

Quality Account and Quality Report 2012/13

(Headings/text in red relate to additional requirements for the Quality Report)



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ii) List of abbreviations/glossary

A&E	Accident and Emergency	PAD	Public Access Defibrillator
CAD	Computer Aided Dispatch System	PALS	Patient Advice and Liaison Service
CCP	Critical Care Paramedic	PCM	Patient Case Manager
CFR	Community First Responder	PCR	Patient Clinical Record
CQC	Care Quality Commission	PCT	Primary Care Trust
CQI	Clinical Quality Indicator	PP	Paramedic Practitioner
CQUIN	Commissioning for Quality and Innovation	pPCI	Primary Percutaneous Coronary Intervention
EOC	Emergency Operations Centre	PSI	Patient Safety Incident
FLSM	Front Loaded Service Model	PTS	Patient Transport Service
HOSC	Health Overview and Scrutiny Committee	R&D	Research and Development
IBIS	Intelligence Based Information System	RMCGC	Risk Management and Clinical Governance Committee
ICAS	Independent Complaints Advocacy Service	SEC	South East Coast
ICL	Infection Control Lead	SECAmb	South East Coast Ambulance Service NHS Foundation Trust
IHAG	Inclusion Hub Advisory Group	SHA	Strategic Health Authority
KPI	Key Performance Indicator	SIRI	Serious Incident Requiring Investigation
LTC	Long Term Condition	STEMI	ST Segment Elevation Myocardial Infarction
MRC	Make Ready Centre	TIA	Transient Ischaemic Attack
MDT	Mobile Data Terminal	UKAS	United Kingdom Accreditation Service
NRLS	National Reporting and Learning System		

Data sources:

- The data for reports contained within the quality measures A, B, D and E have been gained from the Trust's automated reporting systems – info.secamb, IBIS and 111. Information from these systems is then transformed i.e. charted and narrated to ensure that it is able to be understood by the reader.
- The information contained within elements of quality measure B, and quality measure C, will be gained via a survey, the results of which will be scored on an appropriate software package and calculated for each element within the survey produced.

Part 1 (Footnote 1)

1. Executive Summary

South East Coast Ambulance Service NHS Foundation Trust (SECAmb) was authorised as a Foundation Trust on 1 March 2011 (one of the first ambulance services in the country to gain Foundation Trust status). Prior to authorisation the Trust operated as South East Coast Ambulance Service NHS Trust from 1 July 2006. SECAmb provides ambulance services to over 4.5 million people living in Kent, Surrey, Sussex and parts of Hampshire. We are one of 11 ambulance trusts in England. We work across a diverse geographical area of 3,600 square miles which includes densely populated urban areas, sparsely populated rural areas and some of the busiest stretches of motorway in the country.

SECAmb's vision and strategy is that "We will match and exceed international excellence through embracing innovation and putting the patient at the heart of everything we do".

To implement our strategy, six objectives have been identified as follows:


- + improve on SECAmb's performance standards and reduce variation;
- + deliver excellence in leadership and development;
- + improve access and outcomes to match international best practice;
- + improve satisfaction and experience for all stakeholders;

- + be an organisation that people seek to join and are proud to be a part of; and
- + convert all available pounds / resources to maximise patient benefit.

SECAmb continues to be committed to involving patients and the public in the development of its plans and services, recognising the importance of ensuring that they have the opportunity to influence what services are provided for them and how. With this in mind an Inclusion Strategy was approved by the Board in May 2012, following an extensive consultation process. This strategy draws together the strands of membership and governor engagement, patient and public involvement and equality and diversity into a single strategy based on working effectively with all our stakeholders. For SECAmb the term '**inclusion**' means "involving and engaging with our stakeholders to help improve access to our services and eliminate discrimination, better meeting the needs of patients and fulfilling statutory obligations."

The Quality Account published last year allowed SECAmb to focus on five quality measures.

¹ PART 1 = Statement on quality from the Chief Executive of the NHS Foundation Trust (NHS Foundation Trust Annual Reporting Manual for 2012/13)



The first quality measure was to increase the number of registered Paramedics who attended seriously injured or ill patients. SECAMB provided a registered clinician to 79.84% of patients who required a hospital pre-alert (ASHICE). This is an improvement of 2.29% on 2011/12, with the number of these calls also increasing by 153 cases.

The second quality measure involved the performance of SECAMB's Paramedic Practitioner (PP) teams. It is the Paramedic Practitioner skill set that provides SECAMB with one method of safely reducing patient transports to conventional A&E departments. The average non-conveyance rate for a PP improved during 2012/13 to 49.23% compared with 44.95% in 2011/12. With continued recruitment and development of PPs and the pilot introduction of a PP desk in our emergency operations centres, it has been found that we have been able to increase the number of patients cared for at, or closer to, home which we believe improves patient experience, as the majority of patients prefer to be treated in this way.

The third quality measure was to improve the linking of the electronically scanned paper based patient clinical record to the 999 call/record.

During 2012/13 we achieved an average of 93.19%, which is an improvement of 1.64% on 2011/12. The introduction of an improved collation process has brought some benefits but there still remains room for improvement which we believe will come from an electronic solution, for which a small 'proof of concept' trial took place during 2012/13.

The fourth quality measure looked at how well the infection control process was being maintained within our Make Ready Centres. This measure monitored the deep cleaning of emergency response vehicles across SECAMB and swab testing within the five Make Ready Centres, and this has seen a continued improvement during the year. With regard to deep cleaning, our target was 85% and we achieved 86.9%, with the swab testing target being 95% and actually we achieved 101.52%.

The fifth quality measure surveyed the experience of a sample of patients who dialled 999 with a non-life threatening condition and who did not require conveyance to a conventional A&E department. Views were sought from these patients by carrying out two surveys during 2012/13. The findings from both surveys were shared with our Commissioners and showed an overall satisfaction rate of 93%. Action plans on areas for improvement were also implemented.

In 2013/14, SECAMB is maintaining the maximum five quality measures which support some of the service development areas of our Annual Plan, demonstrating that we embrace innovation by reporting on the initiatives that can directly affect the strong reputation and positive public image that SECAMB has developed.

Sections 3.1 to 3.5 of this document explain in detail each quality measure by providing a description of the measure, the current status, how we are going to improve the quality and the output measure by the end of the year i.e 31 March 2014.

We have also included updates on other quality initiatives we planned to introduce during 2012/13 and a separate chapter on quality initiatives we proposed to implement during 2013/14 which are in addition to the five quality measures.

Overall it has been a challenging year for SECAMB, but progress has been made on the majority of our quality initiatives (see additional information in sections 4, 6 and 9) and we will continue to work to drive further improvements in 2013/14.

To the best of my knowledge and belief, the information in this account/report is accurate.



Paul Sutton, Chief Executive

Date: 29 May 2013



2. Introduction to the Quality Account and Quality Report

Welcome to South East Coast Ambulance Service NHS Foundation Trust's (SECAmb) Quality Account and Quality Report for 2012/13. We hope that you find it an interesting and informative read, providing you with a good understanding of the progress that has been made during the last year by your local ambulance service.

Our patients have a right to expect the ambulance service to deliver a consistently high quality of service, but what does this mean in practice? How can a 'Quality Account and Quality Report' be used to help answer this question and to assure you that SECAmb is working consistently to improve services for our patients?

This document is one method we use to provide more insight into just how effective SECAmb's services are. It also explains how these services are measured and how they will be improved.

In short the Quality Account and Quality Report is aimed at making all NHS trusts focus on quality, to show how they ensure 'consistency of purpose', and this responsibility has been made a legal requirement for all trust boards and all their members.

Definitions of quality vary, tending to revolve around concepts (some of which can seem rather vague), such as 'fitness for purpose', and a reduction in variation with a relationship to effective systems and processes.

In the past, four quality dimensions of High Performance Ambulance Services have been identified as: response time reliability, economic efficiency, customer satisfaction and clinical effectiveness, to which SECAmb believes patient safety should now be added as an explicit requirement (Figure 1).

High Performance Ambulance System



Figure 1: Model of High Performance Ambulance System

In recent years the NHS has invested resources to improve patient services through the application of clinical governance, which seeks to embed continuous quality improvement into the culture of the NHS. In practice this means ensuring that all aspects of patient care, such as safety, outcome and experience are understood and systematically refined.

Having recently received the Francis Report² (following the review of Mid-Staffordshire NHS Foundation Trust), SECAmb had already begun to consider how to identify and implement any potential learning points. We are now undertaking a review of all the recommendations applicable to SECAmb and this is being led by Kath Start, Chief Nurse and Director of Workforce and Development, supported by Dr Jane Pateman, Medical Director and myself, Andy Newton, Clinical Director and Consultant Paramedic. As part of this internal review, we are also seeking input from a range of staff and our Council of Governors.



Professor Andy Newton, Consultant
Paramedic & Director of Clinical Operations

Date: 29 May 2013

² Francis, R, QC. 2013. Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. Executive Summary p. 96. London: The Stationery Office.

Part 2 (Footnote 3)



3. How the quality measures were prioritised for the year ahead (2013/14)

Patient outcomes are the benchmark of quality for any health care provider and that is why improving outcomes for patients is at the heart of SECAMB's vision – our patients deserve nothing less. We aspire to deliver clinical excellence that matches and exceeds international best practice.

In considering which quality measures SECAMB would report, we held an external workshop in February 2013 which was attended by Governors, Inclusion Hub Advisory Group (IHAG) members, patients, LINKs/Healthwatch, Health Overview and Scrutiny Committee members (HOSCs), Foundation Council Members, Commissioners and staff.

During the above workshop participants proposed a wide range of quality measures which they wished to be considered for 2013/14. The proposals were discussed and explored throughout the workshop and the top five were agreed upon by the stakeholders. The stakeholders were aware that they needed to ensure that at least one quality measure was within each quality domain (Clinical Effectiveness, Patient Experience and Patient Safety).

The workshop was very well received and at the end of the day we asked participants to complete an evaluation form of which the summary findings are as follows.

We asked all participants how useful did they find each element of the day?

	Very useful	Quite useful	Not very useful
What is a Quality Account: what is it for and what should it include?	12	5	0
Trust vision, aims and objectives – Including Performance on 2011/12 Quality Account Measures	14	3	0
Developing new priorities for inclusion in the next Quality Account	15	3	0
Recommending quality priorities for inclusion in the next Quality Account	15	3	0
Thoughts on the format, language, design and accessibility	11	6	1

³. PART 2 = Priorities for improvement and statements of assurance from the Board (NHS Foundation Trust Annual Reporting Manual 2012/13)

We also asked what, if any, follow-up activity or support participants would find helpful and the responses included:

- + sight of draft document;
- + pleased to have the opportunity to request support if required;
- + excellent day with good content. Thank you for listening;
- + back next year;
- + look forward to draft document; and
- + none really

The final question was based on did they find the workshop overall worthwhile attending, resulting in the following:

Yes, definitely **16**

Yes, probably **2**

Not really **0**

Not at all **0**

A report was then presented to our Risk Management and Clinical Governance Committee (RMCGC) in March 2013 highlighting the top five quality measures identified from the workshop for inclusion within this document and to be monitored during 2013/14. These quality measures were then approved by SECAmb's Board at the March 2013 Board meeting. (Previous editions of the Quality Account and Quality Report are available at www.secamb.nhs.uk).

The quality measures selected for 2013/14 are focused on improving outcomes for our patients; how we are going to do this is described in the detail of each quality measure throughout this document and identifies the responsible designated Board Sponsor and Implementation Lead.

Quality Measure A – Patient Safety

"To monitor the effectiveness of SECAmb's Infection Control procedures for emergency response and patient transport vehicles that are deep cleaned and swab tested across SECAmb"

Quality Measure B – Patient Experience

"The effectiveness of the 111 service/facility in providing patients with the appropriate service"

Quality Measure C – Patient Experience

"To improve the experience of those patients who call SECAmb via 999 and their satisfaction with the service provided"

Quality Measure D – Clinical Effectiveness

"To monitor the IBIS system so that those patients with long term conditions (LTC) are able to be provided with the best possible care by attending ambulance crews"

Quality Measure E – Clinical Effectiveness

(1) "To improve the number of registered clinicians who attend those patients deemed to have a life-threatening condition at the time the 999 call was raised".

(2) "To monitor where a Paramedic Practitioner attends a patient through a PP referral where that patient is then subsequently transported to a hospital A&E department".

Following the external workshop we circulated the draft Quality Account and Quality Report to HOSCs, Healthwatch, Commissioners, workshop attendees, Non-Executive Directors, Governors and IHAG members for comments, providing the required 30 day consultation period.

In year monitoring arrangements of our achievements

The Risk Management and Clinical Governance Committee (RMCGC) will focus in detail on the key areas of quality and receive progress updates on delivery of the quality measures. The Board will receive regular updates via the RMCGC report on achievements against the quality measures.

The Commissioners receive updates on the five quality measures at the joint SECAmb/ Commissioner bi-monthly Quality Focus meetings. As a result, SECAmb already comply with this recommendation of the Francis Report.

3.1 Quality Measures to be monitored during 2013/14

Quality Domain: Patient Safety

3.1.1 Quality Measure A: To monitor the effectiveness of SECAmb's Infection Control procedures for emergency response and patient transport vehicles that are deep cleaned and swab tested across SECAmb

Description

At the current time SECAmb has a total of five Make Ready Centres located at Chertsey, Paddock Wood, Ashford, Thanet and Hastings.

This quality measure will report on the following items, giving comparable data, where possible, from the previous year:

- + deep clean completion (non-make ready and make ready) percentage rate of planned volume for emergency vehicles;
- + swab tested completion (make ready only) percentage rate of planned volume for emergency vehicles;
- + deep clean completion (non-make ready and make ready) percentage rate of planned volume for Patient Transport Service (PTS) vehicles;
- + swab tested completion (make ready only) percentage rate of planned volume for PTS vehicles; and
- + hand hygiene published survey results based on the observed areas:-
 - decontaminated before patient contact;
 - decontaminated before aseptic non-touch procedure;
 - decontaminated after removing gloves following aseptic non-touch procedure;
 - washed hands after patient contact / leaving patient surroundings;
 - used soap and water when and where available; and
 - "bare below the elbow".

Current status

+ *Deep Clean and Swab Test (A&E)*

- SECAmb's deep clean compliance is reported via a dashboard, which is subsequently reported to the Board. The numbers reflect the deep cleaning of all emergency response vehicles and PTS vehicles across SECAmb. The information reported in this quality measure also includes the figures where the deep cleaned vehicles were not allocated to Make Ready Centres (MRC).
- Outside the MRCs the deep clean programme requires a vehicle be available over a six hour window. Where we do not achieve the 85% target this is principally due to the increase in calls, with the vehicles scheduled for deep cleaning being required to remain operational for emergency response.
- With the introduction of additional MRCs in the future, this will assist in ensuring more vehicles are made available for the deep clean process.
- Deep clean completion (non-make ready and make ready) percentage rate of planned volume for emergency vehicles.
 - In 2012/13, 2626 vehicles were scheduled for the deep clean process, an increase of 84 vehicles (3.3%) on the 2011/12 target.
 - During 2012/13, SECAmb's target was 85%. We exceeded this target with an achievement of 86.3%, which was an improvement of nearly 1.7% on 2011/12.

- Swab tests completed (make ready only) percentage rate of planned volume for emergency vehicles.
 - During 2012/13, in order to meet our target of 95% a total of 125.4 swab tests were required (40.9 more than 2011/12). We planned to undertake 132 swab tests to exceed this target.
 - However, 134 (101.51%) swab tests were completed, exceeding the 95% target by 6.51% and the 2011/12 performance by 3.76%.

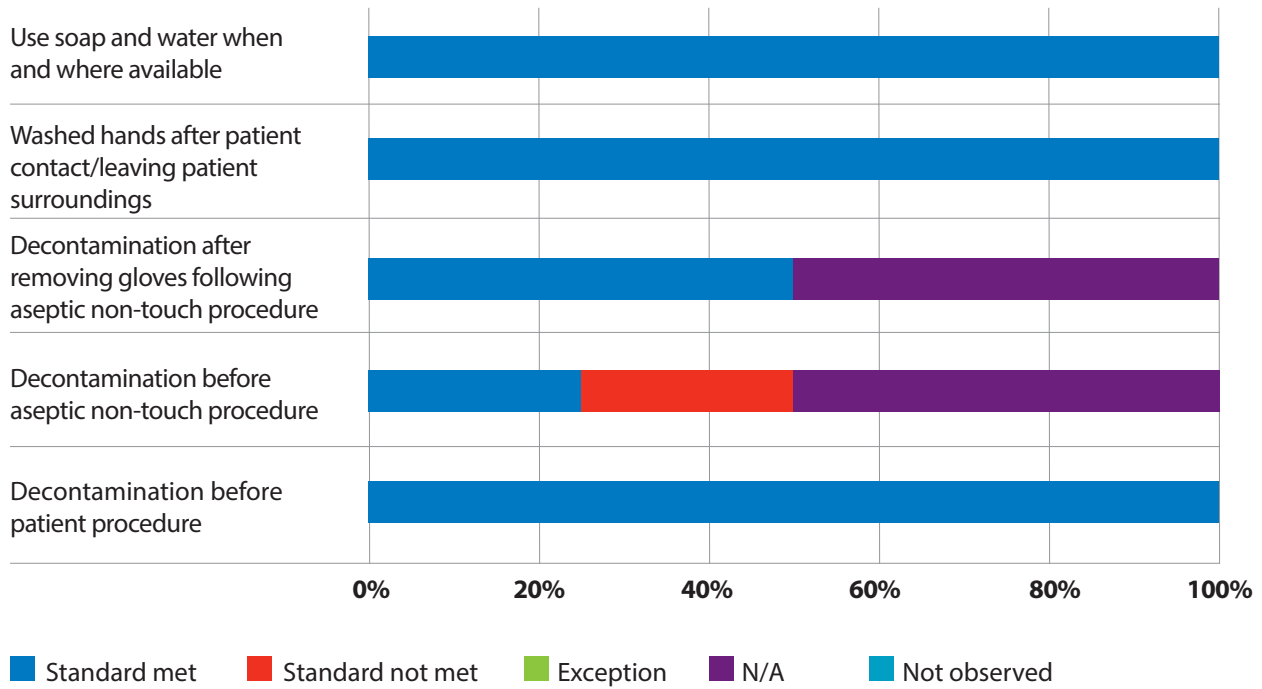
+ *Deep Clean and Swab Test (PTS)*

- Deep clean completion (non-make ready and make ready) percentage rate of planned volume for PTS vehicles.
 - In 2012/13, 843 PTS vehicles were scheduled for the deep clean process.
 - During 2012/13, SECAmb's target was 85%. We exceeded this target with an achievement of 89.32%.
- Swab tested completion (make ready only) percentage rate of planned volume for PTS vehicles
 - In 2012/13, 15 PTS vehicles were scheduled for swab testing, an increase of 5 vehicles on 2011/12.
 - During 2012/13, 73.33% of the 15 planned vehicles were swab tested, which is a decrease on the 2011/12 achievement of 100%. This was because of significant disruption as the majority of the fleet was replaced in Q3 and Q4 of 2012/13. The fleet renewal is complete and we expect to return to compliance.

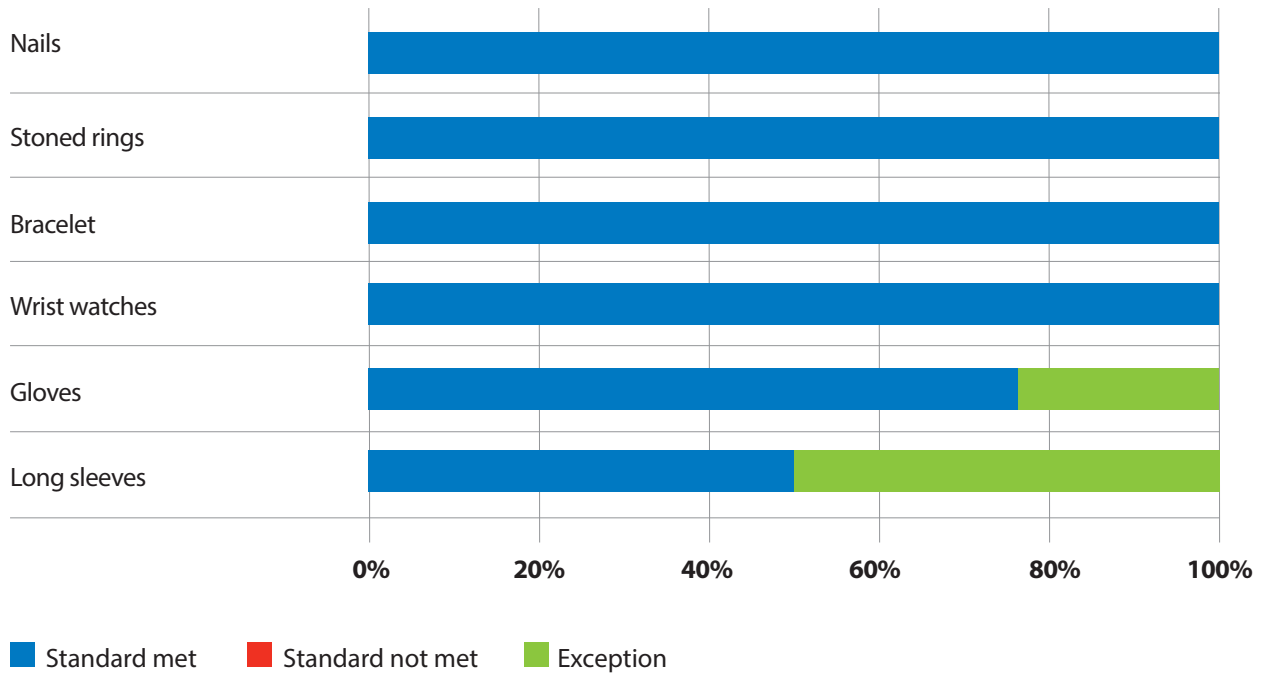
+ *Hand Hygiene*

- An internal audit tool was designed to allow the effectiveness of the hand washing procedures of the crews to be recorded and measured.
- Infection control link staff undertook some local hand hygiene and “bare below the elbow” audits during June 2012, whilst working alongside operational crews, which has enabled them to observe the full range of the audit tool during the crews’ shifts.
- The Infection Control Lead (ICL) carried out random observational hand hygiene audits of SECAmb staff at A&E departments during June and July 2012. Although not all sections of the hand hygiene audit tool could be observed, the summary does provide evidence that SECAmb staff are performing hand hygiene when at hospital.
- The ICL also observed compliance to “bare below the elbow” and when staff had not complied with the procedure he discussed the rationale behind the need for compliance. It was identified that further work is required regarding the removal of wrist watches and the need to remove gloves once the risk of blood/body fluid contamination is unlikely.
- During 2012/13 SECAmb has installed a new range of hand hygiene products across all locations and has encouraged staff to follow the correct hand washing procedures by way of statutory and mandatory annual training updates and the publication of new hand hygiene posters.
- The following tables are a summary of the hand hygiene and “bare below the elbow” audits mentioned above.

Link staff hand hygiene audits carried out in June 2012 (8 observations)

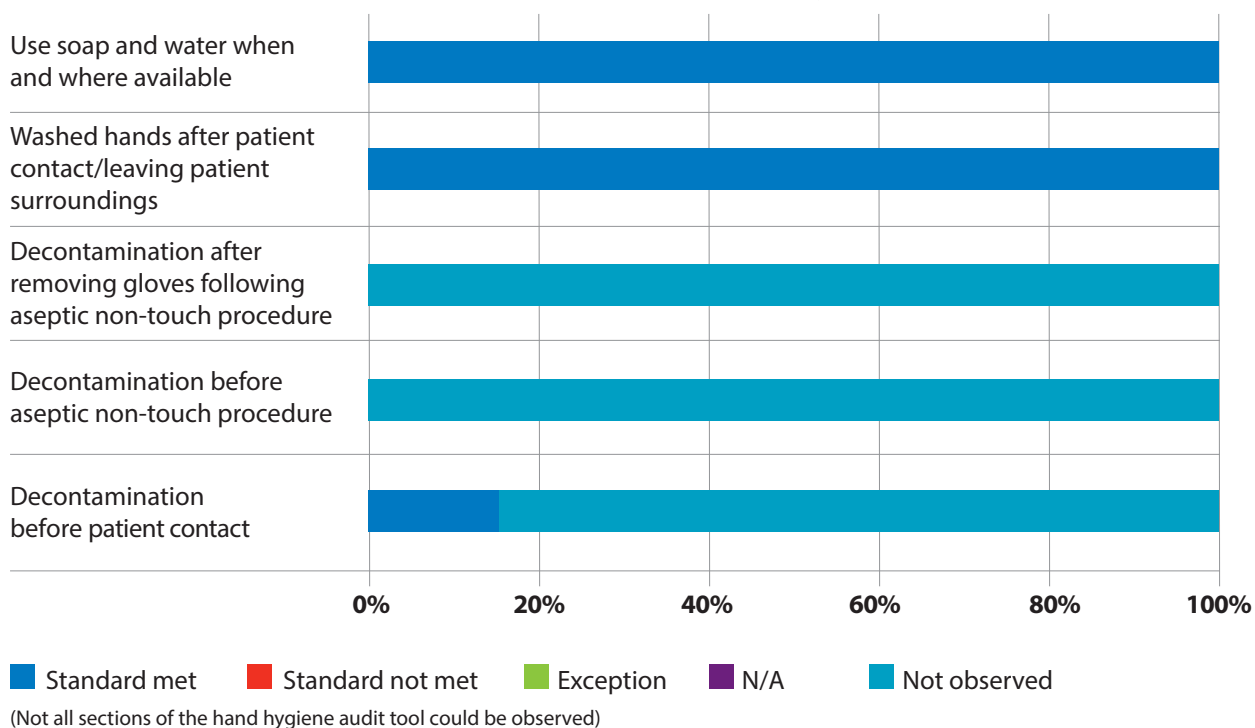


Link staff hand hygiene audits carried out in June 2012 (8 observations)

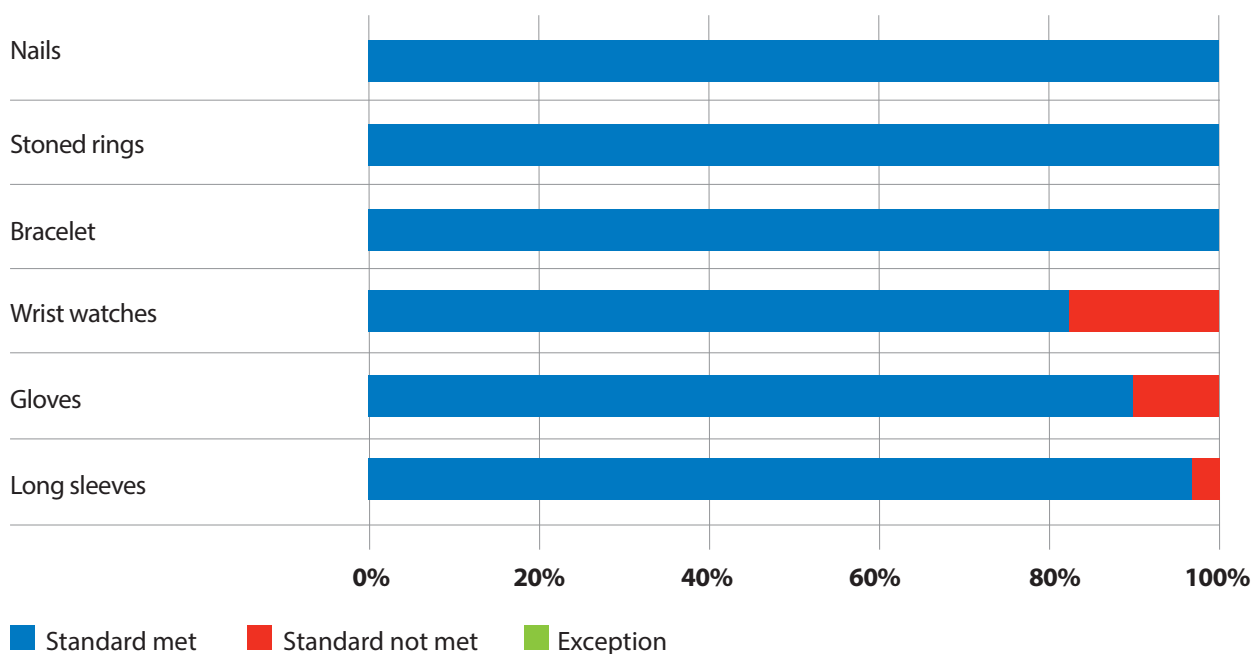




**Hand hygiene audit carried out on 7 June 2012:
28 observations at the QEQM (Thanet) and William Harvey (Ashford)**



**“Bare Below the Elbow” Audit carried out on the 7th June 2012:
28 observations at the QEQM (Thanet) and William Harvey (Ashford)**



How we are going to improve this quality measure during 2013/14

+ *The Make Ready Centre Initiative (MRC)*

SECAMB is implementing MRCs, which enable the emergency response vehicles to be regularly deep cleaned, restocked and checked for mechanical faults in order to significantly minimise the risk of cross-infection and improve patient safety.

Following a successful introduction of the current five MRCs, SECAMB plans to progress the roll-out of more MRCs over the coming years. In addition, during 2013/14 we plan to refurbish the existing MRC at Thanet, with the aim being to have 12 MRCs by the end of 2016.

+ *Action taken if standards within this quality measure reduce*

Should a swab test result in failure once the test has been completed then the vehicle is recalled and the piece of equipment that failed the swab test is re-cleaned and retested.

Should the standard begin to fall below the required target of 95% the resulting action plan would include a revision of the deep clean procedure. The swab test samples are tested against the UK national standard in order to be considered a pass. The samples are processed by an external contractor whose processes are accredited by UKAS (United Kingdom Accreditation Service) which provides SECAMB with assurance that the systems standards and methods employed meet internationally agreed standards.

The contractor is also compliant with the European standard ISO IEC 17025, this standard identifies the high technical competence and management system requirements that guarantee the test results and calibrations are consistently accurate.

Output measures for year ending March 2014

+ *Swab Test and Deep Clean Procedures*

The output measure for the above procedures will be to ensure that the current target of 85% for the deep clean process and the 95% target for the swab test success rate are maintained/improved with the available resources for both the A&E and PTS fleet.

+ *Hand Hygiene*

During 2013 the Infection Control Lead (ICL) has introduced five key performance indicators (KPIs) to ensure SECAMB's effective prevention, monitoring and control of infections are an integral part of the quality, safety and clinical risk management operations of any healthcare service. Hand hygiene forms one of these KPIs and states "The major transmission route for healthcare acquired infections in the health care setting is by direct contact via the hands of health care workers or possibly indirectly via contaminated equipment that is not cleaned between patients". Therefore, there has been renewal in the promotion of hand hygiene as an effective method of preventing transmission of infections.



The three areas of compliance for this KPI are to:

- + continue staff hand hygiene education;
- + collect hand hygiene data compliance (audits); and
- + allocate suitable hand hygiene products in all areas of SECAMB.

Name of Board Sponsor

Dr Jane Pateman, Medical Director

Names of Implementation Leads

Adrian Hogan, Infection Control Lead

Chris Haines, Head of Logistics

Rory Collinge, Project Manager,
Commercial Services

Quality Domain: Patient Experience
3.1.2 Quality Measure B: The effectiveness of the 111 service/facility in providing patients with appropriate service

Description

NHS 111 is a national telephone service, provided in Kent, Surrey and Sussex by SECAMB, working in partnership with Harmoni. This service aims to make it easier for people to access healthcare services when they need medical help fast, but not in a life-threatening situation.

Calls to NHS 111 from landlines and mobile phones within the SECAMB area are free of charge and the service is available 24 hours a day, 365 days a year to respond to healthcare needs of the population of SECAMB when:

- + they need medical help fast, but it is not a 999 emergency;
- + they do not know who to call for medical assistance or do not have a GP;
- + they think they need to go to A&E or another NHS urgent care service; or
- + they require health information or reassurance about what to do next.

Calls are answered by trained Health Advisors and referred to Clinical Advisors when required. Callers to NHS 111 can be provided with self-care advice, health information or referred to a number of services, including but not limited to, GP practices, walk-in-centres, dentists, opticians, sexual health clinics, mental health services, A&E departments, referral to 999 or the out of hours GP services.

In future should people need to contact the NHS for urgent care there will be three ways to do so:

- + through their GP practice;
- + dialing 111; or
- + dialing 999 for life-threatening emergencies.

People should continue to call 999 for life-threatening emergencies that require an immediate response. However, if a call to NHS 111 is assessed as being a medical emergency, the service can dispatch an ambulance directly and provide first aid advice to the caller until ambulance clinicians arrive, without the need to transfer the call, or for the caller to repeat information.

The following measures have been selected by participants of our stakeholder workshop that will help provide information on development of the 111 service.

This quality measure will report on the following items, giving comparable data, where possible:

- + total number of calls abandoned;
- + number of calls answered within 60 seconds;
- + provision of interpretation service/ appropriate provision where required within 15 minutes of initial contact;
- + front line staff and advisers to have received training on safeguarding issues for adults and children to an appropriate level;
- + percentage of answered calls transferred to 999;
- + percentage of patients advised to attend Accident and Emergency Department;
- + number of calls warm transferred to NHS 111 service where a clinician is required;
- + number of calls where the time taken for a clinical adviser call back is less than 10 minutes.

+ **Patient Survey**

- In order to ensure continual development of the 111 service in the SECamb area, a process for surveying patient satisfaction has been produced. This will allow for review of services to measure satisfaction of service users.

Feedback will be collected from at least 400 service users per year and will be undertaken quarterly in June, September, December and March with reporting to the Commissioners provided bi-annually by 10 November and 10 May for the preceding two surveys. The survey may be undertaken by post, phone or electronically and should be collected approximately two weeks after the patient or service user has contacted 111.

+ **Feedback**

- Feedback from patients and other non-healthcare professional service users will be collected via the existing PALS, complaints and compliments process.

Current status

There are two contact centres providing the 111 service across the SECamb area and these are located in Ashford, Kent and Dorking, Surrey. Between the two centres it is estimated that the call operators will take a total of 1.3 million calls per annum. The call operators employed to deliver the NHS 111 service are trained in the use of NHS Pathways. The contact centres have a mix of Health Advisors, Nurses, Paramedics and GPs.

The NHS 111 service operates differently to 999 call-taking, in that it not only uses NHS Pathways⁴ but also other information sources to access health information advice and utilises the Directory of Services (DoS) to manage predetermined care pathways.

⁴ NHS Pathways is an advanced triage system containing hundreds of interlinked clinical questions which are arranged into complex symptom based flows or 'Pathways' and is linked to the Directory of Services, meaning ambulance clinicians are able to link in to a wide range of health and social care services as required. NHS Pathways provides safe and effective clinical decision support to specially trained call handlers and clinicians who provide telephone assessment and advice to the public.



Benchmark data is not yet available, however performance measures are summarised as follows:

KMSS NHS 111 Quality and Performance Indicators		Target
Engaged Calls (NQR8)	Total Number of calls engaged	<0.1%
Answer time (NQR8)	Total Number of Calls Abandoned	<5%
Call waiting time (NQR 8)	Number of calls answered within 60 seconds	>95%
Meeting individual needs (NQR13)	Provision of interpretation service/ appropriate provision where required within 15 minutes of initial contact	100%
Safeguarding (LQR2)	Frontline staff and Advisors training in recognition of safeguarding issues for adults and children to an appropriate level	100%
Transfer to 999 (LQR5)	Percentage of answered calls transferred to 999	<10%
Attend Accident and Emergency Department (LQR6)	Percentage of patients advised to attend Accident and Emergency Department	<5%
Warm Transfers (LQR7)	Warm Transferred to NHS 111 service where Clinician required	98%
Time taken for call back (LQR10)	Time taken for call back <10 minutes	100%

How we are going to drive improvements to this quality measures during 2013/14

As we enter 2013/14 financial year, public awareness and understanding of the NHS 111 service through the media and promotion will increase, as will the systems, standards and methods employed within the NHS 111 process. Efficiency will increase as the service providers (SECamb and Harmoni) are able to offer a more comprehensive service to the public who will, in turn, use the service relative to the patient’s current condition. Weekly and monthly performance meetings will be used to drive continuous quality improvements.

Output measure for year ending March 2014

Provision of an effective single point of contact for access to urgent care across Kent, Medway, Surrey and Sussex. It is anticipated that this will result in an increased use of alternative pathways in preference to 999 and A&E.

Name of Board Sponsor

Geraint Davies, Director of Commercial Services

Name of Implementation Lead

Anouska Adamson-Parks, 111 Programme Director

Quality Domain: Patient Experience

3.1.3 Quality Measure C: To improve the experience of those patients who call SECAmb via 999 and their satisfaction with the service provided

Description

2012/13 saw some changes to the way that SECAmb manages its patients. These changes range from the deployment of Paramedic Practitioners, the introduction of 111 and the creation of the IBIS database system which provides SECAmb with additional information about the patient to pass to the attending clinician.

One of SECAmb's clinical quality indicators (CQIs) is to safely and appropriately increase the number of ambulance calls closed with telephone advice (Hear and Treat) or managed without the need to transport patients to a conventional A&E department. This will lead to an improved experience for more patients (nobody wants to go to hospital unless they have to) as well as a reduction in the number of people attending A&E, freeing up hospitals to deal more efficiently with those patients who require hospital treatment.

These alternative care pathway options will include treatment by a SECAmb Specialist Paramedic with the appropriate care at or closer to the patient's home.

However, in some cases other healthcare options may be more appropriate. These might include:

- + advice or signposting from a clinical telephone adviser in the Emergency Operations Centre (known as Hear and Treat); or
- + referral – either by the clinical telephone adviser or by the clinician who attends the patient - to another healthcare professional, such as a GP, respiratory nurse, diabetes nurse specialist; referral to a mental health team, social worker, walk-in centre, pharmacy etc.

Overall we are certain that the introduction and development of these systems will lead to more appropriate care for patients (the 'right care, right place, right time' ethos), but we want to ensure that the expectations of patients and carers are met and to be able to demonstrate that their experience is improved as a result, thus including this as a quality measure in our Quality Account.

Current status

Two patient surveys were carried out during 2012/13, surveying those patients whose emergency call had been resolved with clinical telephone advice or managed without transport to A&E. The surveys were undertaken using data from June and November 2012, where both surveys showed an overall satisfaction level of 93%, however action plans from both surveys were implemented for areas requiring improvement.

These surveys were also linked to our 2012/13 CQUIN plan and have an overarching patient experience theme “responsiveness to personal needs of patients”.

How we are going to improve this quality measure during 2013/14

At the Quality Account Workshop held in February 2013, participants confirmed that while they were pleased with the results of our survey of patients who were provided with telephone advice or who we attended but did not convey to hospital, they would like to know how satisfied ALL types of SECamb patients are. Therefore in 2013/14, in addition to surveying patients receiving telephone advice and patients who are not conveyed to hospital, we will also undertake to survey patients who are conveyed to hospital and patients who are conveyed to a facility other than a traditional A&E department.

This survey will provide valuable feedback about the impact of some of our new systems on the experience and expectation of SECamb’s patients and callers. This will help us to determine how these systems can be improved as a result, in order to enhance both the treatment provided and the patient’s overall experience.

Output measure for year ending March 2014

From the 2013/14 survey we will be able to compare the satisfaction levels of ‘Hear and Treat’ and ‘non-conveyed’ patients with those of the previous two years (92% and 93%), aiming to match or surpass these.

The survey of the new cohorts of patients will provide us with a baseline towards the beginning of the year from which to work on improvements as the year progresses.

Name of Board Sponsor

Professor Kath Start, Director of Workforce and Chief Nurse

Name of Implementation Lead

Louise Hutchinson, Patient Experience Lead

Quality Domain: Clinical Effectiveness

3.1.4 Quality Measure D: To monitor the IBIS system so that those patients with long-term conditions (LTC) are able to be provided with the best possible care by attending ambulance crews

Description

As community care has developed, opportunities to care for patients in or closer to their home environment, instead of in a hospital, have increased. This is particularly true for patients with long-term conditions such as diabetes, heart failure, or respiratory problems. However, if one of these patients calls 999, ambulance clinicians often only see the patient’s immediate condition, without the context of their long-term health details. This limits the scope for the clinician about whether or not the patient needs to go to hospital or could receive care within the community.

IBIS assists with the above by recording, on a database held by SECAmb, information on patients with long-term conditions. If an ambulance is sent to a patient who is registered on IBIS, the crew will be notified via either the mobile data terminal (MDT) in the vehicle or airwave radio. The attending crew can then telephone the EOC for further details regarding the patient's on-going care needs; in particular what is deemed normal for that patient in context to their disease progression (such as their "oxygen saturation" reading, which can be much lower in patients with certain conditions, but which is an acute sign in the rest of the population). At this point the crew will also be given the contact details of the health care team that has registered the patient on IBIS to discuss the most appropriate option. Should the call be out of hours, the attending crew will be directed to the health care team's preferred service provider.

Without IBIS, patients with long-term conditions are frequently taken to hospital when they could potentially be treated more effectively in or closer to their home environment, thus avoiding unnecessary admissions to A&E departments and improving their experience.

IBIS also records information about patients who are not taken to A&E. In the event of a patient not going to hospital, the crew contact an operator in EOC who enters the patient's details from the attending clinician and the information can then be promptly accessed by both SECAmb as well as primary care providers via urgent care dashboards. This is where GPs see where their patients present in the health economy outside of their surgery e.g. in A&E.

The effectiveness of IBIS in the care and management of patients with LTCs will be monitored using the following items, giving comparable data, where possible, from the previous year:

- + to increase the number of patients who are registered on IBIS and matched to a 999 call;
- + reduce the volume of conveyances for patients registered on IBIS;
- + to increase the number of non-conveyed IBIS patients coded as a percentage of all non-conveyed patients (disregarding exclusions);
- + to increase the number of falls notifications following a non-conveyance; and
- + to increase the number of GP summaries following intervention by a Paramedic Practitioner (PP).

Current status

Of the 47,821 patients eligible for coding 'not conveyed to hospital' between December 2012 to March 2013, SECAMB was able to capture details on 17,197 (35.96%).

In total, 1342 patients were matched on the IBIS system between 1 June 2012 and 31 March 2013, of which 42% required transporting to an A&E department. The 42% conveyance rate is lower than the 55.5% Trust managed conveyance rate performance, which excludes those patients where conveyance to A&E has been predetermined by a health care professional. IBIS reporting includes these incidents in order to identify all potentially avoidable conveyances. The output of IBIS is to ensure that those patients with known long term conditions, and which are often transported to A&E, are referred back to their care teams in the community so allowing a more patient focused pathway to affect the decision to convey or not.

The length of time that community clinical teams have been using IBIS varies across the SECAMB area and is reflected in the number of active users and the number of patients on IBIS. For the more established community clinical teams (defined here as those whose patients have generated 10 or more emergency call matches) we conveyed 42% of their patients to hospital, whereas the community clinical teams who have been using the system for a shorter period or have less patients (defined as those whose patients have had nine or fewer emergency call matches) we conveyed 36.6% of their patients to hospital.

These are very encouraging figures as the patients being managed are those with long term conditions and as such would have a greater chance of being transported to hospital. The reason for defining the clinical community teams as above allows greater transparency against differing sample sizes. The overall aggregate conveyance rate for the whole IBIS cohort is 42% for the period 1 June 2012 to 31 March 2013.

Between 1 June 2012 and 31 March 2013 Paramedic Practitioners provided assistance to 4981 patients who had their details recorded by the IBIS system, of which 65.74% had a clinical summary of the PP visit sent to their GP.

How are we going to improve this quality measure during 2013/14

By increasing the efficiencies within the IBIS systems and ensuring that IBIS/EOC/Ambulance staff are aware of the appropriate method of recording the non-conveyance, it is expected that the percentage of non-conveyed patients captured by IBIS will increase from 35.96% to 60%.

By increasing the number of patients with long term conditions registered on IBIS, this will support unnecessary admissions to A&E with care being provided in the community.

Following a PP visit a clinical summary will be sent to the patient's GP. We have written to all GP practices in the region to request a secure email address in order to send summaries to. To date, we have over 85% email coverage, and will continue to engage with practices to increase this number further in order to enhance communication between PPs and GPs. During 2013/14 we will provide regular reports to Commissioners, as part of the CQUIN plan, with the aim of increasing the number of email addresses of GP practices registered on IBIS.

Output measure for year ending March 2014

It is expected that the percentage of non-conveyed patient details collected by the IBIS system will increase over the coming year to 60% of the total patients held by IBIS.

The aim for the IBIS system is to have several thousand patients registered on the system, to complement the 750 that are already registered. Information about patients on IBIS is supplied by their care team and it is hoped that all eligible partner providers will sign up to use IBIS during 2013/14.

Name of Board Sponsor

Professor Andy Newton, Consultant Paramedic & Director of Clinical Operations

Name of Implementation Lead

Andy Collen, Clinical Development Manager

Quality Domain: Clinical Effectiveness

3.1.5 Quality Measure E1: To improve the number of registered clinicians who attend those patients deemed to have a life-threatening condition at the time the 999 call was raised

3.1.5.1 Quality Measure E2: To monitor where a Paramedic Practitioner attends a patient through a PP referral and where that patient is subsequently transported to a hospital A&E department

Description

In 2012/13 SECAmb responded to 761,416 emergency calls – an increase of 10.5% on 2011/12. Of these, 611,455 calls resulted in an ambulance response, of which 265,988 (43.50%) were categorised to be either Red 1 or Red 2 i.e. life threatening and as such should be attended by a registered clinician (an increase of 0.56% on 2011/12).

During 2012/13, SECAmb introduced a change to the way that the Paramedic Practitioners (PP) were deployed to increase the impact they were able to have on the wider health economy by providing care closer to or at home.



In order to monitor and improve E1 and E2, the following have been chosen by our stakeholders to ensure the most appropriate clinical skills are allocated to these calls.

- + This quality measure will report on the following items, giving comparable data, where possible, from the previous year:
- + to increase the number of Red 1 and Red 2 responses where the patient is attended by a registered clinician. This is to be expressed as a percentage of the total volume of Red 1 and Red 2 responses; and
- + to express as a percentage the total PP referrals of those patients who were then subsequently transported to an A&E department.

Current status

The current percentage of Red 1 and Red 2 responses attended by a registered clinician is 85.50% of a total 265,988 response categorised as life threatening.

During 2012/13, 7077 Paramedic Practitioner (PP) referrals resulted in 10.20% of those patients attended by a PP as a referral being conveyed to an A&E department, compared with 10.42% in 2011/12. However, in 2012/13 twice the number of PP referrals were received compared with that of 2011/12, which in turn means more people were treated at or closer to home. We maintained this percentage with the introduction of the PP desk in EOC, which takes approximately 1000 calls per month from colleagues.

How we are going to improve this quality measure during 2013/14

SECamb has implemented initiatives to ensure that the most appropriately skilled clinician is able to attend and provide care to the population within the health economy. Three of these initiatives are:

+ *Front Loaded Service Model*

Included in SECamb's plans for 2013/14 is the implementation of key service developments which will see an increase in the number of registered clinicians first on scene. This is known as the "Front Loaded Service Model".

It is an ambitious plan that will ensure SECamb is able to build on the good practice and clinical services already provided, as well as further improve the quality of care that SECamb's population can expect from its ambulance service.

+ *Workforce Development*

During the last 30 years or so, the ambulance service has matured to become a highly complex mobile NHS health care provider. There are many areas that will need further development to meet the future challenges and investing in a workforce that is part of a professional body is essential to this challenge. This will mean we can be assured of providing high quality patient care and will be able to advance by developing a 'professional' workforce that is able to meet the challenges of autonomy and accountability in delivering care within their clinical scope of practice.

SECAmb plans to ensure that its paramedic workforce who qualified prior to the introduction of higher education awards is given the opportunity to develop to current graduate standards. This additional education centres around enhancing history-taking, physical assessment and clinical decision making. These skills provide paramedics with the ability to differentiate the needs of the patient most effectively and promote/support the correct care pathway; be that A&E or a referral within the community.

+ Paramedic Education

To enable SECAmb to face the challenges in the future, an education programme has been introduced that will provide under-graduate education. This will mean new Paramedics are educated to Foundation or Bachelor of Science Degree level and all new Paramedics are registrants on the Health and Care Professions Council.

Output measure for year ending March 2014

Quality Measure E1

During 2013/14 to ensure that the current level of registered clinicians attending patients with life-threatening conditions is maintained and then increased.

Quality Measure E2

During 2013/14 to ensure the consistency of the number of patients attended by PPs via a referral, together with associated A&E conveyance rate, is maintained as at the 2012/13 level.

Name of Board Sponsor

Professor Andy Newton, Consultant Paramedic & Director of Clinical Operations

Names of Implementation Leads

Sue Skelton, Head of Emergency Operations Centres
Andy Collen, Clinical Development Manager

4. Quality improvements made within SECAMB during 2012/13

4.1. IBIS (Intelligence Based Information System)

IBIS is a system SECAMB has developed which has two main functions:

- + the **clinical coding** aspect collects information for non-conveyed patients, which can be shared, collated and analysed, as well as providing the basis for clinical summaries to GPs and for falls referrals. The clinical coding will also provide an early alert for emerging frequent callers; and
- + the **case management** aspect allows patients with long-term conditions to be placed into IBIS and in the event of them calling 999 clinical information can be released to the crew to promote admission avoidance.

These two main functions are becoming embedded as part of operational activity.

Clinical coding of patients who are not conveyed to A&E is recorded on IBIS. There is a plan to increase clinical coding and this will involve enhancements to rota coverage, IBIS system development, first-person system access and improvements to communication systems.

Clinical coding also facilitates falls notifications electronically, and clinical summaries to GP practices by Paramedic Practitioners. Since May 2012, we have sent approximately 3000 falls notifications to falls services across the SECAMB region as we migrate from the fax based system previously used. SECAMB now has secure e-mail addresses for 80% of our GP practices, with over 2000 clinical summaries having been set up until March 2013.

The IBIS case management function allows community teams to register with SECAMB information about their patients with long-term conditions. In the event that the patient calls 999 the information held on IBIS, along with the contact information for their care team, is made available to the attending clinicians. The purpose of IBIS is to safely provide care closer to home for patients who are at risk of calling 999, but for who with the correct levels of information can be referred back to their community team without needing to go to A&E.

The IBIS patient cohort has made 1342 emergency calls to SECAMB between 1 June 2012 and 31 March 2013, resulting in only around 562 conveyances to A&E. This has saved over 200 conveyances to A&E and around 70 admissions.

IBIS has continued to develop during the last year and has been adopted by several providers across the region. This system is now used by the following providers:

- + community trusts (community nursing and therapies);
- + secondary care (supported reduction in readmission following discharge);
- + hospices; and
- + mental health trusts.

As at March 2013, SECAmb has 487 health professionals with IBIS user accounts, the majority of whom have now been trained to use the system. Training has been undertaken by a dedicated IBIS trainer, which became a requirement due to the number of requests received from users.

As at March 2013 nearly 800 patients have been registered on IBIS, and the organisations using IBIS are indicating that this number will increase significantly over the coming months.

4.2. Paramedic Practitioners (PPs) in Emergency Operations Centres (EOCs)

The PP desk in EOCs was introduced during 2012/13 and is currently taking approximately 1000 calls per month and arranges around 650 PP referrals. A PP referral is where a PP is dispatched to the patient in order to provide further assessment and treatment e.g. patients who need wound assessment and closure can be referred to a PP rather than transport them to A&E for treatment.

4.3. iStat Blood Gas Analysis

The evaluation of the iStat blood gas analyser (known as a near patient testing device) for Critical Care Paramedics (CCPs) and Paramedic Practitioners (PPs) has been on-going throughout 2012/13. The specific outcome of the iStat trial was that this device was unsuitable for pre-hospital use, although the results were extremely useful for a range of patient conditions.

As a result, the engagement with iStat was concluded and the trial machines returned to the supplier. However, SECAmb was made aware of a further multi-assay blood testing product "EPOC" which offered better usability in terms of its tolerance to movement and temperature ranges.

A trial was organised and two units successfully deployed to CCP teams in Brighton and Ashford. Positive feedback was received, with the units having a zero failure rate and the testing method easier to use. At the time of the evaluation there were some outstanding matters which required review by the manufacturer concerning intolerance to temperature changes and the sizes of cartridges. However the trial did successfully inform the utility of near patient testing for high acuity patients seen by CCPs, and the subsequent trial of the EPOC system was undertaken. The EPOC project will be continued later in 2013/14 once the CCPs have achieved competencies in arterial sampling which will allow further evaluation using the most appropriate sampling technique.

Therefore, whilst the trial was considered a success, it was concluded without moving to procurement with a view to revisiting in Q3 of 2013/14, by which time the picture will be clearer on the best way to move forward.

It is vital that SECamb invests in new technology which will provide value for money and enhance patient experience and outcomes. The fact that we did not immediately progress this project is testament to the rigour we apply to the introduction of clinical innovation.

4.4. HemoCue

During 2012/13 we entered into a detailed and comprehensive evaluation of the HemoCue near patient testing system for use by the PPs. We evaluated the White Blood Cell and Haemoglobin analysers; initially to prove the concept of operation. The machines received highly favourable results from the PPs and we are now undertaking a more detailed clinical evaluation to look at specific patient conditions.

4.5. Community First Responders (CFRs)

The Voluntary Services department had planned to recruit and train 120 CFRs during 2012/13 and install a further 100 Public Access Defibrillator (PAD) sites in the SECamb area.

The CFR target was exceeded by 110 and we installed 91 PADs during 2012/13, just short of our target of 100.

In April 2012 SECamb rolled out its new Foundation course for CFRs following a review of training received.

At present SECamb has 750 CFRs across 92 schemes, with 85 team leaders and 13 senior team leaders. Our records show that just over 62% of our CFRs are regularly available to respond, which is an improvement since April 2012 when the figure was 51%.

4.6. Research and Development (R&D)

Large scale changes in relation to the wider NHS research agenda are imminent and ambulance services need to be prepared, engaged and responsive to the demands they will encounter in the coming years. Paramedic research has grown rapidly over the last decade in the UK and it is important that ambulance trusts sustain these developments and capitalise on available opportunities to expand the evidence base underpinning Paramedic practice and the provision of out-of-hospital unscheduled and urgent health care services.

Research is considered as core business for all NHS trusts no matter the size and nature of the trust, and SECamb continues to develop a diverse research portfolio to ensure that its service users receive excellent clinical care grounded in best evidence.

However, expansion and development of research capacity and capability remains high on the agenda as SECamb needs to ensure that its staff are *research ready* in order to be responsive to the wider demands on research and innovation within healthcare.

4.6.1. Mechanical Chest Compression in Patients who are Unlikely to Survive (previously known as the LUCAS Trial)

This study aims to evaluate the use of mechanical chest compressions that may aid the survival of those patients who suffer the most severe cardiac arrests. The equipment being used to support this study is called the Lund University Cardiopulmonary Assist System (LUCAS²TM) and has been integrated into patient care by the Critical Care Paramedic teams across SECAmb's area.

During 2012/13 this study made steady progress although gaining the appropriate Research Ethics Committee permissions and subsequent acute trusts' R&D governance approvals was a slow process.

Ultimately the following hospitals were approved to participate in the study: William Harvey Hospital, Ashford, Kent; St George's Hospital, London; and St Peter's Hospital, Chertsey, Surrey and the study went live in 2012.

This study has not been without its challenges, as during the course of the study, general clinical developments were introduced within SECAmb enabling Critical Care Paramedics to use mechanical chest compression on any appropriate patient.

Therefore, whilst the clinical practices pertaining to the use of mechanical chest compression are being standardised throughout the Trust, this study has been temporarily suspended to assess what changes in protocol are required in order to apply for various external bodies' governance permissions. Once the relevant amendments have been agreed and the necessary permissions acquired, it is intended to re-commence the study.

4.6.2. Research with Heart Attack Patients Project (Efficacy and safety of pre-hospital vs. in-hospital initiation of Ticagrelor therapy in STEMI Patients planned for percutaneous coronary intervention)

Research with heart attack patients has been one of the milestones for SECAmb as this is the first portfolio adopted clinical trial that has been undertaken. This study focuses on patients having an ST segment elevation myocardial infarction (STEMI).

SECAmb is one of nine ambulance services in the UK participating in a randomised controlled trial to evaluate the efficacy and safety of pre-hospital vs in-hospital initiation of Ticagrelor (an oral, fast-acting platelet inhibitor) in patients with ST segment elevation MI (STEMI). The study is being undertaken in a total of 12 countries.

As identified last year, Paramedics in Hastings had been trained in the study procedures and during the last 12 months Paramedics in Eastbourne and Ashford have also participated in this study.

Since March 2012 the number of patients enrolled in this study within SECAmb are as follows:

Site reference 2803/Eastbourne = seven patients

Site reference 2804/Hastings = six patients

Site reference 2810/Ashford = six patients

The governance procedures for this trial are robust and the sponsors are satisfied with progress and the way in which it is being managed and monitored.

As a first clinical trial for SECAmb this study is a success in terms of research implementation, management and monitoring.

4.6.3. Transient Ischaemic Attack (TIA) Project (Evaluation of the ABCD2 score in pre-hospital assessment of patients with suspected Transient Ischaemic Attack (TIA): Pilot study)

In a joint research project between SECAmb and the University of Surrey, SECAmb is undertaking an evaluation study of the ABCD2 score in the pre-hospital assessment of patients with suspected Transient Ischaemic Attack (TIA).

This evaluation study is looking at the implementation of the ABCD2 score which has been widely implemented but has not yet been prospectively validated in the context of pre-hospital care. The objective of this study is to externally validate the ABCD2 score as a tool for identifying patients with suspected TIA, assessed by ambulance crews in the pre-hospital setting, who are at high risk of stroke within seven and 90 days.

The approvals and permissions processes for this study have required extensive investment of time from SECAmb.

Unfortunately this study has not yet been approved to commence and the approvals process is on-going. However, SECAmb is optimistic that this study will commence before May 2013.

4.7. Patient Transport Services (PTS)

During 2012/13 four PTS surveys were undertaken in Sussex, two in Kent and one in Surrey, with the questions having been set by our Commissioners. The key findings from these surveys are listed as follows:

- + average overall satisfaction has been at 90%+ for all counties;
- + survey response rates have been around the 40% level which is extremely good;
- + the 'mix' of patients is reflective of the mix of the community in terms of ethnicity, demonstrating that overall access appears to be available to all; and
- + problems with access to make bookings has been the main concern in Surrey and Sussex which we believe is due to the introduction of the Patient Transport Bureau in Sussex and Central Booking Service in Surrey.

The survey questions were not specific enough to obtain real evidence, therefore, we will be working with patient groups and Commissioners to undertake three patient surveys with more focused questions.

4.8. CQUIN (Commissioning for Quality and Innovation) Plan

CQUIN is a national framework for locally agreed quality improvement schemes. It makes a proportion of SECAmb's income conditional on the achievement of ambitious quality improvement goals and innovations agreed between Commissioner and SECAmb, with active clinical engagement. The CQUIN framework is intended to reward excellence, encouraging a culture of continuous quality improvement in all providers.

The SECAmb 2012/13 CQUIN Plan listed four goals (top level details can be found as follows):

- + Patient Experience
 - Improve responsiveness to personal needs of patients.
- + Reduction in emergency and unplanned admissions with long-term conditions
 - Involved the implementation of the case management system (IBIS), actions to support the use of alternative pathways and actions to improve the use of the NHS Pathways triage system and Directory of Services.
- + Increase skill mix in workforce
 - To increase the level of clinical skill in the service.
 - Clinicians in Emergency Operations Centre (EOC).
 - Increase clinical skill in attending patients to maximise clinical care and use of agreed pathways.

+ High Impact Innovation

- This indicator was to identify, plan and implement a programme to develop the relevant high impact innovations ready for the CQUIN gateway in 2013/14.
- "Digital by default" was the most relevant section of this Department of Health document for ambulance services, with the goal being to support the electronic transfer of data to GPs and community-based providers to minimise manual data entry and re-triage.

Section 5 entitled "CQUIN Framework" provides further detail on 2012/13.

4.9. Clinical Pathways

In 2012/13 the four Clinical Pathways of Percutaneous Coronary Intervention (pPCI), Stroke, Major Trauma and End of Life Care have all been the subject of much work with colleagues in both primary and secondary care.

With the major changes happening in the NHS there has been some movement of networks and systems and to this end pPCI and Stroke pathways will be incorporated into the work of Strategic Clinical Networks.

Trauma and End of Life Care will be managed through operational delivery networks though at this time it is uncertain as to the exact methods of operation until further guidance is issued.

24/7 pPCI has been fully established across the SECAmb area with only one secondary care provider using a dual site rota.

Work is ongoing to further reduce the call to balloon time to 120 minutes. Education sessions have been provided by one pPCI unit which have been very well received by staff and further sessions are planned.

Stroke care is now provided on a 24/7 basis by all of the acute trusts in the SECAmb area with the exception of one site. Out of hours this site is covered by an adjacent acute trust. Some sites use a face to face method of delivering stroke care and some use telemedicine (where the stroke physician is remote to the patient).

End of Life Care work has been progressing with much liaison with hospice and other care providers and commissioners to ensure that patients are given appropriate care and kept in their preferred place of care with support rather than going to an A&E department, which may not be the best place for them.

Awareness of adult 'Do Not Attempt CPR' (DNACPR) documentation has been a regular feature with our staff and there has been much dialogue with police forces and coroners officers about the management of expected death. Paediatric DNACPR has been an issue that is currently being progressed.

Trauma Networks have been operational in Surrey and Sussex for the last 12 months (Kent Network becomes operational in April 2013) and there has been a steady increase in the number of patients who are bypassed directly to a major trauma centre.

SECAmb has introduced various medications to assist in trauma cases, these being Ketamine (used by CCPs only) Paracetamol IV and Tranexamic Acid for Paramedic grade clinicians. SECAmb staff have presented cases of interest to network forums to share learning with multi-disciplinary colleagues. There has also been provision of a Trauma Support Desk staffed by Paramedics from the air ambulance who provide advice and direction for staff in cases of trauma.

4.10. Sustainability and Carbon Reduction

During 2012/13 SECAmb established an Environmental Legal Compliance Register indicating the status of our legal compliance with the full range of environmental legislation. The Trust conducted an environmental audit of a sample of our buildings in order to test compliance with relevant pollution, waste, water and dangerous substances legislation. This resulted in a series of recommendations supporting improvements to procedures and changes to certain working practices.

Training has been provided to the Estates, HART and Make Ready project management teams in respect of the highest environmentally sustainable and low carbon standards required to ensure that the environment performance of our buildings exceeds that which is achievable by accreditation to BREEAM standards alone.

SECAmb has worked with the Carbon Trust to develop a high level Carbon Management Plan. This has provided a framework within which the Trust has been able to prioritise actions and projects to reduce carbon emissions. A key element of this has been to identify a carbon emissions baseline, with the main components being fleet and estates.

During 2012/13 we have also developed a Climate Change Adaptation Plan in order to ensure that the Trust understands the challenges likely to be faced as a result of the changing climate in the South East Region. This plan will ensure that SECAmb takes the associated climate related actions required to safeguard the delivery of its service in the face of disrupted weather and climate change events in the future.

Complementing the above, work has commenced and is on-going with the Energy Saving Trust on their "Plugged in Fleet Initiative" to identify whether it is possible for SECAmb to integrate electric and hybrid electric vehicles into its fleet to further reduce carbon emissions.

4.11. Fleet Innovations

The Trust delivered some significant projects during 2012/13 in relation to the fleet replacement programme.

These included;

- + the procurement of 29 'modular' emergency ambulances, and the development of a Critical Care Paramedic (CCP) vehicle as a pilot;

- + large scale production and delivery of 85 multifunctional PTS vehicles to support the Surrey and Sussex contracts; and
- + the design build of two specialist major incident vehicles.

All schemes have been innovative in their own right, seeing the use of smart/ antibacterial components in vehicle technologies such as speed limiters and new construction methods. It is anticipated that this will see a reduction in Health Care Associated Infections (HCAIs) and a reduced carbon footprint.

4.12. Clinical Outcome-based Performance Indicators

Prior to 1 April 2011 SECAmb had been preparing for the new series of clinical quality indicators which replaced the Category B 19-minute national performance target. The indicators comprise two elements - Ambulance System Indicators (AmbSIs) and Ambulance Outcome Indicators (AmbOIs) and were implemented from 1 April 2011. The AmbSIs are reported monthly for the previous month and the AmbOIs are reported monthly but with a three-month lag on the month being reported.

In summary, the 11 clinical indicators include survival rates for people who collapse and stop breathing and the recovery rates of patients suffering from heart attacks and strokes (detailed below is a quick reference guide to the new indicators).

The indicators have been introduced by the Department of Health and developed jointly with the National Ambulance Directors of Operations group, the Ambulance Chief Executives group, Ambulance Medical Directors, Commissioners of Ambulance Services and National Clinical Directors for Urgent and Emergency Care.

The introduction of these new indicators will mean that ambulance trusts will not simply be measured on time alone but on how we treat patients and the outcomes of the treatment. These indicators have initially been implemented for benchmarking between trusts to identify outliers and potential good practice relating to outcomes.

What did this change mean to response targets?

Category A – The Category A 8-minute response and 19-minute response target remain the same. Calls requiring a defibrillator are classed Red 1 and all other life-threatening emergencies as Red 2.

Category C – Previous Category C and some Category B calls now become new Category C “green calls” and these will be sub divided into four categories with varying response requirements ranging from an ambulance arriving to telephone advice, depending on severity of the injuries.

Clinical quality indicators in brief

Outcome from acute ST-elevation myocardial infarction (STEMI)

- + This indicator will measure the outcome of those patients that suffer an out of hospital STEMI (a type of heart attack). Success of the STEMI management will be shown by the number of patients who survived against all those patients who suffered a STEMI expressed as a percentage.
 - For the period April to October 2012, SECamb reports that 89.2% of its patients with this condition received primary angioplasty within 150 minutes of the call for help. The national average was 88.2%.

Outcome from cardiac arrest – return of spontaneous circulation

- + This indicator will measure how many patients who are in cardiac arrest but following resuscitation have a pulse/heartbeat on arrival at hospital.
 - For the period April to October 2012, SECamb reports that 24.7% of its patients that had suffered a cardiac arrest had ROSC at arrival at hospital. The national average was 25.6%.

Outcome from cardiac arrest – survival to discharge

- + Following on from the second indicator, this will measure the rate of those who recover from cardiac arrest and are subsequently discharged from hospital.

- For the period April to October 2012, SECAmb reports that 5.8% of its patients who had suffered a cardiac arrest and arrived at hospital with ROSC, recovered to be discharged from hospital. The national average was 8.3%.
- South East Coast is below the national mean for both Survival to Discharge (All) and Survival to Discharge (Utstein). Survival to Discharge can vary greatly from month to month, largely due to small numbers. SECAmb will, however, be undertaking work to audit the clinical care against defined standards in the pre-hospital setting for patients experiencing cardiac arrest. We will also work with health care partners during 2013/14 to enable more information to be captured in regard to the patient journey post-handover at hospital.

Outcome following stroke for ambulance patients

- + This indicator will measure the time it takes from the 999 call to the arrival at a specialist stroke centre of FAST-positive patients, so that they can be rapidly assessed for thrombolysis.
- For the period April to October 2012, SECAmb reports that it transported 62.6% of these patients to a specialist stroke centre within 60 minutes. The national average was 64.9%.

Proportion of calls closed with telephone advice or managed without transport to A&E (where clinically appropriate)

- + Measure the number of patients effectively managed without the need for an ambulance response or onward transport to hospital.
- Last year (2012/13) SECAmb was able to provide telephone advice to 9.7% of its callers.

Re-contact rate following discharge of care (i.e. closure with telephone advice or following treatment at the scene)

- + This indicator will measure how many callers or patients call us back within 24 hours of the initial call being made.
- Last year (2012/13) 13% of SECAmb's patients who were given telephone advice re-contacted SECAmb; while 32.8% of the patients treated at scene without the need for transportation to hospital re-contacted SECAmb.

Call abandonment rate

- + This indicator will ensure that we are not having problems with people phoning 999 and not being able to get through.
- The call abandonment rate for SECAmb during 2012/13 was 3.5%.

Time to answer calls

- + This indicator will measure how quickly all 999 calls we receive are answered.
- SECAmb can report in 2012/13 the average (median) time to answer a call was three seconds.

Service experience

+ Two patient surveys were carried out during 2012/13, surveying those patients whose emergency call has been resolved with clinical telephone advice or managed without transport to A&E. The surveys were undertaken using data from June and November 2012, where both surveys showed an overall satisfaction level of 93%, however action plans from both surveys were implemented for areas requiring improvement.

Time to treatment by an ambulance-dispatched health professional

+ Time from call categorisation to arrival of health professional for life threatening (Category A) calls. The Category 'A' response that SECAmb provided (2012/13) was 77.9%.

Category A 8-minute response time

+ The table "Understanding the Changes" provides a guide as to how calls are categorised following the removal of the pre April 2011 Category 'B' performance targets.

Understanding the changes: at-a-glance guide

Call	999 call received and assessed by Emergency Operations Centre using AMPDS or NHS Pathways					
	Category A (Red)		Category C (Green)			
Assessment	Red 1 Life-threatening requiring defib All echo codes	Red 2 Immediately life-threatening All other category A	Green 1 Serious but non life-threatening Serious clinical needed	Green 2 Serious but non life-threatening Less serious clinical needed	Green 3 Non life-threatening Non-emergency	Green 4 Non life-threatening Non-emergency
Response	Face-to-face ambulance response		Face-to-face ambulance response	Face-to-face ambulance response	Telephone assessment a) Alternative pathway referral b) Upgrade to Red/Gren 1/2 c) Advice given and call closed	Telephone assessment a) Alternative pathway referral b) Upgrade to Red/Green 1/2 c) Advice given and call closed
Performance	Within 8 minutes of call received (19 minute transport standard)		Within 20 minutes of call received	Within 30 minutes of call received	Within 20 minutes of call received	Within 60 minutes of call received
	Quality of care given to the patient and the difference that made All patient care given will be now assessed using 11 new Clinical Quality Indicators - including outcome of cardiac arrest, ST elevation myocardial infarction, stroke, service experience and telephone advice given - to measure type, quality and outcome of treatment					

5. Statement of Assurance relating to quality of NHS services provided

(Red text relates to the Quality Report data requirements)

The information below is as the prescribed schedule as in the Quality Account Regulations and NHS Foundation Trust Annual Reporting Manual for 2012/13 that SECAmb is required to declare.

Statements of Assurance from the Board

Information on the Review of Services

During 2012/13 SECAmb provided three and sub-contracted 18 NHS services.

SECAmb has reviewed all the data available to them on the quality of care in all 21 of these relevant health services.

The income generated by the relevant health services reviewed in 2012/13 represents 5.3%⁵ of the total income generated from the provision of relevant health services by SECAmb for 2012/13.

Clinical Audits

During 2012/13 four national clinical audits and one national confidential enquiries covered relevant health services that SECAmb provides.

During 2012/13 SECAmb participated in 100% (one hundred per cent) national clinical audits and 100% (one hundred per cent) national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that SECAmb was eligible to participate in during 2012/13 are as follows:

- + Clinical Performance Indicators;
- + Clinical Indicators subset of Ambulance Quality Indicators;
- + Myocardial Infarction National Audit Programme (MINAP);
- + National Research Asthma Deaths (NRAD); and
- + Sentinel Stroke National Audit Programme (SSNAP).

The national clinical audits and national confidential enquiries that SECAmb participated in during 2012/13 are as follows:

- + Clinical Performance Indicators;
- + Clinical Indicators subset of Ambulance Quality Indicators;
- + Myocardial Infarction National Audit Programme (MINAP);
- + National Research Asthma Deaths (NRAD); and
- + Sentinel Stroke National Audit Programme (SSNAP)

⁵ 5.3% represents sub contracted services (relevant health services) as a proportion of total services provided.

The national clinical audits and national confidential enquiries that SECAmb participated in, and for which data collection was completed during 2012/13, 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:

- + Clinical Performance Indicators (100%);
- + Clinical Indicators subset of Ambulance Quality Indicators (100%);
- + Myocardial Infarction National Audit Programme (MINAP) (100%);
- + National Research Asthma Deaths (NRAD) (100%); and
- + Sentinel Stroke National Audit Programme (SSNAP) Data collection not yet requested.

The reports of four national clinical audits were reviewed by the provider in 2012/13 and SECAmb intends to take the following actions to improve the quality of healthcare provided:

- + withdrawn pre-hospital thrombolysis except for CCP vehicles and as a contingency in severe weather conditions etc;
- + delivering the best care to patients suffering from an Acute Myocardial Infarction; and
- + delivering the best care to patients suffering a stroke.

The reports of nine local clinical audits were reviewed by the provider in 2012/13 and SECAmb intends to take the following actions to improve the quality of healthcare provided:

- + individual action plans have been set against each area for service improvement to advance patient care and improve clinical quality.

Clinical Research

The number of patients receiving relevant health services provided or sub-contracted by SECAmb in 2012/13 that were recruited during that period to participate in research approved by a research ethics committee was 19.

CQUIN Framework

A proportion of SECAmb income in 2012/13 was conditional upon achieving quality improvement and innovation goals agreed between SECAmb and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2012/13 and for the following 12 month period are available online at: http://www.monitor-nhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/_openTKFile.php?id=3275

Quality Report: An additional 2.5% of income in 2012/13 for CQUIN schemes was available which totalled £3,500k. The goals were around Patient Experience (0.20% - £280k); Case Management (0.35% - £490k); Use of Alternative Pathways (0.65% - £910k); Utilising NHS Pathways Triage and Directory of Services (0.50% - £700k); Increased Skill Mix in EOC (0.40% - £560k); Increase Skill Mix at Scene (0.20% - £280k) and High Impact Innovations – Digital by Default (0.20% - £280k).

Due to the complexity of the programme, quarterly targets included a reliance on other parts of the local health economy to deliver elements of the above schemes. Unfortunately, these elements did not all materialise during 2012/13.

2012/13 CQUIN income = £1,295,000. (In 2011/12 the financial payment for CQUIN was £1,847,000).

For 2013/14, SECAmb is working with Commissioners to set achievable CQUIN targets which can deliver benefits to the wider health economy over future years.

Care Quality Commission

SECAmb is required to register with the Care Quality Commission and its current registration status is registered without conditions.

The Care Quality Commission has not taken enforcement action against SECAmb during 2012/13.

SECAmb has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

Quality of Data

SECAmb did not submit records during 2012/13 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

SECAmb Information Governance Assessment Report overall score for 2012/13 was 70% and was graded RED on the IGT grading scheme.

SECAmb was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission. (Payment by Results does not currently apply to services provided by Ambulance Trusts).

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

- + develop improvement plan for IG training 2013-14;
- + implementation of the Southern Region procurement programme for electronic Patient Clinical Record (ePCR);
- + on-going Development and Review of automated data collection systems; and
- + peer Review of Data Submissions to DH, with other Ambulance Services.

Core Indicators (new requirement for 2012/13)

The following indicators are a new addition to the Quality Account/Report and have been recommended by the National Quality Board for inclusion. The intention is that Trusts will be required to report on:

- + their performance against these indicators;
- + the national average;
- + the highest and lowest NHS Trusts; and
- + a supporting commentary which may explain variation from the national average and any steps taken or planned to improve quality.

Prescribed Information – Reporting Period 1/4/12 – 31/3/13	Formal Statement	Performance Data 1/4/12 – 31/3/13	Related NHS Outcomes Framework Domain
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of Category A telephone calls (Red 1 and Red 2 calls) resulting in an emergency response by the trust at the scene of the emergency within 8 minutes of receipt of that call during the reporting period.	<p>The South East Coast Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons - in line with the guidance issued in the National Operating Framework Technical Guidance 2012/13.</p> <p>The South East Coast Ambulance Service NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by the detailed planning of resources in line with predicted demand.</p>	<p>SECAMB performance = 77.9%</p> <p>The National Average = 75.5%</p> <p>Highest and Lowest = 77.9% and 70.6%</p>	<p>Domain 1: Preventing People from dying prematurely</p> <p>Ambulance Trusts (Ref 14)</p>
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of Category A telephone calls resulting in an ambulance response by the trust at the scene of the emergency within 19 minutes of receipt of that call during the reporting period.	<p>The South East Coast Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons - in line with the guidance issued in the National Operating Framework Technical Guidance 2012/13.</p> <p>The South East Coast Ambulance Service NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by the detailed planning of resources in line with predicted demand.</p>	<p>SECAMB performance = 97.3%</p> <p>The National Average = 96%</p> <p>Highest and Lowest = 98.2% and 91.9%</p>	<p>Domain 1: Preventing People from dying prematurely</p> <p>Ambulance Trusts (Ref 14.1)</p>

Prescribed Information – Reporting Period 1/4/12 – 31/3/13	Formal Statement	Performance Data 1/4/12 – 31/3/13	Related NHS Outcomes Framework Domain
<p>The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction who received an appropriate care bundle from the trust during the reporting period.</p>	<p>The South East Coast Ambulance Service NHS Foundation Trust considers that this percentage is as described for the following reasons; the lower than anticipated performance is largely due to difficulties associated with robust capture and extraction of data from paper care records, rather than concerns in regard to the actual clinical care delivered to our STEMI patients.</p> <p>The South East Coast Ambulance Service NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, and intends to move to an electronic patient record within 12-18 months, but will in the interim deliver an annual programme of clinical audit education and awareness to clinicians; develop a clinical record quality monitoring tool for Clinical Team Leaders; and share outcome data to progress the quality of services offered within the NHS.</p>	<p>SECAmb performance (Apr-Oct 12) = 76.3%</p> <p>The National Average = 77.7%</p> <p>Highest and Lowest = 93.5% and 67.8%</p>	<p>Domain 1: Preventing People from dying prematurely</p> <p>Domain 3: Helping people to recover from episodes of ill health or following injury</p> <p>Ambulance Trusts (Ref 15)</p>
<p>The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients with suspected stroke assessed face to face who received an appropriate care bundle from the trust during the reporting period.</p>	<p>The South East Coast Ambulance Service NHS Foundation Trust considers that this percentage is as described for the following reasons; the lower than anticipated performance is largely due to difficulties associated with robust capture and extraction of data from paper care records, rather than concerns in regard to the actual clinical care delivered to our stroke patients.</p> <p>The South East Coast Ambulance Service NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, and intends to move to an electronic patient record within 12-18 months, but will in the interim deliver an annual programme of clinical audit education and awareness to clinicians; develop a clinical record quality monitoring tool for Clinical Team Leaders; and share outcome data to progress the quality of services offered within the NHS.</p>	<p>SECAmb performance = 90.2%</p> <p>The National Average = 95.5%</p> <p>Highest and Lowest = 100% and 90.2%</p>	<p>Domain 1: Preventing People from dying prematurely</p> <p>Domain 3: Helping people to recover from episodes of ill health or following injury</p> <p>Ambulance Trusts (Ref 16)</p>



Prescribed Information – Reporting Period 1/4/12 – 31/3/13	Formal Statement	Performance Data 1/4/12 – 31/3/13	Related NHS Outcomes Framework Domain
<p>The data made available to the NHS trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the trust “responsiveness to the personal needs of its patients” during the reporting period.</p>	<p>The South East Coast Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons – two non-conveyed patient surveys undertaken.</p> <p>The South East Coast Ambulance Service NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by implementation of action plans following each survey.</p>	<p>SECAmb performance = 93% overall satisfaction rate in both surveys</p>	<p>Domain 4: Ensuring that people have a positive experience of care</p> <p>Ambulance Trusts (Ref 20)</p>
<p>The data made available to the NHS trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends.</p>	<p>The South East Coast Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons – question included within staff survey.</p> <p>The South East Coast Ambulance Service NHS Foundation Trust intends to take/has taken the following actions to improve this percentage, and so the quality of its services, by: staff survey results shared widely; staff survey summit being planned for June 2013, with summit to review and ‘test’ results for 2012; will agree five priority areas to focus on in 2013; mini action plans to be developed, with lead identified for each; progress to be monitored and reported through appropriate groups.</p>	<p>SECAmb Response Rate = 49% (54% agreed or strongly agreed with being happy to recommend the trust as a provider of care to friends/family)</p> <p>The National Average Response Rate = 42%</p> <p>Highest and Lowest Response Rates = 58% and 32%</p>	<p>Domain 4: Ensuring that people have a positive experience of care</p> <p>All trusts (Ref 21)</p>

Prescribed Information – Reporting Period 1/4/12 – 31/3/13	Formal Statement	Performance Data 1/4/12 – 31/3/13	Related NHS Outcomes Framework Domain
<p>The data made available to the NHS trust or NHS foundation trust by the National Reporting and Learning Service (NRLS) with regard to the number and, where available, rate of patient safety incidents that occurred within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.</p>	<p>The South East Coast Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons:</p> <p>The NRLS have reported that directly comparing the number of reports received from organisations with other ambulance organisations can be misleading as ambulance organisations can vary in size and activity. The NRLS are currently looking into ways to make comparisons across this cluster more effective.</p> <p>It is therefore advised that comparisons drawn within this report should not be used as a basis for assurance.</p> <p>The South East Coast Ambulance Service NHS Foundation Trust intend to take the following actions to improve this number and so the quality of its services, by ensuring that employees are encouraged to report ALL incidents which relate to patient safety which may mean an increase on reported numbers in subsequent reports. This may not mean the Trust is less safe but rather that it is reporting more no harm or low harm incidents. In addition we have identified that Serious Incidents have not previously been included in the NRLS figures and as some of them relate to severe harm or death it is likely that this category will also increase in the next report.</p>	<p>Dataset for reporting period 01/04/12 – 30/09/12 published by NRLS in March 2013.</p> <p>SECAmb total number of incidents occurring = 237</p> <p>Total number of incidents that resulted in severe harm or death = 1</p> <p>Percentage of incidents that resulted in severe harm or death = 0.4%</p> <p>The National Ambulance Cluster Average total number of incidents occurring = 214</p> <p>Highest = 452 Lowest = 63</p> <p>The National Ambulance Cluster average number of incidents that resulted in severe harm or death = 3</p> <p>Highest = 13 Lowest = 0</p> <p>The National Ambulance Cluster average percentage of incidents that resulted in severe harm or death = 2.1%</p> <p>Highest = 7.1% Lowest = 0%</p>	<p>Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm.</p> <p>All Trusts (Ref 25)</p>

Part 3 (Footnote 6)

6. Review of Quality Performance

This section provides an overview of the quality of care offered by SECAmb on performance in 2012/13 against indicators selected by the Board in consultation with stakeholders, with an explanation of the underlying reason(s) for selection.

6.1. Patient Safety Indicators

6.1.1. Serious Incidents Requiring Investigations (SIRIs)

SECAmb has adopted the National Framework for Reporting and Learning from Serious Incidents Requiring Investigation (SIRIs). This framework was issued by the National Patient Safety Agency, in consultation with the Primary Care Trusts (PCTs), Strategic Health Authorities (SHAs) and other related organisations and stakeholders.

Every SIRI is investigated to identify the root causes, learning outcomes and develop action plans for implementation which will prevent, as far as practicably possible, similar incidents recurring. We provide our commissioned Primary Care Trust (PCT) with regular updates on the investigation process and our findings are presented to them and/or the SHA on completion of the investigation. It is only with the PCT and/or SHA approval of our investigation that a SIRI can be closed. The reporting groups will be changed from April 2013 to reflect the reorganisation of the NHS.

Within SECAmb we continuously monitor SIRIs, both at a local and Committee/ Board level. We look for trends within the incidents, ensure root causes are mitigated, improvements are implemented and learning is shared.

The following information has been collated from our SIRI management database and our current incident reporting system (DATIX).

1 April 2012 to 31 March 2013	
Ambulance (General)	19
Ambulance Accident – RTC	2
Ambulance Accidental Injury	1
Ambulance Delay	2
Confidential Information Leak	2
Drug Incident (General)	4
Other	1
Total number of SIRIs investigated	31

Figure 2: Number of Reported SIRIs (April 2012 to March 2013)

1 April 2011 to 31 March 2012	
Ambulance (General)	18
Ambulance Accidental Injury	1
Ambulance Delay	8
Confidential Information Leak	4
Drug Incident (General)	2
Hospital Transfer Issue	3
Other	3
Total number of SIRIs reported	39

Figure 3: Number of Reported SIRIs (April 2011 to March 2012)

⁶ PART 3 = Other information (NHS Foundation Trust Annual Reporting Manual 2012/13)

6.1.2. Medication Errors

Correctly medicating patients is one of the essential elements of ensuring patient safety and wellbeing. The administration of the correct drug type, the correct dosage and the correct method of administration is vital, together with the ability to identify and recognise any contra indications associated with drugs. The administration of drug types is bound by the scope of practice of each operational role. For example, Paramedic Practitioners are able to administer a wider range of drugs than Technicians, because they are more highly qualified and trained.

The Trust was inspected by the Care Quality Commission (CQC) in February 2013 where they identified that medicines were being administered appropriately by clinical staff, however it was identified that the Trust did not always follow its own policies and procedures regarding the arrangements for obtaining, recording and storage of medicines. As a consequence the CQC assessed that we were unable to satisfy them that we met the standard for the management of medicines and an action plan to address this shortfall will be monitored by the CQC.

Where medication errors do occur the most common circumstances are incorrect drug doses and incorrect drug types. SECamb monitors both of these types of incident to ensure that mitigation is enabled before trends begin to develop. We also have a culture of shared learning which allows the learning outcomes of incidents to be highlighted (anonymously) across the Trust.

The information in figures 4 and 5 has been collated from SECamb's Incident Reporting system (DATIX) and is based on clinical patient safety incidents, both actual and near miss.

2012 -2013	Incorrect drug dose administered	Incorrect drug type	Totals per month
April	2	0	2
May	2	1	3
June	2	0	2
July	0	1	1
Aug	0	0	0
Sep	4	0	4
Oct	0	1	1
Nov	1	0	1
Dec	0	1	1
Jan	0	3	3
Feb	0	1	1
Mar	0	0	0
Total	11	8	19

Figure 4: Medication Errors (April 2012 to March 2013)



2011 – 2012	Incorrect drug dose administered	Incorrect drug type	Totals per month
April	1	2	3
May	1	0	1
June	0	0	0
July	0	2	2
Aug	0	2	2
Sep	3	0	3
Oct	0	1	1
Nov	0	1	1
Dec	0	1	1
Jan	0	0	0
Feb	3	1	4
Mar	2	0	2
Total	10	10	20

Figure 5: Medication Errors (April 2011 to March 2012)
(Updated from previously published figures due to receipt of additional reports)

6.1.3. Number of Patient Safety Incidents

Patient safety is at the very core of SECAMB’s service and we make every effort to ensure and improve safe patient care, and to mitigate risks that may have a detrimental impact on our patients.

Patient safety incidents are recorded on our local incident reporting system (DATIX). All incident reports and their subsequent investigations are reviewed, where it is identified that an incident could have or did lead to harm for patients receiving NHS funded healthcare the National Reporting and Learning System (NRLS) are informed. The NRLS is provided with the details of the incident, the stage of care and the affect on the patient, such as degree of harm.

The Trust undertakes regular uploads to the NRLS to ensure that information is available in a timely manner however the process of identification and clarification can produce lead in times for upload who could lead to a temporary discrepancy in figures.

SECAMB has a private arm that provides staff and emergency vehicles for events and undertakes the transport of private patients who request transfers from hospitals, nursing homes, private homes and discharges. Patients under the care of SECAMB’s private arm are not receiving NHS-funded healthcare and as a result any patient safety incident that occurred during the course of this commercial contract would not be reportable via the NRLS.

Patient safety incidents that occur within the commercial arm of the Trust would however be reported and investigated internally via the Trust incident reporting system (DATIX). Within the financial year 2012/13 there have been no patient safety incidents categorised as occurring within the private arm of SECAmb.

Patient safety incidents are one of our risk management Key Performance Indicators and as such are reported at the Risk Management and Clinical Governance Committee, Central Health and Safety Working Group and Local Health and Safety Sub Groups. Benchmarking of these occurrences is undertaken in association with the National Ambulance Service Quality and Governance and Risk Directors (QGARD).

The information in figures 6 and 7 has been collated from SECAmb's incident reporting system (DATIX) and is based on both actual and near miss incidents.

1 April 2012 to 31 March 2013	
Patient safety incident: Clinical	351
Patient safety incident: Non Clinical	101
Totals:	452⁷

Figure 6: Number of Patient Safety Incidents (April 2012 to March 2013)

1 April 2012 to 31 March 2013	
Patient safety incident: Clinical	142
Patient safety incident: Non Clinical	64
Totals:	206

Figure 7: Number of Patient Safety Incidents (April 2011 to March 2012)

(Updated from previously published figures due to receipt of additional reports)

Following a trial period SECAmb introduced a new system of online incident reporting (DATIX Web) across the Trust in January 2012. The introduction of this electronic system allows Trust staff to describe the occurrence being reported and directly record whether it affected patient safety and the degree of harm (if any) it caused. This new system allows the clinician to decide whether it is a patient safety incident rather than a non clinical administrator in a central team. All these incidents are investigated by nominated managers and reviewed / approved by members of the Compliance department to ensure consistency and accuracy.

The introduction of this system and the associated training, publications and feedback to staff has encouraged the reporting of patient safety incidents. A significant increase in the reporting of no harm / near miss patient safety incidents has been associated with the introduction of this system; this has been encouraged by the Trust as a key feature of a strong incident reporting culture.

See section 7.2 for information regarding the degree of harm suffered as a result of patient safety incidents as reported to the National Reporting and Learning System (NRLS).

⁷ See second paragraph in section 6.1.3

6.2. Clinical Effectiveness Indicators

Clinical Performance Indicators (CPIs) are collected by all ambulance services in England. Four indicators are collected on a rolling cycle with each indicator being measured twice a year.

These indicators are underpinned by a number of metrics, and these have been refined and revised over successive cycles. Data is collected by individual Trusts and submitted to the National Ambulance Service Clinical Quality Group (NASCCQG). The performance of Trusts is then compared, and the final report for each cycle is published by the Group.

Data sampling is manual in SECAmb, based on scrutiny by the Clinical Audit department of individual patient clinical records (PCRs). The monthly sample size is 300 cases, and inclusion/exclusion criteria for each indicator are agreed nationally. Not all Trusts will have this number of cases of the indicator conditions, and the comparative data is adjusted for this.

Continual refinement of the indicators is essential to the on-going move to continually improve patient care.

As performance improves over successive cycles, a point is reached where clinically relevant improvement is no longer possible, and also if the focus remains the same, areas of greater potential improvement are at risk of de-emphasis by clinicians. In 2012/13, two new pilot conditions of febrile convulsion and trauma (below knee fracture) were introduced into the CPIs to replace the conditions of stroke and ST Segment Elevation Myocardial Infarction (STEMI) that are now reported as clinical quality indicators. The first cycles of these pilot conditions have been submitted and work continues at a national level to effectively measure these new indicators.

Living with long-term conditions is an important part of the South East Coast (SEC) wide health strategy and these are areas where SECAmb can make an impact on the broader health care economy as well as the lives of our patients, and for this reason the conditions of stroke, asthma and hypoglycaemia are again focussed on in this report.

6.2.1. Stroke: A common condition affecting predominantly a vulnerable population of patients: rapid recognition and transfer to appropriate care has a higher impact on mortality and morbidity, improving quality of life and reducing cost to the overall health economy. SECAMB has taken a leadership role amongst ambulance services in promoting recognition of stroke amongst our population and primary recognition in treatment by our staff. Our performance in the first two quarters of 2012/13 for getting FAST (**F**acial weakness, **A**rm weakness, **S**peech problems, **T**est all three) positive patients to treatment centres within 60 minutes of a face to face assessment is shown in figure 8 as follows.

FAST positive patients at receiving unit <60 mins

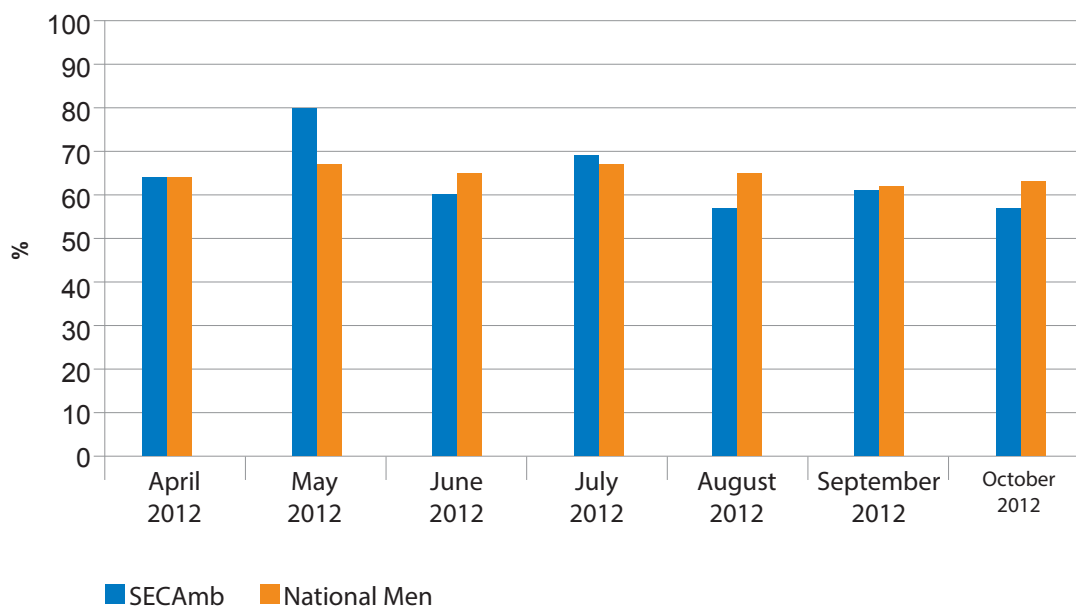


Figure 8: Stroke Care Data (April 2012 - October 2012)



6.2.2. Asthma: The indicators in figure 9 show SECAmb's performance for the last two completed cycles of audit against the elements of care delivered for patients suffering from asthma. A chronic disease with a significant impact on the predominantly younger population affecting their quality of life; rapid and appropriate treatment can ensure the patient can safely remain in the community and/or be rapidly transferred to secondary care where appropriate.

SECAmb Asthma Performance

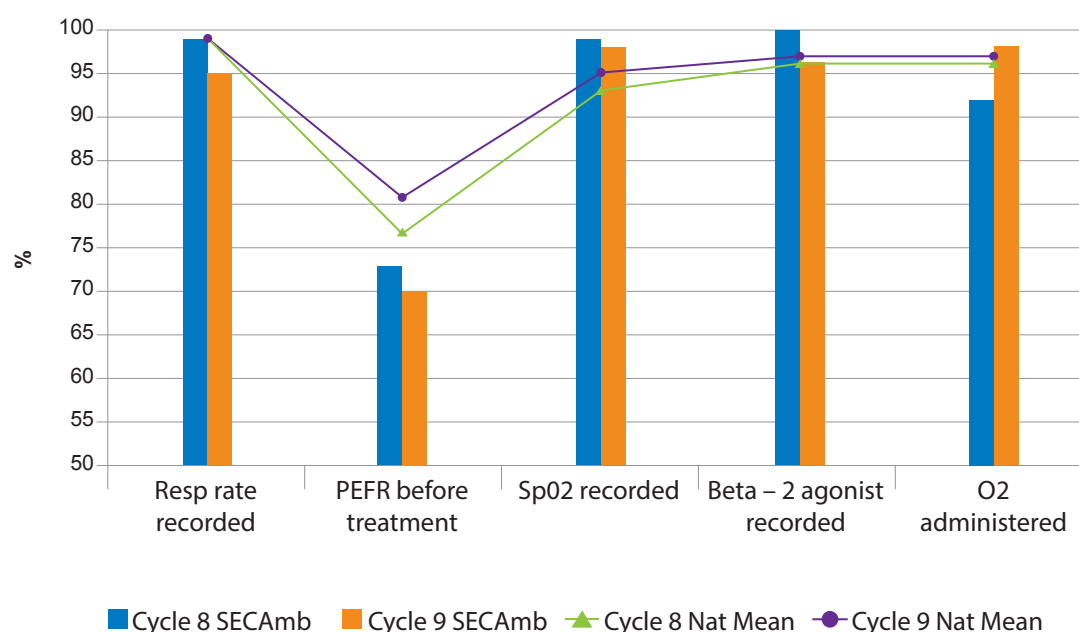


Figure 9: Asthma Data (February 2012 to July 2012)

6.2.3. Hypoglycaemia: The indicators in figure 10 show SECAMB's performance for the last two completed cycles of audit against the elements of care delivered for patients suffering from hypoglycaemia. Speedy treatment of this disease can allow patients to safely remain in a community setting and lead to a reduction in acute complications of hypoglycaemia and better control of diabetes, with a reduction in long-term morbidity and mortality. The indicator of 'direct referral made to an appropriate health professional' has been formally included since cycle 8 (see figure 10 as follows).

SECAMB Hypoglycaemia Performance

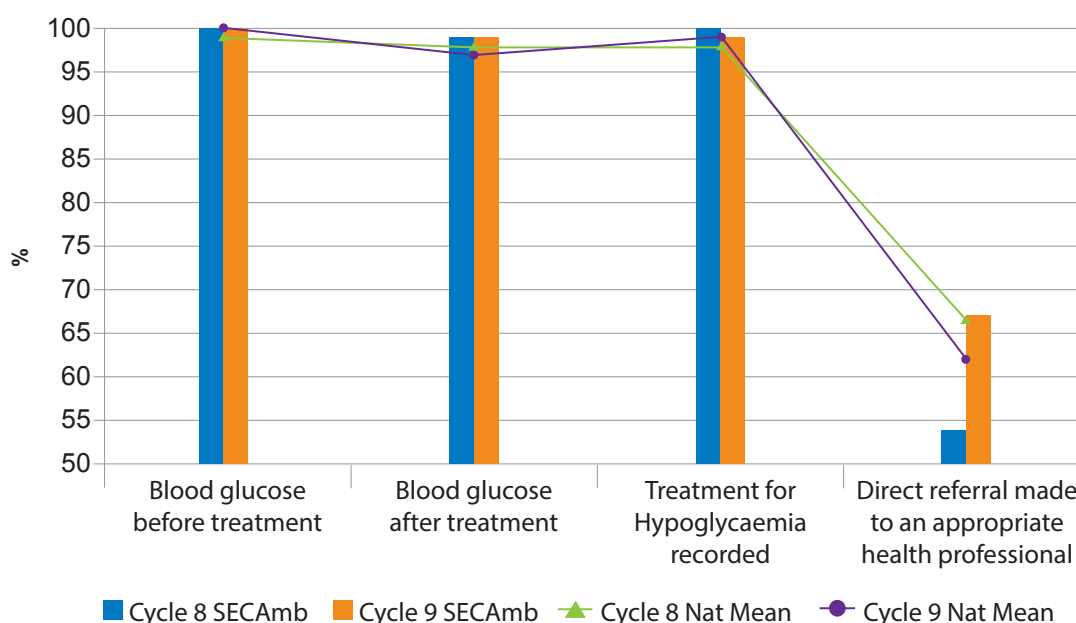


Figure 10: Hypoglycaemia (January 2012 to June 2012)

6.3. Patient Experience Indicators

6.3.1. Patient Advice and Liaison Service (PALS)

Our PALS team provides help and information for patients, their carers and relatives, other NHS organisations and the general public who have queries or concerns about SECAMB's care/services it provides. PALS also acts as a referral gateway to other local health and voluntary organisations and will signpost people to services appropriate to their needs.

In addition, PALS can assist those who wish to make a formal complaint by explaining SECAMB's complaints process and direct them to agencies who can provide support through the process, for example the Independent Complaints Advocacy Service (ICAS).

PALS serves as an early warning system for SECAMB, analysing statistics, discerning and monitoring any trends and reporting this data to the Risk Management and Clinical Governance Committee (RMCGC) and Compliance Working Group (CWG) every two months.

The RMCGC report is also shared at each public Board meeting, and is provided to our Commissioners at their Quality Focus meetings.

This information helps us to identify common themes and concerns that patients, their carers and families bring to PALS' attention, thereby providing an opportunity for SECamb to learn from patients' experiences and acting as a catalyst for improvement and change.

SECamb acknowledges the importance of an effective and efficient PALS service and recognises that PALS enquiries provide useful management information about service quality, reputation and staffing issues from the perspective of patients, their carers and the wider population.

During 2012/13 our PALS team handled 2133 enquiries, broken down as follows:

Enquiry Type	2012/13	2011/12
Administration	3	13
Communication issues	52	20
Information request	685	583
Lost property (Note: PALS no longer handle lost property issues)	113	426
Miscellaneous	100	71
Patient care	328	200
Issues raised by SECAMB staff	1	2
Concern about staff	322	308
Timeliness	217	134
Transport	312	76
Totals:	2133	1835

6.3.2. Compliments

People, including our staff, are often surprised to find that SECamb receives more letters and calls thanking our staff for the wonderful work they do ('compliments') than it does complaints.

Compliments are recorded on SECamb's DATIX database, alongside PALS contacts and formal complaints, ensuring both positive and negative feedback is captured and reported. This data then forms part of the report provided every two months to the Risk Management and Clinical Governance Committee (RMCGC), the Board and to the Commissioners Quality Focus meeting.

All compliments received are recorded, be they letters, cards or phone calls, and members of staff who receive plaudits from patients and the public then receive a letter of thanks from our Chief Executive.

During 2012/13 SECamb received 1318 compliments, thanking our staff for the treatment and care they provide. This represents a 25% increase over 2011/12.

Compliments are highly regarded by our staff and an important morale-booster, as well as providing a useful barometer of patient satisfaction.

Compliments	2012/13	2011/12
Totals:	1318	1051

6.3.3. Formal Complaints

It is a credit to SECAMB that it receives more letters and calls of thanks than it does formal complaints, however we do encourage people to let us know if they are not satisfied with our service for any reason. We want to know how people feel about the care we provide, as this valuable feedback helps us to learn and continually improve.

During 2012/13 we made over one million emergency responses and PTS journeys and received 349 formal complaints. Although the national target to respond to formal complaints within 25 days no longer exists, SECAMB continues to be committed to responding to as many as possible within this timeframe.

When a formal complaint is received a manager is appointed to investigate, who on most occasions will make arrangements to speak personally to everyone concerned, visiting complainants at home in many cases. On completion of every complaint, we consider whether we feel it was justified, part justified, unjustified or unproven. As this report was compiled, 275 of the 349 complaints for the year 2012/13 had been concluded, with outcomes as follows:

Complaint Outcome	2012/13	2011/12
Complaint justified	97	98
Justified in part	90	93
Complaint unjustified	58	66
Unproven	30	18
Totals:	275	275

Once an investigation is complete, a full explanation, along with an apology where appropriate, is sent by the Chief Executive to the complainant.

Both complaints and PALS concerns help us to identify areas where improvements to quality and services can be made and, wherever possible, steps are taken to implement changes as a result. We also ensure that this learning is disseminated throughout SECAMB.

We place great emphasis on learning from complaints and every effort is made to take all the steps necessary to help prevent similar situations recurring.

7. Assurance on Mandatory Performance Indicators

7.1 Response Times

7.1.1 Category A call – emergency response within 8 minutes (17) 75% 1.0 Quarterly

(SECAmb's performance for the year 2012/13 was 77.9% and for the last quarter 72.2%)

- + The aim is to improve health outcomes from ensuring a defibrillator and timely response to immediately life-threatening ambulance calls
- + **Category A call – emergency response within 8 minutes**
- + **Detailed descriptor**
 - Improved health outcomes from ensuring a defibrillator and timely response to immediately life-threatening ambulance calls.
- + **Data Definition:**
 - **Numerator:** The total number of Category A incidents, which resulted in an emergency response arriving at the scene of the incident within 8 minutes. A response within eight minutes means eight minutes zero seconds or less. (KA34 Line 03 Category A)
 - **Denominator:** The total number of Category A incidents, which resulted in an emergency response arriving at the scene. If there have been multiple calls to a single incident, only one incident should be recorded. (KA34 Line 02 Category A)

- **Category A incidents:** presenting conditions, which may be immediately life threatening and should receive an emergency response within 8 minutes irrespective of location in 75% of cases.
- The “clock stops” when the first emergency response vehicle arrives at the scene of the incident. A legitimate clock stop position can include the vehicle arriving at a pre-arrival rendezvous point when one has been determined as appropriate for the safety of ambulance staff in agreement with the emergency dispatch centre.

7.1.2 Category A call – ambulance vehicle arrives within 19 minutes (17) 95% 1.0 Quarterly

(SECAmb's performance for the year 2012/13 was 97.3 % and for the last quarter 96.5%)

- + Patient outcome can be improved by ensuring patients with immediately life-threatening conditions receive a response at scene which is able to transport the patient in a clinically safe manner, if they require such a response
- + **Category A call – ambulance vehicle arrives within 19 minutes**
- + **Detailed descriptor**
 - Patient outcomes can be improved by ensuring patients with immediately life-threatening conditions receive a response at the scene which is able to transport the patient in a clinically safe manner, if they require such a response.

+ **Category A call – ambulance vehicle arrives within 19 minutes**

+ **Detailed descriptor**

- Patient outcomes can be improved by ensuring patients with immediately life-threatening conditions receive a response at the scene which is able to transport the patient in a clinically safe manner, if they require such a response.

+ **Data definition**

- **Numerator:** The total number of Category A incidents, which resulted in a fully equipped ambulance vehicle (car or ambulance) able to transport the patient in a clinically safe manner arriving at the scene within 19 minutes of the request being made (KA34 Line 06 Category A)
- **Denominator:** The total number of Category A calls resulting in an ambulance able to transport the patient arriving at the scene of the incident (KA34 Line 05 Category A)
- **Category A incidents:** presenting conditions, which may be immediately life threatening and should receive an ambulance response at the scene within 19 minutes irrespective of location in 95% of cases.
- The “clock stops” when the first emergency response vehicle arrives at the scene of the incident. A legitimate clock stop position can include the vehicle arriving at a pre-arrival rendezvous point when one has been determined as appropriate for the safety of ambulance staff in agreement with the emergency dispatch centre.

7.2 Patient safety incidents reported in 2012/13

7.2.1 The National Reporting and Learning Service (NRLS) was established in 2003. It enables patient safety incident reports to be submitted from NHS organisations to a national database. This data is then analysed to identify hazards, risks and opportunities to improve the safety of patient care.

A patient safety incident is defined by the NRLS as ‘any unintended or unexpected incident(s) that could or did lead to harm for one or more person(s) receiving NHS funded healthcare’.

SECamb has reported 451 patient safety incidents to the NRLS during 2012/13. Each report includes an assessment of the grade of harm suffered as a result of the patient safety incident. 2.2% of SECamb’s patient safety incidents reported to the NRLS record the grade of harm as ‘severe’ or ‘death’.

Following investigation the grade of harm recorded may be adjusted to represent the increased understanding SECamb has gained into the nature of the patient safety incident, where this occurs the incident will be updated to the NRLS.

7.2.2 Patient safety incidents reported to the National Reporting and Learning System (NRLS) = 451

7.2.2.1 Indicator description

Patient safety incidents reported to the National Reporting and Learning Service (NRLS).

7.2.2.2 Indicator construction

The number of incidents as described above.

A patient safety incident (PSI) is defined as 'any unintended or unexpected incident(s) that could or did lead to harm for one or more person(s) receiving NHS funded healthcare'.

7.2.2.3 Indicator format

Whole number.

7.2.3 Safety incident involving severe harm or death = 2.2%

7.2.3.1 Indicator description

Patient safety incidents reported to the National Reporting and Learning Service (NRLS), where degree of harm is recorded as 'severe harm' or 'death', as a percentage of all patient safety incidents reported.

7.2.3.2 Indicator construction

7.2.3.2.1 Numerator: The number of patient safety incident recorded as causing severe harm / death as described above.

The 'degree of harm' for PSIs is defined as follows:

- **'severe'** – the patient has been permanently harmed as a result of the PSI, and
- **'death'** – the PSI has resulted in the death of the patient

7.2.3.2.2 Denominator: The number of patient safety incidents reported to the National Reporting and Learning Service (NRLS).

7.2.3.3 Indicator format

Standard percentage.

7.3 Audit Findings on Patient Safety Incidents

7.3.1 The Department of Health issued confirmation of a change to the audit requirements relating to standardising and mandating the local indicator for all Foundation Trusts. In 2011/12 NHS Foundation Trusts were asked to gain assurance – in the form of a private assurance report to the Board – over one local indicator which was selected by the Governors.

7.3.2 For the reporting period (2012/13) all Foundation Trusts, as a mandatory requirement, gained assurance in the number and where available, rate of patient safety incidents that occurred within SECAMB during 2012/13, and the percentage of such patient safety incidents that resulted in severe harm or death. This is instead, and not in addition to, the locally chosen Governors' indicator. The requirement for a private assurance report to the Board remains.

7.3.3 An indicator looking at patient harm and patient safety is consistent with the NHS Outcomes Framework 2012/13 and its purpose to "drive quality improvement and outcome measurement throughout the NHS by encouraging a change in culture and behaviour, including a stronger focus on tackling health inequalities".

It is also consistent with Monitor's duty to protect and promote the interest of people who use healthcare services, and it has the benefit that it is applicable to all Foundations Trusts (mental health, ambulance and acute).

7.3.4 The Auditors commenced an audit in March 2013. The scope of the audit was *"To evaluate the adequacy of risk management and control within the system and the extent to which controls have been applied, with a view to providing an opinion. Control activities are put in place to ensure that risks to the achievement of the organisation's objectives are managed effectively"*.

7.3.5 Below are the overall opinion rating and conclusion from the audit report.

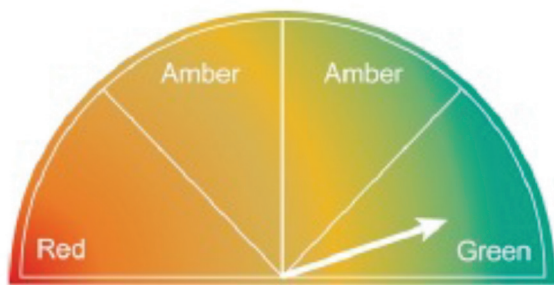
7.3.6 There are two recommendations of work to be carried out, as follows:

7.3.6.1 The Trust should submit all types of patient safety incidents to the NRLS in a timely manner in particular the Death & Severe Harm incidents.

7.3.6.2 The Death & Severe Harm patient safety incidents should be reflected in the Risk Management KPI report presented to the Risk Management and Clinical Governance Committee.

7.3.7 The above recommendations will be completed by the end of June 2013.

Overall Opinion



Conclusion

"Taking account of the issues identified, the Board can take substantial assurance that the controls upon which the organisation relies to manage this area are suitably designed, consistently applied and effective."

8. Statement of Directors' Responsibilities in respect of 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.

Monitor 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 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:

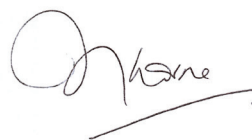
+ The content of the Quality Report is not inconsistent with internal and external sources of information including:

- Board minutes and papers for the period April 2012 to June 2013
- Papers relating to Quality reported to the Board over the period April 2012 to June 2013

- Feedback from the commissioners dated 22 May 2013
- Workshop with the governors took place on 21 February 2013 and subsequent feedback on the draft document was obtained April/May 2013.
- Workshop with LINKs/Local Healthwatch organisations took place on 21 February 2013 and subsequent feedback on the draft document was obtained April/May 2013
- The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 dated 5 July 2012
- The national patient survey (no routine national annual patient survey is required of ambulance services)
- The 2012 national staff survey – dispatched by 24 September 2012, closed 5 December 2012
- The Head of Internal Audit's annual opinion over the trust's control environment dated 15 May 2013
- CQC quality and risk profiles dated 6 March 2013.

- + 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; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor-nhsft.gov.uk/annualreportingmanual).

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



Chairman
29 May 2013



Chief Executive
29 May 2013

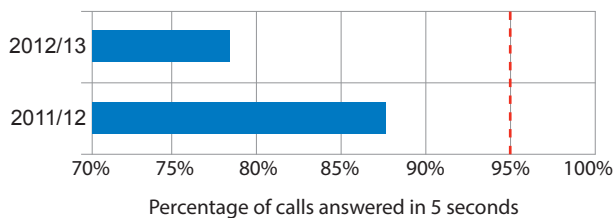
9. Overview of the patient journey/ experience during 2012/13

The following section describes SECAmb's performance against selected metrics which have been chosen to measure its performance against.

9.1. Taking the 999 Call

During 2012/13 SECAmb answered 78.28% of the 761,416 emergency calls it received in less than five seconds compared with the previous year of 87.61% (688,700 emergency calls), with the national target being 95%.

SECAmb Emergency Call Pickup Performance (target 95%)



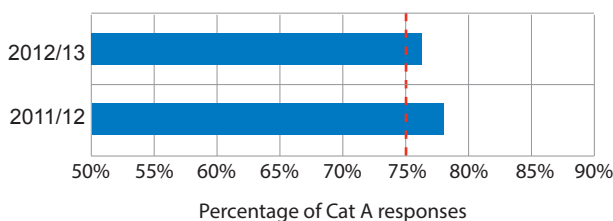
Data Source: info.secamb and KA34

9.2. Response Times

9.2.1. Category A 8 Minute Response

For the period 2012/13, SECAmb responded to 265,988 Category A calls of which we were able to provide a response within eight minutes 77.9% of the time against the target of 75%. In comparison during 2011/12 SECAmb responded to 77.6% of Category A responses within eight minutes.

SECAmb Cat 'A' 8 minute performance (target 75%)

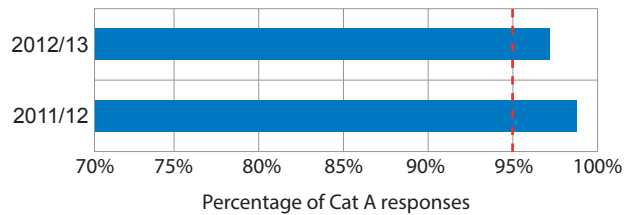


Data Source: KA34

9.2.2. Category A 19 Minute Response

For 2012/13, SECAmb provided a response to Category A 19 minute response calls 97.3% of the time compared to 98.1% for 2011/12 against the national target of 95%.

SECAmb Cat 'A' 19 minute performance (target 95%)

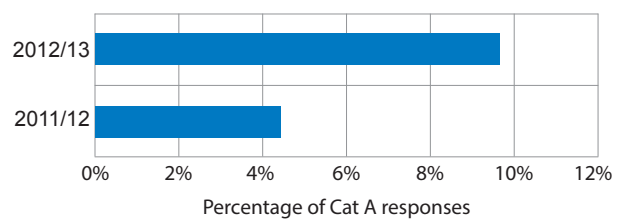


Data Source: KA34

9.2.3. Hear and Treat

During 2012/13 SECAmb provided telephone advice to 9.7% of emergency calls received into our Emergency Operations Centres. This is an increase of 5.5% on 2011/12.

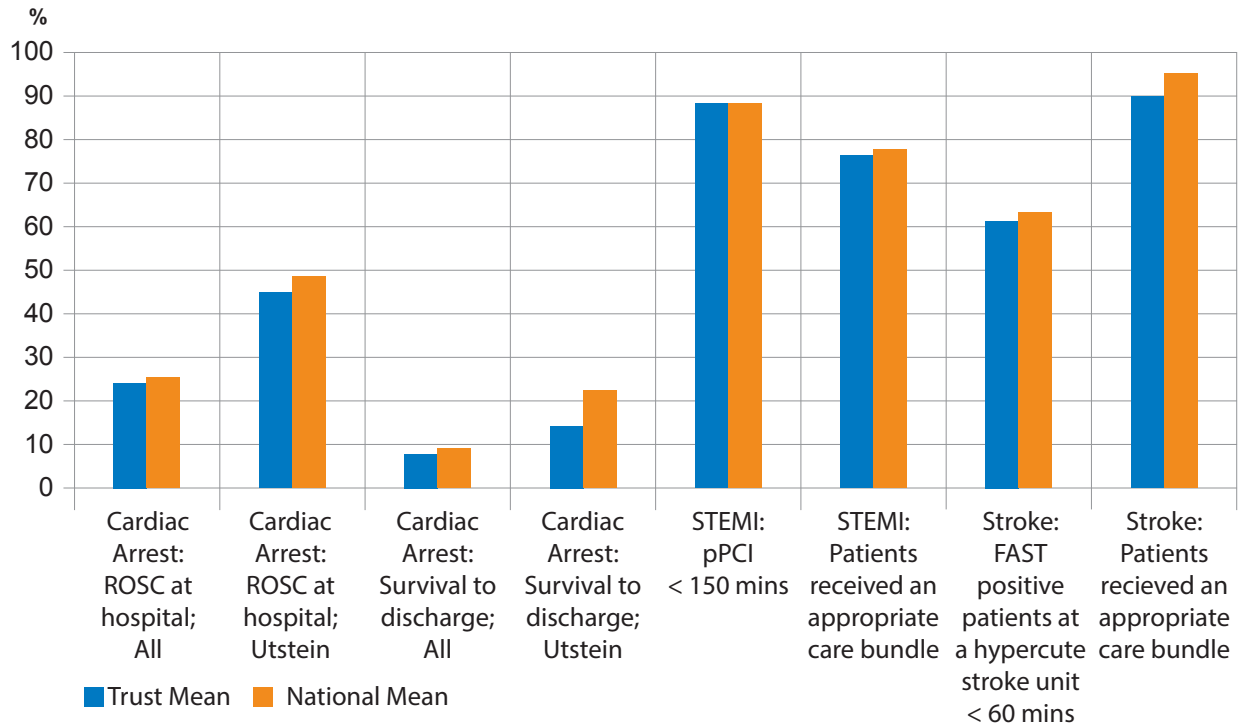
SECAmb Hear and Treat



Data Source: Corporate Dashboard

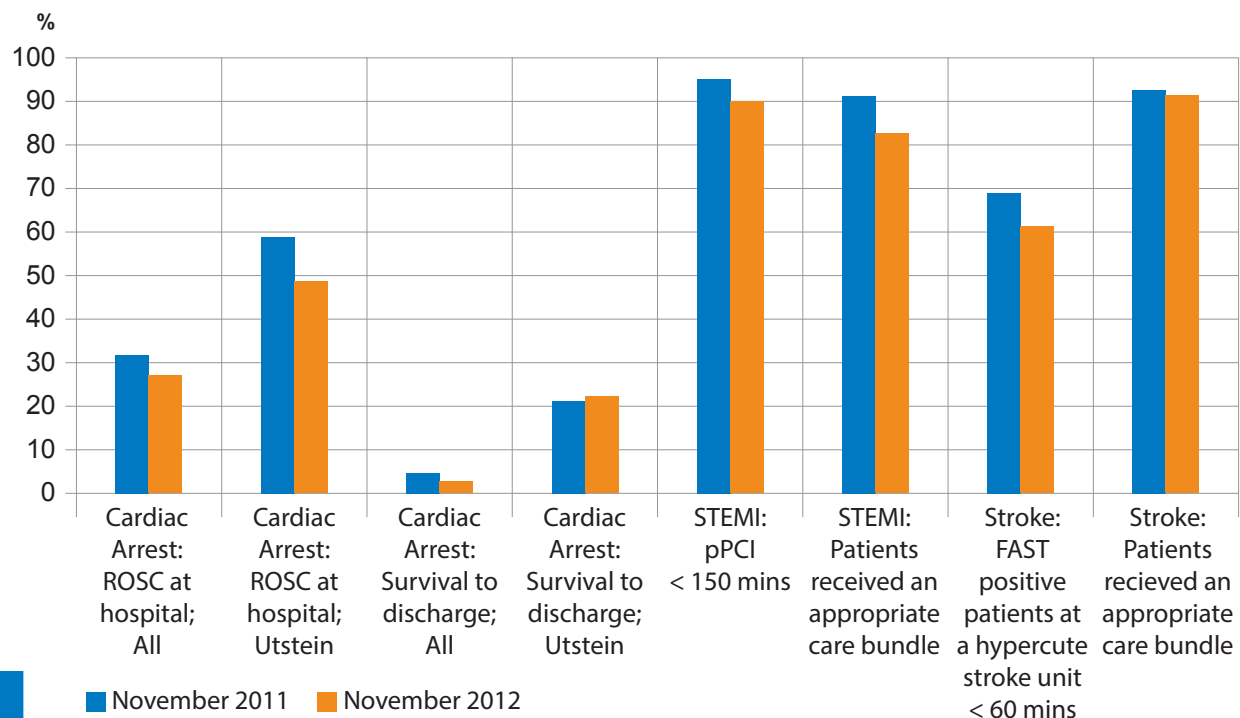
9.2.4. Outcome of Care

Clinical outcome indicator performance: April-October 2012



Data source: Medical Directorate via corporate dashboard

Trust comparative clinical outcome indicator performance



Data source: Medical Directorate

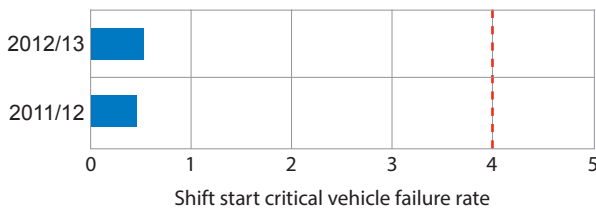


9.2.5. Patient Safety

9.2.5.1. Make Ready Only A&E Critical Vehicle Failure Rate per 25,000 miles (shift start)

The make ready A&E critical vehicle failure rate at shift start for 2012/13 was 0.46 compared with 0.54 for 2011/12 (shift start).

SECAmb A&E Critical Vehicle Failure Rate – Shift Start (yearly average | max limit = 4)

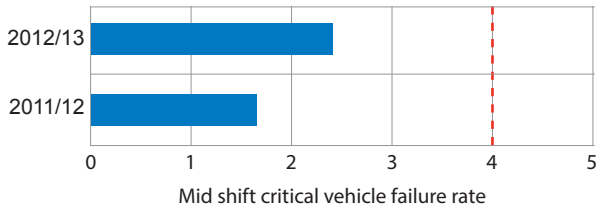


Data source: info.secamb

9.2.5.2. Make Ready Only A&E Critical Vehicle Failure Rate per 25,000 miles (mid shift)

The make ready A&E critical vehicle failure rate at shift start for 2012/13 was 2.38 compared with 1.60 for 2011/12.

SECAmb A&E Critical Vehicle Failure Rate – Mid Shift (yearly average | max limit = 4)

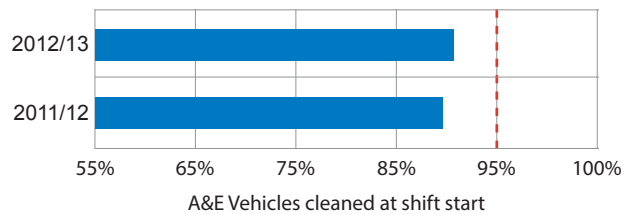


Data source: info.secamb

9.2.5.3. Make Ready Only A&E Vehicles Cleaned at Shift Start

During 2012/13 we planned to clean 34,626 vehicles at the start of shift and achieved 31,279 (90.33%) of these. This was a slight improvement on 2011/12 of 22,339 (89.35%) against the target of 95%.

SECAmb Make Ready A&E Vehicles Cleaned at Shift Start (target 95%)

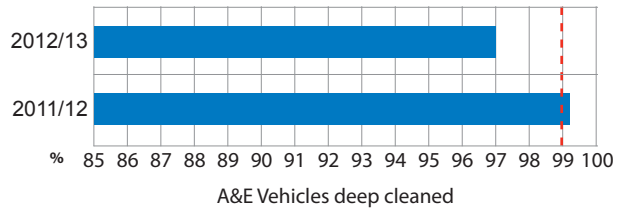


Data source: info.secamb

9.2.5.4. Make Ready Only A&E Vehicles Deep Cleaned

During 2012/13, 864 make ready vehicles were planned to be deep cleaned and we achieved 838 (96.99%) of these. Unfortunately this was a slight reduction on 2011/12 when we deep cleaned 660 (99.39%) of vehicles against the target of 99%.

SECAmb Make Ready Only A&E Vehicles Deep Cleaned (target = 99%)

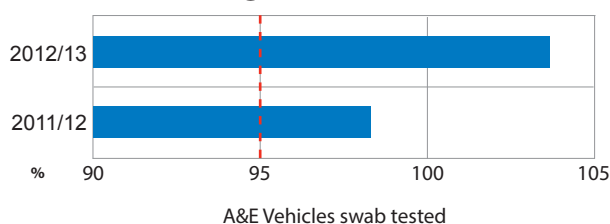


Data source: info.secamb

9.2.5.5. Make Ready Only A&E Swab Testing

SECamb planned to swab test 87 Make Ready A&E vehicles during 2012/13. We exceeded this target by three vehicles (103.45%). In 2011/12 we planned to swab test 56 vehicles against a target of 95% and achieved 98.21%.

SECamb Make Ready Only A&E Vehicles Swab Tested (target = 95%)

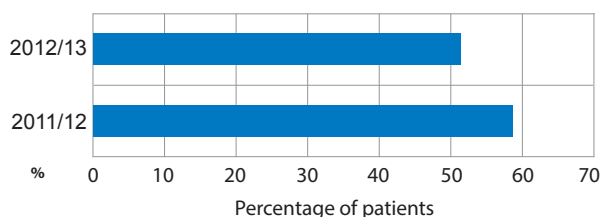


Data source: info.secamb

9.2.5.6. Patient Handover at Hospital – 15 Minutes

Where patients were handed over within 15 minutes and times were able to be recorded during 2012/13, 51.20% were handed over to hospital clinicians within the specified timescale compared with 58.40% in 2011/12.

SECamb Patient Handover Times (<15mins) (where time was captured)



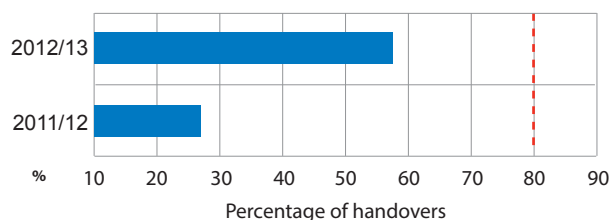
Data source: info.secamb

9.2.5.7. Hospital Handover Captured Times

During the year 2012/13 58.00% of hospital handover times were captured against the SECamb target of 80%. In 2011/12 only 26.40% of hospital handover times were captured against the same SECamb target of 80%.

During 2012/13 we experienced some whole system wide challenges on consistently recording patient handover times. This has now been addressed by the implementation of a new NHS Kent, Surrey and Sussex and SECamb Hospital Handover/Turnaround Policy.

SECamb Hospital Handover Times Captured (target 80%)



Data source: info.secamb

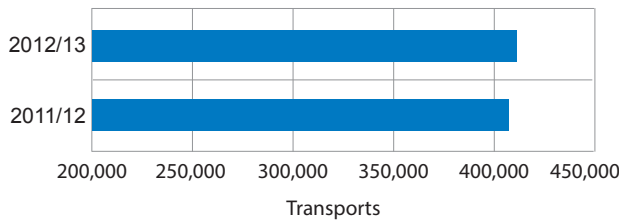


9.2.6. Conveyance to Hospital

9.2.6.1. Transports to Hospital

SECAmb transported 410,972 patients to hospital during 2012/13. This is an increase of 1.22% on 2011/12.

SECAmb A&E Transport to Hospital

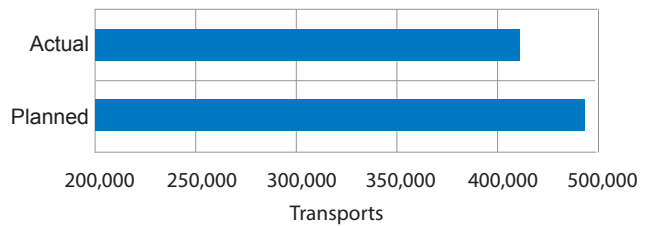


Data source: KA34

9.2.7. Patient Transport Service (PTS)

PTS transported 463,128 patients to and from appointments for treatment against a forecasted figure of 490,123 patients.

SECAmb Patient Transport Service

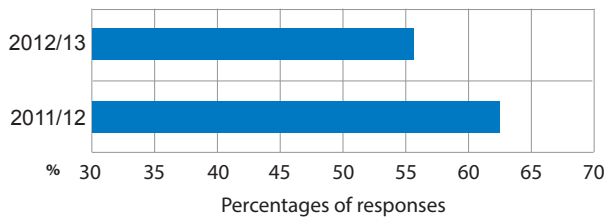


Data source: Corporate dashboard

9.2.6.2. Managed Conveyance Rate*

Of the patients requiring an emergency response during 2012/13, SECAmb conveyed 55.5%, excluding pre-determined Health Care Professional calls. This is an improvement on 2011/12 when we transported a larger number of patients (62.7%).

SECAmb Managed Conveyance to Hospital



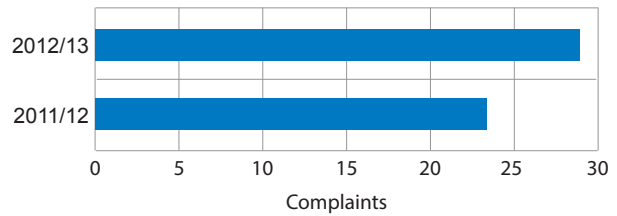
*includes Hear & Treat and excludes Health Care Professional requests; Data source: Corporate Dashboard & Commercial Services Directorate

9.2.8. Patient and Public Experience

9.2.8.1. Complaints

Complaints (12 month average 2012/13) 29 against the 2011/12 figure of 23.08*.

SECAmb Complaints (monthly average)

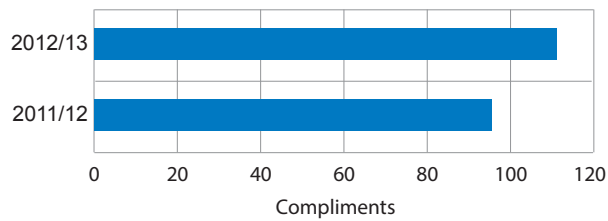


Data source: PALS team, *2011/12 corporate dashboard

9.2.8.2. Compliments

Compliments (12 month average 2012/13)
110 against the 2011/12 figure of *93.25.

SECAmb Compliments (monthly average)

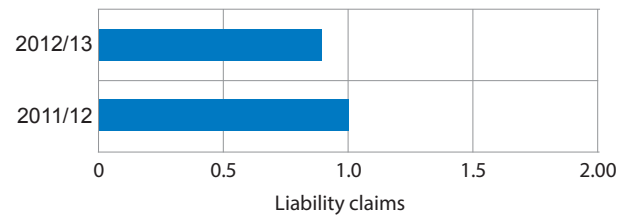


Data source: PALS team, *2011/12 corporate dashboard

9.2.8.4. Liability Claims

The monthly average for clinical negligence
and liability claims for 2012/13 was 0.9
compared with 1* in 2011/12.

SECAmb Liability Claims (monthly average)

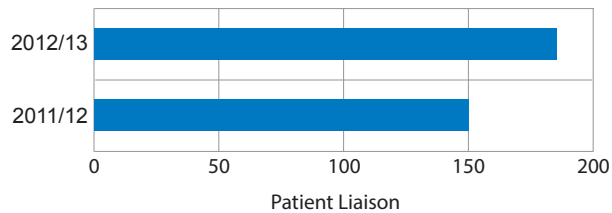


Data source: PALS team, *2011/12 corporate dashboard

9.2.8.3. Patient Advice and Liaison Service (PALS) contacts

The monthly average for patient liaison (PALS)
for 2012/13 was 183 compared to 2011/12 of
150.50*, an increase of 21.59%.

SECAmb PALS (monthly average)



Data source: PALS team, *2011/12 corporate dashboard

10. Quality improvements to be implemented by SECamb during 2013/14

10.1 IBIS (Intelligence Based Information System)

The functions of IBIS are explained in section 4.1 and during 2013/14 the roll-out of this system will continue.

Our aim is to start using the IBIS data to identify frequent callers. These are people who regularly call 999 with the same condition but who do not have the appropriate care package in place to meet their needs. 999 is often the first choice for unscheduled care needs, and SECamb must ensure that we both support the patients' decision to call us, and ensure that we signpost them to the most appropriate service. We are therefore developing specific care planning processes for frequent callers, which we aim to implement during 2013/14.

10.2 Paramedic Practitioners (PPs) in Emergency Operations Centres (EOCs)

Another development which we plan to continue in 2013/14 is the PP desk in EOCs. This desk is staffed by at least two PPs 24/7, and provides support and supervision for staff who need advice on the best onward care for their patient.

10.3 Developing an intermediate tier

The Trust is planning to improve performance and reduce costs where patients with less acute clinical needs require conveyance, by introducing an intermediate tier of staffing who will specialise in transporting these patients. This will ensure patients receive the appropriate treatment through dedicated resources; as well as releasing clinicians, e.g. Critical Care Paramedics, to focus on the most clinically urgent cases. The introduction of an intermediate tier will also make more effective use of the high acuity transport of existing ambulances.

10.4 Clinical Pathways

In 2013/14 SECamb will continue to build on the clinical pathways of Percutaneous Coronary Intervention (pPCI), Stroke, Major Trauma and End of Life Care by engaging with established and newly forming networks, liaising with Commissioners and other service providers in order to promote the best possible care and outcomes for patients.

For pPCI patients we will investigate ways of further reducing the call to balloon time and working with Commissioners, the cardiovascular network and providers to include potential new drug therapies, building on the already established good communications.

Stroke care will continue to be refined in liaison with the cardiovascular network and SECamb will maintain support for the concept of 24/7 stroke services available to all communities within the geographical area that it serves.

End of life care will be included within the mandatory training for all operational staff during 2013/14 and a 'train the trainer' package was launched in April 2013 to enhance staff awareness of this crucial area of practice. Further work on Advanced Decision to Refuse Treatment (ADRT) will continue in 2013/14.

SECamb will continue to work with partners in embedding the concepts of the Trauma Networks. This will include a revision of the Major Trauma Decision Tree in light of experience gained since the three networks have become operational.

SECamb will also carry out simulation work as a study, in conjunction with the South East London, Kent and Medway Trauma (SELKAM) network, to reduce the time between trauma and the patient arriving at a point of definitive care. It is the intention of the SELKAM network to present the results at a Trauma Conference in the near future.

10.5 Community First Responders (CFRs)

In 2013/14 we plan to establish a further 100 PAD sites and recruit 300 new CFRs.

We will be increasing the number of Senior Community Team Leaders in 2013/14 as the number of responders and schemes continue to grow to ensure each CFR is fully supported.

SECamb is developing a structure for our Associate Trainers to provide on-going clinical support for the team, with two out of the required three Senior Associate Trainers having been appointed. These trainers will be responsible for delivering to their CFRs a rolling programme of modular lessons, which will replace the current annual recertification and enhance their knowledge base.

10.6 Patient Transport Services (PTS)

SECamb's PTS will carry out two patient satisfaction surveys during the year.

PTS are also required to report on 40 key performance indicators, which include monitoring the number of delays, waiting times (travelling to or from appointment, or how long after appointment through time to collection), staff training, green measures etc. These will be reported to the Commissioners on a monthly basis.

10.7 CQUIN (Commissioning for Quality and Innovation) Plan

CQUIN is a national framework for locally agreed quality improvement schemes. It makes a proportion of SECAmb's income conditional on the achievement of ambitious quality improvement goals and innovations agreed between Commissioner and SECAmb, with active clinical engagement. The CQUIN framework is intended to reward excellence, encouraging a culture of continuous quality improvement in all providers.

The SECAmb 2013/14 CQUIN Plan listed the following indicators:

- + healthcare professional calls;
- + use and access to clinical care registers/plan;
- + pilot for supported conveyance and frequent call management; and
- + reduced handover and turnaround delays.

During 2013/14 we will provide regular monitoring reports to the Lead Commissioners on a quarterly basis.

10.8 Professional Standards

SECAmb has a dedicated Professional Standards team who work with all colleagues in supporting the continuous improvement in the clinical quality of care and patient experience provided.

Another key focus of this team is to cascade learning to staff throughout SECAmb e.g. following investigation of complaints.

10.9 Specialist Paramedics (PPs and CCPs)

SECAmb will continue to develop Specialist Paramedics - Paramedic Practitioners (PPs) and Critical Care Paramedics (CCPs) – of which we already have over 200 PPs and 50 CCPs in place. In addition, we have recently commenced a practitioner level programme for our Clinical Supervisors within the Emergency Operations Centres to increase their knowledge of the scope of practice of these Specialist Paramedics.

10.10 Vehicles/Fleet Projects for 2013/14

In view of the changing model of care, it is important that our vehicles/fleet reflect the needs of the communities we serve, ensuring better patient experience, as well as providing value for money and working towards reducing the impact on the environment.

The Fleet team are working on the following projects:


- + it is anticipated that 20 new 'modular' ambulances will be delivered to SECAmb by the end of September 2013 and will see them operational well in advance of the winter period. The vehicles they replace will be decommissioned from service after March 2014 to allow flexible resourcing throughout the winter period, alleviating some pressure related to vehicle supply;
- + a new 'van conversion' emergency ambulance has been developed on the basis of providing an Intermediate Support Tier vehicle, with further work required to finalise the specification. It is anticipated that nine vehicles will be built by the end of December 2013 and put into service by the end of March 2014;
- + following an evaluation and successful trial of a purpose built, clinically focused, Paramedic Practitioner vehicle in Hastings, we anticipate these vehicles coming into service by March 2014;
- + specification due to be finalised for Black Box technology (driver safety system/ telematics), with implementation expected to commence at the beginning of 2014;
- + following installation of dynamic speed limiters on our new PTS fleet, this will now be rolled out to our A&E fleet (configured specifically to account for blue light use). We anticipate this will see a reduction in fuel use as well as our carbon footprint;

- + the enhanced use of CCTV in conjunction with driver safety systems to protect our staff and wider organisational needs. This will see the installation of cameras mounted to the front and side of the vehicles, and ability for remote access to incident data; and
- + the trial of a tyre pressure monitoring system to improve safety for public, patients and staff, which will have the added benefit of a reduction in fuel use.

10.11 Front Loaded Service Model (FLSM)

Included in SECAmb's plans for 2013/14 is the implementation of key service developments which will see an increase in the number of registered clinicians first on scene. This is known as the "Front Loaded Service Model".

The FLSM project was conceived in response to a national directive to explore how ambulance services can deliver more effective and efficient care. The objectives and delivery arrangements have been evaluated as part of the FLSM project management arrangements, and while the overarching intentions have been retained, other additional priorities have been identified leading to a change in how we will strategically realise our aspiration to continue to be a world class service.



Following the Francis Report, it has become clear that we must address the potential for harm coming to our patients. We operate in a very hostile environment with demand growing year on year, and we must strive to ensure we achieve a balance between quality and quantity of care. We must continue to work to reduce conveyance to A&E in a safe and sustainable way, and we must ensure that we have a workforce that is fit for purpose and intelligently deployed to match the right skills to the right patient.

What has emerged from the original FLSM project is a root and branch review of both the A&E Service Delivery Strategy and the Clinical Strategy. The A&E strategy informs the operational requirements needed to deliver our workforce to the patient's side in the correct proportions, and the Clinical Strategy informs the quality and standards of care, the workforce development requirements and structures, and the future planning needed to maintain those standards.

The term "Front Loaded Service Model" fails to describe adequately our aspirations for the future. Whilst the project is still on-going, it has been devolved into individual directorate portfolios, taking on much more of an iterative service development feel as opposed to a step-wise change in direction.

10.12 The Francis Report

The publication of the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry⁸, referred to as the Francis Report, emphasises the need for NHS organisations to always put patients first, and states that 'constant encouragement should be given to patients and other service users, individually and collectively, to share their comments and criticisms with the organisation'.

While SECAMB already seeks the views of patients via a range of surveys, this year we plan to establish a Patient Experience Group, the majority of the membership being SECAMB patients. This group will help us to develop and implement a Patient Experience Strategy that will reflect the Trust's values, vision and objectives and will shape future efforts to obtain patient feedback spanning the whole range of SECAMB services and patients. This will enable us to determine what works well for patients and carers, as well as what doesn't, and to make improvements as a result in order to improve the public's experience of our services.

10.13 Sustainability and Carbon Reduction

In 2013/14 SECAmb aims to deliver a Cost Improvement Plan (CIP) for Travel to reduce staff business mileage by a third, saving approximately £1 million, and supporting our efforts to reduce corporate carbon emissions. Key to the delivery of this CIP will be the investment in updating our video conferencing technology to provide staff with an improved and efficient means of participating in meetings without the need to travel. The business case for this project takes into account savings gained from increased staff productivity by reducing business travel.

Work will continue on diversification of fuel for our fleet in order to strengthen our resilience in the face of fuel price rises and insecurity of supply. An application will be made to the Office for Low Emission Vehicles to seek funding to support provision of a network of electric vehicle fast charging points across our Make Ready Centres in order to support the take up of electrically charged vehicles and hybrids amongst our fleet. If successful, the network could be shared with other emergency service partners such as fire and police to encourage interoperability to promote take up of alternative fuelled vehicles. This work aims to target a reduction in the 3,138,069 miles driven by emergency single response vehicles (baseline 2011/12).

SECAmb will continue to work closely with the Sustrans Charity to develop an Active Travel Plan for the Trust to encourage staff to use more active forms of travel such as walking and cycling, which will save staff money and improve their health and wellbeing. The implementation of our Communications plan to engage our staff in the behavioural change required to reduce carbon emissions and to improve overall environmental/sustainability awareness will complement this work.

⁸ Francis, R, QC. 2013. Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. Executive Summary p. 96. London: The Stationery Office.

11. Formal responses from Healthwatch, HOSCs and Commissioners

Who we shared our Quality Account with:

The Quality Account and Quality Report was shared with our partners during its development (HOSCs included West Sussex County Council, Brighton and Hove City Council, East Sussex County Council, Kent County Council, Surrey County Council and Medway Council. Also, Healthwatch organisations included Kent, Medway, Surrey, East Sussex, Brighton & Hove and West Sussex) and the following formal statements have been received.

Statement from Commissioners

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

Swale CCG is the lead commissioner for the South East Coast Ambulance NHS Foundation Trust (SECAmb) contract and has consulted with its CCG colleagues in relation to this response.

As SECAmb is a Foundation Trust (FT), it is bound to create a document that includes not only the Quality Accounts, but an overall Quality Report as well, as prescribed by Monitor. As such, this makes the document more cumbersome and has made it difficult for the CCG to review the Quality Accounts section in isolation.

Our initial observation is that clearly the Trust takes the quality of its services seriously, and has included a significant number of initiatives that will go a long way to further improving the quality of its services throughout 2013/14. The Trust has clearly identified its quality priorities for the coming year, which the CCG endorses, and has set out how it achieved the previous year's priorities. However, it would be useful to clearly summarise the exact improvement targets that it is aspiring to achieve through the quality priorities in a single concise table.

The CCG is required to comment on the accuracy of performance related figures included within the document and the CCG confirms it recognises the figures stated. Where some national figures are still awaited to be inserted into the document, it is recognised that this is due to them not being published yet, and therefore these could not be included within the draft document that was submitted for review.

The overarching indicators for CQUINS have been agreed for 2013/14 between the Trust and its commissioners. The full detail on the key metrics for assessing delivery are being established with commissioners and will be in place by the end of Quarter 1.

The document states that the Trust is compliant with the majority of CQC standards. This is correct. There are two Essential Standards of Quality and Safety which are non-compliant and require improvement, those being Outcomes 9 and 14. The Trust has developed an Action Plan and this is being monitored by the CQC.

In conclusion, the CCG can see that the Trust puts quality at the forefront of its service provision and that it is central to its operations. The CCG thanks the Trust for the opportunity to comment on this document. The past year has presented many challenges due to the changing NHS infrastructure and the transition which has been required from the old Primary Care Trusts to the new Clinical Commissioning Groups. The CCG looks forward to building stronger relationships with the Trust through closer joint working in the future.

Lead Commissioner Swale CCG

Health Overview and Scrutiny Committees (HOSCs)

Comment from East Sussex HOSC

The Committee welcomes the opportunity to make the following statement in relation to the Trust's Quality Account 2012/13:

Patient and public involvement

A HOSC representative attended an engagement event held by the Trust to inform the production of this Quality Account. This was an interactive, genuinely consultative event where feedback on potential quality priorities was welcomed.

The quality priorities for 2013/14 reflect the outcomes of that event and can therefore be said to reflect those of public and patient representatives.

The Trust has continued to engage positively with HOSC throughout the year. In particular, Trust representatives made valuable contributions to the Committee's scrutiny of proposed reconfiguration of hospital services in East Sussex. The Trust's well presented evidence helped the Committee to assess the implications of the proposals. The Ambulance Service's ongoing engagement in the implementation of these service changes will be critical.

Quality priorities and local issues

HOSC welcomes progress made against the priorities which were identified for 2012/13 and, equally, the Trust's acknowledgement that further work is needed in relation to some of these. The Committee also notes that there is room for improvement against some of the core indicators and expects that the Trust's quality ambitions will result in action being taken to ensure continuous improvement.

HOSC recognises that the Trust works within a wider healthcare system and that pressures within the system, which have been particularly acute in the winter of 2012/13, will impact on the ambulance service. There have been reports of delayed ambulance handover and capacity pressures at local A&E departments and HOSC welcomes the Trust's active involvement in addressing such issues, for example by developing a new handover protocol and by expanding 'See and Treat' and 'Hear and Treat' alternatives to hospital attendance.

The five priority areas for 2013/14 are clearly set out. HOSC welcomes the focus on measures to ensure the most appropriate response is deployed to meet patient needs, which will support wider system efforts to reduce unnecessary hospital admissions and ensure specialist care is accessed when it is needed. HOSC also welcomes the focus on NHS 111, which has experienced challenges during its first weeks since launch and will need sustained focus in the coming year to ensure it delivers its intended benefits for patients. HOSC will be monitoring progress in conjunction with other health scrutiny committees in the south east coast area.

Councillor Rupert Simmons

Chairman East Sussex Health Overview and Scrutiny Committee

Comment from Medway HOSC

On the basis there has been no engagement by SECAMB with the Committee on any specific area in the past year it is not possible for the Committee to provide an evidence based commentary. However, there are some issues mentioned within the report, which I am sure the Committee would like to have further information about.

These areas are as follows:

- + In the light of the recent media attention on the roll out of the NHS 111 service, it is mentioned (page 17) that feedback from at least 400 service users will be undertaken quarterly with the first being ready for June - the Committee would appreciate regular updates on service user feedback - perhaps on a quarterly basis commencing in July 2013
- + Reference is made to the IBIS system on page 25 of the report - please could information be provided on the extent to which providers connected with SECAMB across the South East Coast are now adopting the system?
- + Outcome from cardiac arrest – survival to discharge rates for the period April to October 2012 the SECAMB figures appear to be 5.8% with a national average of 8.3% – please can you give further details?

- + Medication errors (page 43) -the Committee would be interested to know how SECAMB is addressing concerns raised by the Care Quality Commission after its inspection in February 2013

Rosie Gunstone

Democratic Services Officer on behalf of the Health and Adult Social Care Overview and Scrutiny Committee

Comment from Surrey County Council HOSC

The Health Scrutiny Committee is pleased to be offered the opportunity to comment on South East Coast Ambulance NHS Foundation Trust Quality Account for 2012/13. The Trust is thanked for working with the Health Scrutiny Committee over the last year on the key issues of stroke care and ambulance response in rural areas. The Committee endorses the Trust’s identified priorities for 2013/14 with the following comments:

- + **Quality Measure A** – Patient Safety
“To monitor the effectiveness of SECAMB’s Infection Control procedures for emergency response and patient transport vehicles that are deep cleaned and swab tested across SECAMB”

The Trust is commended for its continuing drive to improve the standards of cleanliness and safety.

- + **Quality Measure B** – Patient Experience
“The effectiveness of the 111 service/ facility in providing patients with the appropriate service”

The Committee is keen to see what the impact of 111 will be and looks forward to working with SECAMB on analysing the data and information. The Trust is also commended on being proactive in seeking early feedback on the efficacy of and satisfaction with the system.

- + **Quality Measure C** – Patient Experience
“To improve the experience of those patients who call SECAMB via 999 and their satisfaction with the service provided”

The Trust is commended for continuing to improve its patient satisfaction rate and seeking to increase the sources of feedback.

- + **Quality Measure D** – Clinical Effectiveness
“To monitor the IBIS system so that those patients with long term conditions (LTC) are able to be provided with the best possible care by attending ambulance crews”

The Trust is commended for working with primary care to improve the pathways for patients with Long Term Conditions.

- + **Quality Measure E** – Clinical Effectiveness
(1) “To improve the number of registered clinicians who attend those patients deemed to have a life-threatening condition at the time the 999 call was raised. (2) To monitor where a Paramedic Practitioner attends a patient through a PP referral where that patient is then subsequently transported to a hospital A&E department”.

The Trust is commended for working to improve the service provided to patients by ensuring the highest level of clinical response.

The Committee looks forward to working with the Trust over the next year to monitor all of the 2013/14 priorities via the new Quality Account Member Reference Groups to be set up in June 2013.

Leah O'Donovan

Scrutiny Officer, Adult Social Care Select Committee and Health Scrutiny Committee, Surrey County Council

Comment from West Sussex County Council Health & Adult Social Care Select Committee (HASC)

Thank you for offering the Health & Adult Social Care Select Committee (HASC) the opportunity to comment on South East Coast Ambulance Service NHS Foundation Trust's Quality Account for 2012-13. The comments set out below are based on feedback from HASC's liaison members for SECAMB during 2012-13.

HASC welcomes SECAMB's commitment to engagement with patients and the public and the fact that there continues to be constructive liaison arrangements with the HASC. SECAMB has kept HASC updated on key issues of interest, and contributes appropriately to the Committee's work programme. The Ambulance Service is pivotal to the effective and efficient running of the whole health care system in the region, and many of the challenges facing SECAMB are system-wide challenges.

As such, we understand that it can be difficult to isolate SECAMB performance from other elements of the system (e.g. acute care, primary care, community services) – and that SECAMB can play a key role in terms of improving performance (and the quality of patient experience and outcomes) across the NHS. HASC is aware that there has been an apparent rise in emergency admissions across the region, with a consequent pressure on Accident and Emergency Services. There is an urgent need for the whole system to work together to understand and address this, and we plan to review this during the year ahead.

Overall, we wonder how "user friendly" the format of your draft Quality Account is. From a public/patient perspective, it would be useful to be able to see "at a glance" the key performance indicators, your performance against these and how you plan to address any key areas of under-performance. It might also be helpful to provide information on performance for 2012-13 up front, at the start of the document, followed by information on quality measures for the year ahead. We welcome the quality measures you have set for 2013-14, and particularly your focus on patient safety and patient experience.

Some more specific comments on your draft Quality Account are set out below:

- + **Quality measure B** – effectiveness of the 111 service (pages 16-18): We suggest there should be a measure relating to the percentage of calls that lead to a referral to primary care, community care or other service (e.g. adult social care/voluntary sector). This will help evaluate the overall effectiveness of the new service in terms of increased use of alternative pathways. HASC discussed the new 111 service in November 2012, and raised two key issues for the future delivery of this service: the need to raise public awareness through effective communications; and the need to build effective relationships with health and social care providers. HASC plans to review the implementation of the 111 service later in 2013.
- + **Quality measure D** – IBIS system (pages 21-22): Will other services (e.g. GPs, community services, adult social care) be involved in inputting data into this system? Presumably their involvement will be key to the success of this system, in which case some measure of their involvement may be useful.
- + **Quality improvements made within SECamb during 2012/13 – Patient Transport Service (p 28-29)**: HASC has heard some specific concerns regarding the Patient Transport Services, particularly relating to the booking system. There is a need to improve the

service to ensure it is meeting patient needs and to rebuild confidence in the service, and we would welcome information in terms of how SECamb plans to address these. In addition, when HASC reviewed community health services in November 2012, it heard concerns regarding discharge arrangements from hospital (to home and to community setting). In terms of the Patient Transport Service, it will be important for SECamb to liaise appropriately with acute trusts, Sussex Community NHS Trust and Adult Social Care Services to ensure (where possible) that patients' (and their carers'/families') needs are met - and that discharge after 6pm is avoided.

- + **Category A Calls (page 50-51& 56)**: Whilst much of SECamb's performance during 2012-13 was good, we are concerned at underperformance for Red 1 (formerly Category A Calls), and particularly the fact that performance seems to be worsening. It would be helpful if the Quality Account could more clearly state how SECamb is addressing this, and to set out what any key dependencies are for achieving this target.
- + **Patient Handover at Hospital (pages 61-62)**: We understand that there are system-wide challenges in terms of capturing handover times, and welcome the fact that a new regional policy is now live. We will wish to monitor SECamb performance on this over the year ahead.

Of particular concern to HASC has been Ambulance Service performance in rural areas, and whilst we understand there can be challenges in terms of delivering a timely response in rural areas, it would be helpful if the Quality Account could include data to show performance within the different areas covered by SECAMB (to include rural/urban areas). There may be potential for more joint working between SECAMB and the Fire and Rescue Service (e.g. through co-responder schemes), to help address performance in rural areas, and we would welcome any updates on this.

Mrs Margaret Whitehead

Chairman, Health & Adult Social Care Select Committee

Healthwatch

Comment from West Sussex Healthwatch

Thank you for inviting Healthwatch West Sussex (HWWS) to provide a statement on the 2012/13 Quality Account for South East Coast Ambulance Service NHS Foundation Trust (SECAMB). As you may know, HWWS has recently appointed its Board and is in the process of determining its final representation and liaison arrangements with various strategic forums. Its commentary on Quality Accounts is therefore limited in scope this year.

The West Sussex LINK, the predecessor organisation to HWWS, was pleased to be represented at the Quality Account Workshop on the 21 February 2013.

HWWS is generally satisfied that the Quality Account represents a true reflection of SECAMB's quality of service and is content with the priorities identified.

During 2013/14 HWWS will be monitoring the feedback from the general population in West Sussex on the performance of the 111 service. We sincerely hope that significant inroads will be made into improving the service for West Sussex residents (and those beyond) in the immediate future. In addition the Patient Transport Service is an area where LINK received a large number of complaints during 2012/13 and HWWS will be maintaining an interest in the resolution of transport capacity issues during the course of this year.

In accordance with the Department of Health Guidance on Quality Accounts, we trust you will include these comments verbatim in SECAMB Quality Account 2012/13 and would be grateful for sight of the final submission.

Frances Russell

Chair of the Board,
Healthwatch West Sussex

12. Independent Auditor's Report

Independent Auditors' Limited Assurance Report to the Council of Governors of South East Coast Ambulance Service NHS Foundation Trust on the Quality Report.

We have been engaged by the Council of Governors of South East Coast Ambulance Service NHS Foundation Trust to perform an independent limited assurance engagement in respect of South East Coast Ambulance Service NHS Foundation Trust's Quality Report for the year ended 31 March 2013 (the "Quality Report") and certain performance indicators contained therein.

Scope and Subject Matter

The indicators for the year ended 31 March 2013 subject to limited assurance consist of those national priority indicators mandated by Monitor:

- + **Category A call** – emergency response within 8 minutes
- + **Category A call** – ambulance vehicle arrives within 19 minutes.

We refer to these national priority indicators collectively as the "indicators".

Respective responsibilities of the Directors and Auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual issued by Monitor.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- + the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual;
- + the Quality Report is not consistent in all material respects with the sources specified in paragraph 2.1(2) of Monitor's 2012/13 Detailed Guidance for External Assurance on Quality Reports; and
- + the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Detailed Guidance for External Assurance on Quality Reports.

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- + Board minutes for the period April 2012 to June 2013;
- + Papers relating to quality reported to the Board over the period April 2012 to June 2013;
- + Feedback from the Commissioners dated 22 May 2013;
- + Feedback from local Health-watch organisations dated April / May 2013;

- + The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 5 July 2012;
- + The 2012 national staff survey dated 5 December 2012;
- + Care Quality Commission quality and risk profiles dated 6 March 2013; and
- + The Head of Internal Audit's annual opinion over the trust's control environment dated 15 May 2013.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the "documents"). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of South East Coast Ambulance Service NHS Foundation Trust as a body, to assist the Council of Governors in reporting South East Coast Ambulance Service NHS Foundation Trust's quality agenda, performance and activities.

We permit the disclosure of this report within the Trust's Annual Report for the year ended 31 March 2013, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and South East Coast Ambulance Service NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- + Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators
- + Making enquiries of management
- + Limited testing, on a selective basis, of the data used to calculate the indicators back to supporting documentation
- + Comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report
- + Reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual.

The scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by South East Coast Ambulance Service NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2013:

- + the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual;
- + the Quality Report is not consistent in all material respects with the sources specified in Monitor's 2012/13 Detailed Guidance for External Assurance on Quality Reports paragraph 2.1(2); and
- + the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual.



Grant Thornton UK LLP

Grant Thornton House
Melton Street
Euston Square
London
NW1 2EP

29 May 2013

The Quality Account and Quality Report can be accessed on the SECamb web site or alternatively for copies of the document please e-mail Qualityaccount@secamb.nhs.uk or write to:

South East Coast Ambulance Service NHS Foundation Trust

The Horseshoe
Banstead
Surrey
SM7 2AS





The Quality Account and Quality Report can be accessed on the SECAmb website or alternatively for copies of the document please e-mail qualityaccount@secamb.nhs.uk

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