



Quality Account & Quality Report 2014/15

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



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

or write to:

South East Coast Ambulance Service NHS
Foundation Trust, The Horseshoe,
Banstead, Surrey SM7 2AS

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ii) List of Abbreviations/Glossary

Abbreviations Full Expression

ACRP	Ambulance Community Response Post
A&E	Accident and Emergency
AP	Associate Practitioners
CAD	Computer Aided Dispatch
CATF	Cardiac Arrest Task Force
CCGs	Clinical Commissioning Groups
CCP	Critical Care Paramedic
CFR	Community First Responder
COM	Clinical Operations Manager
CPI	Clinical Performance Indicator
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CTLs	Clinical Team Leaders
DA	Domestic Abuse
ECSW	Emergency Care Support Worker
EOC	Emergency Operations Centre
ePCR	Electronic Patient Clinical Record
FFT	Friends and Family Test
HEKSS	Health Education Kent, Surrey and Sussex
HOSC	Health Overview and Scrutiny Committee
HQ	Headquarters
IBIS	Intelligence Based Information System
IHAG	Inclusion Hub Advisory Group
KMSS	Kent, Medway, Surrey and Sussex
KPI	Key Performance Indicator

Abbreviations Full Expression

LTC	Long Term Condition
MI	Myocardial Infarction
MRC	Make Ready Centre
NASCQG	National Ambulance Service Clinical Quality Group
NRLS	National Reporting and Learning System
ODA	Operational Dispatch Area
OHCA	Out of Hospital Cardiac Arrest
OHCAO	Out of Hospital Cardiac Arrest Outcomes
PET	Patient Experience Team
PP	Paramedic Practitioner
PSI	Patient Safety Incident
PTS	Patient Transport Service
QIG	Quality Improvement Group
RDG	Research and Development Group
ROSC	Return of Spontaneous Circulation
RMCGC	Risk Management and Clinical Governance Committee
SECamb	South East Coast Ambulance Service NHS Foundation Trust
SIRI	Serious Incident Requiring Investigation
SRV	Single Response Vehicle
STEMI	ST Segment Elevation Myocardial Infarction
TIA	Transient Ischaemic Attack
WDC	Workforce Development Committee

Part 1

1. Executive Summary

South East Coast Ambulance Service NHS Foundation Trust (SECAmb) provides ambulance services to over 4.6 million people living in Kent, Surrey, Sussex and parts of Hampshire. We are one of 10 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.

During the summer of 2014 we published our Five Year Strategy 2014-2019 which includes:-

Our Vision

- + Putting patients first, we will match international excellence through our culture of innovation

Our Mission

- + To support our Vision we have developed a mission statement to reflect our changing organisation

“Our mission is to be the first contact for patients accessing urgent or emergency care. We will provide patients with confidence that through our services they will either receive or be directed to the most appropriate care. We will provide high quality mobile healthcare and achieve excellent patient satisfaction levels and clinical outcomes within all of our services”

Our Strategy

We have six strategic objectives that support the delivery of our strategy:

1. improve on the Trust's performance standards and reduce variation;
2. deliver excellence in leadership and development;
3. improve access and outcomes to match international best practice;
4. improve satisfaction and experience for all stakeholders;
5. be an organisation that people seek to join and are proud to be a part of; and
6. convert all available pounds / resources to maximise patient benefit.

We have developed four strategic programmes of work to deliver our vision and mission which are:

1. do what we already do even better;
2. expand and integrate our services;
3. enhance services through technology and innovation; and
4. Team SECAmb – a culture to be proud of that puts patients first.

We continue to be committed to involving patients and the public in the development of our plans and services, recognising the importance of ensuring that all have the opportunity to influence what services are provided for them and how.

During the year we have been involved in a number of collaborative working opportunities and full details can be found in section 3.14. I was very pleased that we received an award from North Kent Clinical Commissioning Groups (CCGs) in recognition of the work undertaken by the Inclusion Hub Advisory Group (IHAG) for "Embedding a Culture of Openness". In addition, at the same CCG event we also received an award for "Promoting Patient Experience" by the use of our Intelligence Based Information System (IBIS). Since inception, 30,000 patients have been registered on the IBIS system, with 21,505 records remaining current.

In 2014/15 we experienced significant challenges in terms of our operational, clinical and financial performance. However, our plans for the next couple of years will be targeted at achieving an improvement in these three areas.

Responding to the increase in activity, in order to protect our response time to patients, naturally became our main focus for much of the year. This had consequences such as having to postpone the annual key skills refresher training for some staff, although much developmental training and education did take place through the year. Situations like this are far from ideal and present challenges for the forthcoming year as we look to rectify some of the consequences of this focus.

Our 999 workforce is expected to increase during 2015/16 in response to growth in activity. We are planning to recruit an additional 350 staff during this period which will include a minimum of 180 qualified Paramedics and a minimum of 60 Associate Practitioners (APs) some of whom will be externally recruited. APs will initially train and practice as Emergency Care Support Workers (ECSWs) and once they have acquired a minimum of one year's front line operational experience they will be enrolled on to a university Paramedic Foundation Degree Course. A further 110 ECSWs will also be recruited.

In addition to the above, continuous enhancements to the scope of practice of our Critical Care Paramedics and Paramedic Practitioners, along with the development of specialist and advanced practitioner roles, will strengthen further the importance of extended paramedic skills in urgent care delivery. Better use of our Paramedic Practitioners will allow us to improve the service for those patients who can be treated at home or closer to home, thus avoiding transportation to A&E. This will benefit both patients and the health economy as a whole and will ensure that we are sustainable in the longer term.

With the changing patient profile seen by paramedics and other ambulance clinicians, many now need to have their blood or urine tested in order to make diagnoses

Part 1

more accurate and obtained more quickly i.e. on scene. The technology now exists to undertake a range of “point of care” tests at the patient’s side, and this can have a positive impact on the patient in terms of how their on-going needs are met. This has led to the “LabKit” project which has seen Paramedic Practitioners trained to use a range of “point of care” testing devices. The further development of this project will allow us to expand our capability and provide further assurance that we are able to manage urgent and emergency care with less reliance on secondary care.

The South East Coast NHS 111 contract is one of the largest in the country which continues to see peaks in demand during the evenings and at weekends. However, during 2014/15 we have made considerable progress in respect of the contract Key Performance Indicators (KPIs) and clinical quality targets. Section 3.4 provides additional information on our NHS 111 performance.

We are contracted to provide Patient Transport Services (PTS) in Sussex and Surrey and improvements have been made during the year, with further detail in section 3.16.

Progress on our 2014/15 quality measures can be found in section 4. However, not all these quality measures have been fully achieved, which has, in part, been as a result of the increase in 999 activity. The Chair of our Risk Management and Clinical Governance Committee (RMCGC) intends to scrutinise the year end outturn of these five quality measures with a

view to monitoring these via the RMCGC dashboard in 2015/16 if required.

For next year, we have four quality measures which support service development areas within 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 we have developed.

Section 8 “Details of Quality Measures 2015/16” fully explains each quality measure for the year ahead by providing a description of the measure, the aims/ initiatives and how we will know if we have achieved the quality measure by the end of the year i.e. 31 March 2016.

We have also included updates on other quality improvements we planned to introduce during 2014/15 (see section 3) and a separate chapter on quality improvements we propose to implement during 2015/16 (see section 9).

In addition to the above, section 10 provides details of our performance on a further three indicators within each quality domain of Patient Safety, Clinical Effectiveness and Patient Experience.

Looking forward, I feel that 2015/16 will be a challenging but also an exciting year. The improvements we are bringing in to “how” we work – with the creation of further Make Ready Centres (MRCs), the continued development of new Operational Units, which seek to bring more decision making down to a local level for managers and staff, and on-going clinical developments

– should bring real and tangible benefits for patients and staff. Section 3.18 provides additional information on the pilot Operational Units which commenced in July 2014. I am also keen that we continue the emphasis we have seen during 2014/15 on driving up our clinical performance in key areas such as cardiac arrest and stroke.

Equally we must not under estimate the challenges ahead. We have already driven the service to provide year on year efficiencies in order to ensure we can afford to invest in our staff and in developments like Make Ready which we believe will significantly improve the care we provide. We also need to continue to recognise that we deliver our service through our staff and responding to the ever growing and often unpredictable demand we face remains a tough challenge.

However, SECAMB is a “can do” organisation and is one I am proud to lead. I am sure that we can meet the challenges ahead and continue to provide the caring, compassionate and skilled clinical care that we are known for.

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



Paul Sutton, Chief Executive

Date: 28 May 2015

Part 1

2. Introduction to the Quality Account and Quality Report

Welcome to SECAMB's Quality Account and Quality Report for 2014/15. We hope that you will find it an interesting and informative read, providing you with a good understanding of the progress that has been made during the year.

Our patients have a right to expect SECAMB 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 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 their members.

However, the format of the Quality Account and Quality Report is prescribed under regulation and forms three parts which must appear in the following order:

- + **Part 1.** Statement on quality from the chief executive of the NHS foundation trust;
 - + **Part 2.** Priorities for improvement and statements of assurance from the board;
 - + **Part 3.** Other information; and two annexes:
 - + statements from NHS England or relevant CCGs, local Healthwatch organisations and Overview and Scrutiny Committees; and
 - + a statement of directors' responsibility in respect of the quality report.
- In addition to this document, we also have a number of national measures which all ambulance trusts and NHS organisations are subject to. Current areas that are measured and monitored include;
- + operational performance, including response time performance;
 - + clinical care and patient outcomes (measured through the Care Quality Commission (CQC));
 - + how our staff feel about the organisation (measured through the NHS Staff Survey and Friends and Family Test (FFT));
 - + how our patients and local residents feel about the organisation (measured through patient and public surveys, engagement events, FFT and feedback from complaints and concerns);
 - + how our patients feel about the Patient Transport Service (measured through a quarterly patient survey); and
 - + how our patients feel about the NHS 111 service (measured by two patient surveys per annum).

Definitions of quality vary, tending to revolve around concepts (some of which can seem rather vague). However, in the past, four quality dimensions of High Performance Ambulance Services have been identified as: clinically effective, response time reliability, customer satisfaction and economic efficiency, of which SECamb believes patient safety should now be added as an explicit requirement (Figure 1).

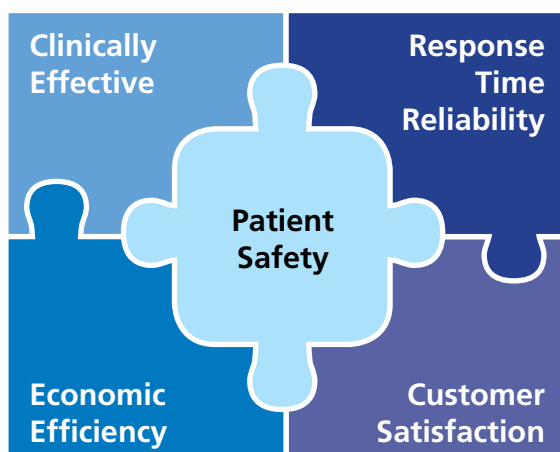


Figure 1: Model of High Performance Ambulance System

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.

As we move into 2015/16 SECamb will be launching its transformation programme which will radically reform the way we provide our services and

help us move towards our vision. In this respect, I will be managing clinical excellence, improving clinical outcomes and enhancing the patient experience and am looking forward to the year ahead.

Professor Andy Newton,
Chief Clinical Officer

Date: 28 May 2015

Part 2

3. Quality improvements implemented by SECAMB

3.1. Clinical Strategy

A new five year Clinical Strategy 2014-2019 has been developed and published which builds on the clinical and quality elements of SECAMB's operational and strategic plans, and takes account of the annual planned service developments. The full Clinical Strategy can be found via this link http://www.secamb.nhs.uk/about_us/document_library.aspx

3.2. Clinical Quality Improvements

SECAMB is committed to being an organisation at the forefront of excellence in clinical care and undertakes this by identifying current best practice and benchmarking itself against this. We continue to engage with and participate in the National Ambulance Clinical Quality Programme, as defined in the NHS Operating Framework which covers a number of measures regarding the quality of ambulance services in England in terms of both system and clinical indicators.

SECAMB continues to identify and refine suitable new quality indicators and associated metrics that are reflective of good clinical care leading to improved patient outcomes. In addition, continued application of existing indicators and the introduction of new ones for testing, refinement and implementation will be progressed as part of the broader annual Clinical Audit and SECAMB's Annual Business plans.

3.2.1. Cardiac Arrest Task Force (CATF)

The CATF was established during 2013/14 to focus on reviewing the quality of care

given to cardiac arrest patients and to positively impact on Return of Spontaneous Circulation (ROSC) at hospital (both all and Utstein groups). Comprising operational and non-operational staff, the CATF aims to meet monthly to review clinical performance data and to undertake a peer review process to identify incidents where care could have been improved or was not potentially delivered or documented in accordance with clinical guidelines. These variances are reported back to the local Clinical Operations Managers (COMs) to enable them to have dialogue with the respective member of front line operational staff and also inform learning and development programmes as appropriate.

Since the inception of CATF SECAMB's overall cardiac performance has not only increased but also been sustained above the national mean. Additionally, clinical performance of ROSC patients has become significantly less variable month on month. Work continues by the group to calculate ROSC to Operational Dispatch Area (ODA), station and individual clinician level.

During 2014, the CATF applied for a National Award at the Patient Safety and Care Awards under the Clinical Leadership category and was successfully shortlisted and recognised as a finalist. SECAMB was the only ambulance trust in the country to be shortlisted.

3.2.2. Quality Improvement Group (QIG)

SECAMB's Quality Improvement Programme built upon the success of the CATF and was developed primarily to (a) oversee and manage the implementation and management of the outcomes from

clinical audits and resultant changes to clinical practice and (b) focus on driving improvements in stroke and ST Segment Elevation Myocardial Infarction (STEMI) clinical performance.

Again comprising both front line operational and non-operational staff, the team have:

- + developed stroke pathways posters clarifying what is clinically required for all stroke patients;
- + delivered an awareness raising campaign into the importance of clinicians' recognition of patients with an irregular heartbeat;
- + produced an EOC flow chart to assist in reducing on scene times for confirmed stroke patients; and
- + developed a procedure for the monitoring and management of STEMI <150 minute breaches.

The impact of the work of the group is monitored via our Clinical Performance Indicator (CPI) reporting whereby a continued positive variation in performance is expected to be seen over the coming months. However, the QIG formally reports into the Clinical Quality Working Group which, in turn, reports to the RMCGC.

3.3. Research and Development

Clinical research remains a vital activity within the NHS when working towards improved care and management for our patients. SECamb is committed to undertaking high quality research to ensure that its service users receive excellent clinical care grounded in best evidence.

It is essential that ambulance services remain engaged and responsive to the demands they will encounter in the coming

years as the requirements on the service are likely to increase. Research remains core business for all NHS trusts no matter what the size and nature of the trust.

Although SECamb currently does not have a dedicated research unit, over the past 12 months we have participated successfully in a number of different research activities for example:

+ *Out of Hospital Cardiac Arrest Outcomes (OHCAO)*

This is a national study funded by the National Institute for Health Research led by the Clinical Trials Unit at the University of Warwick.

This research aims to establish the epidemiology and outcome of out of hospital cardiac arrest and explore sources of variation in outcome. In addition it hopes to develop the infrastructure for an on-going OHCA database.

+ *Consensus towards Understanding and Sustaining Professionalism in Paramedic Practice Project*

This project is a collaborative venture between SECamb and the School of Health and Social Care at the University of Surrey. The research is being conducted by a team with members of both organisations.

The project aims to develop an in-depth understanding of professionalism in paramedic practice; and to produce and disseminate research-informed professionalism-promoting educational materials with a view to improving patient, family and paramedic experience. The research has recently been completed and as at March 2015 the final report for dissemination of the findings is awaited.

Part 2

- + Understanding variation in rates of “non-conveyance to an emergency department” of emergency ambulance users

With regard to the growing demand for response to emergency calls, ambulance services have increased the proportion of patients not conveyed to an accident and emergency (A&E) department in order to help manage demand, provide a clinically appropriate service for patients and contribute to reducing unnecessary use of A&E departments.

The objective of the study is to identify the determinants of variation between, and within, ambulance services for three types of non-conveyance:

- + “Hear and treat” (i.e. provision of telephone advice and signposting rather than dispatching a vehicle);
- + “See and treat” (i.e. treatment at the scene); and
- + “See and convey elsewhere” (i.e. transport to other facilities such as an urgent care or walk in centre).

There is considerable variation in the rates of different types of non-conveyance, and in non-conveyance overall, between the 10 ambulance services in England. The main benefits of this study will be to provide guidance for policy makers, healthcare commissioners and ambulance services about the actions they can safely take to increase non-conveyance rates whilst minimising re-contact rates.

- + **PRINCESS - use of early targeted cooling intra cardiac arrest**
SECAmb have been invited to join this international randomised control trial

examining whether implementation of targeted temperature management (cooling) during cardiac arrest improves long term neurological outcomes. Currently we are seeking ethical permissions with a view to commencing this study in April 2015. However further details on this registered clinical trial can be found at <https://clinicaltrials.gov/ct2/show/study/NCT01400373?term=princess#contacts>.

- + **Development of research grant applications for full funding**
SECAmb has a commitment to encouraging and supporting quality research of all types. We aspire to develop existing partnerships as well as establish new partnerships with the aim of becoming a centre of excellence for developing and conducting research and evaluations related to patient care. During 2014/15 a number of collaborative research grant applications were developed/submitted to a variety of funding streams, with outcomes awaited:
 - + implementation of mental healthcare pathways;
 - + management of Transient Ischaemic Attack (TIA) in unscheduled urgent care settings;
 - + management of atrial fibrillation in pre-hospital settings;
 - + over the telephone aspirin;
 - + health and wellbeing of emergency call centre staff – a programme grant application which is hoped to be submitted in outline by October 2015 will explore areas such as

cardio vascular health, psychological health, nutrition, sleep etc;

- + oxygen in myocardial infarction (MI);
- + evaluation of pre-hospital sepsis;
- + intra-nasal morphine delivery; and
- + use of TENS for pain relief in blunt trauma.

+ **Research and Development Group (RDG)**

RDG members continue to represent SECamb on the following external research committees, which frequently generate additional activity for the RDG such as engagement in development of grant applications; participation in new and existing research studies; presentations at meetings, conferences and clinical development events; preparation of reports and/or activity plans:

- + College of Paramedics' Research and Development Advisory Committee;
- + National Ambulance Research Steering Group;
- + 999 Research Forum;
- + Clinical Research Network: Kent, Surrey and Sussex (and affiliated sub groups);
- + Sussex Research Consortium; and
- + Kent, Surrey and Sussex Academic Health Science Network.

+ **Governance for small-scale studies**

The RDG frequently supports small scale studies/pilot studies. These are not funded and either the results will be used as a basis for a full grant application to generate funding or the RDG is

supporting student projects in order to ultimately develop research capability within SECamb. Some examples include:

- + the psychological impact of being a Critical Care Paramedic (CCP) (student project); and
- + paramedic accuracy and confidence with a trauma triage algorithm: a cross-sectional survey (student project).

It continues to remain SECamb's intention to create an integrated research unit to ensure it capitalises on available opportunities to acquire funding to grow and sustain developments in research and innovation. During 2014/15 SECamb applied for, and were awarded, two funded Masters in Research places (Health Education Kent, Surrey and Sussex (HEKSS)) and a bid was put forward to the Clinical Research Network to part fund research posts within SECamb.

3.4. Kent, Medway, Surrey and Sussex (KMSS) NHS 111

During 2014/15, the KMSS 111 service continued to make considerable progress towards full achievement of KPIs and clinical quality targets. These improvements have been facilitated through a close and collaborative working relationship with the commissioners and other stakeholders, including:

- + more effective staff planning and deployment to meet service requirements;
- + the quality agenda has been driven through regular visits and communication with the CCG quality leads;
- + the clinical governance framework has become more assured with;

Part 2

- + the collation and presentation of a high quality monthly clinical governance report
 - + monthly Clinical Governance Advisory Group meetings with multiple stakeholders; and
 - + regular “end-to-end” call reviews aimed at improving the KMSS 111 service through understanding opportunities whilst embedding learning.
- + promotion of patient safety and reduction in clinical risk has continued to be an area of collaborative focus.

As a result of the above, performance across all KPIs for the period October 2014–March 2015 were greatly improved year on year and KMSS 111 has consistently delivered a high quality service which compares favourably with other NHS 111 services nationally.

During March 2015, SECAmb presented the findings of the KMSS 111 and 999 specialist practice project funded by HEKSS. The principal aims of the project were:

- + to deliver a module of education towards specialist practice for 999 and KMSS 111 clinical advisor nurses and paramedics in advanced assessment, decision making and communication; and
- + to develop, adapt and pilot a dedicated educational appraisal tool (modelled on the GP and Paramedic Practitioner tools currently in practice) to support clinical reflection, clinical supervision and the identification of development needs, amongst staff working within SECAmb’s 999 EOCs and KMSS 111 contact centres.

The evaluation report was welcomed by the HEKSS Urgent and Emergency Care Board

and reflected favourably on the project objectives. Following the findings of this project, the phase 2 pilot has been funded and will be used to further test the pilot of the educational appraisal tool and the practicality of its use within KMSS 111. The initial project was unable to successfully validate the appraisal tool within the KMSS 111 environment and this was primarily due to the operational challenges of implementing the tool within a new and complex KMSS 111 service. The findings of the original project, together with the phase 2 pilot, are considered to be highly influential nationally, and likely to inform the future blue-print of specialist practice development for nurses, paramedics and potentially other clinicians working in telephone-based triage assessment and management. The work is linked into the national and regional teams.

3.5. Medicines Management

Medicines management governance is essential to ensure SECAmb systems are appropriate, robust and safe whilst protecting the organisation, its staff and patients from inappropriate use of medicines and ensuring compliance with legislative statutory requirements.

In early 2014 there was a national change to the laws governing medicines management, which meant that SECAmb was required to re-engineer its arrangements for medicines procurement, storage, handling and governance. Therefore, during 2014 we successfully established and commenced the introduction of centralised medicines repositories using secure medicine cabinets and controlled drugs safes accessed by biometric technology providing the very

highest level of security. This advancement in medicines management technology has led the way in the ambulance sector for medicines management.

With the introduction of the new medicines management model, SECamb recruited a Pharmacy Technician who, working closely with the Medicines Management Team, has since overhauled our procurement of medicines, thus ensuring greater availability, purchasing economies and increased governance and resilience.

The management of Community First Responder (CFR) medicines has been incorporated into this new model and enables us to provide medicines in a quick and responsive manner whilst also decreasing downtime previously encountered due to legacy supply arrangements, to allow our volunteers to continue to provide lifesaving care at the point of need.

3.6. Electronic Patient Clinical Record (ePCR)

SECamb's plans include the introduction of a system for electronic patient clinical records which will lead to standardised and auditable standards of care and better access to specialised information in real time. ePCR will enable faster and more accurate collection of clinical data, enabling more effective analysis to support clinical performance improvement.

During 2014/15 the ePCR project was officially formed and gained momentum. At the start of the year the important decision was made to issue Corporate Owned, Personally Enabled devices, commonly known as COPE. This will see SECamb being the first ambulance

service to deploy the ePCR system on a personally issued, multipurpose and lightweight "tablet device" as opposed to the single use and heavy toughened laptops allocated per vehicle as used elsewhere.

This was followed by the finalisation of the software specification and the subsequent Official Journal of the European Union (OJEU) procurement process. Thirty companies initially expressed an interest, which reduced to five actual submissions, with the final contract being signed in March 2015. The successful company have a wealth of experience in hospital-based ePCR and document management systems. They are also keen to expand into the ambulance service sector and are demonstrating a very high level of co-operation and resourcing to get the project successfully completed and rolled out.

In view of the fact that SECamb elected to separate the procurement and ownership of the device from the software, we are in the unique position where we will have a mobile working platform for each front line operational member of staff that can be used for multiple purposes. Initially this will be ePCR, e-mail, calendars and access to the intranet/internet but will soon be followed up with approved clinical reference Apps, e-forms for everyday tasks that are currently paper based and access to learning and development resources from wherever crews are located.

In the background to all this, the ePCR team are developing electronic handover procedures with hospitals and other receiving units, together with improved clinical reporting/analysis and discharge summaries for GPs where patients were not conveyed.

Part 2

3.7. Safeguarding

During 2014/15 a detailed review of the management of safeguarding referrals was undertaken which has led to the development of a leaner process including a bespoke on-line referral form on our incident reporting tool to manage incoming referrals directly into the safeguarding database together with recruitment of an additional member of staff to this team. The revised process has been tested successfully and the new model will go live SECAMB wide in April 2015 following close working with our commissioning safeguarding leads. The legacy process of referrals was totally paper-based and work is underway to ensure all paper records are also retrospectively input on to the new database to enable full auditing of safeguarding systems and processes; this will be completed by the end of June 2015.

As with medicines management, the introduction of this new model provides SECAMB with robust referral data, which will be developed to enable detailed reviews, audits and benchmarking, at ODA, station and individual clinician level.

3.8. Domestic Abuse (DA)

During 2013/14 SECAMB undertook a DA pilot supported by the Department of Health. A DA toolkit was developed, with DA staff champions established and trained. A full evaluation of the pilot was subsequently completed.

As a result we have scoped the best approaches to continue this work stream during 2014/15 and beyond, and in December 2014 recruitment for a DA

Specialist Co-ordinator on an initial 12 month contract was successful with funding supported by East and West Sussex, and Brighton and Hove County Councils, with support from the Sussex Police and Crime Commissioner. This project is now building on the foundations of the 2013/14 SECAMB Referral Pilot implemented in the Brighton and Hove area, and expanding it across the whole of Sussex.

3.9. Clinical Equipment & Consumables Sub Group (CECSG)

The CECSG is responsible for the development and management of effective governance arrangements in relation to SECAMB's standardisation, management, introduction and recall of clinical equipment and consumables.

In addition, the CECSG reports and oversees activities in this respect, ensuring a standardised approach to the management of clinical equipment and consumables, protecting its patients, staff and SECAMB from equipment/consumable risks whilst ensuring compliance with relevant statutory, legislative and corporate quality standards (e.g. CQC, Medicines and Healthcare Products Regulatory Agency (MHRA)).

The CECSG formally reports into the Clinical Quality Working Group, who are accountable to the RMCGC.

3.10. Fleet and Technical Support

In view of the changing model of care, it is vital that SECAMB 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 prime purpose of the technical support teams within SECamb is to ensure that vehicles are fully maintained, to the right standard at an acceptable cost. By using airline style maintenance regimes, we minimise critical vehicle failures and ensure vehicle and equipment availability for front line operational staff throughout the SECamb region.

The fleet team have modernised significantly in recent years to reflect this mission critical role, transforming services through lean system design, education and the exploitation of technology and vehicle diagnostics.

During 2014/15 the team provided 2,765,723 operational unit hours at an average maintenance cost of £1.32 per unit hour. In addition we supplied vehicle hours into the plan, 99.74% of the time, in order to meet patient demand.

The 2014/15 vehicle replacement programme was delivered on time and to budget. The annual replacement programme is one of the most complex projects SECamb undertakes, ensuring that the vehicles are designed to the needs of both patients and front line operational staff, built to the right standards and compliant with legislation. This programme included:

- + Thirty-seven Paramedic Practitioner vehicles; the design of these vehicles was predicated on the ability to “take healthcare to the patient”. Equipped with advanced patient diagnostics and other specialist equipment, the vehicles placed the needs of the patient and the clinicians at the very heart of the design.

This approach has seen an increase in conveyances to the right care provider for the patient, whilst seeing an overall reduction in ambulance transports, improving the patient experience, reducing our fuel consumption as well as leaving ambulance resources within the deployment plan for tasking.

- + Twenty-six double crewed ambulances; as part of our standard fleet replacement programme these vehicles continue to develop with the use of smart and composite materials which improve availability, infection control and reduce weight.
- + Four state of the art CCP ambulances were commissioned and deployed operationally. CCP teams assisted in the development of the design, which has seen a smooth integration into service.
- + Four purpose built neo-natal vehicles, designed in conjunction with Kent, Surrey and Sussex retrieval teams. The design has seen the exploitation of new technology to support the staff and baby whilst in transit.
- + Three dedicated incident support vehicles were delivered during the middle of 2014/15. The development of these vehicles will enable our Contingency Planning and Resilience team to reduce their overall fleet requirement by half.
- + A simulation vehicle has been built allowing for life-like training for front line operational staff and hospital teams. This project was possible through a multi-disciplinary team supported by the Kent, Surrey and Sussex Deanery and SECamb.

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- + A fleet of 35 all-wheel drive cars for COMs were rolled out during January-March 2015 following a very successful evaluation. This platform will provide the basis of a new Single Response Vehicle (SRV) also required for front line operational staff.

The car balances the challenge of environmental sustainability with operational versatility. A high-tech, low emission engine and all-wheel drive capability will enable SECAMB to respond to patients in the most inclement weather.

- + Implementation of SECAMB's Driver Safety System commenced during November 2014, with further detail as follows:
 - + The first stage saw the installation of a speed controller which limits vehicle speed when not on an emergency, when responding the vehicle is de-restricted. It is anticipated the reduction in fuel use will save SECAMB approximately £0.6million per year, with an overall reduction in emissions of approximately 19% of SECAMB's carbon reduction target going forward.
 - + The second stage relates to the installation of CCTV into our vehicles as safety of both the patients we carry and our staff is of paramount importance. As background, previously SECAMB had received allegations following treatment within the patient treatment areas of the ambulance and of poor driving practices both from our staff and other road users. In view of this, consideration was given to the installation of CCTV both internally and

externally on our new vehicles. This project was taken forward through SECAMB's governance process i.e. working groups and committees, where agreement was sought and appropriate controls, policies and procedures developed/approved in accordance with the Home Office guide - Surveillance Camera Code of Practice, Pursuant to Section 29 of the Protection of Freedoms Act 2012.

CCTV systems have been operational on our new fleet purchased from April 2014. Notices informing service and road users are clearly displayed both internally and externally on our vehicles and the CCTV footage has been successful in supporting or refuting both driving incidents and alleged assaults. This is supportive of positive actions to prevent our staff from the potential of assaults and is supported by NHS Protect. Access to the CCTV footage is restricted to a very limited number of managers within SECAMB and will only be accessed (and if necessary provided to the Police) following allegations of criminal activity, driving incidents or to the patient requesting footage of their treatment and conveyance.

- + Finally, the Fleet team were also successful in achieving the FTA "Van Excellence" award. This prestigious award independently validates the governance arrangements SECAMB has in place for its complex vehicle fleet, recognising what we do is truly market leading.

3.11. Patient Experience

Following a review of complaints and PALS processes in 2013/14 there were a range of recommendations for improvement to be implemented during 2014/15. Updates on these are as follows:

- + Increasing and better publicising the mechanisms available to the public for making complaints, comments and suggestions, to include production of a leaflet, introduction of a lo-call telephone number and better web functionality:
- + October 2014 saw SECAMB's implementation of the FFT Patient Question, aimed at "see and treat" and PTS patients. To promote this initiative to patients we have developed a leaflet entitled "We'd like to know what you think ...". As well as explaining to patients how they can answer the FFT question, the leaflet also has a "complaint, compliments, queries" section, encouraging patients to provide feedback on the service they have received, both positive and negative.
- + Bolstering the Patient Experience Team (PET) to provide sufficient capacity to deal with complaints, comments, concerns and compliments in a timely and robust manner following the introduction of new services:
 - + During 2014/15 the PET has been increased in size to implement the recommendation of the review.
- + The introduction of a system for grading complaints and concerns according to seriousness to

ensure that they are investigated thoroughly and proportionately:

- + In June 2014 a new system was introduced whereby when complaints are received they are graded according to their apparent seriousness, in order to help ensure they are investigated proportionately. They are graded by the PET, using a "grading guide", starting at grade 1, which are simple concerns that can be resolved by the PET themselves, to grade 4, which is the most serious and where the complaint has also been deemed to be a Serious Incident Requiring Investigation (SIRI). Grades 1 and 2 are classed as informal complaints, and grades 3 and 4 are dealt with formally, with a full investigation and a written response from SECAMB's Chief Executive. The PET worked with operational colleagues to devise and implement the system, which has been extremely effective in ensuring the most serious complaints are dealt with as quickly as possible.
- + Commissioners undertook an audit of our complaints systems and processes, which were found to be of a good standard.
- + Provision of report-writing training for investigating managers, to improve the quality of investigation reports and thereby reduce the amount of time undertaking quality assurance.
- + During 2014/15 the PET developed a Complaints Investigation Training course for staff who investigate complaints as part of their role. The aim of this course was to provide:

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- background information about the PET;
 - SECAMB’s ethos in addressing complaints;
 - NHS complaints guidance;
 - numbers/main causes of complaints received; and
 - information about the role of the Parliamentary and Health Service Ombudsman, and the CQC in dealing with NHS complaints.
- + Case studies are used during the training to demonstrate how to approach an investigation and the staff involved, how to compile and write an investigation report, with tips on writing complaints response letters being provided.
 - + The course concludes with the sharing of some recently received letters of thanks, or “compliments”, reminding attendees of the wonderful job they and their colleagues do, day in and day out, to bring a sense of balance to the proceedings.
 - + This course has so far been delivered to three groups of Clinical Team Leaders (CTLs) and has been very well received. Further courses are planned from April 2015 onwards, to also include PTS Managers and Team Leaders.
 - + We also plan to engage more with our staff, sharing with them the information we elicit from our patients about their needs and preferences, as well as encouraging staff involvement in the development of measures for improving our patients’ experiences.
- + SECAMB has always had a strong focus on improving services for patients, and in December 2014 held a Patient Experience and Engagement Workshop. Circa 30 people attended this event, including SECAMB staff from various departments; staff and public governors; SECAMB’s chairman; members of IHAG; and patient representatives (all six local Healthwatch organisations were invited but were unable to attend).
 - + The aim of the workshop was to discuss the importance of understanding how our patients feel about our services, to explain what SECAMB already does to find out about patients’ experiences, and discuss ideas and suggestions for more and better ways to obtain feedback from our patients. The event was very well received, with lots of suggestions for low cost but effective mechanisms for eliciting patients’ views. The most popular of these were to use existing groups and resources to promote feedback opportunities, with several types of groups suggested, and to work collaboratively with others, for example with hospitals, to obtain feedback together on the whole patient pathway.

3.12. Implementation of Friends and Family Test (FFT) - Patient Question

SECAMB implemented the FFT patient question in October 2014, in line with the national Commissioning for Quality and Innovation, whereby ambulance services were required to offer the opportunity to all “see and treat” and PTS patients to respond to this question. During 2014/15 there was no requirement

to provide statistics to NHS England, however full implementation is obligatory from 1 April 2015, after which monthly statistics must be submitted detailing:

- + the number of responses received, for “see and treat” patients and PTS patients separately;
- + what the activity has been for the month, i.e. the number of “see and treat” patients we have attended and the number of PTS patients conveyed; and
- + FFT scores.

3.12.1. Response Rate

During Quarter 3 (October – December 2014) only 75 responses were received and, despite raising further awareness within SECAMB, Quarter 4 (January – March 2015) has only seen 85 responses.

- + Q3 number of responses: 75 (44 PTS and 31 “see and treat”)
- + Q4 number of responses: 85 (36 PTS and 49 “see and treat”)

While SECAMB’s total of 85 responses for Quarter 4 is disappointing, it may be helpful to know that, of all 10 ambulance services, the highest response rate for “see and treat” was 81 and the lowest eight; and for PTS the highest number was 1,316 and the lowest was six. The Trust that recorded the highest number for PTS were a pilot for the FFT and also received CQUIN funding for a considerable period in advance of go-live.

3.12.2. FFT Patient Scores

The scoring method for the FFT patient question has recently changed, as it was not easily understood by patients nor by NHS staff. Therefore, Trusts are now required to report two scores: the percentage – in

whole numbers - of respondents who would recommend the organisation (both “likely” and “extremely likely”), and those who would not recommend the organisation (“unlikely” and “extremely unlikely”). This produces the following results for Q3 and Q4:

- + *Quarter 3 scores*
 - + A&E: 94% would recommend SECAMB. 1% would not recommend SECAMB
 - + PTS: 80% would recommend SECAMB. 11% would not recommend SECAMB
- + *Quarter 4 scores*
 - + A&E: 100% would recommend SECAMB
 - + PTS: 92% would recommend SECAMB. 6% would not recommend SECAMB

While the response rate is disappointing, SECAMB’s scores are very high, as would be expected based on the surveys we carry out, the relatively low number of complaints we receive, and the high number of ‘compliments’ received about our staff from patients, relatives and carers.

3.12.3. Action taken to Improve Response Rate

Following the poor response achieved for Quarter 3, an article was placed in the SECAMB staff bulletin to further promote the initiative, along with a selection of positive patient comments aimed at encouraging staff to offer leaflets to PTS patients and to leave them with patients who are not conveyed to hospital.

The FFT patient question will form part of the new Patient Experience session included in key skills training for operational staff from April 2015.

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3.12.4. Patient Comments

Some wonderful comments have been received from patients, carers and family members during Quarter 4 and where it is possible to identify the staff, letters have been forwarded to them to congratulate them and to thank them for their dedication. A selection of these comments can be seen as follows:

“I was absolutely delighted with the service I had. Two members of staff knew exactly what they were doing, they were polite, kind, not critical in any way of what I might have not done or done. They were professional and they were kind. They were well trained and I couldn't have been happier.”

“He came to see my husband who had split his head open after being up in the loft. He was of excellent attitude; he obviously calmed everyone down in the household and sorted out my husband as well. He was very good with my 11 year old son who also has cerebral palsy and who was extremely upset in regards to what had happened to his father, but the gentleman who did come to see my husband was fantastic and I would like you to pass on our many thanks to him for his fantastic work. Without him I think everybody would have carried on panicking. I do understand that the service are criticised; the NHS are criticised enough and not praised so I would like to make sure that this message has got to that gentleman”.

“On Boxing day I had pneumonia and needed to dial 999. The paramedics that came to me were absolutely excellent, they were nice, when the local hospital A&E were absolutely chock-a-block and the waiting time was going to be, well,

hours and hours and hours, they went out of their way to find me an alternative service, i.e. they found a doctor that was willing to give me antibiotics, and transport to the local pharmacy that was open so I can't praise them enough.”

“They dealt with my son in a kind and compassionate way and everything was very good. They explained clearly what they were doing to both him and us, his parents, and made sure he was comfortable, gave him everything he needed and both members of staff on board the ambulance were lovely.”

“Very caring and efficient help that I received when my husband wasn't very well yesterday and I have always found the same with the paramedics with past experience. I can't speak too highly of them, they're good tempered, they're efficient, very caring and I think really it's the caring part that comes out the most and I certainly would recommend them to friends and relatives.”

“My husband had a hospital appointment and SECamb came to pick us up. They were very caring and helpful and made sure we were comfortable. The lady helped to get a wheelchair for my husband when we got to the hospital. We were very lucky we had the same crew to fetch us back home and was just as helpful. We would just like to thank you for all your help and care.”

“I recently needed transport to a hospital appointment due to a broken left leg. Just a few words to say a big, big, thank you for all your help and kindness to me, which was greatly appreciated and to say 'extremely likely' to recommend your services. Again, very many thanks to you all for your help.”

“At the moment, I'm using the ambulance patient service monthly, because of a

lung condition. I find it very helpful, the drivers and their assistants. I don't know any of them personally but they are all doing an amazing job."

Although anonymity prevents investigation in most cases, any adverse comments received have been passed to the relevant teams, as even non-specific information and observations can help to improve services.

3.13. Community First Responders (CFRs)

SECAmb currently has 667 CFRs (82 of whom were recruited and trained during 2014/15) spread across Kent, Surrey and Sussex. Our CFRs have attended 19,606 emergency calls (2014/15), of which 11,835 were categorised as life threatening including 1,114 of which were cardiac/respiratory arrest calls.

An enhanced Data Barring Service (DBS) check is undertaken as part of the initial recruitment procedure, and this is renewed every three years in line with the process currently in place for front line operational staff. Training on safeguarding of adults and children is included for our new CFRs and, as per guidelines from our learning and development team, this training is undertaken by CFRs on a three year cycle.

During 2014/15 all newly recruited CFRs were trained in taking blood pressures, temperatures and oxygen saturation levels. With regard to previously qualified CFRs, update training continues to be delivered, where possible by using support from operational paramedics to deliver this locally.

As stated in last year's Quality Account, the five day CFR training course has been rolled out and feedback received

to date has resulted in a further review. SECAmb are now exploring the use of a national CFR qualification which will impact on the scope of practice for these volunteers. This is on-going work and will be concluded in 2015/16.

3.13.1. Public Access Defibrillators (PAD)

SECAmb is continuing to support the establishment of PAD sites, by providing advice and guidance to individuals, local companies, organisations and parish councils. Our CFRs play a vital part in this work, offering their time to train members of the public in their own communities, and taking part in British Heart Foundation initiatives. There are over 1,957 PAD sites within SECAmb's operating area which are identifiable on our computer aided dispatch (CAD) system.

3.14. Collaborative Working

During 2014/15 SECAmb has continued to make progress on its inclusion programme and implementation of its Inclusion Strategy. The 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 collaboratively and effectively with all our stakeholders.

SECAmb's Inclusion Strategy embodies the NHS value "Nothing about me without me" and puts the patient at the heart of everything we do. It also fulfils the NHS Constitution right to be involved and our services will reflect the needs and preferences of patients, their families and carers. It aims to provide an inclusive, effective approach to engaging and involving people with an interest in SECAmb.

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The Inclusion Strategy was approved by the Board in May 2012, following an extensive consultation process. A key recommendation from the strategy was the establishment of our IHAG, which was set up in September 2012. Membership comprises a diverse group of stakeholders who advise SECAmb on effective engagement and involvement relevant to significant service development planning and implementation, annual planning and other annual engagement such as the Quality Account, significant workforce and volunteer developments, and patient experience. Members also work with SECAmb, as our “community of interest” on the Equality Delivery System 2, participate in equality analysis and

monitoring the success of implementing our Inclusion Strategy and its success.

A notable achievement during 2014/15 was when IHAG members presented at an event organised by North Kent Clinical Commissioning Groups and SECAmb received an award in the category for “Embedding a Culture of Openness” for the introduction of the IHAG.

SECAmb’s approach to collaborative working enables us to involve and engage in the most appropriate way. For example, simple engagement can take place virtually by email or survey; a single or series of focus groups, bespoke workshops or large-scale engagement events are organised as appropriate.

Key achievements of the IHAG during 2014/15 include:

Undertaking a review of our published equality information and providing feedback and recommendations for improvement.	Planning and participation in grading us against the goals and outcomes of the NHS Equality Delivery System 2 framework.
A joint Patient Experience event with Governors and other key stakeholders.	Members have participated in a number of SECAmb working groups and sub groups and reported back on the outcomes.
Grading SECAmb against the goals of the Equality Delivery System and reviewing and refining our Equality Objectives.	Attended workshops and made recommendations on plans for new MRCs.
Developed and delivered Experts by Experience Training workshops.	Developed and launched Learning Disability Alert Cards.

In addition to the above, SECAmb continue to be committed to working collaboratively wherever possible. We host twice yearly meetings with representatives of the six Healthwatch organisations in the region who have responsibility to actively engage with the community and encourage local

people to share their opinions on the health and social care services that are available in their areas. Jointly we work together to ensure that mechanisms are in place to share information and respond to enquiries in an effective and timely way for the benefit of our population.

3.15. Sustainability and Environment

During 2014/15 SECAMB has moved closer to delivering on many of the initiatives set out in the Carbon Management Plan.

Our partnership work has taken a new direction during 2014/15 and working with a number of agencies we have been successful in bidding for government funding to lease 15 new hybrid vehicles as front line resources.

In support of this project, and again funded via partnership with the Department for Transport and a local manufacturer, we now have a network of 10 electric vehicle charge points. These points will be used to charge the batteries of the new hybrid vehicles.

During 2014/15 a new Salary Sacrifice Car Scheme was introduced. This scheme has seen overwhelming interest from staff reaching the annual take up target of 3% within the first four months. The scheme incentivises staff to choose smaller, cleaner and more efficient vehicles including hybrids and electric vehicles and these choices are clearly being reflected in the vehicles staff are taking on through the scheme.

SECAMB now has a draft Travel Strategy to mobilise staff on issues associated with business travel and reducing our carbon footprint from transport.

In 2014/15 SECAMB have also engaged with the Carbon and Energy Fund who provide interest free loans to public sector organisations seeking to make energy efficiency improvements to their estate. Access to such loans allows us to repay them through energy savings made by the installation of new technology and improvements.

A new recycling system has been introduced within SECAMB and we will soon be able to report on waste management performance on an individual site basis as well as by ODA on recycling performance and all other waste stream compliance.

Our MRC projects will meet a high environmental specification including the ability to use rainwater harvesting for washing operational vehicles. We are also exploring the options for battery technology to capture energy obtained from rooftop photovoltaic arrays to run vehicles on electricity. This work supports the objectives set out in SECAMB's Adapting to Climate Change Plan 2014 – 2020 which acknowledges the main risks and sets out an action plan to ensure resilience is strengthened in the face of a changing climate.

3.16. Patient Transport Services (PTS)

SECAMB undertakes PTS across Surrey and Sussex, transporting patients to and from hospital out-patient and in-patient appointments. Each day 1,500 journeys are carried out to over 70 different locations where patients, with a range of differing mobilities, receive their treatment.

Patients continue to report high levels of satisfaction through the patient satisfaction surveys carried out in Surrey and Sussex every three months. This shows 97% satisfaction with the service, 98% satisfaction with the staff, and 89% satisfaction with timeliness.

Timeliness has steadily improved for all patients such that nearly 90% of out-patients are within the contracted timeframe, and with almost 80% of

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patients being discharged from hospital on time. Simultaneously the number of patients experiencing unacceptable delays has halved from 1,400 journeys a month (7% of all journeys) to less than 500 (2% of all journeys) over the last two years (2013/14 and 2014/15). Unfortunately there are still up to 20 journeys per day out of 1,500 where patients experience unacceptable delays. PTS managers, staff and hospital colleagues are continuing to work together to improve timeliness for patients and further improvements can be expected throughout 2015/16.

Occasionally everything is not as we would wish and patients and their carers contact us to express their concerns, seeking to understand what went wrong and to gain assurance that lessons have been learned. The number of complaints has more than halved, from 180 per month two years ago, to 60 per month by the end of 2014/15.

The majority of complaints relate to timeliness, followed by concerns relating to transport arrangements in respect of booking issues and transport arrangements, with most of the remaining complaints being related to staff concerns.

3.17. Private Ambulance Providers (PAPs)

SECamb utilise the services of PAPs in the same way that other organisations use bank/agency staff. PAPs are managed through a formal procurement framework, which provides improved governance and cost benefits.

SECamb has processes in place to monitor PAP performance and governance and, if

necessary, action plans are implemented to ensure service improvement.

This also includes the evidencing of driving qualifications, clinical training, DBS and proof of identification.

3.18. Thanet and Ashford Pilot Operational Units

SECamb launched year-long pilots in the Ashford and Thanet areas of Kent, which commenced in July 2014. These pilots looked at ways to alter the approach to staff, clinical, resource and operational management within an ODA. The aim was to find ways to fully derive the benefits to patient care and operational efficiency which come from Make Ready and central reporting and to look at new ways of working to improve patient experience, response times and staff engagement. The pilots have included changes to rostering, local management structures and responsibilities, local management of key clinical and performance KPIs and a general move towards a structure which gives local management more autonomy within a central governance framework.

Feedback from front line operational staff, via surveys, highlighted a lack of contact with their line managers since they regularly respond to 999 calls from Ambulance Community Response Posts (ACRPs) rather than an ambulance station. In response to this, a pilot new service delivery model maximising contact between CTLs and front line operational staff has been put in place, together with new shift rotas to better meet changing seasonal demands.

In order to achieve the above, a new local management structure was put in place giving more responsibility to CTLs in each pilot site, which has been positively received by staff e.g. closer liaison with their CTLs together with local scheduling staff on hand to resolve any rota issues.

With regard to the new rota system, staff task and finish groups were set up in Ashford and Thanet to consider patient demand along with flexible working arrangements. New rotas now consist of a mixture of eight, 10 and 12 hour shifts which provide staff with variations previously unavailable.

Refurbishment work was required in order to establish a Thanet MRC, which included centralisation of a number of outlying stations. However, Ashford was already fit for purpose.

Some of the key outcomes achieved to date are:-

- + greater responsibility to CTLs, allowing them to be more responsive to their teams' needs;
- + delivery of statutory and mandatory key skills training and monthly continuous professional development events;
- + CTLs provide 24/7 Bronze operational officer cover, which includes provision of clinical support and self-tasking to emergency calls;
- + CTLs also work closely with Emergency Operations Centres (EOCs) to ensure front line operational staff receive their meal breaks within the designated window, where possible;
- + to assist the Bronze operational officer, a Duty CTL provides a supportive role

during an eight hour day shift which encompasses dealing with operational staff issues e.g. hospital delays, investigations, drug control and absence management; and

- + good achievement of the 32 KPIs and quality standards.

These new pilot working arrangements have enabled further integration with SECamb's CCGs, which has led to collaborative working with local GP surgeries in providing new practitioner services.

3.19. Hazardous Area Response Team (HART)

HART within SECamb provides both a national and local response to patients who are injured/unwell in difficult/challenging environments or where incidents involve multiple casualties. The Department of Health initiated the HART programme in 2007 to provide a key component of the government's resilience strategy.

Nationally since 2007 HART teams have responded to 62,000 incidents involving challenging or hazardous environments.

SECamb has two HART units based at Gatwick and Ashford. Forty-two staff are allocated to each base and each team consists of a Team Leader and six Operatives, all trained to a national specification. In addition there are two Managers and an Administrative Assistant who cover both bases. The fleet consists of 22 vehicles which are identical at both sites and conform to a national specification to ensure maximum interoperability with other teams throughout the UK.

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HART staff are trained to operate in four key disciplines:-

+ ***Incident Response***

This includes responding to chemical, biological, radiation, nuclear, and explosive risks. Extensive use of personal protective equipment is used including extended breathing apparatus, respirators and protective suits and gas tight suits.

+ ***Urban Search and Rescue***

HART staff respond to collapsed or damage structures and may have to work in confined spaces and at unrestricted heights such as scaffolding, tower cranes and other high structures.

+ ***Inland Water Operations***

HART staff can operate to rescue patients who are trapped in still or fast flowing water and may use rafts or powered boats for access during flooding etc.

+ ***Tactical Medical Operations***

HART staff can respond to incidents involving the use of firearms or mass casualty situations where firearms or other weapons have been used. HART Operatives are trained and equipped to operate in what is classed as the "warm zone" in these types of incidents.

The HART team also support SECAMB's wider operations by responding to life threatening 999 calls as well as assisting when hospital turn round times become a challenge, which may include the setting up temporary shelters for patients.

During 2014/15 HART has increased the skill set of its staff:-

- + to provide support to patients who have called 999 in a public disorder situation;
- + around water operations by training personnel to Swift Water Rescue Technicians; and
- + in the use of power boats for flooding situations.

3.20. Managing increase in demand

In order to help us manage the demand we faced during the year, especially during the winter period (Q3), the Trust put in a number of measures to ensure we could prioritise our response to the most life-threatening patients. These included:

- + Piloting different ways of managing the 999 calls passed over from NHS 111, especially at peak periods, by introducing additional triage by clinicians in our 999 control rooms. Between 20 December 2014 and 24 February 2015, the Trust ran a pilot which involved a further clinical assessment of certain NHS 111 calls which were redirected to the 999 Emergency Operations Centre. This allowed 999 resources to be dispatched to those most in need. Following some concerns raised by commissioners, we are now undertaking a retrospective review of the pilot jointly with our commissioners. This will be followed by an NHS England review, which is expected to report in Summer 2015.

- + Introducing new rotas for operational staff – to better match the “availability” of crews to meet the demand – by hour of day and day of the week.
- + Increasing the use of single response vehicles (SRVs) to improve patient care, efficiency and response times and enable us to better allocate Double Crewed Ambulances (DCAs) to those patients who are most likely to require conveyance to hospital.
- + Introducing the “Immediate” Handover Procedure, which enables us to free up ambulances waiting at hospitals at times of severe delay and operational pressures so that we can maintain a safe response to 999 patients.

3.21. Overview of the patient journey/experience during 2014/15

The following paragraphs describe SECAmb’s performance against selected metrics.

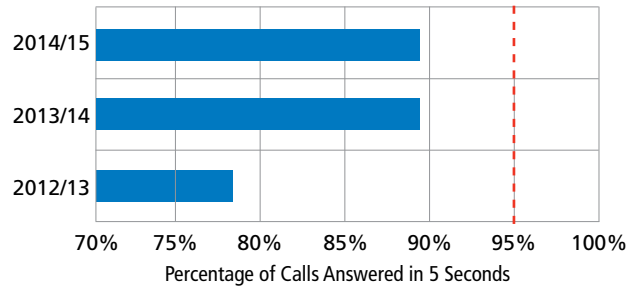
3.21.1. Taking the 999 Call

During 2014/15 SECAmb answered 89.45% of the 873,162 emergency calls it received in less than five seconds, with the national target being 95%. However, this was a higher number of calls received than in the previous two years (2013/14; 862,466 calls/89.35% and 2012/13; 716,416 calls/78.28%).

Currently SECAmb has three EOCs and the following describes the calls answered within 5 seconds for each EOC.

EOC Location	Performance
Kent	89.64%
Surrey	89.16%
Sussex	89.54%

SECAmb Emergency Call Answer Performance (Target 95%)



Data Source: info.secamb

3.21.2. Response Times

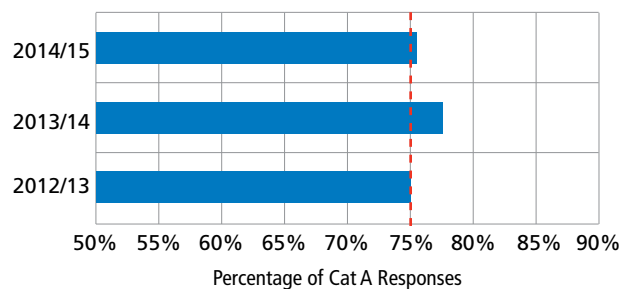
3.21.2.1. Category A 8 Minute Red 1 Response

For the period 2014/15, SECAmb responded to 13,107 Category A Red 1 calls, of which we were able to provide a response within eight minutes 75.3% of the time against the target of 75%. This compares to 76.8% (5,858 calls) for 2013/14.

The following describes the Category A 8 minute Red 1 performance for each of SECAmb’s EOCs.

EOC Location	Performance
Kent	76.10% (5,264 calls)
Surrey	73.38% (3,632 calls)
Sussex	76.01% (4,201 calls)

SECAmb Cat ‘A’ 8 Minute Red 1 Performance (Target 75%)



Data Source: NHS England

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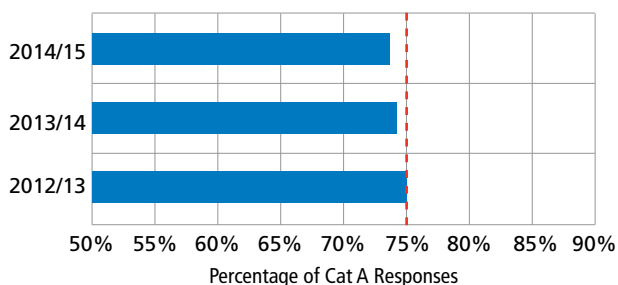
3.21.2.2. Category A 8 Minute Red 2 Response

For the period 2014/15, SECamb responded to 259,528 Category A Red 2 calls, of which we were able to provide a response within eight minutes 73.3% of the time against the target of 75%. This compares to 73.9% (256,007 calls) for 2013/14.

The following describes the Category A 8 minute Red 2 performance for each of SECamb's EOCs.

EOC Location	Performance
Kent	74.55% (103,139 calls)
Surrey	73.27% (70,095 calls)
Sussex	74.92% (85,900 calls)

SECamb Cat 'A' 8 Minute Red 2 Performance (Target 75%)

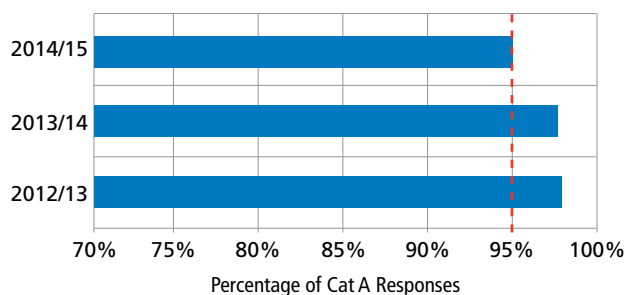


Data Source: Data Source: info.secamb/NHS England

3.21.2.3. Category A 19 Minute Response

For 2014/15, SECamb provided a response to Category A 19 minute response calls 95.1% of the time, against a national target of 95%. However, this was a slight decline on the previous two years (2013/14: 97% and 2012/13: 97.3%).

SECamb Cat 'A' 19 Minute Performance (Target 95%)



Data Source: info.secamb/NHS England

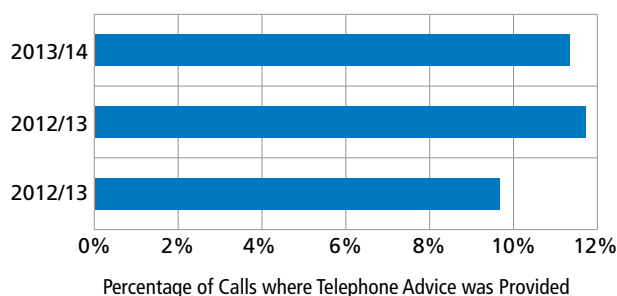
3.21.2.4. Hear and Treat

During 2014/15 SECamb provided telephone advice to 11.3% (104,895 emergency calls) received into our EOCs. This is a slight reduction on 2013/14 (11.8% - 101,770 calls) and an improvement of 2012/13 (9.7% - 77,269 calls).

The following describes the Hear and Treat performance for each of SECamb's EOCs.

EOC Location	Performance
Kent	11.57% (40,951 calls)
Surrey	10.94% (29,891 calls)
Sussex	10.94% (31,633 calls)
Other	6.19% (740 calls)

SECamb Hear and Treat



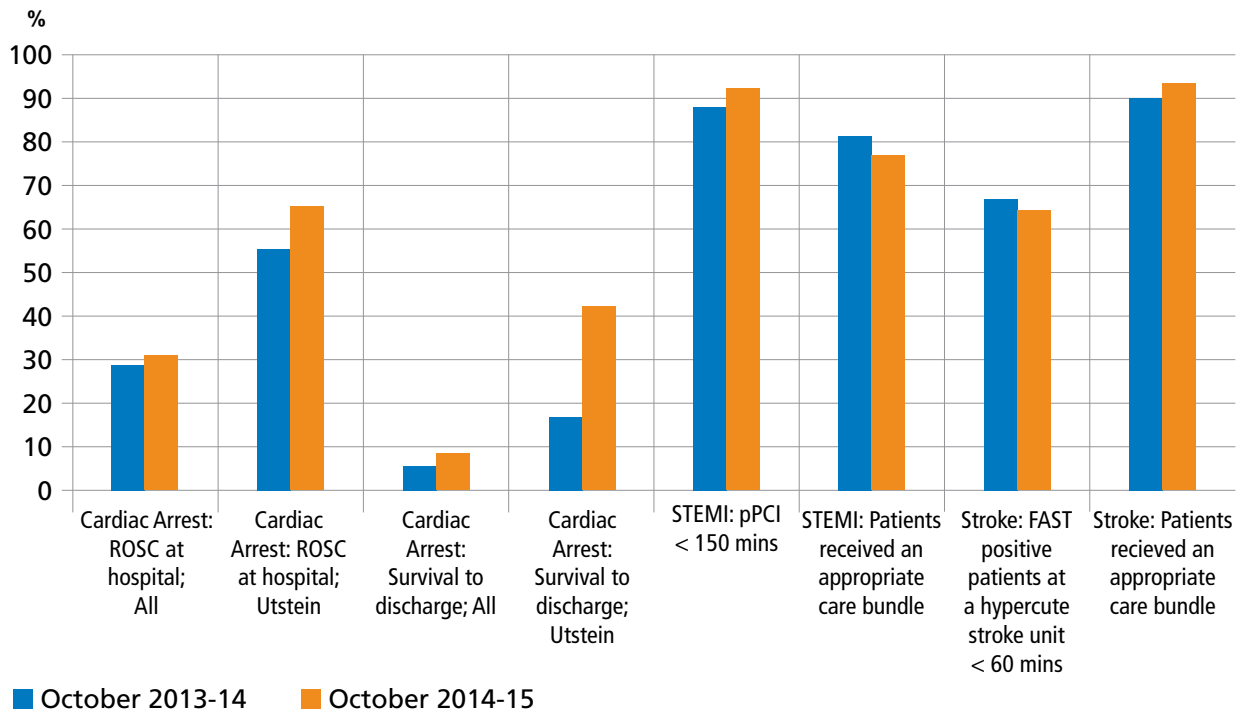
Data Source: info.secamb/NHS England

3.21.3. Outcome of Care

The following graph highlights SECAmb's performance across all Clinical Outcome Indicators during 2014/15 compared with performance during 2013/14. This demonstrates performance has increased across all indicators with the exception of STEMI and stroke performance. On-going

monitoring of performance during this time indicated these areas needed targeted improvement measures to be developed and as a result we established a focused Quality Improvement Group to work specifically on firstly stroke and subsequently STEMI management. An increase in performance is expected to be seen during 2015/16.

Trust Comparative Clinical Outcome Indicator Performance October 2015



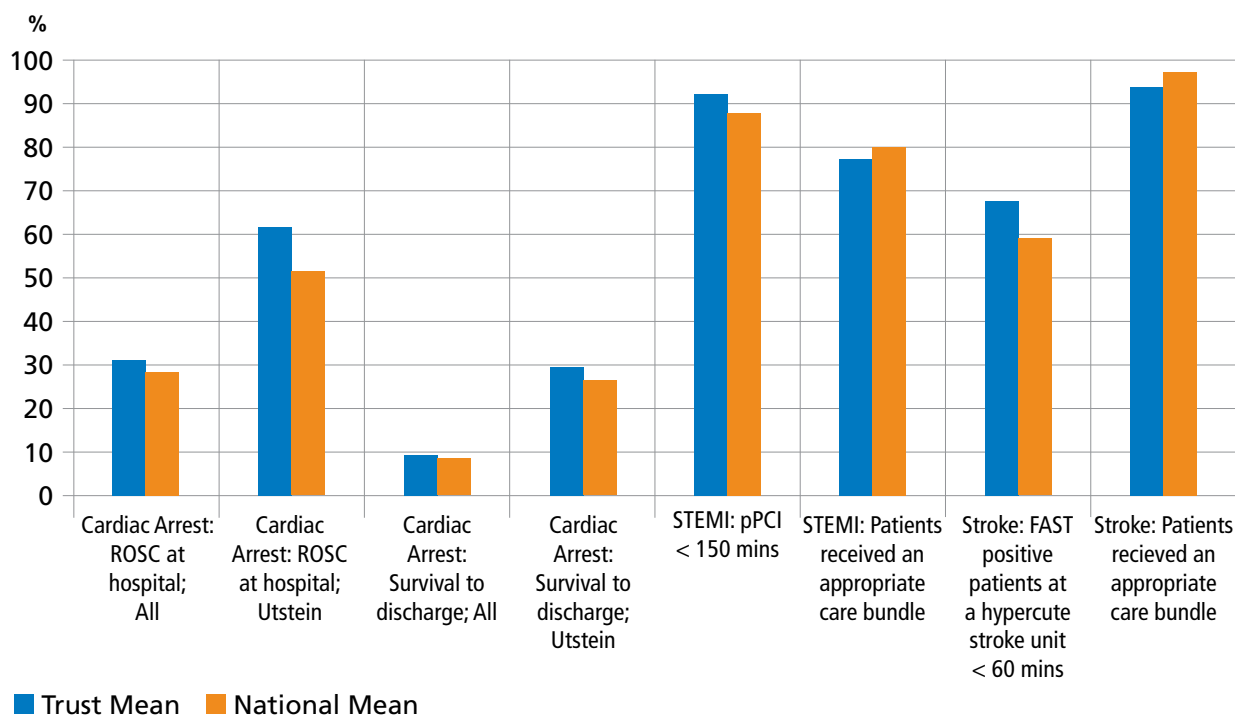
Data Source: SECAmb Medical Directorate

The following graph highlights SECAmb's mean performance across all Clinical Outcome Indicators during 2014/15 compared with the National mean (of the other national ambulance trusts) performance for the same period. Again, with the exception of STEMI

and stroke care, we have been performing above the national mean for all of the indicator requirements. It is expected that the focused work of the Quality Improvement Group specifically on these two areas will result in increased performance during 2015/16.

Part 2

Clinical Outcome Indicator Performance April - October 2014



Data Source: Medical Directorate

3.21.4. Patient Safety

The Trust continues to develop our Make Ready infrastructure and has four central reporting Make Ready Centres and these are:

- + Paddock Wood (Kent)
- + Ashford (Kent)
- + Thanet (Kent)
- + Hastings (Sussex)

In addition to the above there is also a satellite Make Ready Centre in Chertsey (Surrey).

The difference between a full central reporting MRC and a satellite MRC is the frequency in which vehicles and staff visit. This is reflected in the results below:

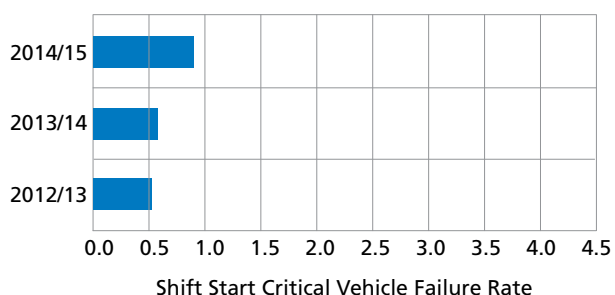
3.21.4.1. Make Ready Centre (MRC) Only A&E Critical Vehicle Failure Rate per 25,000 miles (shift start)

The MRC A&E critical vehicle failure rate at shift start for 2014/15 was 0.88 which is higher than the previous two years (2013/14: 0.57 and 2012/13: 0.54).

The following describes the shift start critical failure rate for each of SECAmb's constituent counties.

County	Performance
Kent	1.15%
Surrey	0.51%
Sussex	0.46%

A&E Critical Vehicle Failure Rate - Shift Start (Yearly Average | Max limit = 4)



Data source: info.secamb

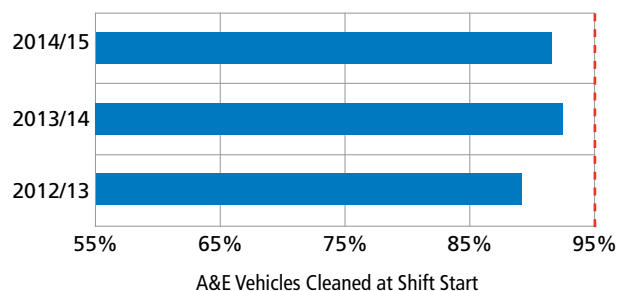
3.21.4.2. MRC Only A&E Vehicles Cleaned at Shift Start

During 2014/15 SECAmb cleaned 92.23% (33,936) of the 36,795 planned vehicles at shift start against a target of 95%. Although our target was not achieved due to the increased A&E demand experienced, and also fell slightly short on 2013/14 performance of 92.96%, it was an improvement on 2012/13 (90.33%).

The following describes the performance of the MRC shift start vehicle cleaning programme for each of SECAmb's constituent counties.

County	Planned	Actual	Performance
Kent	7,860	5,102	64.91%
Surrey	6,089	6,203	100.23%
Sussex	22,846	22,732	99.50%

SECAmb Make Ready A&E Cleaned at Shift Start (Target = 95%)



Data source: Info.secamb

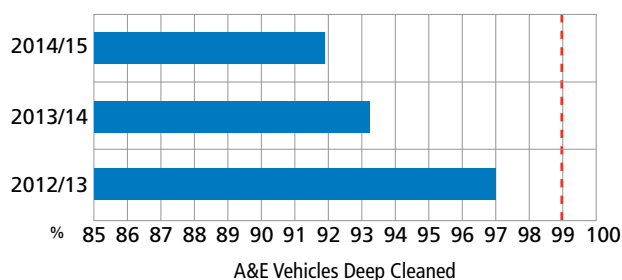
3.21.4.3. MRC Only A&E Vehicles Deep Cleaned

During 2014/15 91.93% (866) of the 942 planned vehicles to be deep cleaned were processed, however this was below the 99% target and also below performance for the previous two years (2013/14: 93.35% and 2012/13: 96.99%), again due to the increased A&E demand experienced.

The following describes the performance of the MRC vehicle deep cleaning programme for each of SECAmb's constituent counties.

County	Planned	Actual	Performance
Surrey	200	159	79.50%
Sussex	159	157	98.74%
Kent	583	550	94.34%

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



Data source: info.secamb

Part 2

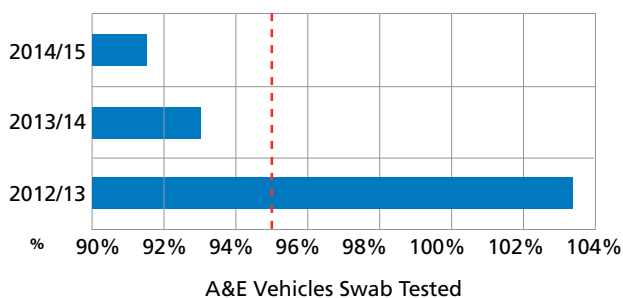
3.21.4.4. MRC Only A&E Swab Testing

During 2014/15 SECamb planned to swab test 104 MRC A&E vehicles, of which 95 were completed (91.35%) against a target of 95%. This was a reduction in performance compared to the previous two years due to the increase in A&E demand (2013/14: 93% and 2012/13: 103.45%)

The following describes the performance of the MRC vehicle swab testing programme for each of SECamb's constituent counties.

County	Planned	Actual	Performance
Surrey	24	19	79.17%
Sussex	13	10	76.92%
Kent	67	66	98.51%

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



Data source: info.secamb

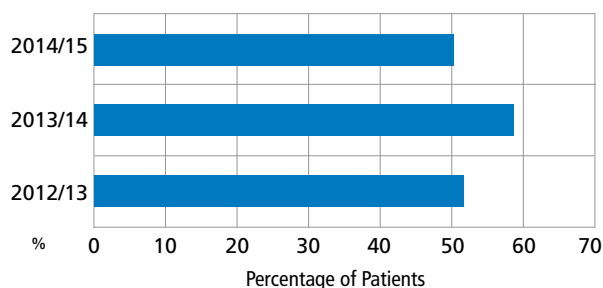
3.21.4.5. Patient Handover at Hospital – 15 Minutes

Where patients were handed over within 15 minutes and times were able to be recorded during 2014/15, 49.94% (160,030) were handed over to hospital clinicians within the specified timescale. This is a reduction on the previous two years (2013/14: 58.5% and 2012/13: 51.2%).

The following describes the percentage of hospital handovers where a time was captured that occurred within 15 minutes for each of SECamb's constituent counties.

Area	Number of Patients Handed Over	<15 Mins	%<15 Mins
Surrey	92,456	49,382	53.41%
Sussex	99,522	38,029	38.21%
Kent	127,749	72,619	56.85%

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



Data source: info.secamb

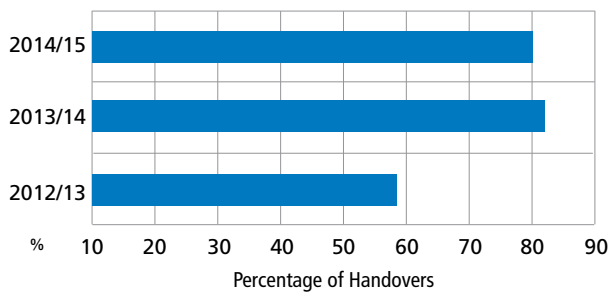
3.21.4.6. Hospital Handover Captured Times

During 2014/15 80.04% (319,727) of hospital handover times were captured. This is a reduction on the previous year's performance (2013/14: 82.3%) but an improvement on the performance for 2012/13: (58%).

The following describes the performance of captured hospital handover times for each of SECamb's constituent counties.

Area	Total Patient Handovers	Handover Time Captured	Compliance
Surrey	110,332	92,456	83.80%
Sussex	132,953	99,522	74.86%
Kent	156,468	127,749	81.65%

SECamb Hospital Handover Times Captured

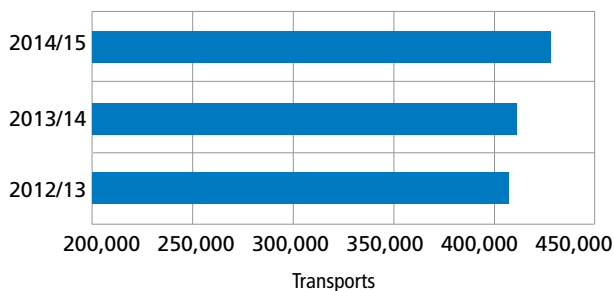


Data source: info.secamb

3.21.5. Transports to Hospital

SECamb transported 431,165 patients to hospital during 2014/15. This is an increase of 2.01% (8,530) on 2013/14 which was an increase of 2.86% on 2012/13. However, during 2014/15 emergency responses increased by 6.1% (39,640), with emergency calls increasing by 7.6% (10,696).

SECamb A&E Transport to Hospital



Data source: info.secamb/NHS England

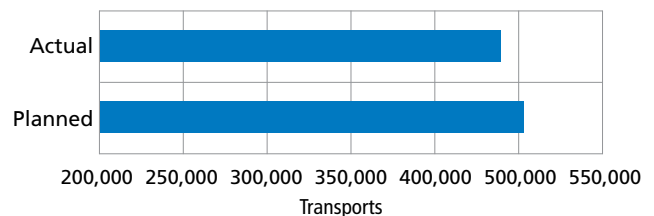
3.21.6. Patient Transport Service (PTS)

During 2014/15 PTS transported 488,133 patients to and from appointments for treatment against a forecasted figure of 501,590 patients.

The following provides the number of hospital out-patients transported for each of SECamb's constituent counties.

County	Count of Planned Journeys	Count of Actual Journeys
Kent	No contract exists for the Kent area	N/A
Surrey	204,253	202,401
Sussex	297,337	285,723

SECamb Patient Transport Service



Data source: Commercial Services Directorate

3.21.7. Patient and Public Experience

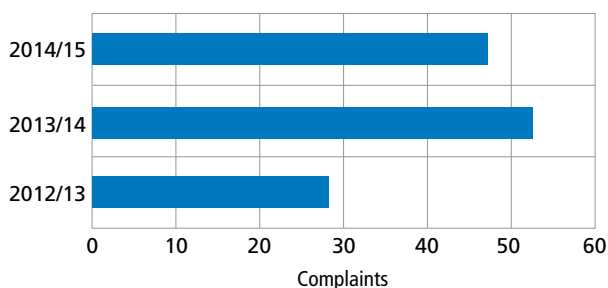
(Further information/breakdown of figures can be found in Section 10.3)

Part 2

3.21.7.1. Formal Complaints

The monthly average number of complaints received by SECAMB for 2014/15 was 47 compared with the figure for 2013/14 of 51.4 and 29 for 2012/13.

Formal Complaints (monthly average)

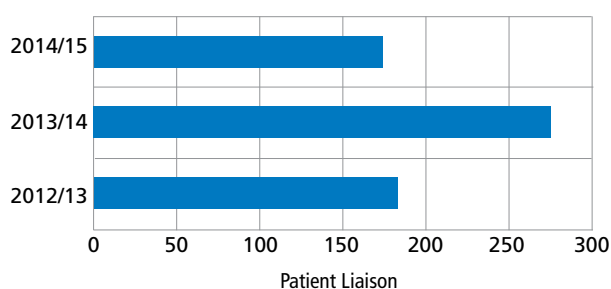


Data source: PET

3.21.7.2. Informal Complaints

The monthly average of informal complaints for 2014/15 was 177 which was less than the number for 2013/14 (282.6) and the 183 registered during 2012/13.

Informal Complaints (monthly average)

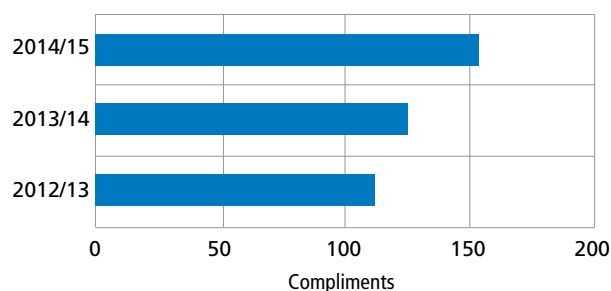


Data source: PET

3.21.7.3. Compliments

The monthly average number of compliments received by SECAMB for 2014/15 was 152.7, which is an increase on both 2013/14 (125.4) and the 110 received during 2012/13.

Compliments (monthly average)

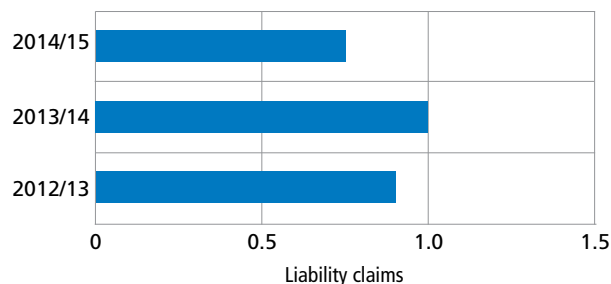


Data source: PET

3.21.7.4. Liability Claims

The monthly average for clinical negligence and liability claims for 2014/15 was 0.75 compared with 1 for 2013/14 and 0.9 in 2012/13.

Liability Claims (monthly average)



Data source: †Compliance Department

4. Updates on 2014/15 five Quality Measures

The Quality Account published last year (June 2014) allowed SECamb to focus on five quality measures. Monitoring has taken place during the year culminating in 2014/15 figures as follows:

Quality Domain: Patient Experience

+ **Quality Measure 1 – To consider whether there might be a relationship between SECamb staff satisfaction levels and clinical care/patient experience**

During recent years it has been suggested that dissatisfaction among NHS staff has a negative impact on patient satisfaction and quality of care. This link has been a particular focus for the NHS and regulators since the Mid-Staffordshire inquiry.

SECamb's surveys of 999 patients in 2011 and 2012 generated satisfaction levels of 92% and 93%, and the December 2013 survey exceeded this with 97% of patients stating that they were "satisfied" or "very satisfied" with the service SECamb provided. A sample of PTS patients are surveyed every quarter, and satisfaction levels have hovered around the 93% mark for the last three quarters of the financial year 2014/15 – again, relatively high.

In order to try to establish whether or not there may be a relationship between staff satisfaction and patient experience, following a Workforce Development Committee (WDC) meeting in October 2014, it was agreed to consider introducing an "engagement dashboard" where a broad range of indicators of staff morale and

engagement could be considered alongside patient satisfaction indicators. Staff engagement indicators being considered will include annual national staff survey results, quarterly staff FFT results and any local "temperature checks" undertaken, as well as other internal indicators. These will be viewed alongside patient satisfaction indicators including complaints and compliments data, patient FFT results and any other patient experience data.

The draft dashboard has been reviewed by the WDC and, to date, no link has been identified.

+ **Quality Measure 2 – Patient Drop Off and Pick Up Times for PTS Patients**

During 2014/15 84.41% of patients being transported by PTS arrived within 15 minutes of their appointment time. This is an increase of 3.56% on 2013/14 but unfortunately remains below the target of 95%.

Whilst the percentage of patients being transported within one hour following their appointment was 85.96%, an improvement of 3.18% on 2013/14, this is unfortunately also below the 95% performance target.

The third element of this quality measure for PTS includes transportation following discharge from hospital, transfers to hospices, nursing and care homes as well as assisting SECamb's 999 service in a supporting role for patients with non-life threatening conditions. The performance target for this element is 95% of patients conveyed by PTS within two hours of discharge. 2014/15 performance was 74.61%, which is an increase of 3.24% on 2013/14 figures.

Part 2

Quality Domain: Patient Safety

+ **Quality Measure 3 – NHS 111 Service for Patients with Long Term Conditions/Special Patient Notes**

To provide feedback from SECamb 999 service to the NHS 111 service in order that 111 patients with long term conditions (LTCs) and “special patient notes” can receive appropriate care when passed to the 999 service.

During 2014/15 NHS 111 passed 1,282 patients with LTCs to the 999 service. Of these 1,282 (7%) were able to receive appropriate care via the telephone, 50% were provided with face to face care from a SECamb clinician (“see and treat”) whilst 43% required treatment at hospital. While the absolute number of patients passed from NHS 111 through to the 999 service increased from the 2013/14 figures by 17.61%, the proportion that this represents of all calls received remains fairly constant.

Quality Domain: Clinical Effectiveness

+ **Quality Measure 4 – Intelligence Based Information System (IBIS)**

During 2014/15 SECamb continued to capture clinical information on non-conveyed patients registered on IBIS. From this patient group we coded approximately

29% of records for non-conveyed patients who had received a response from a SECamb clinician. This is less than the 44% achieved in 2013/14 and relates to a 17% increase in non-conveyed patients that were eligible for coding.

The Case Management/Care Plan function has been able to assist over 62% of patients whose details are registered on IBIS to avoid hospital attendance. Paramedic Practitioners (PPs) are also able to support and assist front line operational staff in decision making as to whether or not to convey an IBIS patient and is a 4% improvement on 2013/14.

On just over 51.9% of occasions where a PP has been involved with an IBIS patient a clinical discharge summary has been sent to the patient’s GP, which is a 3.4% improvement on the number of clinical discharge summaries sent to patients’ GPs during 2013/14.

+ **Quality Measure 5 – Cardiac Arrest Management**

Survival from cardiac arrest must remain the paramount task for ambulance trusts. By increasing the quality of care for these patients by reducing the variations in approach, it is hoped to increase the number of patients who are successfully resuscitated.

The CATF has continued to support front line operational staff in the questioning and clinical support within national and international resuscitation

guidelines. SECAMB are one of the best ambulance trusts in the UK for Return of Spontaneous Circulation (ROSC) for the year 2014/2015 with performance being:

	ROSC	ROSC (UTS)	Survival to Discharge	Survival to Discharge (UTS)
SECAMB Performance %	30.7	61.8	9.1	29.4
National Performance %	27.5	49.8	8.7	26.6

On occasions during 2014/15 the CATF have discussed innovative ideas with external companies promoting areas of clinical practice, one example being advanced cooling during the cardiac arrest efforts.

Future working will further support scene supervision and decision making.

The CATF was awarded "Team of the Year" at the recent internal SECAMB awards ceremony in recognition of their continued efforts with regard to cardiac arrests.

Part 2

5. Assurance on 2013/14 Mandatory Performance Indicators

5.1. Reporting on Core Indicators

Prescribed Information– Reporting Period 1/4/14–31/3/15	Formal Statement	Performance Data 1/4/14– 31/3/15	Performance for last two reporting periods
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:</p> <ul style="list-style-type: none"> + The data has been fully validated in line with SECAmb’s data validation procedures + Data has been submitted in accordance with the Ambulance Quality Indicator (AQI) Guidance 2014/15 + Data quality has been subject to internal and external audit, which provided reassurance to the quality of the reported data <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 developing an action plan and carrying out the following actions to improve Q4 in 2014/15:</p> <ul style="list-style-type: none"> + Additional unit hours have been provided + Lower Response Unit Hour Utilisation (UHU) + Focus on maximising SRV provision + Response Capable Managers deployed + Demand management of NHS 111 Out of Hours <p>In 2015/16 plans, in addition to detailed resource planning in line with predicted demand include:</p> <ul style="list-style-type: none"> + Continued demand management within NHS 111 of dispositions to 999 and A&E + Continued recruitment of ECSWs and Associate Practitioners + Phased move to new Operational Business Units 	<p>SECAmb performance: R1=75.3% R2=73.3%</p> <p>The National Average: R1=71.9% R2=69.1%</p> <p>Highest: R1=80.2% R2=75.4% and Lowest: R1=67.2% R2=59.7%</p>	<p>Data for April to February 2015 validated and re-submitted for AQI return by 16 April 2015</p> <p>March 2015 data submitted by 21 April 2015</p> <p>February 2015 R1=74.2% R2=69.5%</p> <p>March 2015 R1=76.8% R2=74.9%</p>

Prescribed Information– Reporting Period 1/4/14–31/3/15	Formal Statement	Performance Data 1/4/14– 31/3/15	Performance for last two reporting periods
<p>...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>	<p>The South East Coast Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons:</p> <ul style="list-style-type: none"> + The data has been fully validated in line with SECAmb's data validation procedures + Data has been submitted in accordance with the Ambulance Quality Indicator (AQI) Guidance 2014/15 + Data quality has been subject to internal and external audit, which provided reassurance to the quality of the reported data <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 = 95.1%</p> <p>The National Average = 93.9%</p> <p>Highest = 96.8% and Lowest = 91.2%</p>	<p>Data for April to February 2015 validated and re-submitted for AQI return by 16 April 2015.</p> <p>March 2015 data submitted by 21 April 2015.</p> <p>February 2015 R19=94.3%.</p> <p>March 2015 R19=95.2%</p>
<p>...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 data is as described for the following reasons:</p> <ul style="list-style-type: none"> + Data is based on analysis of SECAmb performance as per the national clinical indicator programme + The indicator programme defines the reporting criteria to ensure data standardisation from all reporting trusts + SECAmb performance is benchmarked alongside all other ambulance trusts in the country <p>The South East Coast Ambulance Service NHS Foundation Trust has taken the following actions to improve this data, and so the quality of its services, by:</p> <ul style="list-style-type: none"> + Continuing the work of the Cardiac Arrest Task Force (CATF) + Focusing the Quality Improvement Group on the management of STEMI care 	<p>SECAmb performance = 77.3%</p> <p>The National Average = 80.9%</p> <p>Highest and Lowest = 90.7% and 70.8%</p>	<p>April 2014 - October 2014</p> <p>September 2014 = 75.9%</p> <p>October 2014 = 76.8%</p>

Part 2

Prescribed Information– Reporting Period 1/4/14–31/3/15	Formal Statement	Performance Data 1/4/14– 31/3/15	Performance for last two reporting periods
<p>...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 data is as described for the following reasons:</p> <ul style="list-style-type: none"> + Data is based on analysis of SECAmb performance as per the national clinical indicator programme + The indicator programme defines the reporting criteria to ensure data standardisation from all reporting trusts + SECAmb performance is benchmarked alongside all other ambulance trusts in the country <p>The South East Coast Ambulance Service NHS Foundation Trust has taken the following actions to improve this data, and so the quality of its services, by:</p> <ul style="list-style-type: none"> + continuing the work of the CATF + focusing the Quality Improvement Group on the management of stroke care 	<p>SECAmb performance = 94.1%</p> <p>The National Average = 97.1%</p> <p>Highest and Lowest = 99.4% and 93.6%</p>	<p>April 2014 – October 2014</p> <p>September 2014 = 94.4%</p> <p>October 2014 = 94.6%</p>
<p>Friends and Family Test – 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:</p> <ul style="list-style-type: none"> + Online survey open to all SECAmb staff and volunteers who met the national criteria <p>The South East Coast Ambulance Service NHS Foundation Trust intends to take the following actions to improve this scores, and so the quality of its services, by: using the results, together with the results of the national NHS staff survey, to develop an action plan that seeks to address the underlying issues contributing to staff perception of the Trust as a poor employer.</p>	<p>SECAmb performance:</p> <p>“How likely are you to recommend the care SECAmb provides to your friends & family if they needed it?”</p> <p>Quarter 2 Likely = 84% Unlikely = 6%</p> <p>Quarter 4 Likely = 82% Unlikely = 6%</p> <p>“How likely are you to recommend SECAmb as a place to work?”</p> <p>Quarter 2 Likely = 33% Unlikely = 50%</p> <p>Quarter 4 Likely = 39% Unlikely = 45%</p>	<p>Quarter 2 - (September 2014)</p> <p>Quarter 4 - (March 2015)</p>

Prescribed Information– Reporting Period 1/4/14–31/3/15	Formal Statement	Performance Data 1/4/14–31/3/15	Performance for last two reporting periods
<p>...with regard to the number and, where available, rate of patient safety incidents reported 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> <ul style="list-style-type: none"> + The NRLS have reported that directly comparing the number of reports received from 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 + It is therefore advised that comparisons drawn within this report should not be used as a basis for assurance <p>The South East Coast Ambulance Service NHS Foundation Trust has taken the following actions to improve this number, and so the quality of its services, 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, Serious Incidents are now being included in the NRLS figures and as some of these 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 1/4/14-30/9/14 published by NRLS on 8/4/15</p> <p>SECAmb total number of incidents occurring = 218</p> <p>Total number of incidents that resulted in severe harm or death = 13</p> <p>Percentage of incidents that resulted in severe harm or death = 6%</p> <p>The National Ambulance Cluster average total number of incidents occurring = 434 Highest = 843 Lowest = 196</p> <p>The National Ambulance Cluster average number of incidents that resulted in severe harm or death = 12 Highest = 42 Lowest = 0</p> <p>The National Ambulance Cluster average percentage of incidents that resulted in severe harm or death = 3.1% Highest = 8.5% Lowest = 0%</p>	<p>Dataset for reporting periods 1/10/2013–31/3/2014 and 1/4/14-30/9/14 combined</p> <p>SECAmb total number of incidents occurring = 525</p> <p>Total number of incidents that resulted in severe harm or death = 25</p> <p>Percentage of incidents that resulted in severe harm or death = 4.8%</p> <p>The National Ambulance Cluster average total number of incidents occurring =769 Highest=1,346 Lowest = 485</p> <p>The National Ambulance Cluster average number of incidents that resulted in severe harm or death = 20 Highest = 62 Lowest = 0</p> <p>The National Ambulance Cluster average percentage of incidents that resulted in severe harm or death = 2.6% Highest =8.4% Lowest = 0%</p>

Part 2

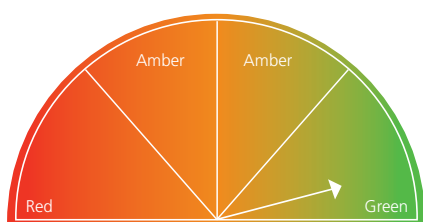
5.2. Audit Findings on Serious Incident Requiring Investigation (SIRIs) - Governors Choice

5.2.1. In line with the Department of Health and Monitor guidance issued in February 2015 to all Foundation Trusts, Governors were asked to agree a local quality indicator to be audited. SECAMB presented a Briefing Paper to the Governors on 28 January 2015 recommending SIRIs as the topic for this audit (agreement was obtained subject to any regulatory change) and this was formally recorded in the minutes of the Council of Governors meeting.

5.2.2. The audit is undertaken by an external company and commenced in March 2015 with the scope being "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".

5.2.3. Below is the overall opinion rating and conclusion from the audit report.

Conclusion



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

5.2.4. The above conclusions, which fed into the overall assurance level, are based on the evidence obtained during the review. The key findings from this review are as follows:

5.2.4.1. The Auditor was able to confirm from the testing conducted on figures presented in the 2014/15 Quality Account relating to the number of SIRIs that occurred within SECAMB could be validated back to source information retained on the incident reporting system (Datix).

5.2.4.2. A high level review of the system used by SECAMB to capture SIRIs and the subsequent investigation was conducted and the Auditor confirmed that it is robust and functions as stated.

5.2.4.3. SECAMB had a CQC report issued in January 2014 and as a result developed an action plan to address the number of SIRI breaches. This has resulted in no breaches during 2014/15. In addition, the Auditor was able to confirm that SECAMB has submitted all SIRIs within the timeframes issued by Kent and Medway Commissioning Support Unit.

5.2.4.4. As part of the CQC action plan the SIRI process has been reviewed with the intention of making the system less bureaucratic. The Auditor's findings of the process found that the flowchart and target dates being used were front loaded and therefore gave more time to production of the initial report and a tighter timescale for the internal review process.

5.2.4.5. The Auditor was pleased to report that SECAMB had followed its duty of candour in all instances and the lessons learned and recommendations from the investigations had been transferred to the SIRI action log for implementation.

5.2.5. No recommendations have been raised following this audit.

6. Statement of Assurance relating to quality of NHS services provided during 2014/15

(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 2014/15 that SECAmb is required to declare.

Statements of Assurance from the Board

Information on the Review of Services

During 2014/15 SECAmb provided and/or sub-contracted 21 relevant health services.

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

The income generated by the relevant health services reviewed in 2014/15 represents 9.9% of the total income generated from the provision of relevant health services by SECAmb for 2014/15.

Clinical Audits

During 2014/15 10 national clinical audits and one national confidential enquiries covered relevant health services that SECAmb provides.

During that period SECAmb participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that SECAmb was eligible to participate in during 2014/15 are as follows:

- + Clinical Performance Indicators
- + Clinical Outcome Indicators
- + Out of Hospital Cardiac Arrest Outcomes project
- + National Non Conveyance audit

The national clinical audits and national confidential enquiries that SECAmb participated in during 2014/15 are as follows:

- + Clinical Performance Indicators
- + Clinical Outcome Indicators
- + Out of Hospital Cardiac Arrest Outcomes project
- + National Non Conveyance audit

The national clinical audits and national confidential enquiries that SECAmb participated in, and for which data collection was completed during 2014/15, 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 Outcome Indicators (100%)
- + Out of Hospital Cardiac Arrest Outcomes project (100%)
- + National Non Conveyance audit (100%)

The reports of 10 national clinical audits were reviewed by the provider in 2014/15 and SECAmb intends to take the following actions to improve the quality of healthcare provided

- + Continue to increase cardiac arrest performance (including ROSC and survival to discharge)
- + Continue to increase the care given to patients suffering from a STEMI
- + Continue to increase the care given to patients suffering from a Stroke

Part 2

- + Continue to increase Trust performance in the national CPI and Clinical Quality Indicators audit programme

The reports of seven local clinical audits were reviewed by the provider in 2014/15 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.
- + Continue to implement the Cardiac Arrest Task Force and Quality Improvement Group to further support clinical performance improvements.

Research and Development

The number of patients receiving relevant health services provided or sub-contracted by SECAMB in 2014/15 that were recruited during that period to participate in research approved by a research ethics committee – zero.

CQUIN

A proportion of SECAMB income in 2014/15 was conditional on 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 2014/15 and for the following 12 month period are available electronically at: <https://www.gov.uk/government/organisations/monitor>

Quality Report; An additional 2.5% of income in 2014/15 for CQUIN schemes was available which totalled £3,929,204. The goals were around “Patient Flow” and included:

- + culture, beliefs and behaviours;
- + pathways and access;
- + policies and education; and
- + supporting systems and enablers.

In addition to the above, the CQUIN plan also included the national indicator of FFT (Patient).

2014/15 CQUIN income = £3,929,204
(in 2013/14 the financial payment for CQUIN was £3,733,389).

CQC

SECAMB is required to register with the Care Quality Commission and its current registration status is to carry out the following legally regulated services:

- + transport services, triage and medical advice provided remotely;
- + treatment of disease, disorder or injury; and
- + diagnostic and screening procedures.

The Care Quality Commission has not taken enforcement action against SECAMB during 2014/15.

SECAMB has not participated in any special reviews or investigations by the CQC during the reporting period.

Quality of Data

SECAMB did not submit records during 2014/15 to the Secondary Uses service for inclusion in the Hospital



Episode Statistics which are included in the latest published data.

SECAmb's Information Governance Assessment Report overall score for 2014/15 was 66% and was graded Green.

SECAmb was not subject to the Payment by Results clinical coding audit during 2014/15 by the Audit Commission.

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

- + consider and implement recommendations arising from audit reports;
- + continue to work to achieve a level 2 for the Information Governance Toolkit, developing areas as appropriate to deliver a level 3; and
- + participate in internal and external audits on data quality and implement recommendations to improve data quality.

Part 2

7. How the Quality Measures were prioritised for 2015/16

Patient outcomes are the benchmark of quality for all healthcare providers 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 December 2014 and invited Governors, IHAG members, patients, Healthwatch, Health Overview and Scrutiny Committee members (HOSCs), Foundation Council Members, Commissioners and staff.

During the above workshop participants reviewed a selection of suggested quality

measures from SECamb as well as proposing their own for monitoring during 2015/16. These proposals were discussed and explored throughout the workshop and the top four 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 they found each element of the day.

	Very useful	Quite useful	Not very useful	Not at all useful
What is a Quality Account and Update on the current five Quality Measures	15	7	0	0
Top level proposed Quality Measures for next year	14	8	0	0
What is Quality and the Commissioners role?	10	6	4	0
Trust Reporting – what we are already measuring as Key Performance Indicators	8	13	2	0
Discuss/review the current five Quality Measures as to whether to carry any forward for next year's Quality Account	17	5	1	0
Review of draft proposals for new Quality Measures for inclusion in next year's Quality Account	13	8	0	0
Thoughts on the format, language, design and accessibility on next year's Quality Account	7	8	4	0

Please note that not all participants answered all the questions.

The final question was based on whether participants found attendance at the workshop overall worthwhile, which resulted in the following:

Yes, definitely	18
Yes, probably	6
Not really	0
Not at all	0

A report was presented to our RMC GC in January 2015 highlighting the top seven quality measures identified from the workshop, of which the top four were chosen for inclusion within this document to be monitored during 2015/16. These quality measures were then approved by SEC Amb's Board at the January 2015 meeting. (Previous editions of the Quality Account and Quality Report are available at [South East Coast Ambulance Service | Quality Account](#)).

The quality measures selected for 2015/16 are focused on improving outcomes for our patients; how we are going to do this is described fully in Section 8 and identifies the responsible designated Executive and Implementation Lead(s).

Quality Domain: Patient Experience

- + Patient Drop Off and Pick Up Times for Patient Transport Service (PTS) Patients

Quality Domain: Patient Safety

- + Mental Health
- + Improve Paramedic Practitioner (PP) response times following referrals

Quality Domain: Clinical Effectiveness

- + Utilisation of Care Plans/Clinical Registers by Front Line Operational Staff

As part of the consultation, the draft 2014/15 Quality Account and Quality Report was shared with Commissioners, Governors, Healthwatch, HOSCs, IHAG, Non-Executive and Executive Directors and Workshop attendees.

In year monitoring arrangements of our achievements

The RMC GC 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 RMC GC report on achievements against the quality measures.

The commissioners receive updates on the four quality measures at the joint SEC Amb/Commissioner quality focus meetings.

Part 2

8. Details of four Quality Measures for implementation during 2015/16

8.1. Quality Domain: Patient Experience

8.1.1. Patient Drop Off and Pick Up Times for Patient Transport Service (PTS) Patients

Background on the proposed quality measure

Throughout Sussex and Surrey PTS provides pre-planned routine transport for patients who need to attend hospital, medical centres and out-patient appointments but are unable to make their own way.

PTS also provides pre-planned transport to patients who require clinically trained staff due to their medical requirements e.g. patients requiring dialysis.

Another element of PTS includes transportation following discharge from hospital, transfers to hospices, nursing and care homes as well as assisting SECamb's 999 service in a supporting role for patients with non-life threatening conditions.

Aims of the Quality Measure

By improving the punctuality and the quantity of the associated recorded times of the PTS service, the aim is that patients will be able to enjoy a better overall experience of the routine transport service SECamb provides.

Initiatives

- + Staff engagement exercise including bi-annual staff surveys and team away days

- + Team leader development
- + Implementation of work based Ambulance Care Assistant (ACA) evaluations
- + Implementation of auto-planning software for better work schedules
- + Compliance by SECamb service providers

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

SECamb will have achieved this quality measure when the overall performance for the categories has reached or exceeded the required revised percentages as follows:

- + 90% of patients arrive within 15 minutes of their appointment time;
- + 90% of patients depart the hospital within one hour following their appointment;
- + 85% of patients awaiting discharge are transported from the hospital within two hours; and
- + the volume of recorded times will have increased by 5% from the 2014/15 base line figure for:
 - + patients arriving within 15 minutes of their appointment time;
 - + patients departing the hospital within one hour following their appointment; and
 - + patients awaiting discharge from the hospital within two hours

This will be measurable via SECamb's PTS data sets and, following implementation of the above initiatives, should result in improvements in these three areas.

Current Status

For the period April 2014 to March 2015 SECAmb has seen an improvement in all three areas but unfortunately has not been able to achieve the required targets:

- + 84.41% of patients transported to hospital arrived within 15 minutes of their appointment time (target 95%).
- + 85.96% of patients were successfully transported within one hour following their appointment (target 95%).
- + 74.61% of patients awaiting discharge were transported within two hours (target 95%).
- + The amount of recorded vehicle times was not included in the KPIs for 2014/15. However, the current performance is as follows and will be included for 2015/16:-

PTS KPI	2013/14	2014/15	% Change
Arrival within 15 mins	83,774	103,214	1.71%
Departure within 1 hour	78,938	97,836	2.47%
Discharge within 2 hours	48,046	56,768	-0.69%

Implementation Lead(s)

- + **Rob Mason**, Acting Head of PTS
- + **Greg Walsh**, Head of PTS Distribution

Executive Lead

- + **James Kennedy**, Chief Operating Officer

8.2. Quality Domain: Patient Safety

8.2.1. Mental Health

Background on the proposed quality measure

Some calls received by NHS 111 (referred to as KMSS 111) and 999 have a disposition as defined by NHS Pathways of “mental health issues”.

SECAmb want to explore potential ways of improving the quality of service received for this patient group during the telephone triage stage and also, if an attendance was made, to report on the outcome of this call i.e. “see and treat”, “see and convey”.

Part 2

For the year 2014/15 SECamb (999 service only) received 26,664 calls as detailed in Figure 2 as follows:

2014/15	Incl. out of area	% Ratio	Description
Total Emergency Calls	26,664	2.87%	% of Total SECamb Emergency Calls
Duplicate Emergency Calls	4,709	17.66%	% Total Mental Health Emergency Calls
Hear & Treat	4,337	16.27%	% Total Mental Health Emergency Calls
Responses	17,990	64.47%	% Total Mental Health Emergency Calls
Transported to Hospital	11,822	65.71%	% of Total Mental Health Emergency Responses
Not Conveyed	6,166	34.29%	% of Total Mental Health Emergency Responses

Figure 2: Details of Calls – “Mental Health Issues” (April 2014–March 2015)

Using a sample size of 100 calls from the “not conveyed” category the following represents the service delivered:

Systematic sampling (k = 10 n =632)		
Of those not conveyed:	Count	Percentage
Clear at Scene	259	40.98%
Treat & Refer	145	22.94%
Police Dealing	130	20.57%
Treated on Scene	42	6.65%
No Patient Found	39	6.17%
Dealt with by other	17	2.69%
TOTAL	632	100.00%

Sample rate: k=10 Number: n=632

NHSP = Mental Health Non-Conveyed Patients Outcome, April 2014 - March 2015 (Sampled Data k =10 | n= 632)

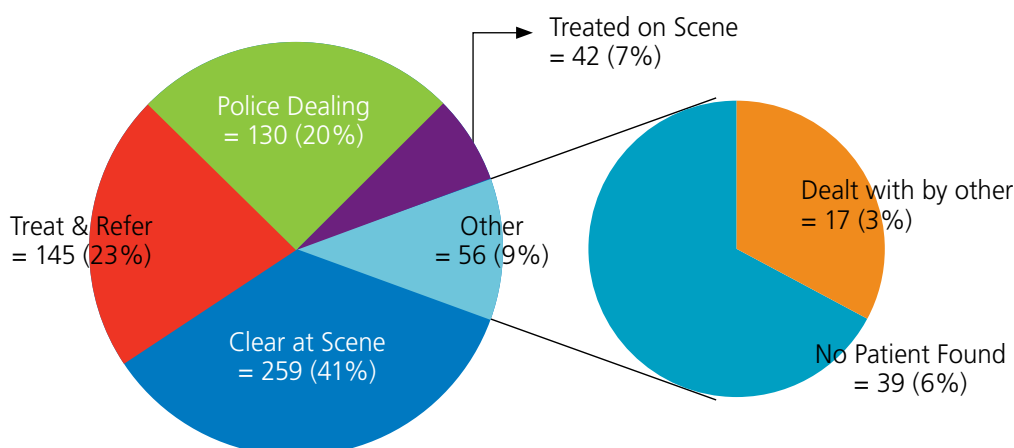


Figure 3: Mental Health Non-Conveyed Patient Outcome (April-March 2015)

There continues to be a challenge with calls made into KMSS 111 where there is potentially an element of mental health, which has been identified nationally. Figure 4 identifies the actual calls taken by KMSS 111 (1 April 2014 - 31 March 2015) where a mental health issue has been declared and the call handler has used the NHS Pathways mental health pathway during the triage process.

However many calls are made into KMSS 111 when there is another primary cause for the call, the caller does not declare that they have a mental health issue or an alternative NHS pathway is selected.

KMSS has taken a multi-faceted approach to supporting service users with mental health issues.

Final Disposition	Number of Calls for this Patient Group	% of Total Patients within this Group
Dx08 - To contact the GP Practice or other local service within 24 hours	117	37.74%
Dx11 - Speak to GP Practice within 1 hour	105	33.87%
Dx02 - Attend Emergency Department Immediately	39	12.58%
Dx05 - To contact the GP Practice or other local service within 2 hours	17	5.16%
Dx75 - Must contact own GP Practice within 3 working days	16	5.48%
Dx06 - To contact the GP Practice or other local service within 6 hours	8	2.58%
Dx13 - Speak to GP Practice within 6 hours	4	1.29%
Dx07 - To contact the GP Practice or other local service within 12 hours	3	0.97%
Dx12 - Speak to GP Practice within 2 hours	1	0.32%
Overall	310	100.00%

Figure 4: KMSS 111 Final Disposition (April 2014 - March 2015)

Data source: KMSS 111 Information System

Part 2

Aims of the Quality Measure

To review, during 2015/16, a sample of 100 patients each month where the call has resulted in the NHS Pathways triage system code “mental health issues” and to establish the disposition. This information will be shared with commissioners to ensure relevant referral pathways are in place.

Initiatives

To conduct a survey of 999 and KMSS 111 call takers on the subject of receiving calls from this patient group, gaining their understanding of care pathway options available to them. This survey will include questions regarding signposting options available for the patient as it is often their own healthcare community team who will be best placed to help them.

From the results of this survey, to explore whether there are any gaps within the data available to the call takers and if any additional training is required in order to provide an enhanced service.

To utilise the “Reflections” chapter in SECAMB News during 2015/16 to highlight cases of this nature together with any learning outcomes.

Collaborative working between 999 and NHS 111 to further understand and develop ways of improving how clinical and front line operational staff respond to patients where mental health is the primary medical requirement.

+ KMSS 111

- + Are currently supporting an external research project commissioned by East Sussex Healthwatch looking at the provision of services for patients with mental health issues attempting to access support through KMSS 111.
- + KMSS has representation on local Mental Health Concordat working groups and are also exploring opportunities to host a local mental health crisis line within the Ashford 111 contact centre, with the aim being to provide an integrated approach to the provision of mental health care services.
- + A bespoke mental health training package is to be developed by the quality lead, in conjunction with the support of mental health nurses, which will be aimed at upskilling KMSS 111 clinicians and better preparing them for dealing with calls from this patient group.

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

- + A survey will have been carried out amongst our 999 and KMSS 111 call takers, which will provide us with a baseline of awareness and knowledge to inform further training needs/ education requirements going forward

- + By reviewing a sample of calls from this patient group each month we will be able to establish final dispositions and any associated data i.e. IBIS
- + A closer working relationship will be developed between the KMSS 111 service and Mental Health teams.
- + Mental health pathways will be developed so that these patients can be referred to the appropriate crisis teams from the KMSS 111 service.

Current Status – Figures April 2014-March 2015

- + 999
 - + The current non-conveyance ratio to responses is 34.29%.
 - + The percentage of non-conveyed patients that were treated and/or referred is 32.28%.
- + KMSS 111
 - + Currently 12.6% of mental health patients calling KMSS 111 are advised to urgently attend an A&E Department.
 - + 87.42% of mental health patients are referred to their GP practice or other local service.

Implementation Lead(s)

- + **Nicola Brooks**, Head of Medical Services
- + **Matthew England**, Clinical Quality Manager

Executive Lead:

- + **James Kennedy**, Chief Operating Officer

8.2.2. Improve Paramedic Practitioner (PP) response times following referrals

Background on the proposed quality measure

SECamb has many ways in which it can treat patients within its healthcare economy and one of the care pathways available to SECamb's front line operational staff is the ability to refer a patient via the PP desk in the EOC. Following this, the patient will be attended by a PP (known as the PP referral system) with the intention being that the patient can be treated at or closer to home, hence avoiding an unnecessary journey to the local A&E department.

Aims of the Quality Measure

When a referral is made to the PP desk by a front line operational member of staff a time priority is placed on the case depending upon its perceived urgency (i.e. one, two or four hours). A PP will then visit the patient within this prescribed timescale.

Due to the increased activity within the EOCs the target placed on the dispatchers is that SECamb would expect to attend 85% of all PP referrals within the specified timescale and fulfil 95% within the target time plus one hour.

Part 2

Initiatives

SECAmb is working on initiatives to ensure that patients who are referred for care by PPs receive their follow up in a timely way. These will be broken down into the following areas.

- + Monitoring and reporting
 - + There is a standard report being developed by the Clinical Development Team on all the aspects of specialist practice, and this will include a section on performance of the PP referral system.
- + Development of the PP desk as part of the wider clinical hub within EOC
 - + One of the roles of the clinical hub will be to assist monitoring and oversight of PP referrals, which will aid dispatchers in managing their ODA workloads.
- + Referral management
 - + The Clinical Development and EOC senior management teams will continue to work to ensure that referral requests are optimised/demand is mitigated.

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

SECAmb will have achieved this quality measure when the overall performance for all categories of PP referral has reached or exceeded the 85% threshold. That is to say that all patients referred to the PP desk will have been visited by a PP within the specified timescale of one, two or four hours.

Current Status

Currently the performance for PP referrals (April 2014 to March 2015) is 80.19%.

For those PP referrals that are outside the timescales plus one hour, SECAmb's current performance April 2014 to March 2015 is 93.22%.

Implementation Lead

- + **Andy Collen**, Clinical Development Manager

Executive Lead

- + **Professor Andy Newton**, Chief Clinical Officer

8.3. Quality Domain: Clinical Effectiveness

8.3.1. Utilisation of Care Plans/ Clinical Registers by Front Line 999 Operational Staff

Background on the proposed quality measure

SECAmb has many ways in which it can treat patients within its healthcare economy and one of the care pathways available to SECAmb's front line operational staff is the ability to use the patient's care plan to support the patient and aid the decision making process when deciding whether to transport to hospital or treat at or closer to the patient's place of residence.

Aims of the Quality Measure

When a patient calls EOC the IBIS system is automatically checked to ascertain if a care plan is in place. Should this be the case, the responding front line operational staff have the opportunity to utilise this care plan to assist in the decision making process concerning the patient's treatment. The aim of this quality measure is to ensure that these care plans are used to maximum effect each time an IBIS patient calls 999.

Initiatives

The reporting system shows the percentage of care records where front line operational staff have requested details from the patient's care plan following a positive match with the 999 call. We will also report on instances where an IBIS patient has been conveyed without the operational front line crew making contact with EOC for the care plan details.

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

SECAMB will have achieved this quality measure when the overall performance for IBIS compliance has reached the following levels by the end of March 2016:

- + All dispatch desk areas will achieve >72% compliance
- + 50% of dispatch desks will achieve "green" RAG (red/amber/green) status. Green is achieved where compliance is >75%

Current Status

The current status for this quality measure is provided by the table below:-

1 st April 2014 to 31 st March 2015		
Dispatch Desk	Compliant %	
	All Dispatch Desks >72%	50% of Dispatch Desks >75%
Ashford	● 73.97%	● 73.97%
Brighton	● 69.23%	● 69.23%
Chertsey	● 66.28%	● 66.28%
Chichester	● 71.15%	● 71.15%
Crawley	● 68.17%	● 68.17%
Dartford	● 64.31%	● 64.31%
Eastbourne	● 66.85%	● 66.85%
Guilford	● 70.22%	● 70.22%
Hastings	● 71.09%	● 71.09%
Maidstone	● 63.87%	● 63.87%
Medway	● 68.55%	● 68.55%
Redhill	● 62.84%	● 62.84%
Thanet	● 64.65%	● 64.65%
Worthing	● 72.95%	● 72.95%
Totals:	● 69.19%	● 69.19%
Performance	14%	0%

Implementation Lead

- + **Andy Collen**, Clinical Development Manager

Executive Lead

- + **Professor Andy Newton**, Chief Clinical Officer

Part 2

9. Quality improvements to be implemented by SECAMB during 2015/16

9.1. Community First Responder (CFR) Patient Satisfaction Survey

During the financial year 2015/16 we will carry out a patient satisfaction survey for CFR first attendance. A sample of patients will be selected using SECAMB's CAD system, filtered to include calls from each of our geographical areas where CFRs were on scene prior to the arrival of our front line operational staff.

Substantial anecdotal evidence exists about the good work of our CFRs in the form of thank you letters and written acknowledgements, but this has not yet been drawn together formally. This survey will ascertain whether SECAMB's CFRs have adopted the "6Cs" – Care, Compassion, Competence, Communication, Courage and Commitment.

The results from this survey will provide a baseline for patient satisfaction of CFRs which can be built upon going forward.

9.2. Patient Transport Services (PTS)

SECAMB will be taking a full and active part in re-tendering for Surrey and Sussex PTS contracts, together with tendering for the Kent contract during 2015/16. A new operating model is being developed which will ensure that

PTS continues to reflect the needs of the service users and commissioners.

9.3. Complaints

SECAMB receives a relatively small number of complaints about its 999 service in relation to the number of calls received, however a high percentage of these concern staff attitude and conduct.

In an effort to address this, a Patient Experience session has been developed, which will be delivered as part of the annual statutory and mandatory key skills training in 2015/16. This session was developed jointly by the Patient Experience Lead, the Head of Learning and Development and a COM, with input from a CTL, an ECSW, a Paramedic and a Technician. The main aims of the session are to:

- + provide students with an insight into how to improve the patient experience;
- + raise awareness of and emotional intelligence about the triggers for complaints;
- + take some time to consider how staff look after themselves, exploring how they feel, why they become stressed, how that can have a negative impact, and what we can do about it; and
- + raise awareness of the importance of valuing and congratulating our colleagues/staff.

9.4. #hello my name is...

SECamb will shortly be promoting within the Trust the “Hello my name is ...” campaign, the brainchild of terminally ill doctor, Kate Granger. Dr Granger started her campaign to improve the patient experience in hospital shortly after she was diagnosed with a rare and aggressive form of cancer. The doctor who informed her that her cancer had spread did not introduce himself to her and did not look her in the eye. She was also dismayed by other staff who failed to introduce themselves when caring for her. This campaign reminds staff to go back to basics, to build trust and make a vital human connection with patients by - at the very least - giving their first name. Dr Granger said “The lack of introductions really made me feel like just a diseased body and not a real person. When someone did introduce themselves it really did make a difference to how comfortable and less lonely I was in hospital”.

Most SECamb staff do introduce themselves to patients and carers, however the campaign provides an opportunity to remind staff of the importance of doing this, and of how reassuring this simple act can be for patients.

9.5. Fleet and Technical Support

As detailed in section 3.10, work on the implementation of SECamb’s Driver Safety system commenced during November 2014, with the final stage to be implemented from April 2015 to include installation of a full vehicle telematics system enabling “real time” vehicle data and driver behaviour analysis. This data will inform our commercial decision making and operational strategies.

It is hoped that this strategy will shape the future of driving and safety standards within SECamb as well inform international best practice. This system will also see a shift of emphasis in relation to driver training and education from a “one size fits all approach” to a more driver centric, outcomes focused, evidence based programme.

To match this vision three SRVs and five ambulance driver training vehicles have been commissioned, all containing the most advanced technology enabling real time feedback to students as to their performance.

9.6. Medicines Management

Following the introduction of the new Medicines Management model in 2014/15, this has also provided us with robust medicines utilisation data. This is now being developed to enable the detailed review, audit and benchmarking of medicines management across SECamb at ODA, station and individual clinician level.

Part 2

9.7. Electronic Patient Clinical Record (ePCR)

SECAMB's plans include the introduction of a system for electronic patient clinical records which will lead to standardised and auditable standards of care and better access to specialised information in real time. The procurement process for the ePCR was successfully undertaken during 2014/15 and following design and testing, roll out is planned to commence in the Thanet ODA during April-September 2015. Following a pause for review and audit, Trust-wide deployment will continue over the next 12-18 months.

Enhancing the quality of clinical reporting to evidence delivery of consistent standards of patient care is a key driver for this project. Ensuring a clinical report is generated for every patient attended also gives the opportunity for real time feedback to the attending clinician by a line manager or clinical supervisor on the course of treatment given to their patient. Compliance with local and national care bundles and completion of minimum data sets provides our clinicians with the opportunity to evidence that their clinical practice is continuously maintained and improved.

This project is fully aligned with SECAMB's vision for the future and includes plans for interfacing with both internal functions and with the wider health community. As we

currently work with 17 acute trusts and 21 CCGs this presents quite a challenge as the project develops. The project also aligns with the government target of being paper-light by 2018. Small but significant steps keep this keystone project one that will not only achieve but exceed the high standards of patient care SECAMB continues to deliver.

ePCR will enable faster and more accurate collection of clinical data, enabling more effective analysis to support clinical performance improvement.

9.8. Safeguarding

Following successful testing with regard to safeguarding referrals, see section 3.7, the new on-line model will go live SECAMB wide in April 2015. Reporting directly on to the database allows staff to report in a much more timely manner thus protecting those affected vulnerable persons further. The legacy process of referrals is totally paper-based and work is underway to ensure all paper records are also retrospectively input on to the new database to enable full auditing of safeguarding systems and processes; this will be completed by the end of June 2015.

9.9. Organisational Transformation

SECAMB's strategy, as laid out in its five year plan (2014-2019), increases the emphasis on local delivery and workforce development and engagement to improve the resilience of the Trust.

Plans to move corporate staff to a new single Headquarters (HQ) in Crawley and to move from three to two EOCs are key to the Trust's strategy of improving performance and increasing productivity; this will include a cost base review, a reduction in unit hours lost to preparing vehicles through the roll out of MRCs and greater efficiency in deployment of staff and vehicles. This will be supported by investments in estates and technology.

Staff from the Banstead and Lewes EOCs will be required to move into the new building, which will house the western EOC and be co-located within the single HQ, in late 2016. Considerable project management expertise will be needed in 2015/16 and in the following year to oversee both this move and the transition to operating units. Work will also need to be undertaken to develop the eastern EOC which is currently based at Coxheath in Kent.

The organisational transition to MRCs, where vehicles are cleaned and equipped before each shift, will continue with the delivery of the Polegate and Crawley MRCs in 2015/16. Initial work will also begin on MRCs in Brighton and Chichester, which will be delivered in parallel with the new operational unit model. The roll out of the MRC programme will be a key part of SECAMB's capital programme as will the move to a new single HQ and the reconfiguration of the EOCs.

It is essential that we continue to deliver the national performance targets, CPIs and increase productivity in the 999 service at a time when there will be significant transformational change within SECAMB. To ensure we remain resilient during this period, a change management programme is being introduced to focus on the transformational elements of our plans for 2015/16 e.g. the roll out of the operational unit model and the move to a single HQ/EOC reconfiguration so that resources are not diverted from business as usual.

9.10. HART Developments

During 2016 SECAMB plan to open a new HART and Make Ready Centre in Crawley.

In addition, SECAMB HART will be developing:

- + a maritime incident response to incidents at sea;
- + clinical courses such as Pre-Hospital Life Support and Advanced Life support; and
- + will be one of the first teams in the country to start acquiring the new HART vehicle fleet.

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10. Review of 2014/15 Quality Performance

This section provides an overview of the quality of care offered by SECamb on performance in 2014/15 against indicators selected by the Board, with an explanation of the underlying reason(s) for selection.

10.1 Patient Safety Indicators

10.1.1 Serious Incidents Requiring Investigations (SIRIs)

SECamb has adopted the Serious Incident Framework, March 2013 issued by the NHS Commissioning Board which updates the National Framework for Reporting and Learning from SIRIs. NHS England published a new Serious Incident Framework on 27 March 2015; the points within this framework will be incorporated into SECamb documents relating to the reporting and investigation of Serious Incidents which will be taken through the approval and governance process.

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 in the future. We provide our commissioners, via the Kent and Medway Commissioning Support Unit, with regular updates on the investigation process and our findings are presented to them on completion of the investigation. It is only with their approval each SIRI investigation can be closed.

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. SECamb are active members of Kent and Medway Serious Incident patient safety collaborative which is looking to expand to KMSS through the regional patient safety collaborations.

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

1 April 2014 - 31 March 2015	
Adverse Media	1
Allegation Against HC Professional	3
Ambulance (General)	18
Ambulance Accident – Road Traffic Collision	1
Ambulance Accidental Injury	3
Ambulance Delay	15
Confidential Information Leak	1
NHS 111 Incident	6
Other	4
Unexpected Death (General)	2
Total number of SIRIs investigated	54

Figure 5: Number of Reported SIRIs (April 2014-March 2015)

1 April 2013 - 31 March 2014	
Ambulance (General)	22
Ambulance Accidental Injury	2
Ambulance Delay	4
Confidential Information Leak	2
New Category (111)	11
Unexpected Death (General)	3
Total number of SIRIs investigated	44

Figure 6: Number of Reported SIRIs (April 2013-March 2014)

The number of SIRIs has increased by 10 between the above two comparative years. This reinforces the positive reporting culture within SECamb together with our willingness to learn from such cases.

With effect from 1 April 2015 it will become a statutory obligation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to impose, under Section 20, the expectations of “Duty of Candour” on a health service body. Section 20 of the legislation sets out the face-to-face and written requirements between the appointed officer of a health service body and the patient and/or their family / representatives where a “notifiable safety incident” has occurred. The section is applicable where the harm is considered moderate, severe or has directly resulted in death. As such, SECAMB are updating their policy and procedure in this regard.

10.1.2 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, PPs are able to administer a wider range of drugs than Technicians, because they are more highly qualified and trained.

SECAMB was inspected by the CQC in December 2013 where they identified that medicine management processes were not being consistently applied across the organisation by operational staff. They

expressed that these concerns have a minor impact on people who use the service and we submitted an action plan to the CQC which addressed the concerns and in October 2014 the CQC published a follow up report assessing that we meet the standard.

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 SECAMB.

The information in figures 7 and 8 have been collated from SECAMB’s incident reporting system (Datix) and are based on clinical patient safety incidents, both actual and near miss.

2014 - 2015	Incorrect drug dose administered	Incorrect drug type	Totals per month
April	2	2	4
May	3	0	3
June	0	1	1
July	1	3	4
Aug	2	1	3
Sep	3	4	7
Oct	3	1	4
Nov	1	1	2
Dec	0	2	2
Jan	7	1	8
Feb	2	1	3
Mar	1	2	3
Total	25	19	44

Figure 7: Medication Errors (April 2014-March 2015)

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2013–2014	Incorrect drug dose administered	Incorrect drug type	Totals per month
April	0	2	2
May	1	1	2
June	6	1	7
July	0	2	2
Aug	1	4	5
Sep	1	5	6
Oct	0	2	2
Nov	2	2	4
Dec	1	2	3
Jan	0	2	2
Feb	0	2	2
Mar	1	4	5
Total	13	29	42

Figure 8: Medication Errors (April 2013-March 2014)

It will be seen from figures 7 and 8 that there has not been a significant increase in the overall reporting of medication errors for the year 2014/15 compared to 2013/14. An analysis of these incident reports (2014/15) has shown the following:

- + 37 resulted in no harm to patients;
- + 3 resulted in low harm to patients; and
- + 4 incidents resulted in moderate harm to patients
- + 0 incidents resulted in serious harm or death.

However the figures do demonstrate a shift from incorrect drug type incidents to incorrect drug dose administered. An analysis of these incident reports (2014/15) has shown the following:

- + 14 related to the wrong drug/ medicine administered;

- + 8 related to wrong/unclear dose or strength; and
- + 7 related to wrong quantity.

There has been a minimal increase in the reporting of medication errors during 2014/15 however SECAMB has continued to undertake considerable work to encourage staff to report errors and to foster a culture of openness and transparency, which is helping to develop a stronger reporting culture. Whilst 84% (37) of the medication errors reported resulted in no harm, 7% (3) resulted in low harm and 9% (4) resulted in moderate harm, SECAMB is not complacent and, as already mentioned, has developed an action plan to address this and to minimise the potential for future recurrence.

10.1.3 Number of Patient Safety Incidents (PSIs)

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.

As part of a wider review, North Kent CCG have worked with SECAMB undertaking a "deep dive" of our incident reporting system (Datix) and in particular with regard to PSIs. As a result of our collaborative working, all new incident reports are now reviewed by a senior clinician and re-categorised if required.

PSIs are recorded on our local incident reporting system. 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 effect on the patient, such as degree of harm. SECAMB 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 which could lead to a temporary discrepancy in figures.

PSIs are one of our risk management KPIs and as such are reported at the RMCGC, 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 9 and 10 has been collated from SECAMB’s incident reporting system (Datix) and is based on both actual and near miss incidents.

1 April 2014 - 31 March 2015	
Patient safety incident: Clinical	482
Patient safety incident: Non Clinical	110
Totals:	592

Figure 9: Number of Patient Safety Incidents (April 2014-March 2015)

1 April 2013 - 31 March 2014	
Patient safety incident: Clinical	505
Patient safety incident: Non Clinical	111
Totals:	616

Figure 10: Number of Patient Safety Incidents (April 2013-March 2014)

The data above indicates that there has been a slight decrease in the reported figures relating to PSIs in 2014/2015 compared to 2013/14. Analysis has shown that there is no emerging trend of causation but is reflective of an increase in activity and better reporting culture by staff. In addition, it has also shown that there has not been a significant increase in patients being harmed; in fact it shows more incidents where patients did not suffer any harm. This will continue to be a KPI and monitored at RMCGC.

10.2 Clinical Effectiveness Indicators

Data comprising defined national CPIs is collected by all ambulance services in England on a rolling cycle with each indicator being measured twice a year. The performance of each trust is compared and the benchmarked data is then submitted to the National Ambulance Service Clinical Quality Group (NASCCQG) and the National Ambulance Services Medical Directors group (NASMeD) with the final report for each cycle published nationally.

These indicators are underpinned by a number of metrics, with continual refinement of these indicators essential to the on-going move to improve patient care; the inclusion and exclusion criteria for each indicator are defined and agreed nationally.

The data samples are obtained through a mixture of automated reporting and some manual interrogation by SECAMB’s Clinical Audit Department of individual patient clinical records. The sample size for each indicator is 300 cases, however not all participating trusts have this number of cases for the indicator conditions and the comparative data is adjusted to accommodate this.

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Where clinical markers are monitored over an extended period of time, initial clinically important improvements are replaced by oscillations about a static level which do not have the same clinical relevance. Continued intense focus becomes counterproductive, and results in de-emphasis of other areas where improvements could be made.

It is important to note that SECAmb continues to take a leadership role amongst ambulance services in promoting recognition of stroke amongst our population and primary recognition in treatment by our staff. Strokes are a common condition affecting predominantly a vulnerable population of patients and 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.

The management of asthma and febrile convulsions performance continues as part of the national indicator framework, however in May 2014, after 12 cycles of data reporting and due to a plateau in performance and improvement demonstrated by all trusts, the NASCQG decided the national hypoglycaemia CPI would cease to be part of the national CPI reporting framework. Although the long term condition of hypoglycaemia has been subject to multiple published cycles of monitoring nationally, SECAmb continues to hold value in this indicator while

improvement is demonstrated to be required and it was therefore agreed that twice yearly performance monitoring of the hypoglycaemia CPI would continue internally, forming part of our annual clinical audit programme.

The NASCQG replaced the national hypoglycaemia CPI with a new pilot CPI on elderly fallers (lower limb fractures) developed and taken forward from cycle 13 (August 2014).

Living with long-term conditions is an important part of the South East Coast wide health strategy and these are areas where SECAmb can make an impact on the broader healthcare economy as well as the lives of our patients, and for this reason the conditions of asthma, febrile convulsion and lower limb fractures were formally adopted and are focused as follows.

10.2.1 Asthma

Asthma is 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's performance has continued to fluctuate between the last completed cycles of audit (December 2014) against the elements of care delivered for patients suffering from asthma as shown in figure 11:

Asthma Performance Cycles 13 - 14 June and December 2014

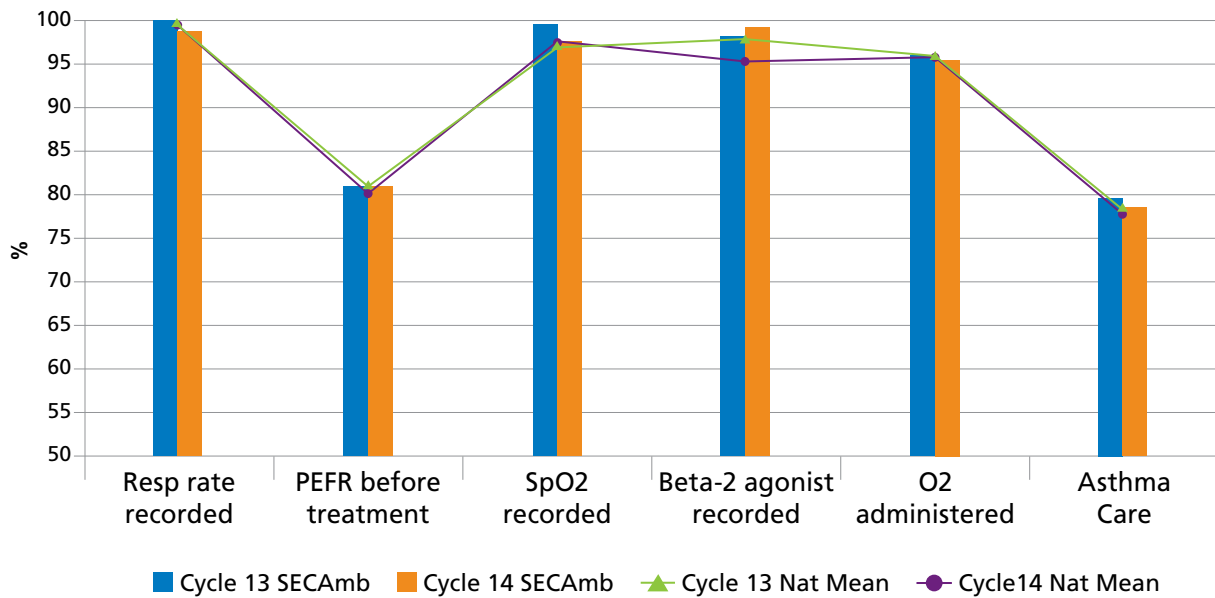


Figure 11: Asthma Performance (June–December 2014)
 Data source: National Ambulance Service Clinical Quality Group

10.2.2 Febrile Convulsions

Cycle 12 data (March 2014) for the care of febrile convulsions demonstrates how SECAMB’s performance against each individual element of the care bundle has increased and the full care bundle has shown a continued upward trend,

reflecting the national trend of improvement. Cycle 13 (September 2014) further demonstrates an improvement in overall care bundle performance, with increased performance in recording of blood glucose, temperature and discharge pathways.

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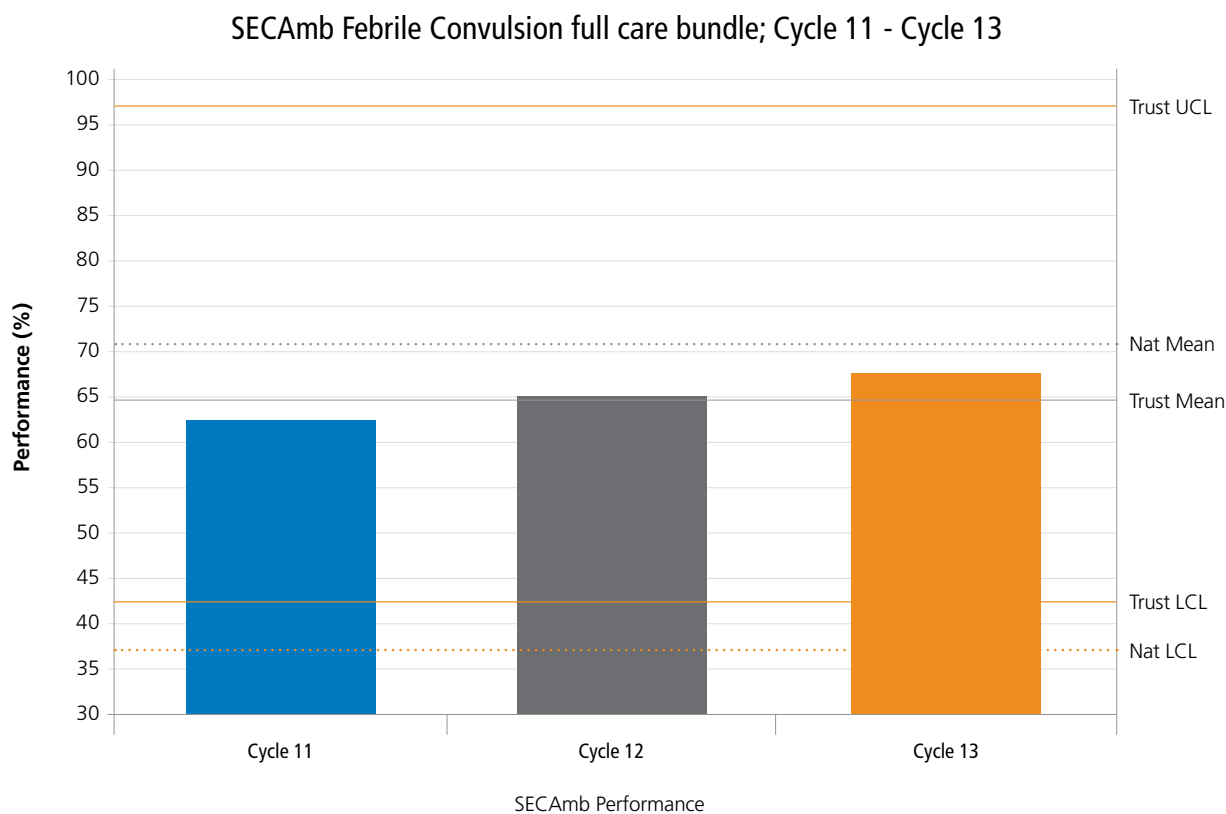


Figure 12: Febrile Convulsion (September 2013–September 2014)

Data source: National Ambulance Service Clinical Quality Group

10.2.3 Lower Limb Fractures

SECAmb's performance has reflected the national mean between cycles, with varying degrees of fluctuation between periods. Between cycles 11 and 12 (August 2013 - February 2014), the criteria for this indicator broadened to include any single limb fracture, as opposed to only lower limbs. As such, two elements (oxygen saturations and oxygen administered) were removed from the criteria. Despite a decrease in the recording

of two pain scores, the number of incidents where analgesia was administered increased, maintaining a positive variance on the national mean. A significant increase has also been seen in the immobilisation of limbs compared to a significant decrease in the national mean for this element leading to a positive variance for SECAmb. Cycle 13 (August 2014) further shows improvements in overall care bundle performance, with increases in recording of two pain scores and recording of assessment of circulation distal to fracture.

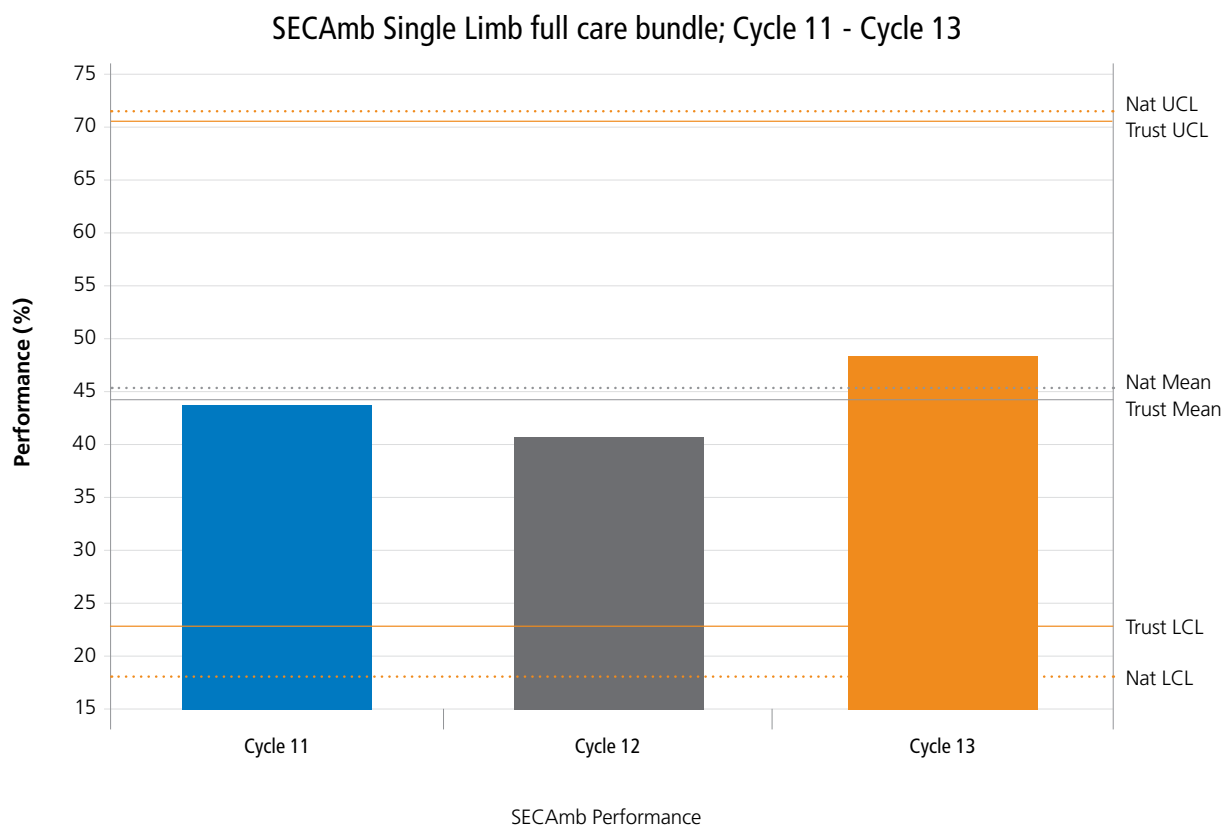


Figure 13: Single Limb (August 2013 - August 2014)
 Data source: National Ambulance Service Clinical Quality Group

10.3 Patient Experience Indicators

The Patient Experience Team (PET) delivers SECamb’s Patient Advice and Liaison Service (PALS), providing help to patients, their carers and relatives, other NHS organisations and the general public who have queries or require information about our services, as well as signposting people to other services appropriate to their needs. These requests are logged as “PALS contacts”.

Until last year, any complaints received by SECamb and addressed informally were known and registered as “PALS concerns”. However, in light of the recommendation of the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis, 2013) that “a complaint should be called a complaint”, since April 2014 all concerns and expressions of dissatisfaction received by SECamb are known as either formal or informal complaints.

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A robust analysis of complaints statistics and trends, plus narrative, is provided to the RMCGC and Compliance Working Group (CWG) every two months. A report is provided to SECAMB's commissioners for discussion at their quality focus meetings, and a summary report is also shared at each public Board meeting. This information helps us to identify common themes and concerns that patients,

their carers and families bring to our attention, and provides an opportunity for SECAMB to learn from patients' experiences and to improve as a result.

10.3.1 Informal complaints (previously known as "PALS concerns")

During 2014/15 our PET registered and dealt with 2,124 informal complaints, broken down by directorate and subject as follows.

Subject	NHS 111	Commercial Services	Clinical Operations (A&E)	Clinical Operations (PTS)	Clinical Operations (EOC)	Clinical Operations (Other)	Unknown	Workforce Development	Total
Administration	25	1	3	0	1	0	0	1	31
Communication issues	59	0	23	2	13	0	0	0	97
Information request	1	0	1	0	7	0	0	0	9
Miscellaneous	36	0	39	14	11	0	4	1	105
Patient care	223	0	139	14	98	0	0	0	474
Staff attitude/conduct	37	0	285	99	10	1	0	0	432
Timeliness	44	0	19	576	59	0	0	0	698
Transport	0	0	5	271	2	0	0	0	278
Totals:	425	1	514	976	201	1	4	2	2,124

Figure 14: Informal complaints received April 2014-March 2015, by subject and directorate
Data source: Datix database, complaints module (PET)

This is very slightly lower than the 2,200 received in 2013/14 (minus those that we would now class as “PALS contacts”, which are merely requests for assistance and information):

Subject	2013 - 2014
Administration	66
Communication issues	304
Miscellaneous	103
Patient care	777
Staff attitude/conduct	440
Timeliness	1,239
Transport arrangements	521
Total	3,450

Figure 15: Informal complaints received April 2013-March 2014, by subject

Data source: Datix database, complaints module (PET)

10.3.2 Formal Complaints

During 2014/15 SECAMB's EOC staff took 929,822* calls; our A&E road staff made 690,227† responses, our PTS staff made 496,557 journeys, and our

NHS 111 staff took 1,137,390 calls. From all of this activity SECAMB received just 563 formal complaints - a reduction of nine per cent against the 615 received in 2013/14. This equates to one formal complaint for every 4,554 calls/journeys.

* 'All calls' figure, taken from SECAMB's CAD viewer, 'info'
† 'All responses' figure, taken from SECAMB's CAD viewer, 'Info'

Service area	Number	Activity	% of calls/ journeys receiving a complaint
NHS 111 and Urgent Care - 111 Service	87	1,137,618	0.008%
A&E	330	929,822	0.035%
Clinical Operations – PTS	143	496,557	0.029%
Non Operational Issues	3		
Totals:	563		

Figure 16: Formal complaints set against activity (April 2014-March 2015)

Data source: Datix database, complaints module (PET), and SECAMB's CAD viewer, 'Info'

	NHS 111	Commercial Services	Clinical Operations (A&E)	Clinical Operations (PTS)	Clinical Operations (EOC)	Workforce Development	Totals
Administration	5	1	1	0	0	0	7
Communication issues	16	0	3	0	3	0	22
Information request	0	0	0	0	0	0	0
Miscellaneous	5	0	1	1	1	1	9
Patient care	34	0	76	9	67	0	186
Concern about staff	18	1	133	19	5	0	176
Timeliness	9	0	5	83	34	0	131
Transport	0	0	1	31	0	0	32
Totals:	87	2	220	143	110	1	563

Figure 17: Formal complaints received (April 2014-March 2015) by subject & directorate

Data source: Datix database, complaints module (PET)

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Subject	2013-2014
Administration	4
Communication issues	18
Miscellaneous	6
Patient care	235
Concern about staff	144
Timeliness	169
Transport	39
Totals	615

Figure 18: Formal complaints received (April 2013-March 2014) by subject

Data source: Datix database, complaints module (PET)

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 upheld, partly upheld, not upheld or unproven. SECAMB's target is to respond to as many formal complaints as possible within 25 working days.

Complaints are not due to be concluded until 25 working days after their receipt, so the figures below include the complaints received in March 2014 but concluded in the financial year 2014/15, but not those received in March 2015, which will be due for response in the new financial year 2015/16. There were therefore 587 formal complaints due to be responded to between 1 April 2014 and 31 March 2015, and as this document was compiled, 573 had been concluded (14 are still awaiting conclusion), the outcomes for which are shown as follows.

	NHS 111	Commercial Services	Finance	Clinical Operations - A&E	Clinical Operations - PTS	Clinical Operations - EOC	Workforce Development	Total
Complaint upheld	40	1	0	53	76	56	0	226
Partly upheld	25	1	0	75	52	30	0	183
Complaint not upheld	26	1	0	62	17	24	0	130
Unproven	0	0	1	26	5	1	1	34
Totals:	91	3	1	216	150	111	1	573

Figure 19: Formal complaints outcomes (April 2014-March 2015)

Data source: Datix database, complaints module (PET)

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

Complaints 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 using a range of mechanisms, reflective practice, peer reviews and the issuing of clinical/operational instructions etc. 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.

10.3.3 Compliments

Each year SECAMB receives an ever-increasing number of “compliments”, i.e. letters, calls, cards and e-mails, thanking our staff for the wonderful work they do. Compliments are recorded on SECAMB’s Datix database, alongside complaints,

ensuring both positive and negative feedback is captured and reported. All staff involved receive a letter from SECAMB’s Chief Executive, thanking them for their dedication and for the care they provide to our patients.

This data forms part of the report provided every two months to the RMC GC, the Board and to the commissioners’ quality focus meetings.

During 2014-15 SECAMB received 1,837 compliments (up from 1,521 in 2013-14, which is three more than recorded in last year’s document as these were received after it was published), thanking our staff for the treatment and care they provide.

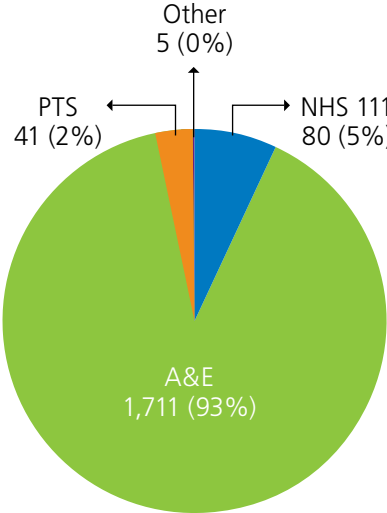


Figure 20: Compliments (April 2014-March 2015)
Data source: Datix database, PALS module (PET)

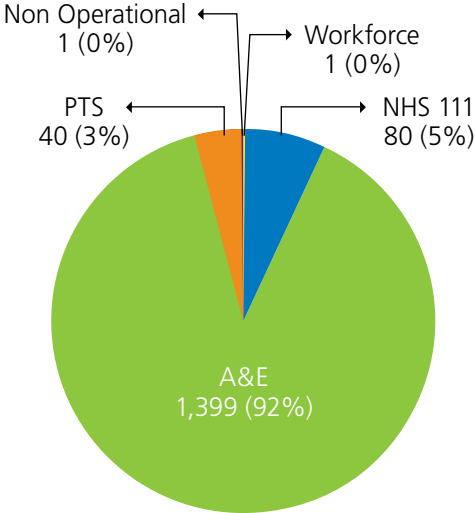


Figure 21: Compliments (April 2013-March 2014)
Data source: Datix database, PALS module (PET)

Annex 1

Annex 1: Formal responses from Lead Commissioners, Health Overview and Scrutiny Committees and Healthwatch

Who we shared our Quality Account with:

The Quality Account and Quality Report was shared with our partners during its development. Lead Commissioners, 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 England, Kent, Medway, Surrey, East Sussex, Brighton & Hove and West Sussex, IHAG, Governors, Executive and Non-Executive Directors and Stakeholder Workshop attendees.

Formal statements from the Lead Commissioner, HOSCs and Healthwatch organisations are as follows:

Statement from Commissioners

Statement from Swale Clinical Commissioning Group

The CCG welcomes the 2014/15 draft quality account and confirms that the performance related figures have been reviewed along with the narrative supplied. The CCG concurs that the data is a true reflection of the progress made and is in line with national reporting requirements.

The CCG acknowledges the progress made by the trust against 14/15 quality measures and the quality improvement impacts that this has had on patient's clinical outcomes. The CCG welcomes

the positive performance against quality indicators in the KMSS 111 service, which have seen considerable progress and continued improvements in quality outcomes for patients. It is however disappointing that KMSS 111 does not feature in the 15/16 quality priorities to further enhance patient experience and clinical outcomes, particularly when looking at the significant impact that the KMSS 111 service is having on 999 clinical quality outcomes.

The ongoing success of the make ready centres with regard to infection control measures is acknowledged and Swale CCG supports the operational improvements that have been evidenced from the pilot delivery models in Ashford and Thanet. These pilots have seen positive outcomes against clinical KPIs as well as staff training and development. The CCG endorses the roll out of electronic patient clinical records during 15/16 to further enhance patient experience and clinical performance.

The positive impact of the trust's Inclusion Hub Advisory Group has been recognised by Swale CCG, and resulted in the trust winning the North Kent CCGs award for embedding a culture of openness at an event organised to recognise health organisations response to the 2013 Francis Report. Swale CCG welcomes the continued work planned for 15/16 to engage with patients and public groups in order to collaboratively plan for future developments.

Disappointingly there is no inclusion within the report of the lack of resources available to enable effective governance with regard to the management of clinical

decisions. There is reference to policy but lack of detail with regard to the challenges that the trust faces in delivery of both new initiatives and daily demands of key organisational requirements such as training delivery, safeguarding and monitoring of clinical risk with private ambulance crews.

Recruitment plans are a positive aspiration to improve quality outcomes, but contingencies need to be explored due to lack of paramedics nationally, particularly within the Kent locality.

Swale CCG acknowledges and supports the priorities for improvement for 15/16 as detailed within the report. A point of particular interest will be delivery of the mental health priority in order that patients suffering with mental health issues receive a more appropriate disposition. Swale CCG will continue to work closely with the trust in order to support continued improvement for patients and the progression of partnership working with the trust.

Patricia Davies

Accountable Officer, Dartford, Gravesham and Swanley and Swale CCG

Geoffrey Wheat

Chief Nurse, North Kent CCGs

North West Surrey Clinical Commissioning Group (CCG) on behalf of Surrey CCGs

On behalf of NHS North West Surrey CCG I would like to thank you for submitting your draft Quality Account for review. We have reviewed the South East Coast Ambulance Service NHS Trust draft Quality Account document for 2014 – 2015 and are satisfied

that this gives an overall accurate account and analysis of the quality of services. This is in line with the data supplied by South East Coast Ambulance Service NHS Trust Quality Account 2014/15 during the year and reviewed as part of your performance under the contract with Swale CCG.

We collectively believe that the account is generally supported by relevant data, incorporating the mandated elements required and are satisfied it is accurate and provides appropriate evidence of the Trust's quality improvement progress.

As the lead commissioner for Surrey, we will work with you to raise the profile of quality and regularly review the continuous improvement cycle. We will continue to work with the Trust to ensure that data accuracy and reporting at all levels remains a key priority, and to ensure that quality data is reported in a timely manner through clear information schedules. However, we are satisfied with the accuracy of the data contained in the Account.

The Trust is commended for their continued good work and emphasis on quality of patient care, and the engagement of the CCG and wider stakeholders in the workshop to develop this Quality Account.

We support the Trust in the continuous enhancements to the scope of practice of Critical Care Paramedics and Paramedic Practitioners, which will strengthen further your role in local urgent care delivery.

The account identifies progress against all previous priorities and specifically achievement in relation to:

- + To consider whether there might be a relationship between SECAMB staff satisfaction levels and clinical care/patient experience
- + Patient drop off and pick up times for PTS patients
- + NHS 111 service for patients with long term conditions/special patient notes
- + Intelligence based information system (IBIS)
- + Cardiac arrest management

Having mapped against the quality report requirements in the Monitor Detailed requirements for quality reports 2014/15 document, I would like to share our more specific observations as outlined in the attached document.

I look forward to receiving your final document.

Clare Stone

Chief Nurse / Associate Director of Quality, North West Surrey CCG

Crawley, Horsham and Mid Sussex Clinical Commissioning Groups (CCGs) on behalf of Sussex CCGs

Thank you for giving the CCGs; Coastal West Sussex, Brighton and Hove, Crawley, Horsham and Mid-Sussex, High Weald Lewes Havens, Eastbourne, Hastings and Rother CCGs the opportunity to comment on your Quality Account for 2014/15.

Sussex Clinical Commissioning Groups have reviewed the Trust's Quality Account and are in agreement that the document

meets the Department of Health national Guidance on Quality Account reporting.

As far as we can ascertain the information provided is accurate and complies with information provided by you to the CCGs, in addition to the nationally published data available. However lack of validated data makes it difficult to measure the level of achievement accurately making it difficult to make informed recommendations.

The document provides clarity on the Directors and staff involved in compiling the Quality Account. It might be beneficial as a public facing document to emphasise any patient or member involvement in fashioning the Account.

Performance against 2014/15 priorities

As an Ambulance Trust it is important to go beyond the usual Regulator requirements, and in recognition the organisation would appear to have set some realistic standards for improvement. Most notable are the Awards received from Swale CCG for embedding a culture of openness in reporting patient related safety incidents and promoting patients experience by use of Intelligence Based Information System (IBIS). The CCGs are in support of the on-going use of IBIS as a way of promoting care in preferred place of choice and reduced conveyance to Acute Services.

The CCGs are pleased to note that SECAMB acknowledges the areas where further improvements are required and put into consideration the recommendations from the CQC and other stakeholders

and have appropriate action plans in place to address them. In particular the commitment to Clinical Quality Improvements by identifying best practices and benchmarking against them. These have been evidenced by Cardiac Performance which has been increased and sustained.

Although all last year priorities were not achieved due to the increase in 999 activities, it is helpful to know that these will continue to be monitored and acted upon through normal Trust governance processes.

The importance of 111 to our local health economy is not reflected in the report, and as such warrants more explanation regarding its linkage to improving both quality and safety system wide. Maximising the use of systems designed to reduce hospital admissions across CCG communities, eg referrals for both 111 and ambulance crews through to One Call deserves mention as a system wide quality improvement.

Additionally the Quality Account would benefit from outlining where it contributes to maximising insight into the delivery of population health through the availability of CCG specific information for all services. This would help to deliver system wide quality improvements. In a similar vein the link with organisation performance and provider contribution in contributing to system change is missing.

Commissioners have agreed to increase funds to the Trust this financial year in recognition of operational pressures. This needs to be viewed in the context of the need for continuous improvement in quality,

safety and more specific and accurate data on demand, capacity, resourcing variation, and performance standards. An agreed process to reflect upon service variation is called for in the interests of partnership working and best use of resources.

It would also be helpful to have a mention of PTS in the context of increasing volume of calls and over demand.

The Quality Account makes reference to the roll out of the Friends and Family test for staff in 2014; however it would be useful to also see how workforce will be managed, supported and engaged. This is important especially in relation to the increase in 999 activity and the need to protect response times to patients which has impacted on Staff Key Skills training. It would therefore be helpful to understand how workforce strategy fits in with the business continuity plan in ensuring that all staff are adequately supported and engaged to promote safe and up to date evidence based best practice.

The Trust has reported provision of report-writing training for investigating managers. This is to improve the quality of investigation reports and thereby reduce the amount of time spent in revision of reports. The CCGs would hope that the purpose of undertaking these patient safety incidents investigations is about identifying lessons learned and sharing these across the organisation in a timely manner to improve practice and protect patients from avoidable harm. It is also hoped that these investigations take into account the Francis report recommendations and especially in maintaining a duty of Candour.

The revised process of Safeguarding reporting is welcomed but it would be useful to articulate how this will align with the Implementation of the Care Act 2014.

Priorities for 2015/16

The CCGs support the priorities for 2015/16 which appear appropriate in this context, and it is also encouraging to note that SECAmb has embraced collaborative partnerships, in identifying the priorities, which align with Commissioners intentions.

The continuous enhancement and development of Critical Care Paramedics and Paramedic Practitioners along with the development of Specialist and Advanced Practitioners will enable the extension of the Practitioners role, which will be of great benefit in maintaining patient safety and overall experience.

The LabKit project to enable point of care testing will aid in diagnostics and timely management which will be beneficial in reducing hospital conveyance, admission avoidance and support for Primary Care. Additionally, the proposed improvement with the creation of further Make Ready Centres will enable local decisions more locally which will develop both managers and staff engagement when well established.

Finally the CCGs welcome the plan to increase the 999 workforce in response to the growth in activity and it is hoped that this will improve the response times, which will ensure timely interventions for best patient outcomes and in particular improved responses in rural areas.

Conclusion

The Trust has made good progress with its priorities and has been deemed above average in several categories. It has several challenges common to all Health care organisations and especially maintaining a stable workforce. It remains a challenge in the year ahead to further improve Quality whilst improving its reporting mechanisms, and maintaining financial stability.

The priorities for 2015/16 appear realistic in this respect and show that the Trust is taking account of patient feedback and relevant stakeholders whilst also planning ahead for better managed services and care pathways.

The CCGs look forward to further improved performance of 999, NHS 111 and PTS and especially the governance around subcontracts with Private Ambulance Providers and will monitor progress through regular updates including the usual Quality reviews.

Mona Walker

Head of Quality/Chief Nurse

Health Overview and Scrutiny Committees

Kent County Council HOSC

In recent weeks, the HOSC has received a number of draft Quality Accounts from Trusts providing services in Kent, and may continue to receive more. I would like to take this opportunity to explain to you the position of the Committee this year.

Given the large number of Trusts which will be looking to the HOSC at Kent

County Council for a response, and the standard window of 30 days allowed for responses, the Committee does not intend to submit a statement for inclusion in any Quality Account this year.

Through the regular work programme of HOSC, and the activities of individual Members, we hope that the scrutiny process continues to add value to the development of effective healthcare across Kent and the decision not to submit a comment should not be interpreted as a negative comment in any way.

As part of its ongoing overview function, the Committee would appreciate receiving a copy of your finalised Quality Account for this year and hope to be able to become more fully engaged in next year's process.

Robert Brookbank

Chairman, Health Overview and Scrutiny Committee, Kent County Council

Brighton and Hove City Council Health and Wellbeing OSC

Brighton & Hove City Council's Health and Wellbeing Overview and Scrutiny Committee (HWOSC) has not had the opportunity to scrutinise SECAMB's work in detail this year, but members are appreciative of the work that SECAMB carries out for the residents of Brighton and Hove, and for the wider Sussex region. SECAMB has always been willing to engage with HWOSC when we have had raised queries, and we are grateful for their open helpful approach.'

Councillor Sven Rufus

Chair, Brighton & Hove City Council's Health and Wellbeing Overview and Scrutiny Committee

West Sussex County Council Health and Adult Social Care Select Committee

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 2014-15.

SECAMB has continued to show a strong commitment to engaging with HASC, with regular informal liaison meetings during 2014-15 as well as attendance at formal Committee meetings when required. SECAMB has kept the Committee updated on its performance and the challenges and pressures it faces via liaison meetings and reports to the committee's Business Planning Group.

Following an update to the Committee in June 2014, the Business Planning Group heard in July that

- + NHS 111 performance targets were being met
- + More 'Make Ready' response posts would provide better coverage and response times
- + Most 'Friends & Family Test' respondents said they would recommend SECAMB for its care, but fewer would recommend it as an employer. Long-serving staff were less happy with their employment
- + SECAMB could offer support and training so that defibrillators could be put in local authority buildings

HASC is pleased with the strategic objectives set out in SECAMB's Five Year Strategy 2014-19, particularly the aim to reduce variation in performance standards, which is an issue in urban areas versus rural areas in West Sussex.

HASC is aware of the problems caused by increased 999 activity and handover times, and would be interested to hear the outcome of Risk Management and Clinical Governance Committee's scrutiny of the five quality measures in section four of the draft Quality Account.

Mrs Margaret Evans

Chairman, West Sussex County Council
Health & Adult Social Care Select Committee

Healthwatch

West Sussex Healthwatch

Introduction

Our primary source for commentary this year is patient experience as recorded in our Client Relationship Management (CRM) system and some feedback from Healthwatch liaison work. Issues reflected in our CRM include praise of a caring ambulance crew in the context of a badly planned journey, cases of misdiagnosis by paramedics or other staff and some negative feedback relating to staff attitude. The process for selection of quality measures to be monitored during 2015/16 is commended, including as it does organisational and other stakeholders from a variety of backgrounds. Our commentary last year referred to changes in service delivery made following the review of Trust activity in light of the Francis Report. The 'duty of candour' imposed on Trusts from 1/4/15 will have a related impact on transparency of data reporting and the Trust has responded well, for instance in reporting medication errors openly. However Trust wide reporting makes it difficult

to form an assessment of performance improvement within West Sussex.

Patient experience

We welcome the bolstering of the Patient Experience team following the review of complaints and PALS processes in 2013/14 together with the new grading system for dealing with the most serious complaints most quickly. Also welcome is the development of a Patient Experience session as part of annual key skills training for staff to understand and reduce numbers of complaints in relation to attitude (a concern reflected also in our CRM data). We look forward to seeing early results from PTS and "see and treat" patients responding to the Friends & Family Test question implemented from October 2014.

Regarding performance over 2014/15, we note the change in terminology (to 'formal and informal complaints') to be used by PALS arising from the Francis Report, and the roughly equal total numbers of informal complaints received by the Trust over the past 2 years. Most notable is the welcome fall in numbers of timeliness issues raised with the Trust over the period. Regarding formal complaints, these reduced by 9% over the period with a prominent decline in complaints about patient care, set against a rise in complaints about staff. The rigorous and open manner which the Trust adopts in investigating formal complaints is acknowledged, with over 70% of complaints this year being fully or partially upheld. Evidence presented suggests the Trust applies the same rigour to assimilating the lessons to be learnt across the organisation.

We also acknowledge the 21% rise in compliments received compared with 2013/14. Again in this context disaggregation of complaints and compliments data by county would be very helpful to us.

Patient safety

Given the high percentage of total number of calls which are accounted for by 'mental health issues', the proposed quality measure to improve service quality for this client group is commendable. Although SECamb wishes to explore potential ways of improving the quality of service received for this patient group during the telephone triage stage, tracking whether progress has been achieved from year to year may prove difficult to establish given the mix of measures proposed. It may be that a number of years data collation and review will be necessary in order to refine this assessment. The other quality measure for patient safety is for all patients referred to the Paramedic Practitioner (PP) desk will have been visited by a PP within the specified timescale of one, two or four hours at or closer to their home. We look forward to viewing performance in this activity designed to avoid unnecessary conveyance to A&E Departments, of interest in this context is our study of reasons behind A&E attendance in West Sussex: http://www.healthwatchwestsussex.co.uk/sites/default/files/ae_survey_published.pdf

Regarding performance over 2014/15, SIRI management database reporting shows an increase of 11 cases of ambulance delays requiring investigation compared with last year. We welcome the statutory 'duty of candour' when reporting such incidents

which applies from this year, and associated increased transparency in reporting including comparative tabulated data over continuous years. We have concerns associated with greater numbers of medication dosage (&/or type) errors and note the number of Patient Safety Incidents has remained roughly the same over the past 2 years.

Effectiveness

The final measure selected for improvement is based on use of Care Plans where they exist by frontline 999 operational staff using the IBIS system to assist in deciding whether to transport a patient to hospital or treat at or closer to the patient's home. Although we are more interested in service improvement rather than compliance levels, we note Worthing Dispatch desk performed relatively well in this measure to end February 2015. Data to track performance of this disaggregated measure over time would be welcome.

Regarding performance over 2014/15, charts for instance showing performance over time in asthma and febrile convulsion management suggest approximation to national mean levels, although technical language used makes this difficult for lay assessors to detect improvements in service quality. Comparative performance against other Trusts is not available.

Conclusions from the consumer perspective

As an organisation representing the consumer interest, viewing evidence of service improvement is of primary importance to us. Therefore Part 3 of the

the Trust also acknowledges that in 20 journeys out of 1500 per day, patients experience unacceptable delays. Healthwatch would welcome the opportunity to independently seek wider views and feedback of the service.

Statistical data

Unprecedented A & E demand in 2014/15 is attributed to the reduction in meeting key performance targets compared to the previous two years. This, Healthwatch recognises, however would want to see strategies in place that demonstrate how the Trust plan to meet increasing year on year demand.

Key challenges Healthwatch will monitor

- + Handover times within 15 minutes for Sussex reported at 38.1%
- + Increases in transports to Hospital reflects increased demand for A & E
- + Drop off and Pick up times
- + Medication errors
- + Discharge from hospital within two hours

Staff attitudes

Healthwatch evidence suggests that in acute hospitals, relationships with SECamb Staff and Hospital staff is improving. Isolated incidents where poor staff attitudes have been identified by Healthwatch, have been responded to promptly by the Trust.

Patients with mental health issues using the service

Healthwatch welcome the desire to explore potential ways of improving quality of service for this cohort of patients. The outcomes of

HWES research in this area could generate joint working opportunities for 2015/16.

To conclude, this is a patient focussed account that reflects the engagement and involvement with Healthwatch and communicates the challenges faced when providing high quality, patient centred, cost effective services in a climate of increased demand and where targets have to be met.

Julie Fitzgerald

Executive Director, East Sussex Healthwatch

Kent Healthwatch

As the independent champion for the views of patients and social care users in Kent we have read your Quality Accounts with great interest.

Our role is to help patients and the public to get the best out of their local health and social care services and the Quality Account is a key tool for enabling the public to understand how their services are being improved. With this in mind, we enlisted members of the public and Healthwatch Kent staff and volunteers to read, digest and comment on your Quality Account to ensure we have a full and balanced commentary which represents the view of the public.

On reading the Account, our initial feedback is that the account is still very lengthy and, to improve the account for next year, we would welcome an additional summary document to be produced to make the information more accessible to the public reading it. This could be achieved by building on the Executive Summary which we thought encapsulated the main points of the Account well and directed the reader to the

relevant details. Throughout the document there was a clear structure which assists the reader in trying to digest the vast amount of information contained within the report. It must be acknowledged that while there are a lot of the acronyms or jargon used within this document there is an abbreviations page that can be referred back to, making the Account more accessible to the public.

It is pleasing to see the changes that have been made in 2014/15 and future plans for 2015/16 have been evidence based. We think it is worth drawing attention to the way in which a genuine attempt to explain why some targets have been missed has been made rather than avoiding the issue.

There is also evidence of engaging with patients over concerns around timeliness of patient transport which the Trust has tried to act upon. Furthermore we welcome the range of differently qualified staff being employed to handle the diverse range of calls from the public. Like these examples, we would welcome further details on how the public have been listened to and also the efforts that have been made to engage with Seldom heard groups.

Healthwatch Kent would like to take this opportunity to say that the Trust has involved Healthwatch Kent throughout the year, but we would like to see them do more to engage with and listen to Kent residents.

In summary, we would like to see more detail about how you involve patients and the public from all seldom heard communities in decisions about the provision, development and quality of the services you provide. We hope to continue

and develop our relationship with the Trust to ensure we can support you with this.

Steve Inett

Chief Executive Officer, Kent Healthwatch

Surrey Healthwatch

We welcome the opportunity to comment on this Quality Account.

This opportunity has been considered taking into account our current priorities and the most effective way to achieve these. With this in mind we have taken the decision not to comment on your organisations Quality Account on this occasion.

We look forward to continuing to work with your organisation over the next year. In particular we look forward to continuing discussions in 2015/16 around how to:

- + Amplify the voice of Young People
- + Make it easier to make NHS complaints
- + Increase involvement of people, patients and service users in decision making
- + Promote and support people, patient and service user focussed cultures

Matthew Parris

Consumer Champion (Evidence & Insight Manager), Surrey Healthwatch

Annex 2

Annex 2: Statement of Directors' Assurance/ Responsibilities in respect of the Quality Report 2014/15

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 meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2014/15 and supporting guidance;
- + 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 2014 to May 2015;
 - + papers relating to Quality reported to the board over the period April 2014 to May 2015;
 - + feedback from commissioners dated 14/05/2015;
 - + workshop with the governors

took place on 1 December 2014 and subsequent feedback from the draft document was obtained April/May 2015;

- + workshop with local Healthwatch organisations took place on 1 December 2014 and subsequent feedback from the draft document was obtained April/May 2015;
- + feedback from Health Overview and Scrutiny Committees dated April/May 2015;
- + the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 03/07/2014;
- + the 2014 national staff survey went live week commencing 22 September 2014 and closed on 3 December 2014;
- + The Head of Internal Audit's annual opinion over the trust's control environment, dated 18 May 2015;
- + CQC Intelligent Monitoring Report (not applicable for ambulance services)
- + 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.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor.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.

By order of the Board



Chairman
28 May 2015



Chief Executive
28 May 2015

Annex 3

Annex 3: Independent Auditor's Report

Independent auditor's limited assurance report to the Council of Governors and Board of Directors of South East Coast Ambulance Service NHS Foundation Trust on the Quality Report

We have been engaged by the Board of Directors and 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 2015 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2015 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- + Category A call – emergency response within eight minutes; and
- + 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 auditor

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 Monitor's 'Detailed guidance for external assurance on quality reports 2014/15'; 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 2014/15'.

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 2014 to May 2015;

- + papers relating to quality reported to the board over the period April 2014 to May 2015;
- + feedback from Commissioners, dated 14/05/2015;
- + workshop with the governors took place on 1 December 2014 and subsequent feedback from the draft document was obtained April / May 2015;
- + workshop with local Healthwatch organisations took place on 1 December 2014; and subsequent feedback from the draft document was obtained April / May 2015;
- + feedback from Health Overview and Scrutiny Committees, dated April / May 2015;
- + the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 03/07/2014;
- + the 2014 national staff survey, went live week commencing 22 September 2014 and closed on 3 December 2014; and
- + the Head of Internal Audit's annual opinion over the Trust's control environment, dated 18/05/2015.

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 and the Board of Directors of the Trust as a body, to assist the Board of Directors and 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 Annual Report for the year ended 31 March 2015, to enable the Board of Directors and 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 Board of Directors as a body, the Council of Governors as a body and South East Coast Ambulance Service NHS Foundation Trust for our work or this report, except 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:

Annex 3

- + evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- + making enquiries of management;
- + testing key management controls;
- + analytical procedures;
- + limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- + comparing the content requirements of the 'NHS Foundation Trust Annual Reporting Manual' to the categories reported in the quality report and
- + 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 affect 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 of these criteria, 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 2015:

- + 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 above; 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'

The logo for Grant Thornton UK LLP, featuring the company name in a stylized, handwritten-style font.

Grant Thornton UK LLP,

Grant Thornton House
Melton Street
Euston Square
London
NW1 2EP

28 May 2015

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

This document can be made available in alternative formats and languages on request. On occasion a summary will be provided in the requested language or format.



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