look forward to hearing about progress towards this as outlined in the actions for 2024-25.

Healthwatch Surrey will continue to gather experiences from service users and share these with SECAmb to ensure people are given a voice to shape, improve and get the best from local health and care services. As an independent statutory body, we are always happy to help SECAmb access lived experiences that can inform service development for improved patient outcomes.

West Sussex County Council - Health and Adult Social Care Scrutiny Committee

Thank you for offering the Health & Adult Social Care Scrutiny Committee (HASC) the opportunity to comment on South East Coast Ambulance Service NHS Foundation Trust's Quality Account for 2023-24.

I would like to make the following comments on behalf of HASC.

Recovery Support Programme

Following a Care Quality Commission inspection in August 2022 when the Trust was rated as 'Requires Improvement', HASC was pleased with the updates it received on the Trust's improvement journey in November 2022, March 2023 and March 2024, but is surprised that there is no mention of the Trust coming out of the Recovery Support Programme as expected in May 2024 in the 2023-24 Quality Account – is this on track?

Progress against Quality Priorities for Improvement 2023-24

The Committee is pleased with the progress against the 2023-24 priorities and with the actions to be carried forward to 2024-25.

Quality Priorities for Improvement 2024-25

The Committee will be happy with the three priorities for 2024/25, especially Health Inequalities which has been of concern to the Committee. However, the Committee would like to see people with a disability included in the areas of focus for this priority.

Annex 1: Statements from Commissioners, local Healthwatch organisations and Overview and Scrutiny Committees

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 Account report 2023/24.

The HOSC recognises the Trust's efforts over the past year to maintain its high standards of care whilst dealing with the impact of workforce pressures and pressures on the health and care system in general. The Committee, therefore, welcomes the progress SECAmb has achieved in 2023/24 in tackling staff recruitment, improving call answering times and improving ambulance response times.

The HOSC has invited SECAmb to attend its meetings during 2023/24 to continue its scrutiny of the actions SECAmb is taking in response to the CQC inspection report and to receive further updates on the joint work to reduce hospital handover times. The Committee has also explored the Trust's performance through its examination of the NHS Sussex Winter Plan. The Committee thanks those Trust officers who gave their time to attend the HOSC meetings during the last year.

The Committee notes the work that has been undertaken to successfully address front line operational staff vacancies, with the operational areas now at full establishment, and the good progress that is being made on Emergency Operations Centre staff vacancies. It also notes the further actions that are being undertaken to improve Ambulance Quality Indicators where they do not currently meet national targets. Performance against the other Core Indicators and the Mandatory Reporting indicators also shows consistent performance and improvement.

The HOSC welcomes the work SECAmb has undertaken on the Trust's indicators. For Patient Safety this includes the Keeping Patients Safe whilst waiting in the Clinical Stack Improvement Project; the Patient Safety Incident Response Framework; and the Out of Hospital Newborn Life Support training. Under Clinical Effectiveness, the Category 3 and 4 Validation pilot has shown success in diverting some of these calls away from and Ambulance response and the Out of Hospital Cardiac Arrest improvement programmes are helping to deliver higher survival rates compared to the England average. Under the Patient Experience category, the joint working with the Maidstone and Tunbridge Wells Trust on Urgent and Emergency Care Hubs has also helped with admission avoidance and a 5% reduction in conveyance rates to Emergency Departments.

The HOSC sees the development of a new long-term Strategy for the Trust (Strategy Clinical Case for Change and Models of Care) as demonstrating a forward thinking, patient centred and engaged organisation which is keen to improve and innovate.

2023/24 Quality Priorities

The HOSC notes that the majority of two of the priorities on Learning from Reviews to Improve Safety in Maternity Obstetric and Neonatal Care, and Listening and Engaging with our Patients, their Families and Carers, have been achieved with a few follow up actions and more work planned on patient involvement and inclusion. The work on the priority on Utilising Urgent Community Response Services to Improve Safety for Patients in the Clinical Stack is still ongoing and is linked to other indicator work. The work with Urgent Community Response Teams has the potential to help the wider system with admission and conveyance avoidance, which can help with hospital patient flow, handover times and ambulance response times. Consequently, HOSC is keen to see a continued approach to the work with of Urgent Community Response teams.

Quality Priorities for 2024/25

The HOSC notes the Trust's Quality Priorities for 2024/25 which are:

- Priority 1 (Domain: Clinical Effectiveness) – Feedback to staff on Patient Care Records
- Priority 2 (Domain: Patient Safety) – Unsafe discharge
- Priority 3 (Domain: Patient Engagement) – Health Inequalities

The Committee welcomes the Priorities for 2024/25 and in particular the Trust's work on Unsafe Discharge which uses the work from the Tangmere Urgent Care Hub pilot as a basis which will support staff to make safe discharge decisions on scene. The work on Health Inequalities is interesting and HOSC suggests the Trust works with Public Health teams as they may have data from their Joint Strategic Needs Assessments and respective Joint Health and Wellbeing Strategies which may be helpful, and the wider work on the NHS Sussex Integrated Care Plan, Shared Delivery Plan that may have some cross over with this work.

In reviewing the Quality Account for 2023/24, the HOSC welcomes the improving performance of the Trust during this period and the Committee looks forward to meeting representatives of the Trust at future HOSC meetings.

South East Coast Ambulance Service
NHS Foundation Trust

Annex 2:

Statement of directors' responsibilities for the quality report

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 2023/24, 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 2023 to 31 March 2024.
- Papers relating to quality reported to the board over the period 01 April 2023 to 31 March 2024.
- Feedback from commissioners dated 22/05/2024.
- Feedback from one local Healthwatch organisation dated 22/05/2024.
- Feedback from two overview and scrutiny committees dated 09/05/2024 and 13/05/2024.
- The last Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, went to Board in July 2023, and was published in August 2023. The next report will be published in the summer of 2024.
- The national patient survey was not undertaken in 2023/24. The last national patient survey was in 2018.
- The national staff survey ran from 18th September 2023 – 24th November 2023.
- CQC inspection report dated 22nd June 2022.
- 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:

By order of the board

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Chairman

Date: 06 June 2024

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Chief Executive

Date: 06 June 2024

South East Coast Ambulance Service
NHS Foundation Trust

Glossary:

Glossary:

Acronym	Term
ACP	Advanced Clinical Practitioner
ACS	Acute Coronary Syndrome
AHT	Average Handling Time
APP	Advanced Paramedic Practitioners
APPUEC	Advanced Paramedic Practitioner Urgent & Emergency Care
AQI	Ambulance Quality Indicators
ARP	Ambulance Response Programme
C3	Category 3
C4	Category 4
CA	Clinical Advisor
CAD	Computer Aided Dispatch
CAG	Clinical advisory group
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CSD	Clinical Support Desk
DCIQ	DatixCloudIQ
DMAIC	Define Measure Analyse Improve and Control
DSPT	Data Security and Protection Toolkit
ECAL	Emergency Clinical Advice Line
ED	Emergency Department
EMA	Emergency Medical Advisor
EOC	Emergency Operations Centre
EoLC	End of Life Care
ETA	Estimated Time of Arrival
FAST	Face, Arm, Speech Test
FTSU	Freedom to Speak Up
GTN	Glyceryl Trinitrate (GTN)
HA	Health Advisor
HOSC	Health Oversight and Scrutiny Committee
HSIB	Healthcare Safety Investigation Branch
ICB	Integrated Care Board
ICS	Integrated Care System
IFT	Inter-Facility Transfer
IPC	Infection Prevention Control
IQR	Integrated Quality Report

Acronym	Term
ISDN	Integrated Stroke Development Network
IUC	Integrated Urgent Care
JRCALC	Joint Royal College Ambulance Liaison Committee
KCHFT	Kent Community Health Foundation Trust
KPSitS	Keeping Patients Safe in the Clinical Stack (KPSitS)
LGBTQ+	Lesbian, gay, bisexual, transgender and queer
LFPSE	Learning From Patient Safety Events
MHFA	Mental Health First Aid
MNSI	Maternity and Neonatal Safety investigation team
MTW	Maidstone and Tunbridge Wells NHS Trust
NASPEG	National Ambulance Service Patient Experience Group
NED	Non-Executive Director
NEWS2	National Early Warning Score
NGO	National Guardians Office
NLS	Newborn Life Support Course
OH-NLS	Out of Hospital Newborn Life Support
OU	Operating Unit
PbR	Payment by Results
PCR	Patient Care Records
PEQ	Patient Experience Questionnaire
PSIRF	Patient Safety Incident Response Framework
PSIRP	Patient Safety Incident Response Plan
QAV	Quality Assurance Visits
QGG	Quality Governance Group
QI	Quality Improvement
RCUK	Resuscitation Council UK
REAP	Resource Escalation Action Plan
ROSC	Return of Spontaneous Circulation
SDEC	Same Day Emergency Care
SECAmb	South East Coast Ambulance Service
SGIG	Serious Incident Group
SMP	Surge Management plan
STEMI	ST elevation myocardial infarction
Sto30	Survival to 30 days
UCR	Urgent Community Response
UEC	Urgent and Emergency Care

NHS
South East Coast Ambulance Service
NHS Foundation Trust

South East Coast Ambulance Service NHS Foundation Trust is your NHS ambulance service covering Kent & Medway, Sussex and Surrey and provides:

- 999 services across Kent & Medway, Surrey, Sussex and parts of Hampshire
- NHS 111 services across Sussex, Kent & Medway

Contact us at Head Office: Nexus House, Gatwick Road, Crawley, West Sussex, RH10 9BG

0300 1230999 enquiries@secamb.nhs.uk www.secamb.nhs.uk @SECAmbulance facebook.com/SECAmbulance