



South East Coast Ambulance Service **NHS**
NHS Foundation Trust

Quality Account & Quality Report 2015/16

**(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

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Part 1

1. Chief Executive Officer's Summary and Statement

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.

2015/16 has probably been the most difficult year the Trust has ever faced. Despite extremely hard work by our staff, we have seen the Trust fail to deliver its operational and performance targets in both 999 and 111, as well as falling behind on some of our key clinical targets during the year. We have also seen Patient Transport Service (PTS) performance falling below the standards expected.

There are many external factors, including unprecedented rises in demand and significant system failings, including high levels of hospital handover delays and gaps in Out of Hours (OOH) provision, which have undoubtedly impacted on the delivery of our 999 and 111 performance.

PTS operations have also been delivered within a decidedly difficult operating climate. I was personally very sorry to see the end of PTS in Sussex on 31 March 2016, following the re-structure and re-tendering of the contract by the lead Clinical Commissioning Group (CCG).

However, despite external factors undeniably having an impact, we must also take responsibility for internal issues which have had an impact on the Trust delivering its key objectives during the year.

During the year, external reports into the governance of the Red 3 re-triage project and the way in which defibrillators were recorded at the scene of incidents were published. Both

of these issues received negative national press coverage during the year, which not only has resulted in reputational damage but, more importantly, has had a significant impact on staff morale and public confidence in our services.

In December 2014 the Trust implemented a Pilot scheme that involved a change to standard operating procedures regarding the handling of certain NHS 111 calls which had been transferred to the 999 service where the NHS Pathways assessment had resulted in an ambulance despatch disposition.

Under the Pilot, the Trust introduced a second triage stage for certain calls to NHS 111 to ascertain whether they required an ambulance. The second triage took place after the NHS 111 assessment had determined that an ambulance was required.

The changes effected via the Pilot scheme were not in line with the NHS England NHS 111 Commissioning Standards and did not comply with nationally agreed operating standards for ambulance services.

The Trust initiated an investigation in February 2015, with scrutiny by the lead Commissioners' Clinical Quality and Safety team, into the Trust's introduction and handling of the Pilot and the report was finalised on 1 July 2015. NHS England opened a separate investigation following a risk summit on 31 March 2015. The NHS England investigation report was shared with stakeholders (including Monitor) on 17 August 2015.

Monitor decided to take enforcement action against the Trust on the basis of the reviews noted above. As part of the enforcement action, Monitor has accepted undertakings from the Trust under section 106 of the Health and Social Care Act 2012. These undertakings included a requirement for the Trust to commission a forensic review into the Pilot project.

This forensic review, undertaken independently by Deloitte, reported to SECAMB and Monitor on 22 February 2016. It concluded that there were a number of fundamental failings in governance at the Trust which resulted in the implementation of a high risk and sensitive project without adequate clinical assessment or appraisal by the Board, Commissioners or the NHS 111 Service.

The undertakings the Trust has made to remedy the governance failings identified include:

- + Developing as a unitary Board;
- + Improving clarity around Executive Director roles and responsibilities, particularly in relation to clinical decision-making and accountability; and
- + Improving the organisational culture, including to ensure clinicians' concerns are listened to and acted upon.

A comprehensive internal review of the Trust's corporate and clinical governance is underway at the time of writing.

The Trust received two amber/red-rated internal audit reports, one on Clinical Audit and one on data quality-mental health call reporting. The Clinical Audit Report noted that at the time of the audit review there had been limited progress against the 2015/16 Clinical Audit Plan. The review identified that a significant number of clinical audits planned for 2015/16 were not completed. Recommendations for action were made to improve the utilisation of resources, escalation of risk, setting priorities for undertaking clinical audit in accordance with the agreed plan and development of the 2016/17 and three year rolling Clinical Audit Plan.

A further review conducted in April assessed year end compliance to the audit plan for 2015/16. A Clinical Audit Rectification Plan has been developed for implementation during 2016/17. Main priorities are to risk assess outstanding audits for inclusion to a revised 2016/17 audit

schedule and align audit activity with the Trust's strategic and business objectives.

The data quality mental-health call reporting audit has not been presented in full at the time of writing. However, it focussed on the quality indicator 'Improve telephone triage response to 111/999 patients with Mental Health problems'. It found there was an inadequate audit trail to evidence the check/analysis, challenge, feedback, and sign off.

There have been 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, which will strengthen further the importance of extended paramedic skills in urgent care delivery. The expansion of the Paramedics in the Community project has resulted in better use of our Paramedic Practitioners who have improved the service for those patients who can be treated at home or closer to home, thus avoiding transportation to A&E. This is benefitting both patients and the health economy as a whole and will ensure that we continue to increase the number of patients managed out of hospital.

The "LabKit" project has seen Paramedic Practitioners trained to use a range of "point of care" testing devices and now utilise that equipment effectively in the Surrey area where this is being piloted. This trial is likely to conclude during quarter one with the encouraging results seen to date formally published with the likely result of rolling out this innovative project.

The Trust has been working with Surrey Fire & Rescue Service (SFERS) and other partners as part of the Emergency Services Collaboration Programme for the last three years. A work-stream of this programme has been to set up co-responding as an activity that would be of benefit to the population in Surrey, with further detail in section 3.13.

Part 1

The Critical Care Desk has gone live this year and is now providing clinical oversight and support to all staff, it has been well received and is believed to be reducing the clinical risk. This is further supported by on call Clinical Consultant support.

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. During 2015/16 we have seen some improvements 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 3.17.

Progress on our 2015/16 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. For next year, we have five 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 2016/17" 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 2017.

We have also included updates on other quality improvements we planned to introduce during 2015/16 (see section 3) and a separate chapter on quality improvements we propose to implement during 2016/17 (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 2016/17 will be a challenging 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 3.19 provides an update on the Thanet and Ashford pilot Operational Units which commenced in July 2014.

I am also keen that we improve our Clinical Outcomes. The new Clinical Audit and Quality Sub Group (CAQSG) which covers both Operations and EOC will look at improving our performance against the national Ambulance Clinical Quality Indicators (ACQI), inform and influence quality improvement measures and to work with EOC and KMSS 111 on clinically led activities. We will continue the emphasis we have seen during 2015/16 on driving up our clinical performance in key areas such as cardiac arrest and stroke.

Equally we must not underestimate 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.

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.

For 2016/17 the Trust has agreed the following objectives:

- + Delivering an improving trajectory of Clinical performance
- + Delivering an improving trajectory of Operational performance
- + Delivery of the following key projects:
 - + *Roll out of operating units*
 - + *Move to new EOC/HQ*
 - + *Continuation of the Electronic Patient Clinical Record (ePCR) deployment*
- + Managing the Care Quality Commission (CQC) inspection and outcomes
- + Financial sustainability
- + Improving the culture of the Trust

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.

As well as getting a better grip on the delivery of the Trust's key projects, the plan for this year focuses on key areas such as providing a safe, effective service, while maintaining financial sustainability and improving our clinical performance.

There are also likely to be some key learning points for the Trust arising out of the CQC inspection of the Trust in May 2016.

As we enter the new financial year, the Trust undoubtedly has a number of key challenges it still needs to address. It will, without doubt, be another tough year, not least due to the ever-shrinking financial resources allocated to the Trust.

However, I fundamentally believe that SECAMB remains a good Trust, with fantastic staff committed to delivering excellent patient care. Despite the negative publicity the Trust has received, we have continued to receive high numbers of compliments and have not seen any evidence of a decrease in patient satisfaction.

It is my job, and the job of the Board, to support staff in doing this as we move forwards and provide the very best environment and resources possible. I will do everything possible to make SECAMB a Trust our patients and public can have confidence in.

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



Geraint Davies, Acting Chief Executive

Date: 26 May 2016

Part 1

2. Introduction to the Quality Account and Quality Report

Welcome to the South East Coast Ambulance Service NHS Foundation Trust's (SECAmb) Quality Account and Quality Report for 2015/16. 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 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 (PTS) (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).

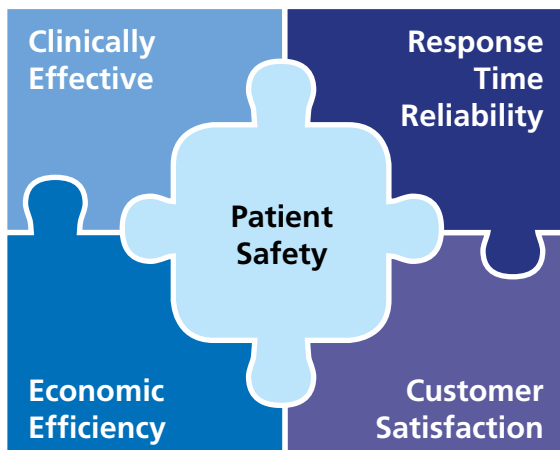


Figure 1: Model of High Performance Ambulance System

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 2016/17 SECAmb will be moving in to phase two of the change programme which will reform the way we provide our services and help us move towards our vision, towards local partnership working whilst underpinning Governance at the heart of the Trust. In this respect, I will be supporting the aim to achieve clinical excellence, improving clinical outcomes and enhancing the patient experience and I am looking forward to the challenges of the year ahead.

Andy Newton, Chief Clinical Officer

Date: 26 May 2016

Part 2

3. Quality improvements implemented by SECAMB

3.1. Clinical Strategy

The Clinical Strategy 2014-2019 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 quality in clinical care and is striving to achieve 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.

2015/16 has been a difficult year for the Trust, with capacity issues in most departments, noticeably Clinical Audit. The Clinical Audit Plan (CAP) for 2015/16 was not achieved and is now part of the wider recovery plan. Of the seven planned audits only three have been completed. The integrity of the data submitted to the Department of Health has also come under scrutiny and the Trust plans

to restate the data submitted in August 2016 after a thorough review has been undertaken. More information on this can be found in section 6.

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 patients suffering out of hospital cardiac arrest (OHCA), and to see where improvements could be made to promote better outcomes for patients. This would also allow SECAMB to demonstrate better performance in national reporting to Return of Spontaneous Circulation (ROSC) at hospital (both all and Utstein groups).

CATF changed its name during 2015/16 to Cardiac Arrest Survival Team (CAST). It is made up of operational and non-operational staff and, while it has limited senior input, it reflects the true picture of cardiac arrests managed operationally and clinically. CAST aims to meet monthly to review clinical performance data and to undertake a review process to identify incidents where care could have been improved or was not potentially delivered or documented in accordance with clinical guidelines. These learning opportunities can be reported back informally to the local Clinical Operations Managers (COMs) to enable them to support the respective member of front line operational staff and also inform learning and development programmes as appropriate.

CAST last met in October 2015 and, due to operational demand, it has not been possible to meet again this year. The Cardiac Arrest Strategy (CAS) will be written during 2016 building on the work already carried out within SECAMB to enhance the survival rate of those patients who suffer an OHCA. One aspect that will be incorporated into the strategy is the use of Cardiac Arrest download analysis. This is where the Cardiac Arrest incident is recorded electronically and then reviewed with learning points fed back to

the ambulance crews who attended the patient. During the last few months several hundred downloads have been analysed and reported back to staff who have welcomed this initiative.

3.2.2. Quality Improvement Group (QIG)

SECAmb's Quality Improvement Programme (QIP) has not been as successful this year as in previous years, the team last met in September 2015. This group is now part of a wider Clinical group which incorporates the QIG, the Clinical Audit and Guidelines Sub Group (CAGSG) and the Emergency Operations Centres (EOC) Quality and Development Sub Group (EOCQDSG). The Clinical Audit and Quality Sub Group (CAQSG) has been set up in light of an internal audit that took place in November 2015. The group will specifically look at:

- + Performance against Clinical Performance Indicators (CPI) and the Clinical Outcome Indicators (COIs) contained within the Department of Health's Ambulance Clinical Quality Indicators (ACQIs)
- + Outcomes and recommendations arising from completion of the annually agreed CAP thereby informing and influencing quality improvement measures
- + Performance in relation to clinically led activities within the EOC and 111 services

In order to ensure that effective improvements are seen over the next year, the directorate has reviewed its structure and has made a number of recent appointments. The additional capacity will ensure that effective progress is made in the next year towards improving SECAmb performance in line with the Unified Recovery Plan.

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. Patient and participant safety in research and the undertaking of robust research within NHS organisations are key concerns within the United Kingdom, and there are several forthcoming changes in relation to national research governance processes for NHS trusts; SECAmb has engaged fully in preparation for the changes due to be implemented in April 2016.

During 2015/16 SECAmb made two key appointments in the area of research: a research lead, Professor Julia Williams who will lead on all research activities throughout the Trust; and a Research Manager, Dr Jonathan Smart who was responsible for day-to-day management of research studies in progress throughout the Trust with key responsibility for governance. The latter post was funded through collaboration with the Clinical Research Network (CRN) and application has been made for recurrent funding from the CRN to maintain this post in the future.

3.3.1. Participation in current portfolio studies:

Over the past 12 months we have continued to participate successfully in a number of different research activities for example:

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

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

- + ***Understanding variation in rates of "non-conveyance to an emergency department" of emergency ambulance users (VAN)***

This is a portfolio study funded by the NIHR led by the University of Sheffield.

Part 2

+ **Prehospital Resuscitation Intranasal Cooling Effectiveness Survival Study (PRINCESS)**

This is a portfolio study funded by the Resuscitation Council UK. It is an international trial sponsored by the Karolinska Institute in Stockholm. SECAmb is the only UK ambulance Trust who was invited to participate and the trial opened in September 2015. Further details on this registered clinical trial can be found at <https://clinicaltrials.gov/ct2/show/study/NCT01400373?term=princess#contacts>.

+ **Rapid Intervention with Glycerol trinitrate in Hypertensive stroke Trial-2 (RIGHT-2): Assessment of safety and efficacy of transdermal glycerol trinitrate, a nitric oxide donor, and of the feasibility of a multicentre ambulance-based stroke trial**

This is a portfolio study and governance checks are in progress currently, prior to commencement of the study in Spring 2016.

3.3.2. Development of research grant applications for full funding

SECAmb has a commitment to encouraging and supporting quality research of all types and is developing collaborative partnerships with other ambulance trusts, higher education institutions and industry to become a centre of excellence with regard to research and evaluations related to patient care.

During 2015/16 a number of collaborative research grant applications were developed/ submitted to a variety of funding streams, with outcomes awaited including:

- + Health and wellbeing of emergency call centre staff
- + Evaluation of pre-hospital sepsis
- + Use of TENS for abdominal pain relief
- + Implementation of an app for assessment of pain

- + Impact on the ambulance trust of increased numbers of patients using novel psychoactive drugs ('legal highs')

3.3.3. 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.

3.3.4. Governance for small-scale studies

This is a growing issue for SECAmb as these are unfunded studies and largely coming from our own staff who are undertaking MSc level projects. Governance for these studies along with maintaining safety have a cost implication and currently SECAmb is working with the CRNs and the higher education institutions to ensure that appropriate sponsorship arrangements are in place. It is essential that SECAmb support their own staff undertaking research as part of their professional development in order to grow research capability and capacity amongst our workforce, but there needs to be wider discussion as to the viability of supporting unfunded student projects from external sources. This will be monitored closely through 2016/2017.

In conclusion, given SECAmb's stated intention to create an integrated research unit within the Trust, it has been an encouraging year and progress has been made. The first permanent posts were appointed and this has resulted in an increase in portfolio activity and grant applications. Work continues to expand the numbers of staff dedicated to research work and there will be opportunities to employ Research paramedics with external funding to support specific studies e.g. RIGHT-2.

Work also continues to capitalise on funding from bodies such as the NIHR to support MSc and PhD level studentships via the Integrated Clinical Academic Programme.

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

The KMSS 111 service has experienced a difficult year in 2015/16, which has seen it enter a transitional period culminating in a change of leadership taking the service down a clinically-led path and resulting in the agreement of a contract extension.

3.4.1. Performance

The operational Service Level Agreement (calls answered within 60 seconds) has been below target for the duration of 2015/16 and, although there was a steady improvement during Q3 and over the critical Christmas period, the step-change in call volumes received across all NHSS 111 services since late January has significantly affected KMSS 111's operational KPIs. The key factors that have been the root cause for this tail-off in operational service level are:

- + Recruitment; an ongoing issue with the challenge of recruiting the appropriate calibre of staff to what is essentially a demanding but relatively low paid role of Health Advisor.
- + Retention; due to the nature of working in such a difficult environment, career

opportunities elsewhere and the negative impact on staff created by adverse media reporting has diminished the attraction of remaining with the service.

- + External GP OOH provider pressure; GP OOHs service providers continues to affect KMSS 111 performance, especially at weekends when finding the right service in a suitable timeframe for patients can be extremely challenging.
- + Operational efficiencies; the reliance on developing newly qualified Health Advisors and working within the constraints of the original contract has resulted in operational factors such as extended Average Handling Time (AHT) and rota harmonisation becoming obstacles for KMSS 111 to realise its full operational effectiveness.

All of these issues are being addressed via a detailed recovery plan and the service continues to work closely with Commissioners to ensure that it remains a safe and quality-focussed NHS 111 service with patient care at its heart.

3.4.2. Quality

Despite its operational challenges KMSS 111 continues to consistently out-perform the majority of other providers with its Combined Clinical KPI, which is a measure of how effective the service is at handling cases with a need to be addressed by an NHS 111 clinician (warm transfer to a Clinical Advisor or call-back within 10 minutes).

It is the firm belief of the KMSS 111 leadership team that this is a more meaningful measure to evaluate how the service is managing clinical risk. In addition to this, KMSS 111 has out-performed the national average for the percentage of cases referred to A&E and the total number of cases triaged. This is despite the increase in demand year on year which culminated in the fact that March represented the biggest monthly demand on KMSS 111 (131,000 calls received) since its inception three years ago.

Part 2

In 2014/15 KMSS 111 secured National Health Service England (NHSE) funding for a pilot to develop its clinicians via a clinician appraisal tool framework. This proved highly successful and demonstrated the service's intention to further develop its clinicians and innovation with a view to sharing best practice across the sector. The service also worked closely with the National Poisons Information Service (NPIS) looking at a proof of concept as to the merit of further educating NHS 111 clinicians with respect to managing cases relating to the ingestion of poisonous or toxic substances. The success of the NHSE funded clinician appraisal tool was instrumental in SECAmb securing further significant funding from HEKSS to conduct further clinician education for paramedics and nurses working in both 999 and 111. This programme, which is delivered by St. Georges Hospital Foundation Trust, is focussed around developing the clinical skills associated with telephone triage, which remains a relatively new field of practice. This programme has already facilitated a closer working relationship between clinicians from both 999 and 111 through its educational sub-committee. The first cohort started in Q4 of 2015/16 and the programme will be extended with additional cohorts planned for later in 2016. This innovative work will benefit not only the Trust, but also other urgent and emergency care providers utilising telephone triage. This is particularly relevant as we are now entering the commissioning of new Urgent Integrated Care (UIC) Clinical Hubs.

3.4.3. Clinical Governance

The service continues to work closely with stakeholders and its transparent and open ways of working remains the foundation for engendering innovation and maintaining trust. This is enabled through:

- + The progress of the Quality & Patient Safety Committee (QPSC) within KMSS 111 which operates alongside the Senior Management Team (SMT) and the Working Group to ensure that all issues, risks and concerns are addressed as appropriate.
- + Representation during 2015/16 at every Regional Clinical Quality Governance Advisory Group meeting along with every County cluster Clinical Governance Advisory Group meeting and End-to-End call review with multiple external stakeholders. Representation at these fora is vital to collaborative working, especially with Commissioners.
- + A comprehensive Clinical Governance report which is submitted to the RMC GC encompasses all elements of the service, especially quality measures. This document is produced monthly and is the cornerstone to the open and transparent modus operandi that KMSS 111 adheres to.
- + KMSS 111 continues to create additional analysis and documents to share learning and insight and to promote a more cohesive urgent care system so that local service providers can further understand how they can improve.
- + An "open-door" policy for Commissioners, NHSE and other stakeholders, which is aimed at raising the awareness and understanding about the work that KMSS 111 is undertaking.

3.4.4. The year ahead

Although 2015/16 has been difficult, for the reasons already identified, it is certainly moving in the right direction. The contract extension starting in April 2016 should improve the financial viability of the service.

However from October 2016 onwards, the four CCGs that constitute East Kent will leave the revised NHSS 111 contract and create an Urgent

Integrated Clinical (UIC) Hub model. An alternative provider has secured the contract which will create challenges with respect to boundary issues and the complexity of two very different operating models working adjacently i.e. conventional discrete NHS 111 and GP OOH services operating across eighteen CCGs and a new, conceptual integrated service across four CCGs. KMSS 111 will continue to work closely with Commissioners to ensure that the migration of the NHS 111 business pertaining to the East Kent CCGs is facilitated as smoothly as possible to the new provider and that any risk associated with this change is mitigated against, where necessary.

There is also the considerable amount of time and focus that KMSS 111 is investing in its people. The service has secured funding from the NHSE Workforce Investment Fund to conduct two clinician development programmes in:

- + Improving the NHS 111 clinicians' skillset and ability to handle calls relating to mental health – via improving interoperability between KMSS 111 and KMPT "RiO" mental health care plans and also through specific mental health training.
- + Developing NHS 111 clinicians and their ability to handle calls relating to the ingestion of poisonous and toxic substances, whilst also enabling them to have a better understanding of how to use pharmacy related literature and reference sources.

The results of this work will be shared with other service providers through NHSE with the purpose of improving the quality of NHS 111 services nationally and shaping the direction of further workforce development.

In 2016/17 KMSS 111 will continue to focus on recovering its operational performance whilst delivering a safe NHS 111 service which remains committed to further developing its people and improving the quality of its patient care.

3.5. Medicines Management

Medicines management governance remains 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.

Following the changes in 2014 the Trust continues to build upon a fully inclusive system for medicines management whereby medicines can be tracked from purchase through to administration. The Trust has continued to be seen as a sector lead in medicines management technology.

The Trust will be in a position during Q1 2016/17 to expand the work already undertaken to deploy a more efficient system for specialist paramedics, a generic title which includes Paramedic Practitioners and Critical Care Paramedics.

3.6. Electronic Patient Clinical Record (ePCR)

Included in SECamb's plans for 2016/17 is the wider deployment of the ePCR mobile working solution to our frontline clinicians.

The ePCR collects patient clinical data at the point of care on an iPad, which is currently captured on a paper A3 form.

Working in conjunction with our software provider Kainos and iPad supplier O2 Telefonica the first phase commenced in the Thanet area in October 2015.

This 'soft launch' enabled the structured testing of the software and the validation of staff support processes introducing the change to their working practices.

In partnership also with the East Kent Hospitals University Foundation Trust (EKHUFT) we have achieved the successful handover of patients into their care at both Queen Elizabeth the Queen Mother (QEQM) A&E in Margate and the Kent & Canterbury hospitals.

Part 2

This significantly changed project has been assured under SECAMB's Clinical Quality Working Group (CQWG) governance process and Risk Management and Clinical Governance Committee (RMC GC).

A full review of the soft launch will be undertaken in April ahead of operational deployment across the wider Trust area during the summer months. The roll out has been slower than anticipated due to further software development being required before moving past the pilot stage. Feedback to date from both staff and patients is positive both in terms of ease of use of the ePCR application, and reduction in the use of paper forms.

By placing the personal issue and personally enabled iPad as the cornerstone of mobile working for frontline staff, this project is fully aligned with SECAMB's vision for the future and the government target of being 'paper-light' by 2020.

3.7. Safeguarding

During 2015/16 safeguarding reporting activity was migrated across to a web-based solution; this was a bespoke module of the already established incident reporting system which was well received by staff. There has been a continued increase in referral activity, although this may not be wholly attributed to the new reporting procedures as there has been a year on year increase in referral activity. Overall, safeguarding activity has increased by approximately 30% on the previous year, with approximately 800 new referrals being received each month.

Close work with the commissioning safeguarding leads continues with regular meetings and delivery of agreed reporting metrics over 2015/16. Improved reporting metrics for 2016/17 have been agreed and work to improve data analysis from the database is underway to enable delivery of these.

A safeguarding development day was undertaken in September 2015 with representation from the Executive, Non-Executive and senior management teams. Following this, improved working arrangements and interface between specialist areas, particularly the Risk team, has been facilitated which will improve patient care through review and subsequent learning.

It has been recognised at the recent visit by CQC that we need to embed Safeguarding and reporting of incidents and concerns into the organisation.

3.8. Domestic Abuse (DA)

During 2015/16 a second DA pilot project was undertaken. This was supported by two thirds funding from the Strategic Commissioner (Joint Domestic, Sexual Violence & Abuse and Violence against Women & Girls (VAWG) Unit) and the Sussex Police and Crime Commissioners office.

This project built on the success of the initial project and the DA practitioner delivered Trust-wide training, improved referral pathways into specialist DA service providers and supported patients identified as at risk of suffering DA across Sussex. The Safeguarding Lead and DA practitioner delivered a presentation at the 2015 Conference for the National Centre for the Study and Prevention of Violence and Abuse at the University of Worcester discussing the innovative work which had occurred during the first pilot and how this would be expanded during the second project.

Unfortunately funding streams to continue the specialist DA work have not been possible to source so this work cannot continue at present.

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 CQWG, who are accountable to the RMCGC.

3.10. IBIS

The IBIS system continues to go from strength to strength with nearly 40,000 patients' care plans available on the system. Further development work has been undertaken to make the system easier for users to operate, including a new document management system which allows multiple associated documents to be added to the IBIS record, where previously only one could be added. This year has seen IBIS performance achievements holding steady compared to previous years, and audits have been done to check the quality of care plans and the reasons for conveyance for patients with care plans.

3.11. Fleet and Technical Support

In view of the changing model of care, and the establishment of Operating Units - it is vital that the vehicle fleet reflects the needs of the communities we serve, ensuring better patient experience as well as providing value for money and working towards reducing our 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 region.

The fleet and logistics teams 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 2015/16 the team provided 2,800,000 operational unit hours at an average maintenance cost of £1.63 per unit hour.

In addition we supplied 99.62% of required response hours using Single Response Vehicles (SRVs) in to plan and 99.95% of the required transport hours by way of double crewed ambulances (DCAs) to meet patient demand.

The 2015/16 vehicle replacement programme was delivered in line with schedule and within the defined financial envelope.

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:

+ *The development and build of 22 new SRVs on a versatile all-wheel drive Skoda platform.*

The design of these vehicles was predicated on the ability to maximise space and comfort for the crew, whilst eliminating problematic manual handling associated with accessing equipment from within the vehicle.

The use of a light-weight pod for storage in the back of the vehicles also enables the technical team's unhindered access to electronic and communications equipment within the vehicle.

The Skoda equipped to the Trust standard load also has the driver safety system fitted as standard. The system includes dynamic speed controller, CCTV and the full installation of black box technology that provides feedback on driver style and behaviour, as well as enabling the reconstruction of critical incidents and feed back to the fleet teams and shows any engine data needed to pre-empt problems with the vehicle before it becomes critical.

Part 2

Equipped with advanced patient diagnostics and other specialist equipment, the vehicles place the needs of the patient and the clinicians at the very heart of the design.

+ 2015/16 also saw the refurbishment of 35 ex-COM Volvos that, because of their condition and cost, represented excellent value for money.

These vehicles, needed to support the changing model of care, have been fully liveried and equipped for frontline deployment. They have mirrored the Skoda in terms of equipment load and slide out pod for access to electronic and communications equipment.

These Volvos also have a full standard suite of driver safety system components ensuring the staff and public are safe and supported and the interests of the Trust are protected.

+ The successful bid for funds followed, from the Office for Low Emission Vehicles (OLEV), for the procurement and build of 15 Mitsubishi Outlander Hybrid response vehicles.

These vehicles represent a 'first of breed' in frontline operation nationally, allowing the Trust the opportunity of getting to grips with the notion of alternative fuel technologies in its Fleet Operation whilst also enabling technical staff exposure so that they can 'up skill' accordingly to support these vehicles.

If successful, the Mitsubishi project will allow us to dramatically reduce our fuel spend and the greenhouse gases that affect our patients.

The Mitsubishi project provides a built response vehicle for specific communities all of whom will be supported by a network of rapid (20 minute) chargers. In addition the vehicle will have high output marine grade solar panels, all monitored for effectiveness by the driver safety system.

Clever design has also seen staff welfare considered throughout, recognising the need for versatility within this vehicle which will ultimately provide 'connected' work space for Clinical Team Leaders (CTLs) across the Trust.

+ Finally, SECamb has seen the development of the 'connected ambulance' introduced for frontline deployment whilst this ambulance challenges the norms of vehicle design.

The vehicle's built in partnership with FERNO, brings the best technology available onto a van conversion ambulance.

Internally, the vehicle can be reconfigured to match the capability of the staff or the requirement for unit hours (UH) in the plan, meaning it can be configured for a Specialist Paramedic (CCP) role one day and a Basic Life Support (BLS) ambulance the next.

Externally the tail lift has been removed in favour of a state of the art self-loading trolley which reduces the manual handling risk for the operator of using a tail lift from 13 actions to just 2 with the new stretcher.

In addition the removal of the tail lift takes approximately 250kgs out of the weight of the vehicle which consequently reduces fuel expenditure and carbon emissions for every mile travelled. In addition to this, the maintenance burden and associated failure of tail lifts are avoided completely. We also see an opportunity of reducing the task time by 2 minutes per patient transported, thereby saving in excess of 200,000 UH every year!

The remainder of the vehicle is full of electronics that support the use of the vehicle in field, from Radio Frequency Identification (RFID) asset management, high fidelity cloud based CCTV, Wi-Fi and solar panels to smart temperature control managed remotely by the crew.

The vehicle enables the crew to 'connect' to the wider health economy, enabling support for telehealth and telemedicine as well as being able to beam clinical data to the receiving care provider and gain clinical support when required.

This project is envisaged to return in excess of £22m pounds worth of savings over the next five years compared to a conventional box back ambulance. The benefit to patient care could be extensive.

In conclusion, the fleet and logistics team have had a tremendous year in support of patient care and frontline service delivery.

The team retained their 'excellence' accreditation with the Freight Transport Association (FTA), as well as winning Blue Light Fleet of the Year. More recently the team have been shortlisted for a number of awards such as;

- + Fleet of the Year
- + Cost saving initiative of the year
- + Safe fleet of the year
- + Most improved fleet of the year
- + Green fleet of the year
- + Fleet manager of the year

These external accreditations should provide reassurance to our staff, patients and commissioners that operational support in SECamb is good quality, reliable and cost effective.

In 2015/16 we have delivered 15 fully converted Plug in Hybrid Electric vehicles for use in our frontline fleet. The OLEV (formed by the Government) is supporting us in this innovative trial project which promotes the national 'Go Ultra Low' vehicle programme. It will run for 24 months and will demonstrate how petrol hybrid electric vehicles can support our frontline operations.

The Outlander vehicles run on petrol which is a much cleaner and safer fuel for both our staff and our patients. The vehicles will also make use

of our existing electric chargepoint network for which we also received OLEV funding, to keep their electric batteries topped up. The trial will test the extent to which they can run on electricity alone, potentially avoiding carbon emissions associated with conventional fuel, thereby saving money.

Supporting this project is a new Workplace Charging Policy which explains how staff may access the network of Electric Vehicle Chargepoints that we have installed on our sites.

This year we have also kicked off the development of a series of Travel Plans. This work is helping us to understand the problems that staff encounter with car travel and parking, and to develop sustainable travel plans at key sites including Ashford, Paddock Wood, Gatwick (Hazardous Area Response Team (HART)) Make Ready Centres (MRCs) and the new headquarters building. The purpose of this work is to support staff to ensure that they travel to work in the most sustainable, economic and stress free way possible.

This year we have also been successful in obtaining interest free loans from the Government's Salix programme. This has supported improvements in energy efficiency at six sites including Hastings Make Ready where £20k worth of LED lighting upgrades have been undertaken. Using a loan to undertake this work means that SECamb can repay the loan from the electricity savings made as a result of the new technology.

We have developed a Sustainable Fit out guide to be used as a specification for fitting out our new Headquarters building to ensure that the work meets robust environmental standards. The same Fit out guide will be applied to our upcoming MRCs. We have also developed an Environmental Design Specification for subsequent MRCs which sets out requirements for the buildings to address environmental sustainability issues and climate change adaptation.

Part 2

3.12. Patient Experience

At the beginning of 2015/16 a new session was introduced into Key Skills training for A&E staff. The session was developed jointly by SECAmb's Patient Experience Lead, the Head of Learning and Development, and a COM, with input from a CTL, an Emergency Care Support Worker (ECSW), a Paramedic and a Technician. The main aims of the session were 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 they (or the Trust) can do about it.
- + raise awareness of the importance of valuing and congratulating our colleagues/staff.

The session was very well received by staff, as well as the CTLs who were delivering the training. The number of complaints about the attitude and conduct of our A&E staff has decreased this year, with 320 recorded compared to 338 in 2014/15. Although this is a small reduction, it should be borne in mind that activity has also increased, with A&E staff making approximately 23,000 more attendances to patients than in 2014/15.

It is important to ensure that patients' voices are heard so that the Trust and its staff can fully appreciate the impact of the care we provide to patients, both good and bad. To this end, we produced our first 'patient story' video this

year, which was the initiative of one of our CTLs, and which related the experience of a family whose loved one we attended. The daughter of the patient described to camera how the experience made the family feel, and this was both humbling and thought-provoking. The video was shown at one of our Risk Management and Clinical Governance Committee meetings, as well as at a public Trust Board meeting, and was very well received. Moreover, it was used at several Key Skills training sessions, and feedback was extremely positive.

This year the Patient Experience Team (PET) has provided complaints investigation training to the Trust's Patient Transport Service managers and team leaders, which all who participated found useful.

Moving forward in to 2016/17 the PET team will work with other departments to share the learning outcomes from complaints.

3.12.1. Friends and Family Test (FFT) patient question

The Trust first implemented the FFT patient question in October 2014 as a Commissioning for Quality and Innovation (CQUIN) measure and, from April 2015, it became a statutory commitment to offer the opportunity to respond to the question to PTS and 'see and treat' (S&T) patients.

Most ambulance services, SECAmb included, have struggled to elicit responses from patients for a variety of reasons:

- + Many PTS patients travel frequently (in particular dialysis patients who undertake six journeys a week with us) and may not wish to keep responding to the question.

- + Patients and staff alike find the question odd, ie to be asked if they would recommend the ambulance service, especially as they do not have a choice of ambulance service.
- + With S&T patients, the A&E staff who are directly caring for the patient are responsible for leaving behind a leaflet about the FFT question, as well as ensuring that all other relevant documentation is explained and provided and worsening care advice given. This is an additional item to remember in what can be a very hectic schedule, and also human nature would dictate that if there has been a poor experience/interaction, staff may be less inclined to remember to leave behind a leaflet.
- + The number of responses received, for S&T patients and PTS patients are reported separately;

3.12.2. Response rate

During 2015/16 response rates have been as follows:

Q1 number of responses: 101 (25 PTS and 76 S&T)

Q2 number of responses: 116 (17 PTS and 99 S&T)

Q3 number of responses: 83 (8 PTS and 75 S&T)

Q4 number of responses: 61 (13 PTS and 48 S&T)

While the level of response is disappointing, other ambulance trusts are seeing similar rates in terms of S&T patients, with the exception of two – Yorkshire and East of England, who received 174 and 93 respectively. In January 2016 the number of responses from S&T patients for the remaining eight services ranged from 1 to 25 (SEC Amb received 13). Work will therefore be undertaken to ascertain how Yorkshire and East of England are achieving such high results, though the costs and benefits of this must be borne in mind.

When the FFT patient question was first implemented by ambulance services, the data

submitted to NHS England each month was classified as ‘official statistics’, however this has since been downgraded to ‘management information’. The information elicited from the responses we receive does not provide anything new, and is, in the main, anonymous, such that if a respondent mentions an issue we should like to explore further, we are unable to do so.

The results from the FFT question have been largely positive, as one would imagine, with 98% of patients stating that they would recommend the S&T service and 92% of patients saying that they would recommend our PTS service.

The Trust is to develop a Patient Experience Strategy in 2016/17, and issues to address the poor response to the FFT patient question will be addressed

3.12.3. Quality Improvements planned for 2016-2017

While the quality of complaints investigation and responses is generally high (47 of 2,145 complainants advised that they were not satisfied with the response to their complaint – just over 2%), we continually endeavour to improve our service to patients and complainants.

In 2016/17 there is to be continuous engagement with managers throughout the Trust, emphasising our aspirations in terms of patient experience, i.e. reducing the number of complaints we receive, further improving the quality of complaints investigations and reports, and also increasing the percentage of complaints responded to within the Trust’s 25 working day timescale.

Complaints investigation training is to be provided to all managers who investigate complaints, as well as to team leaders, who will then be able to investigate lower level complaints and assist with information gathering for more serious complaints, which should improve both quality and timeliness of response.

Part 2

During 2016/17 more work will be undertaken to highlight themes from complaints and to look at tackling the top three themes identified within complaints. There will also be some work undertaken to identify the themes that emerge from a review across Complaints, Risk and Safeguarding.

A Patient Experience Strategy is to be developed early in 2016/17, with a view to increasing our engagement with patients in order to elicit, share and learn from their experiences. This will include, but is not limited to, producing a leaflet to inform patients as to how they can feed back to us, and a poster for all vehicles advertising the opportunity to do so, among other initiatives.

3.12.4. Patient Comments

The comments below are what has been received throughout the year and, where possible, in order to identify staff, letters have been forwarded to them to thank them for their dedication. A selection of these can be seen as follows:

“I wanted to get in touch because I wanted to say thank you for your help and support. I am referring to the female call handler who helped me and my wife deliver our son at home. I don't know her name but she was so great and talked me through the delivery. She stayed on the line until the ambulance arrived. I'm so grateful. I hope that you can try to track down the operator and tell her that she is doing a great job and we will always remember that night and she will always be a part of that.”

“To all the staff who attended my friend last Monday after his horrific motorcycle accident. He has a long fight ahead of him, but they have begun to bring him out of his induced coma. He is beginning to respond to people's voices. Without you he wouldn't have that opportunity. We know he has many months/years ahead of him to recover (God willing) and you made that possible. Thank

you. Thank you for caring. Thank you for choosing to do a job that most people would find way too distressing. Thank you for enabling life.”

“On the 19th March 2016 for the first time ever I had to call the 111 service. My husband was in severe pain with what he thought might be trapped nerve in his back and was lying on the floor unable to get up. I was concerned it was more serious (e.g. DVT) as he had been inactive in the weeks leading up to this incident and he had been getting steadily worse despite weekly physiotherapy sessions. You sent a practitioner paramedic called Stephen. He was brilliant. He was efficient and effective. He did a thorough assessment, explained what he thought it was (first person to do so) and prescribed medication. Progress was so good after his visit I was able to cancel a doctor's appointment and the physiotherapy sessions. My husband is now fully recovered. I would call that a definite result and money saving for the NHS in the long run.”

“I want you to know and to tell the “powers that be” that the men and women of the ambulance service do an excellent job in what are sometimes difficult circumstances. I cannot speak highly enough of the drivers and the staff who sat with the passengers. The gentleness and the general conversations putting patients at ease. Both outward and return journeys it was ensured that we were all carefully seated and explained to how we would be getting on and off the ambulances. Whilst I was waiting for one return journey I witnessed the speed and dedication of two ambulance staff that were just entering the hospital – a gentleman and his wife were waiting for their transport; the gentleman collapsed and the wife cried out, the crew turned and went straight into dealing with the situation before the doctors and resus team came and the ambulance staff went off to pick up their next patients – I had wished it was on camera. Well done.”

“We wish to commend and thank the crew who came out to our mother. She had collapsed at her nursing home and was having serious breathing problems. Their swift intervention and professional work in stabilizing our Mum and taking her to hospital saved her life. Thanks to them, Mum remained totally in command of her faculties. Although she only lived another day, it gave us the opportunity to have some wonderful time with her prior to her death. Please would you thank them both on our behalf.”

3.13. Community First Responders (CFRs)

SECAmb currently has 621 CFRs spread across Kent, Surrey and Sussex. CFRs volunteered with SECAmb for 210,215 hours during the reporting time period (2015/16). Our CFRs have attended 19,935 emergency calls 12,549 of these calls were to patients with serious conditions, including 1,222 which were classified as life-threatening.

An enhanced Disclosure and 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, in line with the guidelines from Clinical Education, this training is undertaken by CFRs on a three year cycle.

CFRs found it challenging to commit to the five day training course; the content has now been separated into three levels: ECHO CFRs attend a one day course and are trained to respond to cardiac arrests and choking, MIKE CFRs will also be able to respond to patients with specific medical conditions. A fully qualified CFR will have undertaken both the ECHO and MIKE training, and completed modules in salbutamol, patient observations and use of a bag valve mask.

In 2015/16, 59 new CFRs were fully trained to respond to all CFR appropriate incidents, and 57 CFRs attended the one day ECHO course. MIKE courses are two days in length and are scheduled to commence in April 2016.

With regard to previously qualified CFRs, update training continues to be delivered, where possible by relying on support from operational paramedics to deliver this locally. Whilst a national CFR qualification is still being considered in conjunction with our fellow ambulance services, the focus for the coming year is to identify and create a pathway for continuing re-certifications for CFR skills. We have also begun to work with the Ministry of Defence and Health Education England (Kent, Surrey and Sussex) to identify possible co-responder CFR teams with military personnel.

In 2015/16 42 compliments were received from patients and their families for the approach to patient care practised by CFRs. SECAmb took part in National Volunteers Week in June 2015 for the first time, issuing certificates to all CFRs in order to recognise their contribution.

During November 2015 we carried out our first patient satisfaction survey, sending questionnaires to 373 respondents who were seen by a CFR in September 2015. The survey sought to gauge the level of satisfaction of patients, their families and carers, with the customer care provided by CFRs.

The questions posed sought to capture the 6Cs of the NHS, Care, Compassion, Competence, Communication, Courage and Commitment. We filtered the recipients to addresses where CFRs were on scene alone with the patient for at least 3 minutes before the arrival of crew. The return rate was 43%, and the results confirmed that CFRs are tangibly and positively contributing to the patient experience within our operating area.

Part 2

3.14. Co-responders

The Trust has been working with Surrey Fire & Rescue Service (SFRS) and other partners as part of the Emergency Services Collaboration Programme for the last three years. A work-stream of this programme has been to set up co-responding as an activity that would be of benefit to the population in Surrey.

SFRS and The Trust have developed a bespoke training and assessment package to ensure that SFRS personnel have been comprehensively prepared for co-responding. This training course is known as the Immediate Emergency Care Responder course (IECR) and is a hybrid course developed to include both CFR and Basic Trauma skills syllabus.

Surrey Fire and Rescue Service currently responds to Red 1 Incidents on behalf of the Trust. The Fire staff have undergone training to enable them to respond to a range of CFR type Red 1 calls. There is an intention to widen the scope of calls that the fire service are able to respond to during 2016/17.

3.15. 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 familiarise members of the public on using this device within their local communities.

There are over 2,250 PAD sites within SECAMB's operating area which are identifiable on our Computer Aided Dispatch (CAD) system.

At the request of the Trust, an independent review into the application of defibrillators and their

reporting in relation to AQIs was undertaken by RSM, the Trust's internal auditor. The report was presented to the Trust in March 2016. This made a number of high level recommendations, all of which were accepted by management, to ensure improved authorisation and communication of operational or interpretational changes affecting reporting; data validation; reporting on data quality; clarity in Committee papers regarding when decisions are required; enabling the Computer Aided Dispatch system to identify Public Access Defibrillators consistently during a 999 call; ensuring EOC staff were informed of correct procedures; and issuing clinically appropriate instructions in relation to the new AQIs.

This report also identified fundamental failings in governance. Monitor and commissioners were informed of the outcome of the review, and of actions to be taken by the Trust in responding to recommendations made by RSM.

3.16. Collaborative Working

During 2015/16 SECAMB has continued to make progress on its inclusion programme and has consulted on the review of its Inclusion Strategy. The revised strategy, approved by the Trust Board in May 2016, runs to May 2021 and covers our approach to membership and governor engagement, patient and public involvement and equality and diversity.

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's 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.

The original 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 Inclusion Hub Advisory Group (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 effectiveness of implementing our Inclusion Strategy.

A notable achievement this year was the shortlisting of IHAG for Team of the Year at the Employers Network for Equality and Inclusion 2015 Awards. Representatives were presented with a ‘Highly Commended’ certificate at the event held at the Law Society in London during July 2015.

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 2015/16 include:	
Undertaking a review of our Equality Objectives and prioritising actions for improvement during 2016/17.	Participation at the Trust 2015 Quality Account meeting to assist in objective setting for the upcoming year.
A joint event with Governors to define and agree the process to review our Inclusion Strategy.	Members have participated in a number of SECamb working groups and sub groups and reported back on the outcomes.
Provided feedback on a project to introduce rapid tranquilisation for life threatening disorders.	Lead the development of a training needs analysis to embed cultural competency training and equality and diversity, tailored to staff roles into the training curriculum for the period 2016 - 2019
Developed and delivered Experts by Experience Training workshops.	

In addition to the above, SECamb continue to be committed to working collaboratively wherever possible. We host regular 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.

Part 2

3.17. Patient Transport Services (PTS)

SECAmb undertook PTS across Surrey and Sussex, transporting patients to and from hospital out-patient and in-patient appointments. Each day 1,500 journeys were carried out to over 70 different locations where patients, with a range of differing mobility's, 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 remained steady with 85% of patients arriving promptly within the contracted timeframe, and with almost 80% of patients being discharged from hospital on time.

PTS managers, staff and hospital colleagues are continuing to work together to improve timeliness for patients and further improvements can be expected throughout 2016/17.

PTS has significantly reduced the number of complaints it receives with formal complaints at 0.02% (73), informal complaints 0.16% (422) and hospital concerns 0.16% (351) from a total number transports of 262,718.

SECAmb PTS in Sussex ceased to exist after 31st March 2016 as the contract extension comes to an end. Staff were TUPED to new transport providers under the new Managed Service Provider Coperforma.

SECAmb have agreed a contract extension with Surrey CCGs and are currently tendering to be the new provider of transport from April 2017.

3.18. 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.

3.19. Thanet and Ashford Pilot Operational Units

SECAmb launched new operating unit pilots in the Ashford and Thanet areas of Kent which commenced in July 2014. As these pilots come to an end, the Trust is looking at developing key areas into normal business.

This pilot enabled the Trust to look at new ways to approach the clinical, resourcing and operational effectiveness within an operating unit area to the benefit of patients and staff.

The aim was to find ways to fully derive the benefits to patient care and to look at new ways of working to improve core 999 responses to enable response time reliability, clinical effectiveness, customer satisfaction and economic efficiency.

The new management structure gave more responsibility to clinical team leaders, allowing local managers to work more strategically in the running of the unit and liaising more closely with local stakeholders.

Based on the lessons learned from these pilots the Trust is rolling out the management structure for all Operating Units early in the 2016/17 financial year.

As part of the pilots Thanet was selected as one of three beacon sites across the Trust and this has allowed the development of Community Paramedic Teams working in collaboration with local GP surgeries.

Communities across Kent have been the first to benefit from this completely new way of delivering urgent and emergency care.

The Community Paramedic Teams went live on 4th January 2016 in Whitstable, Canterbury, Faversham, Deal and Sandwich.

It sees teams of Paramedics and Specialist Paramedics undertaking some of the GP home visits on behalf of surgeries while also being responsible for most of the 999 emergency calls in the area.

The GPs will determine which patients are suitable for a paramedic visit, allowing the patient to receive a quicker response and GPs to focus on seeing patients in their surgeries.

In the first weeks of the programme going live, hospital conveyance rates were significantly reduced and patients being seen on average within an hour of being referred. The response time reliability, clinical outcomes and staff satisfaction with the new model continue to be monitored closely. The system has proven to be safe and enhances our ability to treat patients more effectively closer to home.

Whitstable PP, Steve Hulks, who has been involved with the programme since its inception said: "Working alongside our GP and community service teams in this way, you feel part of a whole team working together for the benefit of the patient."

"A really good example of this approach working well was when we received a 999 call involving an elderly man who had suffered a fall. As I had already seen him previously on a GP home visit, I was fully aware of the patient's previous medical history, which we have access to, and was then able to make an informed decision. This meant the patient could be kept at home and referred back to the GP the following day."

The Community Paramedic Teams will also respond to almost all 999 calls from their communities. Being locally-based, this will allow the teams to build closer relationships with patients, local community teams and GP practices, as well as providing a more responsive and effective service.

This new model builds on the pilot which took

place in Whitstable, one of the NHS Vanguard sites which received central funding.

Whitstable Medical Practice at Estuary Park was one of the practices involved in the Vanguard programme.

Senior partner Dr John Ribchester said it was a very important step and fully in tune with its model of care under the Vanguard scheme which aims to transform how care is delivered locally.

"The figures have been impressive and we expect it will prove very successful," he said.

"In our first week we referred 32 patients to be assessed and 20 of them were dealt with by SECamb; dealt with at home in liaison with the doctor and only two needed to be referred on for admission."

"The team also dealt with the referred 999 calls in the area and the transfer to A&E was also down so it has been an excellent start."

Regional Operations Manager, Chris Stamp, said:

"We're really pleased with the early stages of this new way of working which ensures better levels of care for our patients and means that where possible more patients are treated in their own homes without the need for hospital treatment."

"We're looking forward to the further roll out of the scheme across our region as SECamb is committed to innovation to improve care and experience for our patients and to increase local ties with GP and other local community services."

Moving forwards, we recognise that we now need to consider how to align the development of the Community Paramedic programme with the 'Paramedic at Home' role, as outlined in the Five Year Forward View.

Part 2

3.20. 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 program in 2007 to provide a key component of the government's resilience strategy.

HART Teams throughout the country are provided with a Service Specification which each Trust is expected to comply with as part of the commissioning agreement.

SECAmb HART teams have responded to over 6000 incidents involving challenging or hazardous environments last year.

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 three Managers and an Administrative Assistant who cover both bases. The fleet consists of 22 specialist vehicles which are identical at both sites and conform to a national specification to ensure maximum interoperability with other teams throughout the UK. The National Ambulance Resilience Unit (NARU) monitor each HART team to ensure that a full national capability is maintained and that Teams are compliant with the Service Specification.

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 turnaround times become a challenge, which may include setting up temporary shelters for patients.

During 2015/16 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 training and flooding situations.

A new HART Base at Gatwick opened in April 2016 which will be a combined HART and Make Ready Base. The HART section of the base will have a bespoke built Training unit consisting of a safe working at height rig to train staff to work at heights including tower cranes and scaffolding, a Breathing Apparatus training area along with an underground tunnel network to allow HART staff to become familiar with confined space working.

3.21. Managing increase in demand

Demand in 2015/16 has continued to grow. This current year presented significant challenges in the pattern of demand with peaks experienced in August, February and March compared to the pattern from previous years of peaks in July and December. The impact of 111 on 999 has become more stable than in previous years as the 111 service has matured. The Trust continued to seek to prioritise the most urgent patients where possible.

The period from 18th January to the end of March 2016 was particularly busy for both 999 and 111. The demand impacted overall volumes of calls and also the acuity which has increased. As an indication 42% of calls in February were categorised as Red 2, compared to 40% in 2015. This demand was also experienced by other NHS services including GP Out of Hours services and Emergency Departments and all services have struggled to maintain service cover during this period.

The partial implementation of Operating Units during the year meant that the Trust was able to provide stronger local focus to ensure that the response to increased pressure took account of local system and population needs. The Trust has focussed effort on matching local supply of resources to local demand and on early identification of potential gaps in resources, and the Trust has used overtime and private ambulance providers to fill these gaps. The Trust's recruitment performance for Paramedics and ECSWs has been good but has still struggled to meet the overall demand. Financial pressures have also constrained available resources.

The Trust put significant effort into recruiting and training call takers in both 999 and 111 as this is

an essential part of patient experience and supports the early identification of the most serious patients. The Trust has been forced to implement immediate handover with acute hospitals regularly and Trust managers have found this to be very challenging.

The Trust has relied on demand management plans which provide a clinical basis for prioritising calls and conserving resources to deploy to situations where patients are considered at risk.

Looking forwards the Trust has identified the need to address the overall time taken on each job and is looking to address this, mindful that this needs to be balanced with good patient care and with the desire from commissioners to reduce conveyance to hospitals.

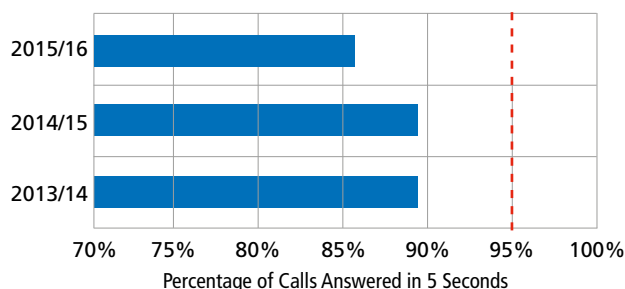
3.22. Overview of the patient journey/experience during 2015/16

The following paragraphs describe SECamb's performance against selected metrics.

3.22.1. Taking the 999 Call

During 2015/16 SECamb answered 85.59% of emergency calls it received in less than five seconds, with the national target being 95%. (2014/15 - 89.45%; 2013/14 - 89.35%).

SECamb Emergency Call Answer Performance (Target 95%)



Data Source: Info.secamb/NHS England and excludes 111 calls

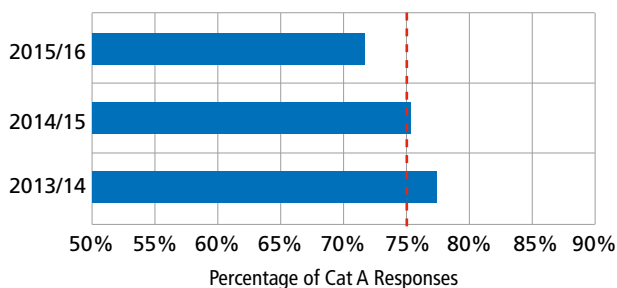
Part 2

3.22.2. Response Times

3.22.2.1. Category A 8 Minute Red 1 Response

For the period 2015/16, SECAmb responded to 14,536 Category 'A' Red 1 calls, of which we were able to provide a response within eight minutes 71.6% of the time against the target of 75%. This compares to 75.30% (13,107 responses) for 2014/15.

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



Data Source: info.secamb/NHS England

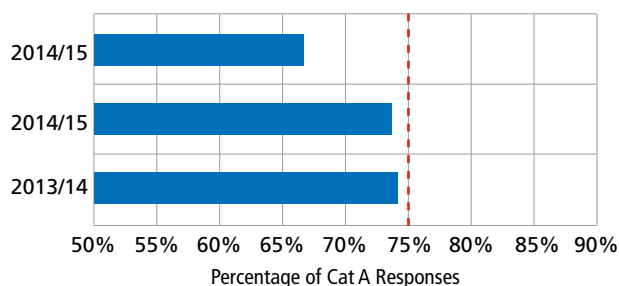
3.22.2.2. Category A 8 Minute Red 2 Response

For the period 2015/16, SECAmb responded to 277,900 Category A Red 2 calls, of which we were able to provide a response within eight minutes 67.3% of the time against the target of 75%. This compares to 71.2% (259,528 calls) for 2014/15 which differs from the original published figure due to the fact that in 2015/16 SECAmb amended

how it records the application of public access defibrillators. This only impacts the Red 2 eight minutes standard. Within this report, in order to maintain consistency of measurement and comparison, this change has also been applied to the 2014/15 performance figures for Red 2.

The performance data for 2014/15 supplied to NHS England (and available on their website) will therefore be variant to the Red 2 performance for 2014/15 stated in this report.

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

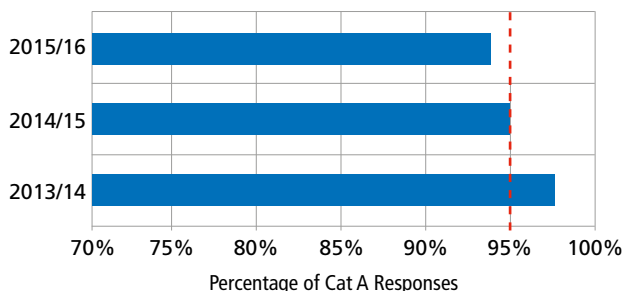


Data Source: info.secamb/NHS England

3.22.2.3. Category A 19 Minute Response

For 2015/16, SECAmb provided a response to Category 'A' 19 minute response calls 93.80% of the time, against a national target of 95%. However, this was a reduction on the previous year (2014/15: 95.20% and 2013/14: 97%).

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



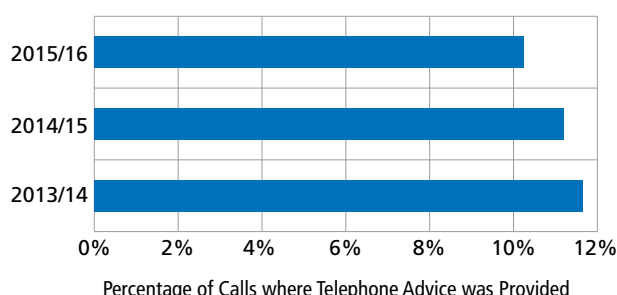
Data Source: info.secamb/nhs.uk

SECamb was unable to achieve Category 'A' performance throughout 2015/16 due to a number of reasons which were experienced nationally. Hospital turnaround delays particularly in quarter four saw the highest turnaround delays recorded, this, along with the unpredictable activity which hit the extremes in February and March, all played a part in what was an extremely difficult year.

3.22.3. Hear and Treat

During 2014/15 SECamb provided telephone advice to 10.19% of Ambulance Quality Indicator qualifying emergency calls received into our EOCs. This is a reduction on 2014/15 (11.3%) and on 2013/14 which was 11.8%) of calls.

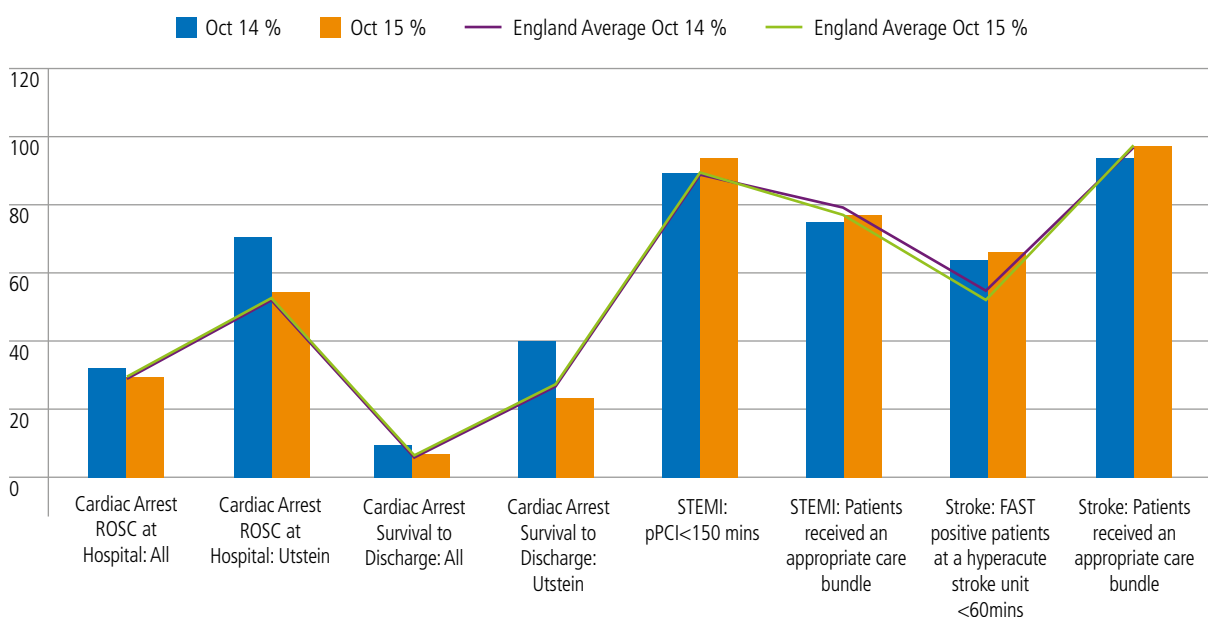
SECamb Hear and Treat



Data Source: info.secamb/nhs.uk

3.22.4. Outcome of Care

The following graph highlights SECamb's performance across all Clinical Outcome Indicators during 2015/16 compared with performance during 2014/15. This demonstrates that our Cardiac Arrest performance has dropped in all categories whilst Stroke and STEMI care has increased.



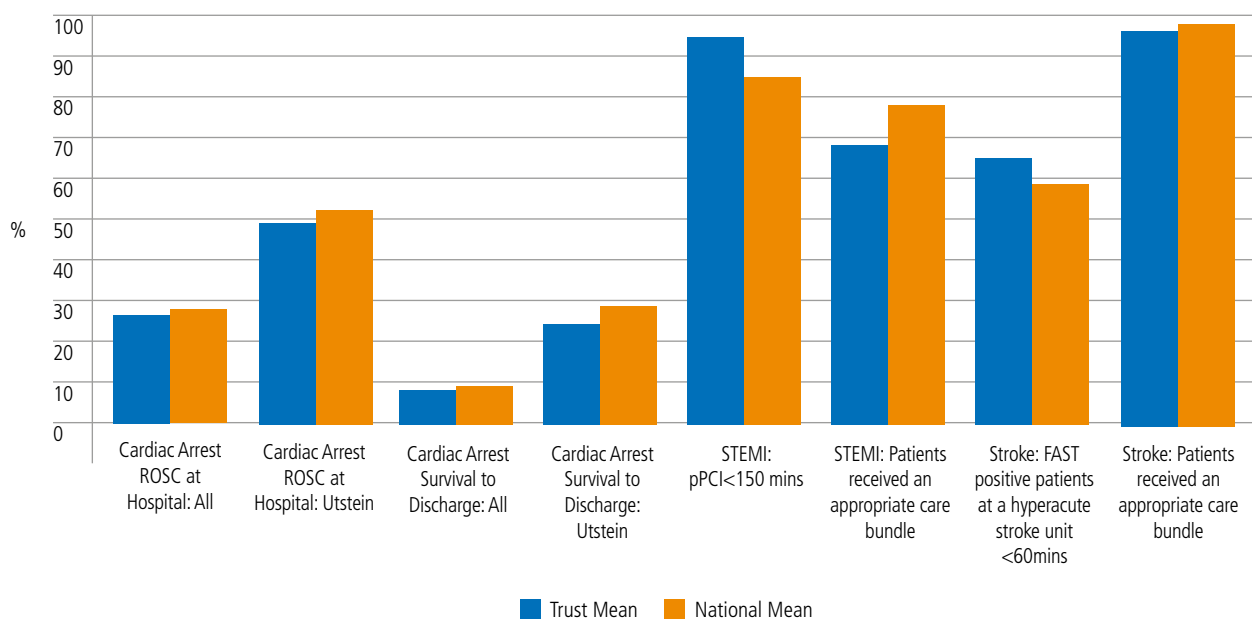
Trust Comparative COI Performance Data: NHS England

N.B. Outcome of Care shows the data that has been submitted to the Department of Health to date. Restated

Part 2

The following graph highlights SECAMB's mean performance across all Clinical Outcome Indicators up to and including October 2015 compared with the National mean (of the other national ambulance trusts) performance for the same period. With the exception of STEMI 150 and Stroke FAST positive, the Trust has underperformed against the national mean. A rectification plan is being written to develop the work that has already been undertaken by the team.

Clinical Outcome Indicator Performance April 2015 - October 2015



Data Source: Clinical Directorate – Clinical Audit

3.22.5. Patient Safety

The Trust continues to develop our Make Ready infrastructure and has five central reporting MRCs, these are:

- + Paddock Wood (Kent)
- + Ashford (Kent)
- + Thanet (Kent)
- + Hastings (Sussex)
- + Gatwick (Sussex) – Operational end of April 2016

In addition to the above, there is also a satellite MRC in Chertsey (Surrey).

The difference between a full central reporting MRC and a satellite MRC is the following:

Central Reporting:

- + Operational Staff reporting to a 'high performance' Centre from 'traditional' Ambulance Stations within agreed catchment. e.g. 5/6 Stations centralised into one centre
- + Relief capacity of vehicles increased to allow every shift to commence operations with 'Made Ready' vehicle.
- + Fleet integrated into the Make Ready system to reduce vehicle failure.
- + Production Unit Hour Utilisation (UHU) figures enhanced via the use of a crew friendly, quality assured vehicle, with a minimised risk of infection and safe for patient care for every shift start.

- + Human resource processes and communication processes improved.
- + Introduction of Ambulance Community Response Posts enhance UH availability

Satellite:

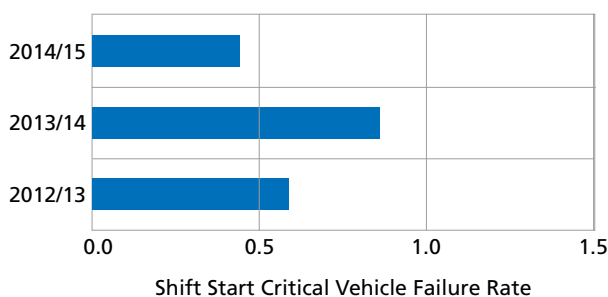
- + Operational Staff remain working from the traditional Stations and report into a Make Ready system integrated into a traditional Station. (Chertsey)
- + Relief capacity of vehicles increased to allow average 64.91 (14/15) shifts to commence operations with 'Made Ready' vehicle.
- + Fleet integrated into the Make Ready system to reduce vehicle failure
- + An enhanced UHU against the Non Make Ready system but some traditional processes remain and therefore reduces UHU efficiency when compared to centralisation.
- + No change to Human resource processes and communication processes
- + System Status Plan interrupted by vehicle movement into satellite system.

This is reflected in the results below:

3.22.5.1. 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 2015/16 was 0.46 which is lower than the previous two years (2014/15: 0.88 and 2013/14: 0.57).

Critical Vehicle Failure Rate - Shift Start
(Yearly Average | Max Limit = 1)

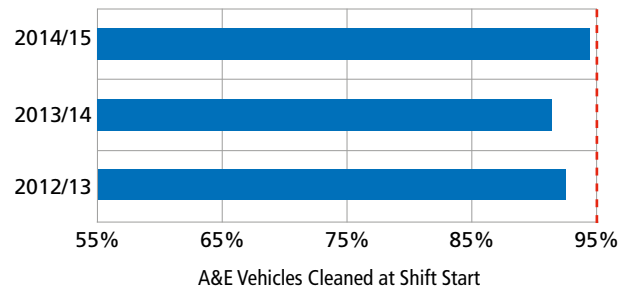


Data source: info.secamb

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

During 2015/16 SECamb cleaned 94.55% (32,037) of the 33,883 planned vehicles at shift start against a target of 95%. The target of 95% was not achieved, however did improve on the performance for 2014/15, 92.23% and also was an improvement on 2013/14 (92.96%).

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

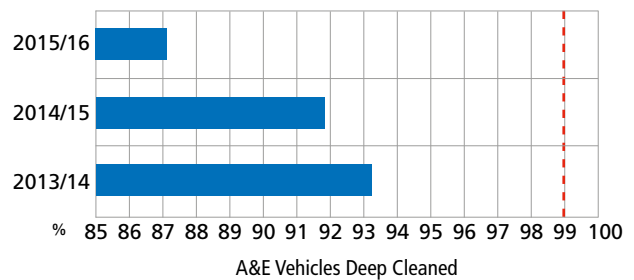


Data source: Info.secamb

3.22.5.3. MRC Only A&E Vehicles Deep Cleaned

During 2015/16 87.09% (884) of the 1015 planned vehicles to be deep cleaned were processed, however this was below the 99% target and also below performance for the previous two years (2014/15: 91.93% and 2013/14: 93.35%).

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



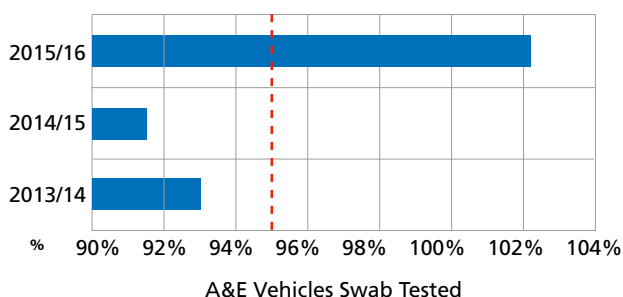
Data source: info.secamb

Part 2

3.22.5.4. MRC Only A&E Swab Testing

During 2015/16 SECamb planned to swab test 95 MRC A&E vehicles, of which 97 were completed (102.11%) against a target of 95%. This was an increase in performance compared to the previous two years (2014/15: 91.35% and 2013/14: 93%)

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

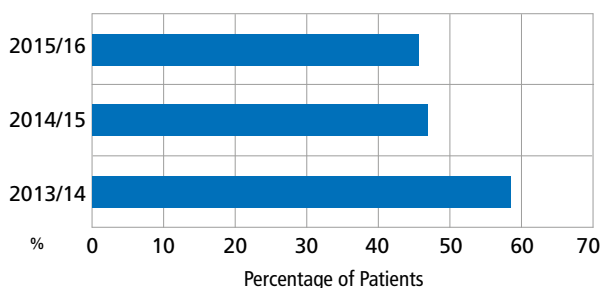


Data source: info.secamb

3.22.5.5. Patient Handover at Hospital – 15 Minutes

Where patients were handed over within 15 minutes and times were able to be recorded during 2015/16, 45.62% (158,652) were handed over to hospital clinicians within the specified timescale. This is a reduction on the previous two years (2014/15: 49.94% and 2013/14: 58.5%).

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

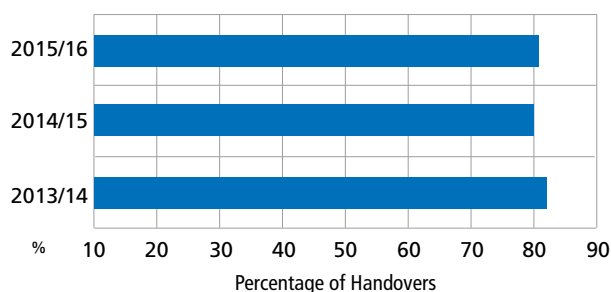


Data source: info.secamb

3.22.5.6. Hospital Handover Captured Times

During 2015/16 80.68% (347,804) of hospital handover times were captured. This is an improvement on the previous year's performance (2014/15: 80.4%) but a reduction on the performance for 2013/14: (82.3%).

SECamb Hospital Handover Times Captured

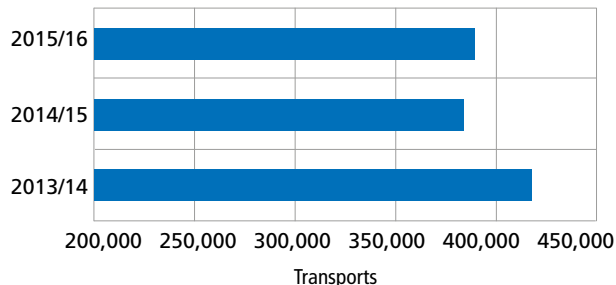


Data source: info.secamb

3.22.5.7. Transports to Hospital

SECamb transported 437,875 to hospitals within its Commissioned boundaries of which 387,085 patients were taken to an A&E department within a type one or two hospital during 2015/16. This is an increase of 1.2% on 2014/15 on patient transports.

A&E Transport to Hospital



Data source: info.secamb/NHS England

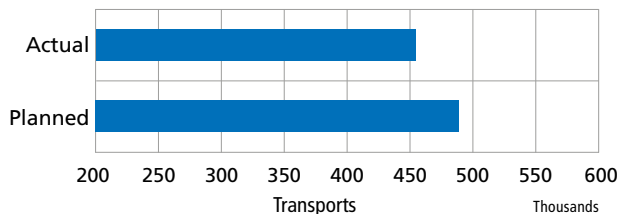
3.22.5.8. Patient Transport Service (PTS)

During 2015/16 PTS transported 456,240 patients to and from appointments for treatment against a forecasted figure of 488,133 patients.

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

County	Number of Planned Journeys	Number of Actual Journeys
Kent	No contract exists for the Kent area	N/A
Surrey	202,410	173,344
Sussex	285,723	282,896

Patient Transport Service



Data Source: Operations Directorate

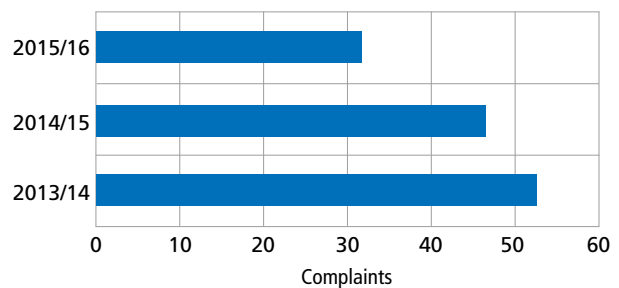
3.22.5.9. Patient and Public Experience

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

3.22.5.10. Formal Complaints

The monthly average number of complaints received by SECAmb for 2015/16 was 31.3 compared with the figure for 2014/15 of 47 and 51.4 for 2013/14 and the average number of HCP complaints for 2015/16 was 47.45

Formal Complaints (monthly average)

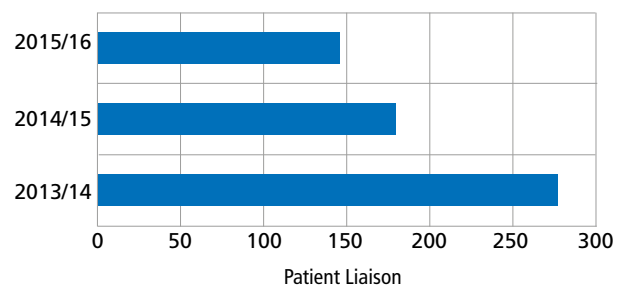


Data source: PET Team

3.22.5.11. Informal Complaints

The monthly average of informal complaints for 2015/16 was 147.33 which was less than the number for 2014/15 (177) and the 282.6 registered during 2013/14.

Informal Complaints (monthly average)



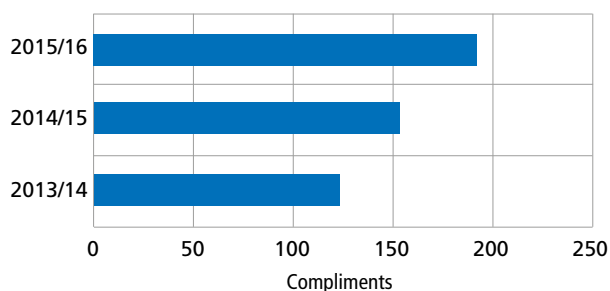
Data source: PET Team

Part 2

3.22.5.12. Compliments

The monthly average number of compliments received by SECamb for 2015/16 was 193.92 which is greater than 2014/15 (152.75) and the 125.4 received during 2013/14.

Compliments (monthly average)

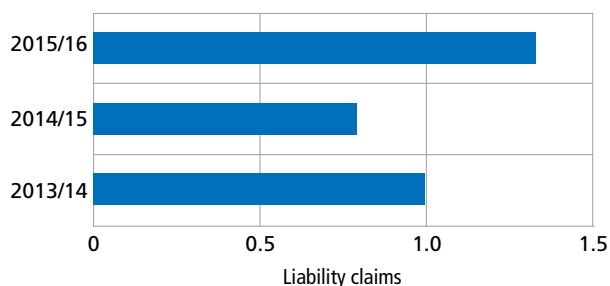


Data source: PET Team

3.22.5.13. Liability Claims

The monthly average for clinical negligence and liability claims for 2015/16 was 1.3 compared with 0.75 for 2014/15 and 1 in 2013/14.

Liability Claims (monthly average)



Data Source: Compliance Department

4. Updates on 2015/16 four Quality Measures

The Quality Account published last year (June 2015) allowed SECamb to focus on four quality measures. Monitoring has taken place during the year culminating in 2015/16 figures as follows:

4.1. Quality Domain: Patient Experience

Quality Measure 1 – Patient Drop Off and Pick Up Times for PTS Patients

During 2015/16 84.56% of patients being transported by PTS arrived within 15 minutes of their appointment time. This is an increase of 0.15% on 2014/15 but unfortunately remains below the target of 90%.

Whilst the percentage of patients being transported within one hour following their appointment was 86.22%, an improvement of 0.26% on 2014/15, this is unfortunately also below the 90% 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 85% of patients conveyed by PTS within two hours of discharge. 2015/16 performance was 77.98%, which is an increase of 3.37% on 2014/15 figures.

4.2. Quality Domain: Patient Safety

Quality Measure 2 – Improve PP Response Times Following Referrals

SECAMB has many ways in which it can treat patients within its healthcare economy; 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 (known as the PP referral system). Following this, the patient will be attended by a PP 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.

When a referral is made to the PP desk by a frontline 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.

Performance is measured in two ways, within target and within target plus one hour, the target is 85% (neither of which have been achieved) however, year on year, we note that there has been a reduction of 0.66% in actual referrals.

Moving forward initiatives for this measure will be to help develop the PP desk as part

of the wider clinic hub development, more robust monitoring and reporting methods and ensuring that referral requests are optimised and managed when demand is high.

4.3. Quality Measure 3 – Mental Health Calls

During 2015/16 SECAMB wanted to explore the disposition 'Mental health issues' as defined in NHS Pathways, to look at improving the quality of care that this group of patients received during the telephone triage stage from both the 999 and KMSS111 service. The measure also looked at if an attendance was made, to report on the outcome of this call i.e. S&T, "see and convey".

Year on year for the period April 2015 to March 2016 the number of mental health calls has increased by 32.01%, however, the number of cases that are able to be resolved via hear & treat has increased by 22.90% to over 6,500 cases.

The responses provided to attend the patients has increased by 13.74% and of these patients attended to by a SECAMB clinician the non-conveyance rate has increased by 16.13% when compared to the same period of 2014.

KMSS111 is working with our commissioners to ensure that there are relevant referral pathways available to enable the service to deal with mental health.

More information on this measure is in section 5.2, our Council of Governors supported this topic to be locally audited.

Part 2

4.4. Quality Domain: Clinical Effectiveness

Quality Measure 4 – Utilisation of Care Plans/Clinical Registers by Front Line 999 Operational Staff

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.

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.

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%

The table below shows compliance for the year 2015/16 compared to that of 2014/15 and shows that this target has not been achieved, however table 5 does show that there has been an increase in performance between the two periods. During the year 2014/15 performance shows that 21.43% of dispatch desks achieved the standard whereas the same period for 2015/16 indicates an increase in performance of 7.14% to 28.57%

All Dispatch Desks		
April to March	>72%	
Dispatch Desk	2014/15	2015/16
Ashford	● 72.64%	● 66.79%
Brighton	● 66.81%	● 73.14%
Chertsey	● 68.21%	● 58.03%
Chichester	● 72.47%	● 65.27%
Crawley	● 68.48%	● 67.21%
Dartford	● 63.65%	● 79.13%
Eastbourne	● 66.52%	● 76.81%
Guilford	● 70.33%	● 66.35%
Hastings	● 71.43%	● 62.01%
Maidstone	● 59.06%	● 86.08%
Medway	● 70.47%	● 68.06%
Redhill	● 61.75%	● 67.48%
Thanet	● 64.61%	● 67.37%
Worthing	● 73.19%	● 71.51%
SECAmb	● 68.85%	● 68.81%
Performance	21.43%	28.57%

5. Assurance on 2013/14 Mandatory Performance Indicators

5.1. Reporting on Core Indicators

Prescribed Information – Reporting Period 1/4/15–31/3/16	Formal Statement	Performance Data 1/4/15–31/3/16	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 V1.3 between April to December 2015 and V1.4 from January 2016 onwards Data quality is subject to annual 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 2015/16:</p> <ul style="list-style-type: none"> + Additional unit hours have been provided in response to demand changes + Lower Response UHU + Focus on maximising SRV provision + Response Capable Managers deployed + Demand management of NHS 111 Out of Hours <p>In 2016/17 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 (up to January 2016): R1=73.4%. R2=72.2%.</p> <p>The National Average: R1=73.5%. R2=69.1%</p> <p>Highest: R1=79.1%. R2=76.0%. and Lowest: R1=67.8%. R2=62.7%.</p>	<p>SECAmb data for February 2016 (national comparison not yet available): R1=65.5%. R2=57.7%.</p> <p>March 2016 Estimated Values R1=61% R2=50%</p>

Part 2

Prescribed Information – Reporting Period 1/4/15–31/3/16	Formal Statement	Performance Data 1/4/15–31/3/16	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 AQI Guidance V1.3 between April to December 2015 and V1.4 from January 2016 onwards + Data quality is subject to annual internal and external audit, which provided reassurance to the quality reported. 	<p>As of January 2016: SECAmb performance = 94.8%</p> <p>The National Average = 93.4%</p> <p>Highest = 97.3% and Lowest = 88.8%</p>	<p>SECAmb data for February 2016 (national comparison not yet available):</p> <p>R19 = 91.3%.</p> <p>March 2016 Estimated Values</p> <p>R19 = 88%.</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 can be measured by:</p> <ul style="list-style-type: none"> + continuing the work of the CAST + The merging of the Quality Improvement Group and the Clinical Audit and Guidelines Sub Group to improve the clinical performance trust wide 	<p>SECAmb performance = 68.1%</p> <p>The National Average = 78.3% (up to Nov 2015)</p> <p>Highest and Lowest = 88.4% and 62.5%</p>	<p>April 2015 – November 2015</p> <p>September 2015 = 66.7%</p> <p>October 2014 = 77.4%</p>

Prescribed Information – Reporting Period 1/4/15–31/3/16	Formal Statement	Performance Data 1/4/15–31/3/16	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 is shown by:</p> <ul style="list-style-type: none"> + The merging of the Quality Improvement Group and the Clinical Audit and Guidelines Sub Group to improve the clinical performance Trust wide 	<p>SECAMB performance = 95.5%</p> <p>The National Average = 97.6%</p> <p>Highest and Lowest = 100% - 90.1% (Nov 15)</p>	<p>April 2015 – October 2015</p> <p>September 2015 = 96.0%</p> <p>November 2015 = 97.6%</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 the 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><i>“How likely are you to recommend the care SECAMB provides to your friends & family if they needed it?”</i></p> <p>Quarter 2 Likely = 85.84% Unlikely = 7.07%</p> <p>Quarter 4 Likely = 79.47% Unlikely = 9.27%</p> <p><i>“How likely are you to recommend SECAMB as a place to work?”</i></p> <p>Quarter 2 Likely = 42.77% Unlikely = 38.15%</p> <p>Quarter 4 Likely = 27.49% Unlikely = 59.6%</p>	<p>Quarter 2 - (September 2015)</p> <p>Quarter 4 - (March 2016)</p>

Part 2

Prescribed Information – Reporting Period 1/4/15–31/3/16	Formal Statement	Performance Data 1/4/15–31/3/16	Performance for last two reporting periods
<p>...with regard to the number and, where available, rate of patient safety incidents (PSIs) reported within the Trust during the reporting period, and the number and percentage of such PSIs that resulted in severe harm or death.</p>	<p>The South East Coast Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons:</p> <p>The National Reporting and Learning System (NRLS) have confirmed 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.</p> <p>It is therefore advised that comparisons drawn within this report should not be used as a basis for assurance.</p>	<p>Dataset for reporting period 1/4/15-30/9/15 published by NRLS</p> <p>SECAmb total number of incidents occurring = 263</p> <p>Total number of incidents that resulted in severe harm or death = 20</p> <p>Percentage of incidents that resulted in severe harm or death = 7.6%</p>	<p>Dataset for reporting period 1/10/2014–31/3/2015 published by NRLS</p> <p>SECAmb total number of incidents occurring = 350</p> <p>Total number of incidents that resulted in severe harm or death = 19</p> <p>Percentage of incidents that resulted in severe harm or death = 5.4%</p>
	<p>The South East Coast Ambulance Service NHS Foundation Trust has taken the following actions to improve this number, and 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. All Serious Incidents (SIs) are now included in the NRLS figures.</p> <p>NRLS publish data 6 months in arrears so only 6 months data for the financial year is available.</p>	<p>The National Ambulance Cluster average total number of incidents occurring = 508 Highest = 945 Lowest = 339</p> <p>The National Ambulance Cluster average number of incidents that resulted in severe harm or death = 10 Highest = 21 Lowest = 0</p> <p>The National Ambulance Cluster average percentage of incidents that resulted in severe harm or death = 1.9% Highest = 7.6% Lowest = 0%</p>	<p>The National Ambulance Cluster average total number of incidents occurring = 451 Highest = 1025 Lowest = 163</p> <p>The National Ambulance Cluster average number of incidents that resulted in severe harm or death = 15 Highest = 52 Lowest = 0</p> <p>The National Ambulance Cluster average percentage of incidents that resulted in severe harm or death = 3.3% Highest = 11% Lowest = 0%</p>

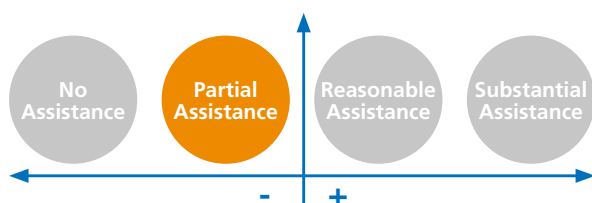
5.2. Audit Findings on Mental Health Calls - Governors Choice

5.2.1. In line with the Department of Health and Monitor (now known as NHS Improvement) guidance issued in February 2016 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 2016 recommending Mental Health Calls 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 February 2016 with the scope being "To evaluate how mental health calls are handled within 999 and 111, to further the Trust's ability to improve the service provided to this group of patients'.

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 partial assurance that the controls to manage this risk are suitably designed and consistently applied. Action is needed to strengthen the control framework to manage the identified risk(s)".

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 Volume of Mental Health calls received and how the Trust handles them:

Year on Year Comparison	April 2014 to March 2015	April 2015 to March 2016	Year on Year % Change
Total Emergency Calls	26664	30897	15.88%
Duplicate Emergency Calls	1818	2400	32.01%
Hear and Treat Responses	5323	6542	22.90%
Transported to Hospital	17990	20462	13.74%
Not Conveyed	11822	13299	12.49%
	6168	7163	16.13%

Part 2

5.2.4.2. The year on Year Percentage Change of the Component of the Mental Health Call:

April 2014 to March 2015			April 2014 to March 2015		
Systematic sampling (k=5 n=1223)			Systematic sampling (k=5 n=1375)		
Of those not conveyed	Count	Percentage	Of those not conveyed	Count	Percentage
Clear at Scene	524	42.85%	Clear at Scene	624	45.38%
Dealt with by Other	22	1.80%	Dealt with by Other	39	2.84%
Hoax Call	8	0.65%	Hoax Call	9	0.65%
No Patient Found	59	4.82%	No Patient Found	76	5.53%
Patient Absconded	24	1.96%	Patient Absconded	35	2.55%
Patient Deceased	1	0.08%	Patient Deceased	0	0.00%
Police Dealing	267	21.83%	Police Dealing	236	17.16%
Treat & Refer	260	21.26%	Treat & Refer	291	21.16%
Treated on Scene	58	4.74%	Treated on Scene	65	4.73%
TOTAL	1223	100.00%	TOTAL	1375	100.00%

5.2.4.3. Mental Health Calls Received by the KMS 111 Service:

Final Disposition	April 2014 to March 2015		April 2014 to March 2015	
	Count of Final Disposition	Percentage of Total Mental Health Calls	Count of Final Disposition	Percentage of Total Mental Health Calls
Dx08 – To contact the GP Practice or other local service within 24 hours	117	37.74%	121	36.67%
Dx11 – Speak to GP Practice within 1 hour	105	33.87%	116	35.15%
Dx05 – To contact the GP Practice or other local service within 2 hours	16	5.16%	4	1.21%
Dx06 – To contact the GP Practice or other local service within 6 hours	8	2.58%	13	3.94%
Dx75 – Must contact own GP Practice within 3 working days	17	5.48%	10	3.03%
Dx07 – To contact the GP Practice or other local service within 12 hours	4	1.29%	1	0.30%
Dx02 – Attend Emergency Department Immediately	39	12.58%	48	14.55%
Dx12 – Speak to GP Practice within 2 hours	1	0.32%	7	2.12%
Dx13 – Speak to GP Practice within 6 hours	0	0%	9	2.73%
Total KMS111 Mental Health Calls	310	100.00%	330	100.00%

5.2.5. In the Quality Measure it stated that a survey would be carried out of both 999 and KMSS 111 call operators, the survey will be designed to provide a baseline of awareness and knowledge to inform further training needs to improve how we handle mental health calls. The survey is to be complete by the end of quarter two.

5.2.6. The induction of new staff and ongoing training will be developed using both the survey as mentioned above and the development of a structured internal call taker training programme with specific clarity given to the types of mental health calls that are expected and the best protocol to deal with these. The Trust's Clinical Education department is planning to work with HEKSS to develop how we manage mental health throughout the Trust during 2016/17.

6. Statement of Assurance relating to quality of NHS services provided during 2015/16

(Red text relates to the Quality Report Data requirements)

The information below is in line with the prescribed schedule in the Quality Account Regulations and NHS Foundation Trust Annual Reporting Manual for 2015/16 that SECAmb is required to declare.

Statements of Assurance from the Board

Information on the Review of Services

During 2015/16 SECAmb provided and/or sub-contracted 20 relevant health services.

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

The income generated by the relevant health services reviewed in 2015/16 represents 9.9% of the total income generated from the provision by SECAmb for 2015/16.

Clinical Audits

During 2015/16 13 national ACQI audits and one national confidential enquiry covered relevant health services that SECAmb provides.

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

The national ACQI audits and national confidential enquiries that SECAmb was eligible to participate in during 2015/16 are as follows:

- + Clinical Performance Indicators
- + Clinical Outcome Indicators
- + Out of Hospital Cardiac Arrest Outcomes project

The national ACQI audits and national confidential enquiries that SECAmb participated in during 2015/16 are as follows:

- + Clinical Performance Indicators
- + Clinical Outcome Indicators
- + Out of Hospital Cardiac Arrest Outcomes project

The national ACQI audits and national confidential enquires that SECAmb participated in, and for which data collection was completed during 2015/16, 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%)

The reports of 13 national clinical audits were reviewed by the provider in 2015/16 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

Part 2

- + Continue to increase the care given to patients suffering from a Stroke
- + Continue to increase Trust performance in the national CPI and Clinical Quality Indicators audit programme
- + Complete retrospective review of the data submitted for our COI and CPI

The Trust planned to complete seven local clinical audits, only three of the seven were completed. The two reports were reviewed by the provider in 2015/16 and SECAmb intends to take the following actions to improve the quality of healthcare provided:

- + A rectification plan has been submitted for approval to the Trust Board with a detailed plan of work that is needed to deliver Clinical Audit in 2016/17.
- + Individual action plans have been set against each area for service improvement to advance patient care and improve clinical quality.
- + Develop the work of the new Clinical Audit and Quality Sub 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 2015/16 that were recruited during that period to participate in research approved by a research ethics committee = zero.

CQUIN

A proportion of SECAmb income in 2015/16 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 CQUIN payment framework.

Further details of the agreed goals for 2015/16 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 2015/16 for CQUIN schemes was available which totaled £3,901,818 . 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).

2015/16 CQUIN income = £3,901,818 (in 2014/15 the financial payment for CQUIN was £3,929,204).

CQC

SECAmb is required to register with the CQC 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 CQC has not taken enforcement action against SECAmb during 2015/16.

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 2015/16 to the Secondary User's 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 2015/16 was 66% and was graded Green.

SECAmb was not subject to the Payment by Results clinical coding audit during 2015/16 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

7. How the Quality Measures have been prioritised for 2016/17

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 November 2015 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 for monitoring during 2016/17. These proposals were discussed and explored throughout the workshop and the top five were agreed upon by the stakeholders. The stakeholders were aware that they needed to ensure that at least one quality measure was within each quality domain (Clinical Effectiveness, Patient Experience and Patient Safety).

The workshop was very well received and at the end of the day participants were asked to complete an evaluation form; the summary findings are as set out below.

	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.

Part 2

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

Yes, definitely	8
Yes, probably	4
Not really	0
Not at all	1

A report was presented to our RMC GC in January 2016 the proposed quality measures identified from the workshop were highlighted, of which the top five were chosen for inclusion within this document to be monitored during 2016/17. These quality measures were then approved by SECAmb's Board at the January 2016 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 2016/17 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

- + Frequent Caller Identification and Management
- + 999 Call CFR Survey

Quality Domain: Patient Safety

- + Improve PP response times following referrals

Quality Domain: Clinical Effectiveness

- + Utilisation of Care Plans/Clinical Registers by Front Line Operational Staff
- + Delivery of high quality patient care by enhancing the skills of Clinical Advisors working in NHS 111

As part of the consultation, the draft 2016/17 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 five quality measures at the joint SECAmb/Commissioner quality focus meetings.

8. Details of five Quality Measures for implementation during 2016/17

8.1. Quality Domain: Patient Experience

8.1.1. Frequent Caller Identification and Management

Background on the proposed quality measure

A frequent caller is defined by the Ambulance Service Frequent Caller National Network (FreCaNN) as someone aged 18 or over who makes 5 or more emergency calls related to individual episodes of care in a month, or 12 or more emergency calls related to individual episodes of care in 3 months from a private dwelling.

The overwhelming majority of Individuals or organisations who access the 999 or 111 service do so with legitimate healthcare requirements. The identification and management of those who access unscheduled healthcare on an abnormally high number of occasions can lead to the identification of individuals who are at risk, vulnerable or accessing the incorrect healthcare for their needs.

The process would see Specialist Paramedics in Urgent & Emergency Care visiting frequent callers on an appointment basis and completing a frequent caller assessment framework document, this screening tool guides investigation

of un-met need and identifies potential management options to re-engage the patient in the appropriate health & social care arena.

Aims of the Quality Measure

Number of Frequent Callers identified as per the national definition contacting the Trust who are then screened via the Frequent Caller Assessment Framework (FCAF) Document.

Initiatives

The identification and management of those who access unscheduled healthcare on an abnormally high number of occasions can lead to the identification of individuals who are at risk, vulnerable or accessing the incorrect healthcare for their needs.

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

Specific

The frequent caller agenda is growing throughout NHS Ambulance Trusts and is well supported by the Ambulance Service FReCaNN which reports to the Association of Ambulance Chief Executives (AACE). The need to improve identification and management of this complex and vulnerable patient group will allow appropriate ongoing resourcing which meets the needs of all patients that the Trust has contact with.

Measurable

The Trust is able to identify residential addresses within the region that meet the national definition in order to target proactive completion of a FCAF document per patient. Looking for a year on year growth as uptake of this process is rolled out across the Trust's Operating Business Units and a continual improvement is seen in the numbers of Frequent Callers whom the Trust has incorporated as part of this process in order to develop care.

Achievable

With good clinical governance provided by the clinical directorate to oversee this

locally led process it is envisaged that this is achievable and sits well within new community paramedic operating models of care.

Realistic

The process is realistic and is supported by the Trust in its wider intentions to improve patient care.

Timely/Time Bound

The Frequent Caller agenda is growing in interest nationally, with occasional interest and requests from the media in relation to individuals who utilise the Trust's services frequently.

Implementation Lead(s):

- + **Andy Collen**, Consultant Paramedic/
Head of Clinical Development
- + **Kieran Cambell**, Specialist Paramedic/
Frequent Caller Lead

Executive Lead:

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

8.1.2. 999 Call CFR Survey

Background on the proposed quality measure

Substantial anecdotal evidence exists about the good work of CFRs in the form of thank you letters and written acknowledgements, but this has not yet been drawn together formally and we have no quantifiable data that informs us if we are progressing CFR development in the right direction.

The survey will focus on the patient's experience of having a CFR attend as a first response, and will enquire whether patients found the Trust's CFRs demonstrated compassionate care and adopted the 6Cs i.e. Care, Compassion, Competence, Communication, Courage and Commitment.

Aims of the Quality Measure

In order to ensure that we are providing a service in line with patients' expectations, we intend to carry out a survey of patient experience following contact with CFRs.

Part 2

Initiatives

During the financial year 2015/16 a Patient Satisfaction Survey for CFR First Attendance will be carried out. The findings will be available by March 2016.

The sample will be selected using SECAmb's CAD system, filtered to include calls from each of our geographical areas where CFRs were on scene for a minimum of three minutes with patients before the arrival of a clinician. Options for return will include Freepost and email.

Investigate using simple printed cards to be given out at point of contact or cards asking patients to visit a website to complete questions.

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

The resulting analysis will be used to appraise the current level of training that CFRs receive from the Trust.

It will direct future training modules which may need to be developed to enhance specific CFR skills, and provide a baseline for patient satisfaction with CFRs which can be built upon by undertaking future surveys.

Implementation Lead(s):

+ **Karen Ramnauth**, Voluntary Services Manager

Executive Lead:

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

8.2. Quality Domain: Clinical Effectiveness

8.2.1. Delivery of high quality patient care by enhancing the skills of the Clinical Advisors working in NHS 111

Background on the proposed quality measure

For the period of April-September 2015 KMSS 111 took 551,448 calls, an average of almost 92,000 per month. These calls are answered by trained Health Advisors using NHS Pathways. Health

Advisors are supported by Clinical Advisors, who are currently registered Nurses or Paramedics, also trained in the use of NHS Pathways.

NHS 111 is the gateway to urgent care by directing callers to the most appropriate service, providing the right care dependent on their symptoms at the time of the call within an appropriate timeframe. The aim is to ensure a high level of clinical assessment for the patient in, or close to, their home.

To monitor the effectiveness of NHS 111, the outcome of calls is provided to the Department of Health. These include patients receiving an ambulance response, those advised to attend the Emergency Department, access primary or community care, attend another community service such as a pharmacist or dentist, or given self-care and home management advice. These outcomes are monitored on a daily basis in the form of KPIs.

In KMSS 111, approximately 75% of calls are passed directly by the Health Advisor to the appropriate service once an outcome has been reached. However, the remaining 25% are passed to a Clinical Advisor for further assessment. NHS Pathways' optimal target of transfer to a Clinical Advisor is 20%.

One of the KPIs is the combined clinical target of call backs and warm transfers and KMSS 111 represents a top quality performance for this measure compared with other NHS 111 providers.

The continual high transfer rate to Clinical Advisors (24.9%) is significantly above the NHS Pathways' optimal target of 20%. However, this gives assurance to stakeholders and callers that an above average percentage of service users have access to clinicians when they ring the service for advice. Lowering this transfer rate would give Clinical Advisors more time with fewer patients, however, this would not necessarily improve quality. This could be achieved with enhanced telephone assessment skills, knowledge and confidence in referrals. Therefore, at present KMSS 111 do not intend to lower this transfer rate.

Aims of the Quality Measure

Telephone triage is complex and it is essential that Clinical Advisors feel confident in their decision making where access to the patient is remote. In addition to their skill set as a registered health care professional, Clinical Advisors are trained in the use of NHS Pathways, however, it is essential that this group of staff are further developed to ensure that they are able to deliver a safe, timely and competent case closure or make the appropriate referrals to other services, protecting the wider health economy by reducing the burden on ambulances, A&E and the urgent OOH GP services.

The aim of this quality measure is to enhance the telephone assessment skills of the Clinical Advisors through a number of methods.

Initiatives

- + University education modules currently being proposed to provide education and accreditation.
- + Access to online clinical modules
- + Support for Peer Mentorship sessions
- + Call review meetings
- + Placements within GP surgeries and Minor Injury Units
- + Conduct engagement sessions with service providers i.e. Pharmacists,

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

Specific

- + Reduced 999/ED/Urgent GP Dispositions
- + Improved staff retention rates

Measurable

- + KMSS 111 Line Level Data
- + HR Records
- + NHS Pathways Audits
- + End to end call reviews
- + Peer reviews

Attainable

- + University education modules currently being arranged with funding already secured

Relevant

- + Impacts positively on clinical effectiveness of KMSS NHS service

Time limited

- + 12 months

Infrastructure Requirements and associated costs (if any)

Ongoing recruitment of Clinical Advisors into the KMSS 111 service to ensure adequate backfill to enable Clinical Advisors to be released from the rota

Implementation Lead(s):

- + **Scott Thowney**, KMSS111 Clinical Lead
- + **Sue Mitchell**, KMSS111 Senior Quality Manager

Executive Lead:

- + **Kath Start**, Director for Urgent Care and Chief Nurse

8.2.2. Using IBIS to assess and monitor whether End of Life Care patients with Preferred Place of Care/ Death documented on IBIS care plans achieve their care goals

Background on the proposed quality measure

When patients have discussed with their care team where they would prefer to be cared for, and to die, the care team often detail this on their Personalised IBIS care plan. It is important that the ambulance service integrate with the wider health care team and adhere to the patients' choices – especially when they are no longer able to advocate for themselves.

We propose to measure whether this is happening by assessing and monitoring whether patients with documented PPC/D achieve their care goals in terms of admission/non-admission.

Part 2

Aims of the Quality Measure

We want to achieve a collaborative relationship with care providers who upload patients onto IBIS in order to ensure that patients achieve their care goals and empower clinical staff to make more appropriate, informed decisions about their patients which acknowledge the work that the wider health care team do with them on a daily basis.

We want to assess whether ambulance service clinicians are making the most of available information about their patients in order to make the most appropriate decision about their ongoing care.

Initiatives

IBIS is a constantly growing and improving database of complex patients. We have initiatives to both improve the number of patients on IBIS and to improve the quality of data on IBIS.

We are also working to improve staff uptake of IBIS and endorse its uses.

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

Specific

There has been increasing focus on improving collaboration in order to improve patient care both in the wider NHS and specifically in the End of Life Care ambitions.

Measurable

In order to know that patients are increasingly having their care goals met we would monitor the data pool periodically using IBIS and Infoman to ensure that crew compliance with calling IBIS is improving.

Achievable

Due to increased focus on quality of care plans and improved crew compliance – improving the number of End of Life Care patients who achieve their care goals appears achievable.

Realistic

The improvements are realistic and are supported by the Trust in its wider intention to enhance patient care and integration of services to improve clinical effectiveness.

Timely/Time Bound

The End of Life Care agenda is still at the forefront of clinical practice. SECamb is keen to develop the quality of care provided to patients approaching the end of their life. This additional support will allow us to achieve our quality account goals.

Infrastructure Requirements and associated costs (if any)

Costs related to time spent monitoring data on IBIS and infoman

Implementation Lead:

- + **Andy Collen**, Consultant Paramedic/
Head of Clinical Development
- + **Shirmilla Austin**, End of Life Care Lead/
Student Specialist Paramedic (PP)

Executive Lead:

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

8.3. Quality Domain: Patient Safety

8.3.1. Delayed PP Referrals

Background on the proposed quality measure

SECamb has many ways in which it can treat patients within its health care economy and one of the care pathways available to SECamb's clinicians is the ability to refer a patient to a PP skill set via the PP desk. The use of the PP referral system provides the patient with the advantage of being treated at, or closer to, home hence avoiding an unnecessary trip to the local A&E department.

Aims of the Quality Measure

When a referral is made to the PP desk by a clinician a time priority is placed on the case

depending upon its perceived urgency and this can be 1, 2 or 4 hours, this means that a PP will visit the patient within the prescribed time. Due to the pressures within the Trust control centres (EOC) the target placed on the dispatchers is that SECAMB would expect to attend 85% of all PP referrals within the target time and fulfil 95% of the PP referrals within the target time plus one hour.

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 break down in to the following areas for attention:

+ 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 PP Referral performance.

+ Development of the PP Desk as part of the wider Clinical Hub

The Clinical Hub will be able to take additional roles in monitoring and oversight of PP Referrals, and this will assist Dispatchers with managing this area of their workload.

+ Referral Management

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

SECAMB will have achieved this domain 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 time specified (1, 2 or 4 hours) 85% of the time or better.

Implementation Lead:

- + Andy Collen**, Consultant Paramedic/
Head of Clinical Development

Executive Lead:

- + Professor Andy Newton**, Chief Clinical Officer

9. Quality improvements to be implemented by SECAMB during 2016/17

9.1. Patient Transport Services (PTS)

SECAMB will be taking a full and active part in re-tendering for Surrey. A new operating model is being developed which will ensure that PTS continues to reflect the needs of the service users and commissioners.

9.2. Complaints

While the quality of complaints investigation and responses is generally high (47 of 2,144 complainants advised that they were not satisfied with the response to their complaint – just over 2%), we continually endeavour to improve our service to patients and complainants.

In 2016/17 there is to be continuous engagement with managers throughout the Trust, emphasising our aspirations in terms of patient experience, i.e. reducing the number of complaints we receive, further improving the quality of complaints investigations and reports, and also increasing the percentage of complaints responded to within the Trust's 25 working day timescale.

Complaints investigation training is to be provided to all managers who investigate complaints, as well as to team leaders, who will then be able to investigate lower level complaints and assist with information gathering for more serious complaints, which should improve both quality and timeliness of response.

A Patient Experience Strategy is to be developed in 2016/17, with a view to increasing our engagement with patients in order to elicit, share and learn from their experiences. This will include, but is not limited to, producing a leaflet to inform patients as to how they can feed back to us, and a poster for all vehicles advertising the opportunity to do so, among other initiatives.

Part 2

9.3. Revised Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Process

This year has seen a review of the arrangements relating to the management of DNACPR documents shared with SECAmb to support patients at the end of their life. The decision made between patients, their families and their care team (i.e. GP, palliative care team) is an important one as it provides clear guidance on the futility of attempting to resuscitate patients once their terminal disease has progressed.

SECAmb has improved its methods and now holds a copy on the IBIS system so clinicians in the EOCs can view the DNACPR form, and support clinicians at the patients' side to make the correct decision. Avoiding situations where patients who do not want to be resuscitated are resuscitated and taken to hospital is the main drive for this work, and the new system is already up and running and making a difference to this very important group of patients.

9.4. SI Investigation by Professional Standards

SECAmb has a dedicated team of Professional Standards Managers, and this year we have expanded the team to 4 in order to cover the investigation of all SIs including those relating to driving incidents.

Previously, local managers investigated SIs, and this led to an inconsistent method of investigation and reporting, and also created challenges with timely submission. The use of Professional Standards Managers has already seen an improvement in consistency, and allows easier collation of common themes and learning.

There has been an increase year on year of 39% of SIs needing investigation, and this is believed to reflect the increased emphasis on promoting a culture of reporting in the Trust.

9.5. LabKit

SECAmb has been working with Surrey Pathology Services at Frimley Park Hospital on the "LabKit" project, which has been developing and evaluating the use of "point of care" blood and urine testing devices. The LabKits are being used by specialist trained PPs in the West Surrey area of the Trust.

Making these tests available at the patient's side means that more patients can be managed safely in the community. The LabKit devices are not a replacement for skilled clinical assessment, but provide important information to help support or refute a diagnosis. It is hoped that the results from the project will inform the need for point of care testing device use across SECAmb, and the wider health economy.

9.6. 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. There are currently 20 users in the Thanet ODA using the ePCR, all data is being analysed and checked for accuracy, with the intention to roll out trust wide during 2016/17.

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.

9.7. Pathway Mapping

As part of this year's CQUIN plan, SECAmb clinical leads have been mapping all care pathways available across the region. Ensuring that we know exactly what facilities are available to use is essential in promoting the most appropriate care pathway is used, and that we can reduce safely the number of patients taken to Emergency Departments.

Ongoing work will see the pathway map develop into a web based tool to support clinicians in practice, and it is hoped to develop this further into a smartphone app in due course.

Supporting clinicians to make more community referrals is key, and SECAmb continues to work with partner providers to improve and enhance governance relating to the transfer of care between SECAmb and other organisations.

9.8. Organisational Change

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 based 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 early 2017. Considerable project management expertise will be needed in 2016/17 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 2016/17. Work is ongoing for MRCs in Brighton and Chichester (Tangmere planned go-live summer 2016), 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 change within SECAmb. To ensure we remain resilient during this period, a change management programme is being introduced to focus on the elements of our plans for 2016/17 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.

Part 2

9.9. Critical Care Desk

There has been an ongoing project this year to redesign the way staff access support and supervision remotely relating to patients with critical care needs. Previously, staff seconded to the Kent Surrey and Sussex Air Ambulance Trust (KSS-AAT) crewed a combined HEMS/trauma support desk, but due to the changes to the staffing arrangements for the charity, this function is now undertaken by SECAmb CCPs, with a separate desk based in Coxheath EOC for the KSS-AAT dispatch staff. There is a Critical Care Desk in all three EOCs, with one staffed 24/7 based on a regional rota.

The model of care for the desk has been developed, and crews are successfully accessing support from the CCPs, and the additional focus from the CCP Desk on tasking enhanced care resources is also having a positive impact – ensuring patients who need the care of CCPs or the air ambulance do so in a timely way.

9.10. Frequent Caller Management System

SECAmb has been developing a consistent and robust Frequent Caller management system over the past year, and this year has seen the system tested in three exemplar sites.

Frequent callers often have an unmet health or social care need, and the system focuses on helping to signpost patients to the best part of the health system in order to ensure that they do not rely solely on 999 for their needs.

The frequent caller project will continue into 2016/17, seeing the system roll out to the whole of the Trust.



Part 3

10. Review of 2015/16 Quality Performance

This section provides an overview of the quality of care offered by SECAMB on performance in 2015/16 against indicators selected by the Board, with an explanation of the underlying reason(s) for selection.

10.1 Patient Safety Indicators

10.1.1 SIs

SECAMB adopted the new Serious Incident Framework published by NHSE on 27th March 2015. The points within this framework have been incorporated into SECAMB documents relating to the reporting and investigation of Serious Incidents.

Every SI 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 occurring 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 that each SI investigation can be closed.

Within SECAMB we continuously monitor SIs, both at 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 KMSS through the regional patient safety collaborations.

To enable reporting trends, the Trust measures the Reporting Reason for SIs rather than using the STEIS categories used in previous years. This allows the trust an improved picture of the causes of our SI reporting. STEIS categories changed in the new Framework and do not reflect ambulance service activity well. The following information has been

collated from our SI management database and our current incident reporting system (Datix):

1 April 2015 - 31 March 2016	
SI reporting reason	
Child / Unexpected Death	3
Child / Unexpected Death, Treatment / Care	1
Child / Unexpected Death, Triage / Call management	1
Delayed Back-up	2
Delayed Dispatch / Attendance	10
Green 5 Process	2
Handover Delay	3
Information Governance Breach	1
Medication Incident	1
Non-Conveyance / Condition deteriorated	3
Other	2
Patient / Third Party Injury	4
Power / Systems failure	2
RED 3 Process	1
RTC/RTA	3
Staff Conduct	2
Treatment / Care	4
Triage / Call management	10
Total	55

Table 1: Number of Reported SI's (April 2015 - March 2016)

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

Table 2: 2 Number of Reported SIR's (April 2014 - March 2015)

The number of SIs has increased between the above two comparative years by one. This confirms the positive reporting culture within SECAMB together with our willingness to learn from such cases.

With effect from 1 April 2015 it became 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. The Trust updated its Being Open and Duty of Candour Policy and Procedure to reflect this.

10.1.2 Medication Errors

Correctly medicating patients remain an essential element 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 and is reflective of the clinical experience of that role. For example, CCPs are able to administer a wider range of drugs than Technicians, because they are more highly qualified and trained.

Previous inspection by the CQC in December 2013 highlighted that medicine management processes were not being consistently applied across the organisation by operational staff. Since this inspection the Trust has invested over £1 million in the installation of a new medicines management system enabling medicines that are at high risk of error, such as similar names, to be separated into different locations.

Where medication errors do occur they are equally split between drug doses and incorrect drug types with an average of two incidents each month for each category. 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.

Part 3

The information graphs below have been collated from SECAmb's incident reporting system (Datix) and are based on clinical patient safety incidents, both actual and near miss.

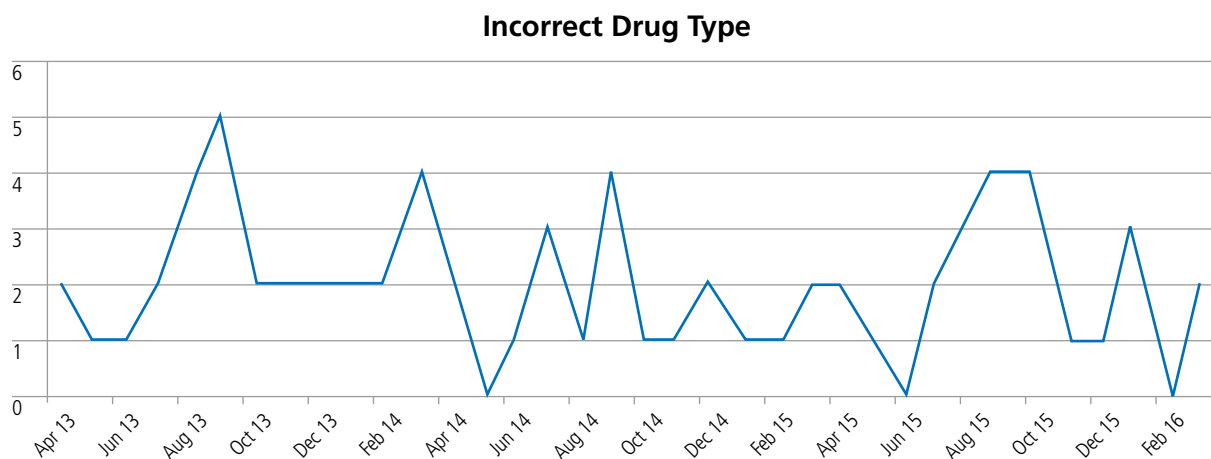


Figure 2 Medication Errors - Incorrect Drug Type (April 2013 - February 2016). Data Source: Datix

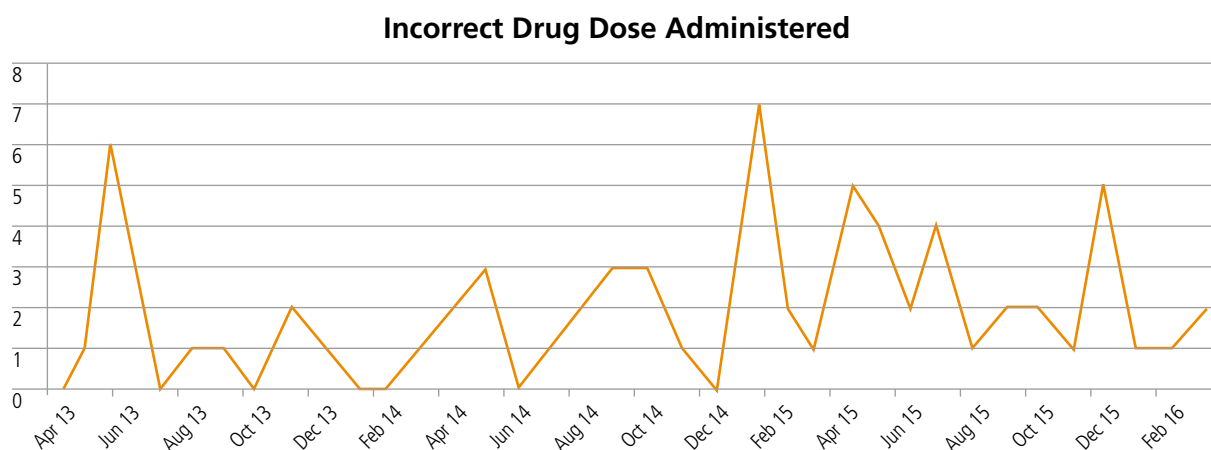


Figure 3 Medication Errors - Incorrect Drug Dose Administered (April 2015 - March 2016). Data Source: Datix

There has been a minimal increase in the reporting of medication errors between 2013/14 and 2015/16 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.

It remains difficult to determine if improvement is required due to the lack of national ambulance data which can be used for benchmarking, however, despite an erratic pattern of incidents, it is reassuring that on average the number of incidents have not greatly varied.

10.1.3 Number of 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.

Following last year's review in conjunction with North Kent CCG, all new incident reports are now reviewed by a senior clinician and re-categorised if required. We have re-categorised our incident reporting system to more easily identify Patient Safety Incidents and ensure equipment incidents relating to patient safety are recorded under this Type categorisation. This does make direct comparison year on year difficult as we now report all Patient/Service User related incidents as a Key Performance Indicator (KPI). Historically committees had reports of NRLS reported incidents as the KPI.

PSIs are recorded on our local incident reporting system. All incident reports and their subsequent investigations are reviewed by a senior clinician. Where it is identified that an incident could have or did lead to harm for patients receiving NHS funded healthcare the 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 figure 6 has been collated from SECAMB's incident reporting system (Datix) and is based on both actual and near miss incidents.

1 April 2015 - 31 March 2016

Patient safety incident	1682
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Table 3 Number of Patient Safety Incidents (April 2015 - March 2016)

The data above indicates that there has been a significant rise in the reported figures relating to PSIs in 2015-16 compared to 2014/2015. There is no emerging trend of causation but it is reflective of an increase in activity, the changes to the reporting categorisation mentioned above and good reporting culture by staff. 77% of patient safety incidents were "no harm" events. 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.

Part 3

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. The NASCQG replaced the national hypoglycaemia CPI with a new CPI on elderly fallers (lower limb fractures) developed and taken forward from cycle 13 (August 2014). In 2015 a new CPI was introduced - Mental Health. This condition is increasing and allows the national picture to be compared and monitored more closely.

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, lower limb fractures and mental health were formally adopted and are focused as follows.

10.2.1 Asthma

Asthma is a chronic disease with a significant impact, predominantly on the 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 is 79% and above the national mean which is 73.5%, the Trust is above the national mean in three of the five data elements of care delivered for patients suffering from asthma as shown in *figure 4*:

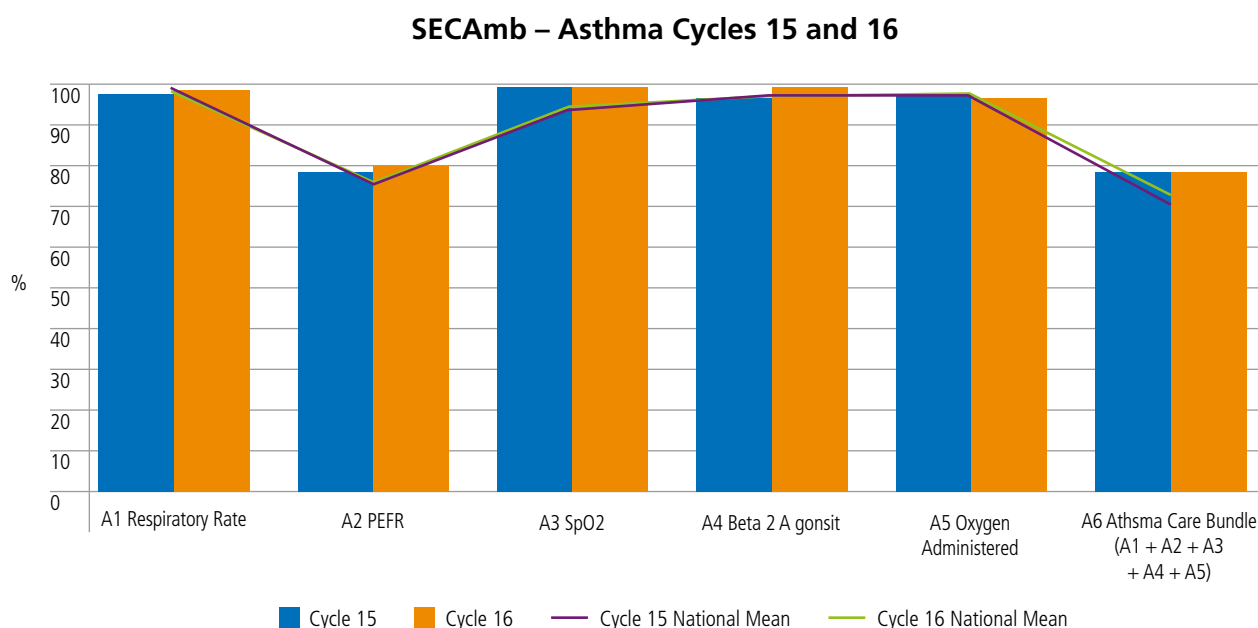


Figure 4 Asthma Performance (September 2015 - March 2016) National Ambulance Service Clinical Quality Group

10.2.2 Febrile Convulsions

Cycle 15 data (Sept 2015) for the care of febrile convulsions demonstrates how SECAmb's performance against two of the six elements of the care bundle is above the national mean and the full care bundle has shown a continued upward trend, reflecting the national trend of improvement. Cycle 16 (March 2016) further demonstrates an improvement in overall care bundle performance, with increased performance in recording of blood glucose, temperature and discharge pathways.

SECAmb – Single Limb Fracture Cycles 15 and 16

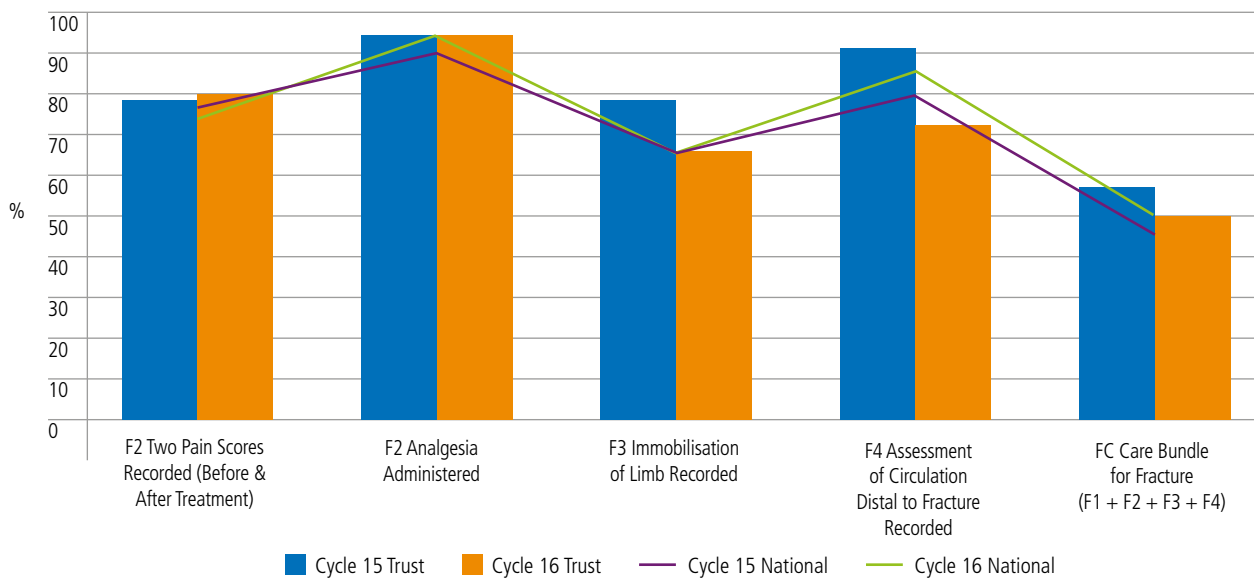


Figure 5 Febrile Convulsion (September 2015 - March 2016) National Ambulance Service Clinical Quality Group

Part 3

10.2.3 Single Limb Fractures

Cycle 15 data (Sept 2015) for Single Limb Fracture demonstrates how SECAmb's performance against two of the six elements of the care bundle is above the national mean and the full care bundle has shown a downward trend which is reflective of the national picture. Cycle 16 (March 2016) SECAmb performance is 51%, which is above the national mean of 49.1% with two of the four elements being above.

SECAmb – Single Limb Fracture Cycles 15 and 16

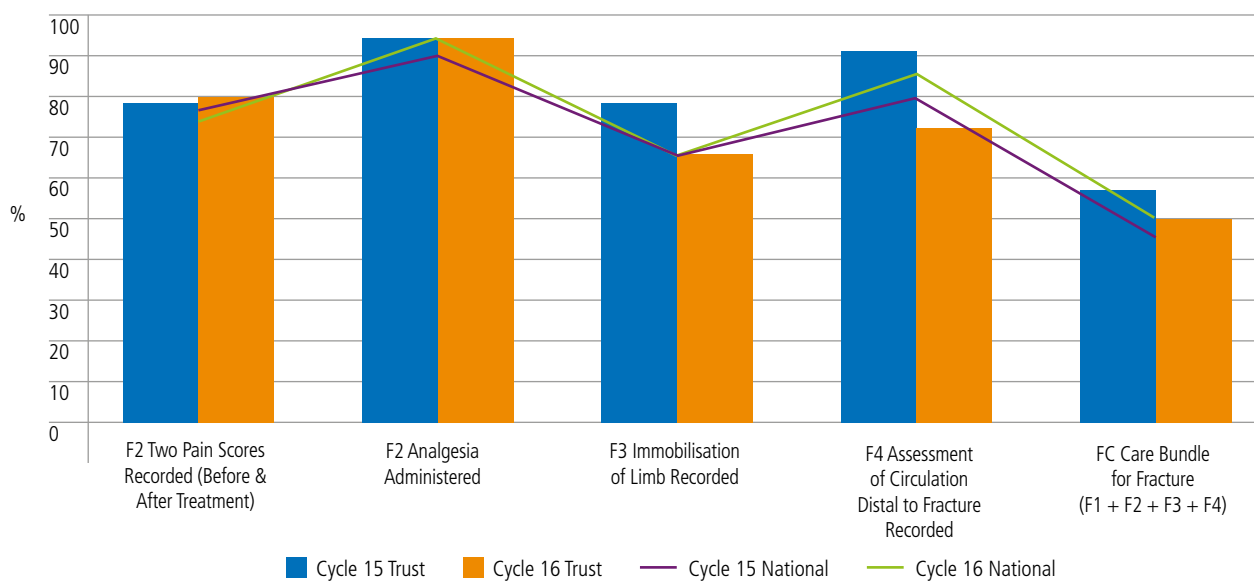


Figure 6 Lower Limb Trauma (September 2015 - March 2016) National Ambulance Service Clinical Quality Group

10.2.4 Elderly Falls

Cycle 15 data (September 2015) for the care of elderly fallers demonstrates how SECamb has performed against each element and the care bundle in the second pilot audit for this condition. The Trust is above the national mean in three of the six individual reporting requirements. Data for Cycle 16 (March 2016) for this condition is not due for publication until June 2016.

SECamb Elderly Falls Performance Cycles 15 - September 2015

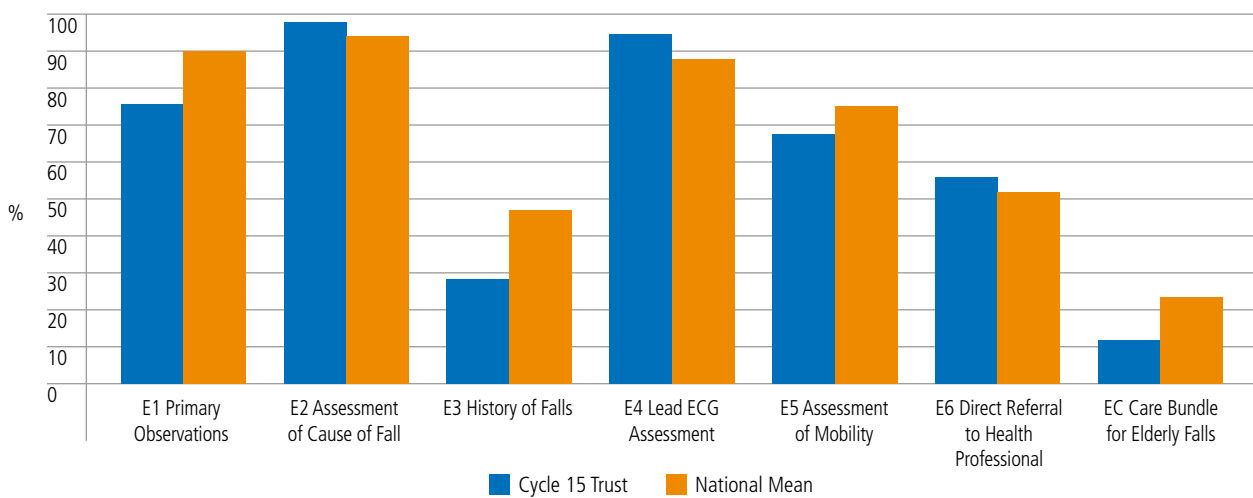


Figure 7 Elderley Falls Performance (September 2015 - March 2016) National Ambulance Service Clinical Quality Group

Part 3

10.2.5 Mental Health

Cycle 15 data (October 2015) for the care of patients experiencing mental health difficulties demonstrates how SECamb has performed against each element and the care bundle in the first pilot audit for this condition. The Trust is above the national mean in three of the seven individual reporting requirements. Data for Cycle 16 (April 2016) for this condition is not due for publication until July 2016.

SECamb Mental Health Performance Cycles 15 - October 2015

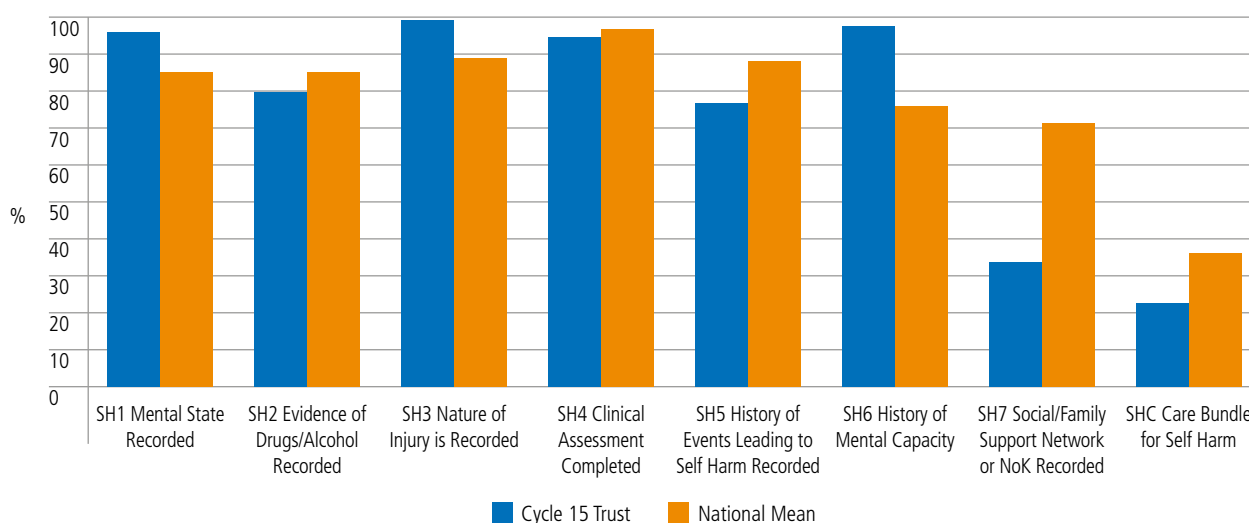


Figure 8 Mental Health (September 2015 - March 2016) National Ambulance Service Clinical Quality Group

10.3 Patient Experience Indicators

The 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.

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.

Moving forward in to 2016/17 the PET team will work with other departments to share the learning outcomes from complaints.

10.3.1 Informal complaints (previously known as “PALS concerns”)

During 2015/16 our PET registered and dealt with 1,768 Informal complaints (including those raised by other health care providers), broken down by directorate and subject as follows:

Subject	NHS111	Commercial Services	Finance	Clinical Operations - A&E	Clinical Operations – PTS	Clinical Operations – EOC	Unknown	Workforce Development	Total
Administration	15	0	0	6	1	2	0	0	24
Communication issues	29	1	0	8	2	16	0	0	56
History marking issue	0	0	0	10	0	0	0	0	10
Miscellaneous	3	1	0	28	1	3	0	0	36
Patient care	158	0	0	109	11	81	0	1	360
Concerns about staff	27	0	1	272	103	22	1	1	427
Timeliness	47	0	0	10	397	92	0	0	546
Transport	0	0	0	6	301	2	0	0	309
Totals:	279	2	1	449	816	218	1	2	1768

Table 4 Informal Complaints received during 2015-16, by subject and Directorate. Data source: Datix, Complaints Module (PET)

This is a reduction on the 2,124 received in 2014/15):

Subject	2014–2015
Administration	31
Communication issues	97
Information request	9
Miscellaneous	105
Patient care	474
Staff attitude/conduct	432
Timeliness	698
Transport arrangements	278
Total	2,124

Table 5 Informal Complaints received during 2014-15 by subject. Data Source: Datix, Complaints Module (PET)

10.3.2 Formal Complaints

During 2015/16 SECAmb’s EOC staff dealt with approximately 900,000 calls and SECAmb’s A&E road staff made 792,000 responses including hear and treat. In addition our PTS staff made 463, 000 journeys, and our NHS 111 staff took 1,136,000 calls. From this activity SECAmb received

376 formal complaints which is a reduction of approximately 34% against the 563 received in 2014/15. This equates to one formal complaint for approximately every 8,800 staff interventions

* ‘All calls’ figure, taken from SECAmb’s CAD viewer, ‘info’
† ‘All responses’ figure, taken from SECAmb’s CAD viewer, ‘

Service area	Number	Activity	% of calls/ journeys receiving a complaint
NHS 111 and Urgent Care-111 Service	39	1,135,699	0.003%
A&E	173	713,130	0.024%
PTS	75	462,619	0.016%
EOC	84	946,262	0.009%
Totals:	371	3,257,710	0.011%

Table 6 Formal Complaints set against activity, 2015-16. Data Source: Datix, Complaints Module and SECAmb CAD Viewer, ‘INFO’

Part 3

Subject	NHS111	Finance	Clinical Operations - A&E	Clinical Operations - PTS	Clinical Operations - EOC	Operations (other)	Workforce Development	Total
Administration	0	0	2	0	0	1	0	3
Communication issues	2	0	2	0	3	0	1	8
Miscellaneous	0	0	2	1	0	0	1	4
Patient care	19	0	69	10	40	0	0	138
Concern about staff	8	1	94	14	6	1	0	124
Timeliness	10	0	4	30	35	0	0	79
Transport	0	0	0	20	0	0	0	20
Totals:	39	1	173	75	84	2	2	376

Table 7 Formal Complaints received in 2015-16 by subject and Directorate. Data Source: Datix, Complaints Module (PET)

Subject	2014-15
Administration	7
Communication issues	22
Information request	2
Miscellaneous	9
Patient care	183
Concern about staff	176
Timeliness	131
Transport	32
Totals	563

Table 8 Formal Complaints received during 2014-15, by subject. Data Source: Datix, Complaints Module (PET)

When a formal complaint is received a manager is appointed to investigate. On most occasions they will make arrangements to speak personally to everyone concerned, visiting complainants at home

in many cases. On completion of every complaint, consideration is given as to whether 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 due to be concluded within 25 working days of their receipt, so the figures below include the complaints received in March 2015 but not those received in March 2016, which will be due for response in the new financial year 2016/17. There were therefore 381 formal complaints due to be responded to between 1st April 2015 and 31st March 2016, and as this document was compiled, 362 (just over 95%) had been concluded, the outcomes for which are shown as follows:

	NHS111	Finance	Clinical Operations - A&E	Clinical Operations - PTS	Clinical Operations - EOC	Operations (other)	Workforce Development	Total
Complaint upheld	21	0	49	43	35	0	0	148
Partly upheld	12	1	54	28	23	1	1	120
Complaint not upheld	4	0	45	7	9	0	0	65
Unproven	0	0	22	6	1	0	0	29
Totals:	37	1	170	84	68	1	1	362

Table 9 Formal Complaints outcomes, 2015-16. Data Source: Datix, 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”, ie 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 RMCGC, the Board and to the commissioners’ quality review group meetings.

During 2015-16 SECAmb received 2,327 compliments (an increase from 1,837 in 2014-15), thanking our staff for the treatment and care they provide.

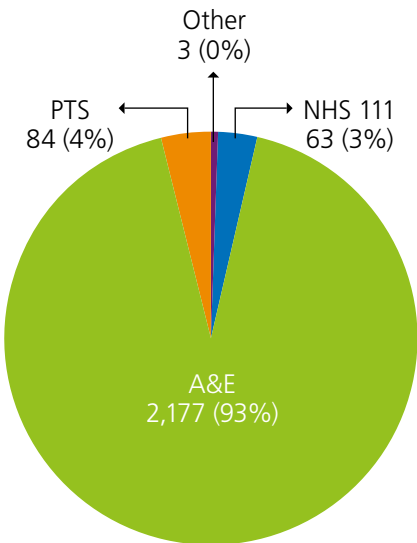


Figure 9 Compliments 2015/16. Data Source: Datix, PALS Module (PET)

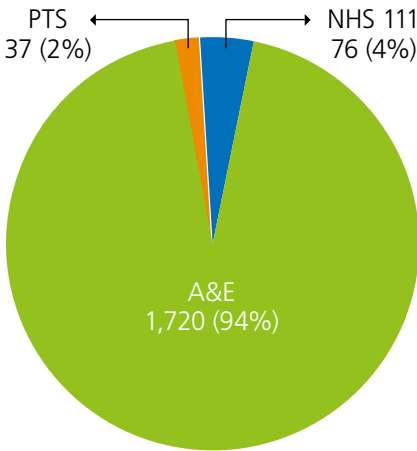


Figure 10 Compliments 2014/15. Data Source: Datix, PALS Module (PET)

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 (including West Sussex County Council, Brighton and Hove City Council, East Sussex County Council, Kent County Council, Surrey County Council and Medway Council) as well as Healthwatch organisations (including England, Kent, Medway, Surrey, East Sussex, Brighton & Hove and West Sussex), IHAG, Governors, Executive and Non-Executive Directors and Stakeholder Workshop attendees .

Detailed above is a comprehensive list of who we shared our Quality Account with. Due to the pressures on the Trust that arose as a result of a number of issues, not least of which was the Red 3 investigation and the CQC inspection, the Quality Report was produced later than it has in previous years. In order to achieve the statutory reporting guidelines, the time period for responses was less than the agreed 30 day period. As a consequence, not all organisations managed to submit a formal response prior to the publication of this document. The responses received by that date appear below and further responses are available at [South East Coast Ambulance Service | Quality Account](#)

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

Statement from Commissioners

I am writing to confirm the co-ordinating commissioners from Kent, Surrey and Sussex will be responding collectively to this. In respect of timelines, we are unable to respond within your timeline but will get a collaborative response to you by the end of the month

Clare Stone

Chief Nurse/ Associate Director of Quality

Wellbeing and Health Scrutiny Board Responses

The Wellbeing and Health Scrutiny Board welcomes the opportunity to comment on South East Coast Ambulance Services NHS Foundation Trust's Quality Account (SECAMB) for 2015/16. The Board wishes to thank the Trust for its involvement in the scrutiny process over the last year.

The Board recognises that there have been significant steps undertaken in light of a number of concerns raised in relation to the governance and performance of the KMSS 111 service. It welcomed the opportunity to scrutinise the performance of SECAMB on 7 January 2016, and is awaiting the outcome of the patient impact, governance and clinical reviews in order to scrutinise the detail of proposed improvements. It anticipates working closely with the Trust and its regional scrutiny partners over 2016/17 to monitor progress in this area.

The Board notes that the improved performance with regard to the number of informal and formal complaints compared with previous years, as well as a number of positive comments from patients on p24-25. At the same time, it would encourage the Trust to see this in conjunction with the poor perception of SECAMB as an employer, as detailed on p52-

53, and consider how this can be addressed.

The Board notes that Surrey is underperforming compared to its regional counterparts on a number of KPIs related to the cleaning of vehicles (as detailed on p39 – 40). It would highlight that there is an opportunity to identify best practice from the other constituent counties in order to improve performance.

The Board is supportive of the five quality measures for 2016/17 and will continue to work with the Trust in monitoring and supporting these for the benefit of Surrey patients and their families.

Bill Chapman

Chairman, Wellbeing and Health Scrutiny Board
Surrey County Council

Thank you for offering the Health & Adult Social Care Select Committee (HASC) the opportunity to comment on the South East Coast Ambulance Service NHS Foundation Trust (SECAMB) Quality Account for 2015-16 however, the committee would have appreciated a lengthier amount of time to consider its response.

HASC would like to make the following comments on the following: -

1. Quality Improvements Implemented

– HASC is generally pleased with the quality improvements that have been implemented, but

- + hopes that measures to improve the Quality Improvement Programme will be successful
- + will be keen to continue to monitor NHS 111 performance
- + is disappointed that no more funding is available for the Domestic Abuse pilot
- + understands the difficulty with implementing the Friends and Family Test, but is pleased with the feedback from those who responded.

2. Updates on 2014/15 four Quality Measures

+ Patient Experience – Patient Drop Off and Pick Up Times for PTS Patients

This measure is now superfluous for West Sussex as SECAMB no longer provides the service. However, HASC will consider the impact of the transition to the new provider at a future meeting following publically raised concerns

+ Patient Safety – Improve Paramedic Practitioner Response Times Following Referrals

HASC hopes that the development of the Paramedic Practitioner desk will improve patient safety

+ Mental Health Calls

HASC is pleased to learn that the the number of cases resolved via hear & treat are greater than the increase in calls

+ Clinical Effectiveness – Utilisation of Care Plans/Clinical Registers by Front Line 999 Operational Staff

HASC is disappointed that the target was not met, particularly as performance was down in Chichester, Crawley and Worthing

3. Other Comments

- + HASC will be interested to learn more about SECAMB's future plans to reduce the time taken to complete each job, especially as handover times in West Sussex have worsened, and hopes that the pathway mapping exercise will help to safely reduce the number of patients being taken to A&E. The committee continues to welcome regular updates on handover times which are currently provided to its Business Planning Group meetings.
- + HASC welcomes SECAMB's engagement with stakeholders in developing its quality measures for 2015/16

Annex 1

Finally, HASC welcomes its continued open dialogue with SECAMB, looks forward to receiving details of the Trusts Joint Recovery Plan following the Deloitte Forensic report into the Red3/Green 5 pilot and continuing to work with SECAMB in 2016-17.

Mr Bryan Turner

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

Statement from East Sussex Health Overview and Scrutiny Committee (HOSC)

It is clear from the Quality Account, and from HOSC's own scrutiny of the Trust, that 2015/16 has been a difficult year. Demand for services (ambulance, 111, and related services provided by other Trusts) has increased. A number of targets have been missed and it is clear that the Trust's capacity has been stretched. HOSC has expressed a number of concerns during the year, notably in relation to the 111 to 999 triage pilot scheme introduced without appropriate checks and communication. The Committee remains concerned as to whether the governance and leadership failures apparent in relation to this scheme are more widespread. A further report on the scheme's impact on patients is due to be presented to HOSC in June 2016.

HOSC also has ongoing concerns about the impact of delays in the handover of patients at hospital A&E departments. The 15 minute recommended handover standard is frequently exceeded, and it is not unusual for ambulance crews to experience delays of up to 45 minutes or more. This inevitably impacts on SECAMB's performance and therefore on the Trust's ability to provide a timely response to other calls. HOSC will be investigating this issue further with both hospital Trusts and SECAMB in June 2016.

In addition, the findings of a recent Care Quality Commission (CQC) inspection are awaited.

At the time of producing this statement the Trust's future leadership remains unclear. The Committee welcomes the appointment of a new Chairman with experience of supporting NHS organisations through challenging times. Given all the indications of a further challenging year ahead it will be important to agree further leadership arrangements as soon as possible to enable the Trust to focus on addressing key challenges. HOSC believes that patient and staff satisfaction are intrinsically linked and a key aspect of moving forward will be addressing staff concerns, ensuring staff feel supported and more positive about the organisation – HOSC would expect to see improvements here reflected in future staff survey findings.

2015/16 Quality Priorities

HOSC welcomes the progress made but notes that further work is needed on a number of 2015/16 quality priorities.

2016/17 Quality Priorities

The Trust has in place a well-established process for engaging stakeholders in the development of quality priorities and the engagement evident in selecting 2016/17 priorities is welcome. Those selected do appear to reflect areas of relevance and concern to patients and the public.

HOSC would also like to see SECAMB take an active role engaging with Clinical Commissioning Groups (CCGs), as well as acute Trusts, during 2016/17 regarding the achievement of the handover standard.

HOSC looks forward to working with the Trust to monitor progress on the priority areas, and overall performance, over the coming year. HOSC will particularly look to ensure that any areas for improvement highlighted by CQC are fully and actively addressed by the Trust leadership.

Healthwatch

The official response for submission to the SECAmb Quality Accounts for 2015-2016 from local Healthwatch for Surrey, Sussex and Kent is:

Local Healthwatch (for Surrey, Sussex and Kent) would have wanted to submit a considered response to this document, particularly this year. However, the timescale provided by the Trust rendered anything meaningful impossible.

The Trust is required to provide a draft within 30 days of the publishing deadline in order to allow stakeholders to submit a considered response but sadly we were given less than a week to review and comment on the draft document.

Please include this submission in the final document.

Please note the above wording has been agreed with the following Healthwatch organisations:

- + ***Healthwatch Surrey***
- + ***Healthwatch West Sussex***
- + ***Healthwatch East Sussex***
- + ***Healthwatch Brighton & Hove***
- + ***Healthwatch Kent***
- + ***Healthwatch Medway***

Katrina Broadhill

Consumer Champion & Healthwatcher
(Locality Manager)

Annex 2

Annex 2: Statement of Directors' Assurance/ Responsibilities in respect of the Quality Report 2015/16

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 2015/16 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 2015 to May 2016;*
 - + *papers relating to Quality reported to the board over the period April 2015 to May 2016;*
 - + *feedback from commissioners;*
 - + *workshop with the governors took place on 30 November 2015 and subsequent feedback from the draft document was obtained May 2016;*
 - + *workshop with local Healthwatch organisations took place on 30 November 2015 and subsequent feedback from the draft document was obtained May 2016;*
 - + *feedback from Health Overview and Scrutiny Committees dated May 2016;*
 - + *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 2015 national staff survey went live week commencing 25 September 2015 and closed on 27 November 2015;*
 - + *The Head of Internal Audit's annual opinion over the Trust's control environment, dated 1 April 2016 (Draft Report);*
 - + *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



Sir Peter Dixon,
Interim Chairman

Date: 26 May 2016



Geraint Davies,
Acting Chief Executive

Date: 26 May 2016

Annex 3

Annex 3: Independent Auditor's Report

Independent Practitioner's Limited Assurance Report to the Council of Governors of South East Coast Ambulance NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of South East Coast Ambulance Service NHS Foundation Trust to perform an independent limited assurance engagement in respect of S NHS Foundation Trust's Quality Report for the year ended 31 March 2016 (the "Quality Report") and certain performance indicators contained therein against the criteria set out in Annex 2 to Chapter 7 of the 'NHS Foundation Trust Annual Reporting Manual 2015/16' (the 'Criteria').

Scope and subject matter

The indicators for the year ended 31 March 2016 subject to the limited assurance engagement consist of those 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 Council of Governors and Practitioner

The Council of Governors are responsible for the content and the preparation of the Quality Report covering the relevant indicators and in accordance with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual 2015/16' issued by Monitor and 'Detailed guidance for external assurance on quality reports 2015/16'.

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
- + 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 2015/16'; 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 2015/16' and supporting guidance and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports 2015/16'.

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual 2015/16, 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 1 April 2015 to 26 May 2016;
- + Papers relating to quality reported to the Board over the period 1 April 2015 to 26 May 2016;
- + Feedback from Commissioners dated May 2016;
- + Feedback from Governors dated May 2016;
- + Feedback from local Healthwatch organisations dated May 2016;
- + Feedback from Overview and Scrutiny Committee dated May 2016;

- + The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated June 2015;
- + The 2015 national staff survey;
- + Care Quality Commission Intelligence pack dated March 2016; and
- + The Head of Internal Audit's annual opinion over the Trust's control environment dated 13 May 2016.

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.

The firm applies International Standard on Quality Control 1 and accordingly maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

We have complied with the independence and other ethical requirements of the Code of Ethics for Professional Accountants issued by the International Ethics Standards Board for Accountants, which is founded on the fundamental principles of integrity, objectivity, professional competence and due care, confidentiality and professional behaviour. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of South East Coast Ambulance Service NHS Foundation Trust as a body, to assist the Council of Governors in reporting South East Coast Ambulance Service NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2016, to enable the Council of Governors to demonstrate they have discharged their governance

responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body, and South East Coast Ambulance Service NHS Foundation Trust for our work or this report, 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:

- + evaluating the design and implementation of the key processes and controls for managing and reporting the indicators
- + making enquiries of management
- + analytical procedures
- + limited testing, on a selective basis, of the data used to calculate the indicators back to supporting documentation
- + comparing the content requirements of the 'NHS Foundation Trust Annual Reporting Manual 2015/16' to the categories reported in the Quality Report; and
- + reading the documents.

The procedures performed in a limited assurance engagement vary in nature and timing from, and are less in extent than for, a reasonable assurance engagement and consequently, the level of assurance obtained in a limited assurance engagement is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed.

Annex 3

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 thereof, may change over time. It is important to read the Quality Report in the context of the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual 2015/16'.

The scope of our limited 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.

Our audit work on the financial statements of South East Coast Ambulance Service NHS Foundation Trust is carried out in accordance with our statutory obligations and is subject to separate terms and conditions. This engagement will not be treated as having any effect on our separate duties and responsibilities as South East Coast Ambulance Service NHS Foundation Trust's external auditors. Our audit reports on the financial statements are made solely to South East Coast Ambulance Service NHS Foundation Trust's members, as a body, in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. Our audit work is undertaken so that we might state to South East Coast Ambulance Service NHS Foundation Trust's members those matters we are required to state to them in an auditor's report and for no

other purpose. Our audits of NHS Foundation Trust's financial statements are not planned or conducted to address or reflect matters in which anyone other than such members as a body may be interested for such purpose. In these circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than South East Coast Ambulance Service NHS Foundation Trust and South East Coast Ambulance Service NHS Foundation Trust's members as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.

Conclusion

Based on the work described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2016:

- + the Quality Report is not prepared in all material respects in line with the Criteria;*
- + 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 2015/16'; 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 2015/16' and supporting guidance and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports 2015/16'*

Grant Thornton UK LLP

Grant Thornton UK LLP

Chartered Accountants, London

Date: 27 May 2016



Glossary

Abbreviations	Full Expression	Abbreviations	Full Expression
AACE	Association of Ambulance Chief Executives	DBS	Disclosure and Barring Service
ACRP	Ambulance Community Response Post	DCA	Double Crewed Ambulances
ACQI	Ambulance Clinical Quality Indicators	DNACPR	Do Not Attempt Cardiopulmonary Resuscitation
A&E	Accident and Emergency	ECSW	Emergency Care Support Worker
AHT	Average Handling Time	EKHUFT	East Kent Hospitals University Foundation Trust
AP	Associate Practitioners	EOC	Emergency Operations Centre
AQI	Ambulance Quality Indicator	EOCQDSG	Emergency Operations Centres Quality and Development Sub Group
BLS	Basic Life Support	ePCR	Electronic Patient Clinical Record
CAD	Computer Aided Dispatch	FFT	Friends and Family Test
CAGSG	Clinical Audit and Guidelines Sub-Group	FCAF	Frequent Caller Assessment Framework Document
CAP	Clinical Audit Plan	FreCaNN	Frequent Caller National Network
CAQSG	Clinical Audit and Quality Sub Group	FTA	Freight Transport Association
CAS	Cardiac Arrest Strategy	HART	Hazardous Area Response Team
CAST	Cardiac Arrest Survival Team	HEKSS	Health Education Kent, Surrey and Sussex
CATF	Cardiac Arrest Task Force	HOSC	Health Overview and Scrutiny Committee
CECSG	Clinical Equipment & Consumables Sub Group	HQ	Headquarters
CCGs	Clinical Commissioning Groups	IBIS	Intelligence Based Information System
CCP	Critical Care Paramedic	IHAG	Inclusion Hub Advisory Group
CFR	Community First Responder	KMSS	Kent, Medway, Surrey and Sussex
CG	Clinical Governance	KMSS111	Kent, Medway, Surrey and Sussex 111
CGAG	Clinical Governance Advisory Group	KPI	Key Performance Indicator
COM	Clinical Operations Manager	KSS-AAT	Kent, Surrey and Sussex Air Ambulance Trust
COI	Clinical Outcome Indicator	LTC	Long Term Condition
CPI	Clinical Performance Indicator	MHRA	Medicines and Healthcare Products Regulatory Agency
CQC	Care Quality Commission	MI	Myocardial Infarction
CQGAG	Clinical Quality Governance Advisory Group	MRC	Make Ready Centre
CQUIN	Commissioning for Quality and Innovation	NARU	The National Ambulance Resilience Unit
CQWG	Clinical Quality Working Group	NASCQG	National Ambulance Service Clinical Quality Group
CRN	Clinical Research Network	NASMeD	National Ambulance Services Medical Directors group
CTLs	Clinical Team Leaders		
CWG	Compliance Working Group		
DA	Domestic Abuse		

Abbreviations	Full Expression
NPIS	National Poisons Information Service
NHSE	National Health Service England
NIHR	National Institute for Health Research
NRLS	National Reporting and Learning System
ODA	Operational Dispatch Area
OHCA	Out of Hospital Cardiac Arrest
OHCAO	Out of Hospital Cardiac Arrest Outcomes
OLEV	Office for Low Emission Vehicles
OOH	Out of Hours
OUM	Operating Unit Manager
PAD	Public Access Defibrillators
PALS	Patient Advice and Liaison Service
PET	Patient Experience Team
PP	Paramedic Practitioner
PPC/D	Preferred Place of Care/Death
PRINCESS	Prehospital Resuscitation Intranasal Cooling Effectiveness Survival Study
PSI	Patient Safety Incident
PTS	Patient Transport Service
QEQM	Queen Elizabeth the Queen Mother
QGARD	Quality and Governance and Risk Directors
QIG	Quality Improvement Group

Abbreviations	Full Expression
QIP	Quality Improvement Programme
QPSC	Quality & Patient Safety Committee
RDG	Research and Development Group
RFID	Radio Frequency Identification
RIGHT-2	Rapid Intervention with Glyceryl trinitrate in Hypertensive stroke Trial-2
RMCGC	Risk Management and Clinical Governance Committee
ROM	Regional Operations Manager
ROSC	Return of Spontaneous Circulation
SECAmb	South East Coast Ambulance Service NHS Foundation Trust
SI	Serious Incident
SMT	Senior Management Team
SRV	Single Response Vehicle
STEMI	ST Segment Elevation Myocardial Infarction
TIA	Transient Ischaemic Attack
UH	Unit Hours
UHU	Unit Hour Utilisation
UIC	Urgent Integrated Care
VAN	Variation in Ambulance Non-Conveyance
VAWG	Violence against Women & Girls
WDC	Workforce Development Committee



Your service,
your call