Appendix 2

Quality Account 2022-23

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Part 1: Statement of Quality from Our Chief Executive

Introduction

I am pleased to introduce the annual Quality Account for 2022/23, which is both a review and a manifesto. It sets out the work we have done over the past year to maintain and improve the quality and safety of the care we provide to our patients and provides information on our priorities for 2023/24.

The early part of this financial year saw us transitioning into a recovery phase following the COVID-19 pandemic, with most of our response functions stood down on 31 March 2022.

In Spring 2022 we received notification that, during the year, we were required to provide information detailing our response to the pandemic as part of the national COVID-19 Inquiry. Together with all NHS Trusts nationally, we received the formal request for information in April 2023 and this is currently being completed.

In early December 2022 several of the trade unions who represent NHS staff announced a period of national industrial action, following ballots of their members. The proposed industrial action was not due to a dispute between the Trust and our trade unions but was part of a national dispute regarding pay and conditions.

The first period of industrial action within SECAmb was taken by the GMB on 21 December 2022. This was followed by subsequent periods of industrial action by the GMB, the RCN and Unite during January, February, and March 2023.

Ahead of and during each period of industrial action, we worked together with our trade union colleagues to ensure the impact on the safety of our patients was minimised, while our colleagues exercised their right to take strike action. We were also well supported by our system partners during these periods.

As the time of writing, industrial action has been suspended, due to the acceptance of the national pay deal by most of the trade unions.

During the year, we have continued to see increases in the number of 999 and 111 calls that we receive and in the number of very unwell patients who contact us; this may reflect in part, the on-going effect of the COVID pandemic and the impact this has had on the wider NHS system.

The high demand for both 999 and 111 services, coupled with challenges in ensuring we have sufficient staff available to meet the demand, has meant that, at times of pressure, some patients, particularly patients who may be less unwell, waited longer than we would

like for a response. During the latter part of the year, we also struggled to consistently deliver timely 999 call answer times.

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

As you will read in the Quality Account, we are taking steps to improve performance wherever possible, as well as focusing on keeping those patients who are waiting, safe. A key focus for us, which began during the latter part of the year, is to utilise a Quality Improvement approach to ensure we continue to drive quality across all areas of work, deliver positive and sustained change and provide a framework that will enable all our teams to continuously improve. A key area where we are currently utilising our Quality Improvement framework is to ensure that we are keeping patients as safe as possible while they are waiting for a response, and I look forward to seeing this project progress and deliver during the year.

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

In August 2022, the Trust underwent a follow-up inspection by the Care Quality Commission (CQC), that reviewed the full range of our urgent and emergency care services, including resilience and specialist operations functions. The inspection also assessed the progress made since the previous CQC inspections, carried out in February and March 2022.

When the findings of the August inspection were published in October 2022, the Trust's overall rating was raised to 'Requires Improvement,' and the individual rating for 'Caring' remained 'Good.'

We were pleased that the high-quality and compassionate care provided by our staff was once again recognised and rated as ‘Good’ by the CQC, despite the huge pressures they face every day, but we remain absolutely committed to making the improvements we know we need to make.

Our Improvement Journey framework was developed by the Trust in response to feedback from the CQC, NHS Staff Survey, and NHSE in early 2022/23. It includes four key programmes – People & Culture, Responsive Care, Quality and Leadership & Engagement - aimed at addressing the key areas highlighted by the CQC and through other assessments, as well as providing a platform for continued improvement beyond the initial recovery period.

Delivery of each programme has been led by an Executive Director, with the Improvement Journey Steering Group providing strategic oversight of the progress delivered. This Group provides the mechanisms for each programme's executive lead and delivery team to update and report on progress, review key areas of focus, and address any concerns on a weekly

basis. To ensure the sustainability of the Improvement Journey actions, we plan to supersede this group with Quality Assurance and Continuous Improvement frameworks during 2023/24.

In February 2023, the CQC returned to the Trust to observe their first Board meeting of 2023. The CQC acknowledged that progress that had been made, however they and our Board both recognise that we need to continue to work hard to further the positive trajectory, particularly in respect of organisational culture and strategy development.

There is no doubt that we have experienced another challenging year and, as highlighted by the CQC through their inspection, we have much work still to do. I, and the whole leadership team, are committed to delivering sustainable improvements to ensure that we can build and improve the quality and safety of our services.

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

Simon Weldon
Chief Executive Officer

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

This section of the Quality Account is divided into two sections; the first sets out the key areas of development for the next 12 months. These are referred to as ‘priorities’ and will be monitored by the Trust's Board and Council of Governors throughout the coming year.

The second section details progress made against the priorities set for 2022/23, that were originally agreed and set out in the 2019/20 Quality Account. Over the course of the COVID-19 pandemic there was a need to divert many of the Trust’s resources and although progress was made against the Quality Account priorities, the objectives had to be reshaped to extend the work and carry over the priorities to the 2022/23 reporting period.

Identification of the 2023/24 priorities was undertaken following stakeholder engagement with multi-professional groups at different levels of the organisation. With one of our priorities for the year ahead focusing on listening and engaging with patients, their families and carers. We expect them to play a significant role in guiding our priorities for next year.

2.1 Quality Priorities for Improvement 2023/24

This section details the three priorities, one within each Quality domain for 2023/24:

- Priority 1 (Domain: Clinical Effectiveness) – Learning from reviews to improve safety in maternity obstetric and neonatal care.
- Priority 2 (Domain: Patient Safety) – Utilising Urgent Community Response Services to improve safety for patients in the clinical stack.
- Priority 3 (Domain: Patient Engagement) – Listening and Engaging with our Patients, their Families and Carers

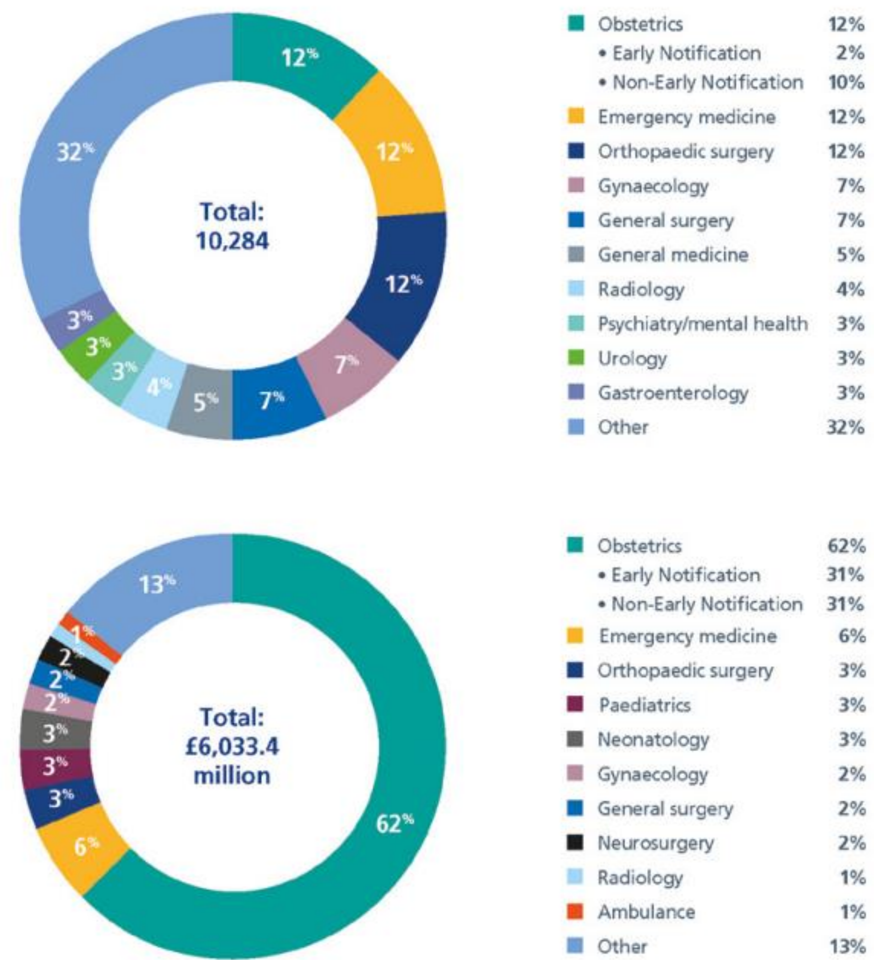
QUALITY PRIORITY ONE

Domain	Clinical Effectiveness
Quality Improvement - Priority 1	Learning From Reviews to Improve Safety in Maternity Obstetric and Neonatal Care

Why is this a priority?

Historically ambulance crews have received little or no training in maternity/obstetric emergencies and we know this causes anxiety. Maternity calls often involve caring for two patients (Parent and Child) who can become very unwell very quickly. SECAmb has been proactive in addressing this by employing a consultant midwife who can train colleagues and influence maternity care in the prehospital setting. Whilst this is extremely positive, we are keen to continually improve and having been involved in 13 Healthcare Safety Investigation Branch (HSIB) maternity investigations in the last financial year, and reflecting on the learning from these, we would like to focus on this area to ensure that we are maximising our opportunity to get it right for all patients and their babies.

National litigation related to maternity is currently responsible for 62% of the cost of legal claims within the NHS, as demonstrated in the next diagrams. Harm occurs very quickly if crews are untrained and don't know how to manage these complex and challenging situations.



Donna Ockenden released the report “Emerging Findings and Recommendations from the Independent Review of Maternity Services at Shrewsbury & Telford Hospital NHS Trust” in December 2020[1]. The report provided Local Actions for Learning and Immediate and Essential Actions (IEAs) to improve safety across all maternity services in England.

A further report, ‘Reading the signals’;[2], into the independent investigation examining maternity and neonatal services across two hospitals in East Kent between 2009 and 2020 was released on 19th October 2022.

Both reports highlight the need for action, for maternity staff and organisations, to ensure that women and families receive high standard, safe and compassionate maternity care. For example, Reading the Signals highlights the need to monitor safe performance accurately and identify when data suggests further investigation is required. It also emphasises the

[1]Link to Ockenden report: Findings, conclusions and essential actions from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust - final Ockenden report (publishing.service.gov.uk)

[2] Link to Kirk Up report: Reading the signals: maternity and neonatal services in East Kent, the report of the independent investigation (print ready) (publishing.service.gov.uk)

need for meaningful response and professional accountability when underperformance is identified.

SECAmb has taken a proactive approach to reviewing both of the reports and addressing IEAs in the context of prehospital maternity care. This priority will provide further assurance that IEAs are being addressed to enhance patient safety.

Aims

- To deliver safe and evidence-based care to women and babies
- To establish and deliver effective training for ambulance crews and midwives to manage maternity emergencies in the community.
- To work collaboratively with NHS Pathways to review and continuously improve outcome dispositions for maternity patients.

How will we achieve this?

- Joint training session with ambulance crews and midwives relating to the management of maternal emergencies in the community. This will be facilitated through the use of immersive mannequins and simulation to replicate real life scenarios.
- Work with Joint Royal College Ambulance Liaison Committee (JRCALC) to amend and update national ambulance guidance. Currently three areas of the guidance have already been updated with five outstanding.
- Development of quick view videos on how to respond to medical emergencies for JRCALC to support the new guidance.
- Working with Resuscitation Council UK (RCUK) to develop a specific pre-hospital new born resuscitation course.
- Work with acute trusts to deliver joint training on prehospital maternity emergencies.
- Meet with partners at NHS Pathways to review and collaboratively amend guidance based on data relating to harm/incidents/near misses.

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

- Reduction in legal claims.
- Reduction in harm incidents.
- Reduction in complaints.
- Increase in staff morale - evidenced through the staff survey.
- Improved patient outcomes and patient experience.
- Improved partnership working and understanding.

Board Sponsor
Chief Medical Officer

Implementation Lead
Consultant Midwife

QUALITY PRIORITY TWO

Domain	Patient Safety
Quality Improvement - Priority 2	Utilising Urgent Community Response Services to Improve Safety for Patients in the Clinical Stack

Why is this a priority?

When an individual calls 999 or 111 their call is triaged by An Emergency Medical Advisor (EMA) or a Health Advisor (HA) who will run through an assessment and either reach an outcome or pass the caller over to a Clinical Supervisor / Clinical Advisor (CA) for further assessment. In some cases, the EMA / HA may be able to transfer the caller straight through to a clinician, however many calls will be transferred into the clinical stack, where they await a call back from a CA. For calls that result in a Category 3[3] (C3) / Category 4[4] (C4) ambulance disposition (outcome) this will generally be the case and under periods of service pressure the clinical stack will become very large despite internal processes to mitigate this. This means patient call backs will be delayed and thus result in delays to their care, which poses a risk to patient safety.

Calls resulting in a C3 or C4 disposition account for a large proportion of cases in the clinical stack, as this type of ambulance requires validation from a clinician before dispatch, to reduce the likelihood of sending an unwarranted ambulance to calls which may be more suitable for an Urgent Community Response (UCR).

Urgent Community Response teams aim to respond in a timely manner to people with an urgent health or social care need, their role supports admission avoidance as well as early supported discharge. Typically, being able to assess need and provide an appropriate short-term intervention within two hours, this is termed a 'crisis' response. The aim of UCR teams is to provide short-term support to diagnose and treat conditions as well as to provide appropriate equipment and care to the patient, to prevent a hospital admission.

A common example of the types of calls our Trust receives, which often receive a C3/C4 response and could be more appropriate for a UCR, include falls (particularly those that come in from an individual who is not with the patient at the time of contacting 111/999). We often receive contact from services such as a Careline, after a patient has been able to pull an emergency cord which alerts their providers to a possible fall. In this scenario the patient may not have the ability to phone for help, however the care company would call SECAmb to alert them to the fall. These calls generally reach a C3 outcome which is transferred to the clinical stack and after the clinical advisor has unsuccessfully attempted to contact the patient, an ambulance is sent.

We know that there is underutilisation of UCR services. To support greater understanding of this and how we can offer support, SECAmb is leading on a system collaborative solution

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[3] Category 3- An urgent ambulance response for problems that are not immediately life-threatening, that need treatment to relieve suffering and transport or clinical assessment and management at the scene. The Trust must respond to 90% of C3 calls in 120 minutes.

[4] Category 4- A non-urgent ambulance response. The Trust must respond to 90% of these calls within 180 minutes.

between lead UCR services, Integrated Care Systems (ICS) and Integrated Care Boards (ICBs) in developing daily SECAmb/UCR system flow meetings, to identify patients who may be appropriate for UCR and reduce ambulance conveyance/hospital admissions.

To support this, we have recently changed process so that all these types of calls are assessed by a clinician who uses the Directory of Services (DoS) to identify any appropriate UCR referrals. If none are available, the CA will detail this on the case notes and re-instate the C3 ambulance response.

Aims

- Reduce the number of calls in the clinical stack to provide capacity for more timely call backs.
- Consider referring patients to services more appropriate for their needs.
- Upskilling SECAmb Clinicians through training and education to support appropriate referrals to UCR services.
- Work on falls referrals pathways and introduce referral guidance to SECAmb clinicians to support referrals for patients to Urgent Community Response (UCR) services, which may include "Remote callers[5]"
- Partnership working to introduce daily contact with Key UCR providers to support patient referrals from the 999 C3/C4 validation Clinical Support Desk (CSD) queue and introduction of the CAD 'Portal' functionality to facilitate UCR direct support to 999.

How will we achieve this?

Optimisation of Urgent Community Response Utilisation Programme will be achieved by:

- Scoping conversations with Surrey, Sussex and Kent Commissioning leads on UCR optimisation from Emergency Operations Centre (EOC)
- Establishing refusal and acceptance rationales for UCR services returned on the DoS
- Developing clinical UCR guidelines / a learning pack for all EOC / 111 clinicians and providing training to all clinical staff
- Regular steering group meetings to support successful delivery.
- Work with Communications team to develop comms to staff to include web events, huddles, buzz groups, question and answer sessions and a bulletin.

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

- Improvements to Ambulance Response Programme (ARP) times.
- Hear and Treat improvement.
- Improved staff satisfaction survey results.
- Improved working relationships with A&E service providers.
- Reduction of patient safety incidents.
- Reduction of handover times.
- Improved utilisation of UCR services from 999.
- Improved patient outcomes, patient experience and partnership working.

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[5] Remote callers - an individual that calls 111 / 999 and is not with the patient at the time of calling.

Board Sponsor
Executive Director of Operations

Implementation Lead
Head of Clinical Operations for Integrated Care (999 & 111)

QUALITY PRIORITY THREE

Domain	Patient Experience
Quality Improvement - Priority 3	Listening and Engaging with our Patients, their Families and Carers

Why is this a priority?

Good patient experience is associated with better clinical safety and effectiveness, and we know that a successful organisation must listen to their patients' needs and design products and services accordingly. We also know that whilst we think we know what patients want, we often fail to ask or engage them directly.

There are pockets of excellence at SECAmb in delivering the Patient and Family/Carer Experience strategy and we are currently seeking to ensure that this is widespread and a whole organisational approach; moving from a position of asking patients 'What's the matter?' to 'What matters to you?'. This aligns with our Quality Improvement (QI) approach which is customer (patient / staff / commissioner and other stakeholders) led.

The Trust's Patient and Family/Carer Experience Strategy (2020-2025) is focused on leadership and patient experience. Over the next year, we will articulate how we will meaningfully enact this through specific plans to capture patient experience data and support meaningful community and patient engagement and partnerships at all levels across the organisation. Additionally, we will ensure that we include identified opportunities for improvement from CQC, align to our Quality Improvement (QI) strategy and to the statutory guidance published in July 2022 on working in partnership with people and communities[6].

Over the next year, we will undertake a review of the Trust's Patient and Family/Carer Experience Strategy (2020-2025) and develop robust plans to move forward in our journey to improve patient engagement and partnership.

Aims

- To amplify the patient voice throughout every level of the organisation.
- To work with our patients, their families and carers to make improvements based on their feedback and involvement.
- To support our staff and encourage development in engaging with patients, their families and carers.
- To learn from external organisations and collaborate on ideas relating to patient experience and engagement.
- To improve communication with patients, their families and carers about how they can work in partnership with us and share feedback that is inclusive for all and encourages diversity.

[6] NHS England. 2022. Working in partnership with people and communities: statutory guidance. Available from: https://www.england.nhs.uk/publication/working-in-partnership-with-people-and-communities-statutory-guidance/ [accessed 07/11/22]

How will we achieve this?

A Patient Experience and Engagement (PEE) action plan will be developed and signed off by the Trust's Patient Experience Group (PEG). This will incorporate the following actions to help us improve the way we engage with our patients:

- Development of a Patient Experience Questionnaire (PEQ) for our 999 service in which service users will have the opportunity to submit anonymous feedback on the service they received.
- We will work with the communications team to 'spread the word' about the work we are undertaking and how the public can get involved. This will include updating our website, advertising the information on social media platforms and putting QR codes in the back of ambulances which link to a digital survey.
- A Community Forum will be launched for service users or representatives to attend to share experiences following contact with our 111 and 999 services. We will use this opportunity to share with patient, family or community representatives an overview of current projects we are working on with the aim of seeking feedback and partnership to get these right.
- A patient volunteer programme will be available to invite the public to work with us in on QI projects, identified through the above two points to support co-production and meaningful partnerships with patients, their families and carers or those that represent them.
- Engaging with external stakeholders and Trusts to share the programme of work as it develops with sufficient oversight and seek ongoing feedback and opportunity for collaboration and improvement.

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

- When we see an average of 100 Patient Experience Questionnaires returned online each month. Work will be undertaken with our Business Intelligence (BI) team to help us report on this information and use it to make improvements. These reports will replace the Patient Experience Reports reported on in Part 3 of the 2021/22 Quality Account.
- The Community Forum launches by the end of September 2023 and we have a minimum of four regular attendee's to all meetings.
- One Quality Improvement project to be identified through our increased patient engagement and completed by the end of the financial year (31/03/2024).
- When we are regularly networking across other organisations with an aim to collaborate ideas and work relating to patient experience and engagement.

Board Sponsor
Executive Director of Quality and Nursing

Implementation Lead
Quality and Safety Lead

Progress against 2022/23 Priorities

This section sets out the work on and progress of all three priorities from the 2022/23 Quality Accounts that were originally set out in the 2019/20 Quality Account. These priorities were originally planned to be completed over the 2020/21 and 2021/22 period; however, COVID-19 curtailed the work involved, due to the Trust being required to respond to the pandemic along with all other healthcare providers. This resulted in a pragmatic approach to reshaping and continuing with the original priorities and objectives so that the work could be continued over the 2022/23 period.

There were three priorities during this period:

- Priority 1 (Domain: Clinical Effectiveness) – Clinical Supervision of Frontline Operational Workforce
- Priority 2 (Domain: Patient Safety) – Introduction of Mental Health First Aid (MHFA) Training for Front-Line Staff
- Priority 3 (Domain: Patient Engagement) - Falls: Accessing Urgent and Emergency Care for Care Homes

QUALITY PRIORITY ONE

Domain	Clinical Effectiveness
Quality Improvement - Priority 1	Clinical Supervision of Frontline Operational Workforce

Review of 2021/22 report:

This element of the Quality Account was intended to address the gaps in workforce and high stress levels among staff with an approach that ensured staff were listened to and helped in a compassionate manner. This required a robust model of clinical supervision to support progress of the aims in a challenging environment.

Effective clinical supervision has been found to have direct benefit to the clinical practitioner, their skills development, the quality of care delivered to patients and advice given to carers. It also benefits the culture of an organisation, reflecting on its behaviour and values and has a strong influence on positive clinical governance. Fundamentally, clinical supervision has three domains which come together to provide a supporting framework for practice: promoting confident practice, supporting competency and resolving uncertainty in practice.

To develop a standard approach that could be utilised to embed safe and effective care and ensure that staff are optimally supported we sought to achieve the below objectives:

- To work in partnership with key stakeholders to agree and embed a model of clinical supervision across SECAmb which aligns to the ongoing enhancements to clinical leadership.
- To reduce harm to patients and increase safe care.
- To increase reporting, learning, and confidence of staff as part of our aspiration to embed a 'Just' culture.
- To improve the wellbeing of our clinical workforce.
- To improve clinical effectiveness and operational efficiency.
- To implement a robust clinical leadership system (structures, people, processes) which includes education and continuous improvement elements.

The aim for 2022/23:

The main aim from 2022/23 was to recover time lost due to the focus on the COVID-19 pandemic. Whilst we were able to make good progress with the workstream during an extended period of unprecedented pressure, the actions that were due to be worked on throughout quarter 3 were delayed.

Our performance 2022/23:

Due to the delays caused by COVID-19 and the subsequent delay in the publication of the Association of Ambulance Chief Executives (AACE) supervision framework nationally, work was delayed. SECAmb has made up time and is actively working on the project throughout 2023/24 based on the work commenced in the previous two years. The year 1 performance has been updated below, along with the year 2 report.

We have assessed our progress against other UK ambulance trusts, and we appear in the top quartile of trusts, in terms of progress towards the implementation of supervision.

Year 1

- Scoping, promoting, and developing policies and procedures that define clinical supervision within SECAmb.
- Working with the National Clinical Supervision in Ambulance Services Group to ensure best practice.
- Scoping supervision training for the post graduate workforce.
- Embedding clinical leadership structures across the Trust (Operational Unit Paramedic Practitioner Hubs)
    - Additional Practice Development Leads (PDL) have been recruited to allow for a 0.5 Whole Time Equivalent (WTE) for each operational dispatch area. Their role is supporting Paramedic Practitioners (PPs), student PPs, the local Operating Unit (OU), and support organisational projects such as clinical supervision.

Year 2

- Reporting the percentage (%) of staff with a named supervisor.
    - This has been carried forward into the project delivery plan for 2023/24 aligned to the Commissioning for Quality and Innovation (CQUIN) plan.
- Reporting the number of encounters with a supervisor.
    - This has been carried forward into the project delivery plan for 2023/24 aligned to the CQUIN plan.
- Reporting on the number and type of supervisory activities i.e., reflection, action learning sets, case-based reviews etc.
    - This is in progress as part of the ongoing project to ensure that supervisions are recorded and able to be audited and assessed for effectiveness.
    - Documentation has been taken forward through governance approvals and the Electronic Staff Record (ESR) system is being explored as a host for supervision records in the same way we do for appraisals.
- Implementing supervision training for the post graduate workforce.
    - Paramedic Practitioners now have leadership and management education on their Advanced Paramedic Practitioners (ACP) pathway and so have an emerging cohort of supervisors who can support early implementation.
    - Future training on supervision is being developed via the project.
- Scoping and implementing training for all clinical supervisors.
    - As above, the scoping for other grades of staff is being undertaken as part of the ongoing project.

Impact of COVID-19:

As stated above in our aim for 2022/23, Covid-19 delayed the local and national work. The Trust has made up some time, but also lost time in Q3 of 2022/23 due to Business Continuity Incidents (BCI) and the pressures of high demand on our service.

Did we achieve this priority?

Overall, this priority has been partially achieved. All areas identified in the above points throughout year 1 and year 2 have seen progress and a commitment has been made to roll out supervision during 2023/24 and is aligned to the CQUIN plan within our contract. Some elements which were only partially achieved or not achieved have been taken forward into business-as-usual and are informing strategic developments.

Actions to be carried forward to 2023/24:

All elements that require further work, have been carried forward into the 2023/24 project plan. These are detailed below and marked as either partially achieved or not achieved depending on current progress:

- Embedding clinical leadership structures across the Trust (Operational Unit Paramedic Practitioner Hubs) **(Partially achieved)**
- Reporting the percentage (%) of staff with a named supervisor **(Not achieved)**
- Reporting the number of encounters with a supervisor **(Not achieved)** Reporting on the number and type of supervisory activities i.e., reflection, action learning sets, case-based reviews etc. **(Partially achieved)** Implementing supervision training for the post graduate workforce **(Partially achieved)**

Board Sponsor
Executive Medical Director

Implementation Lead
Consultant Paramedic

QUALITY PRIORITY TWO

Domain	Patient Safety
Quality Improvement - Priority 2	Introduction of Mental Health First Aid (MHFA) Training for Front-Line Staff

Review of 2021/22 report:

The Quality Account priority for Mental Health set out in 2019/20 was to introduce Mental Health First Aid (MHFA) training to front-line staff and for this to provide the core training in mental health for this staff group.

The aim for 2022/23:

Over 2022/23 the aim was to re-establish the direction of the project as a result of the original intention being not supported as detailed below. To address the requirement for a change of approach, the Mental Health Team in collaboration with the Clinical Education Department introduced the training as continuous professional development (CPD) and to facilitate as a minimum, one course each month.

Our performance 2022/23:

In December 2021, Kent Clinical Commissioning Group (CCG) agreed to provide funds towards meeting some of the costs of this training and in April 2021 £40k was transferred to SECAmb for this purpose. The reviewed business case went through several revisions with the Finance Department, in order to access these funds, and was finally presented to the Director of Operations in August 2021. Unfortunately, the business case could not be supported at this time due to:

- The abstraction costs were not sufficiently funded.
- There were competing priorities for training time from postponed key skills training and HR Fundamentals and Aspire training.
- Expected challenges on the service as we moved into winter pressures.

This was discussed at the SECAmb Clinical Governance Group on 17th August 2021 and potential alternative approaches were discussed. The most practical initial solution was to offer the training as CPD (which staff can choose to attend in their own time), with funding being available via the Clinical Education Team to purchase training materials. In addition, the Kent CCG donation of £40K was transferred to the Clinical Education budget for this purpose.

Since this time the Mental Health team has been offering the course with a minimum of 16 places per month as CPD. To date, 179 staff have completed the MHFA course. It is acknowledged these are not all front-line staff. As the course is offered as CPD, staff are expected to attend in their own time. We would not be able to reach the minimum course numbers unless non-operational staff made up the numbers.

Impact of COVID-19:

Like many other intended training aspirations in the service, the plan to deliver the above intentions was significantly disrupted by Covid-19. Two members of the Mental Health Team who were engaged in completing the MHFA instructor course had their training put on hold for most of 2020, finally being able to complete this in October 2020. The business case that was in development for the original plan had to be reviewed as it was clear that due to covid pressures this could not be realised. In view of this the revised plan aimed at delivering the training to a focussed staff group. However as is detailed above, the course was opened to a wider staff group, due to it being offered as CPD.

Did we achieve this priority?

Perhaps not as originally intended, however the significant impact of Covid necessitated a number of course corrections to the original plan, and we have still managed to train a significant number of staff.

Actions to be carried forward to 2023/24:

There will be further discussions taking place in 2023 as to whether a degree of mental health training will be mandated. With national developments and training packages becoming available, the Mental Health Team looking to develop various packages to be delivered via various media, and with the added pressure on the service to deliver now nationally-mandated learning disability training, we are going to have to be creative and realistic about what aspects of mental health training can be mandated. Further discussions with operational colleagues and our Clinical Education team will take place this year to determine the direction.

Currently we have 4 SECAmb staff undergoing the MHFA instructor course which will enhance the ability of the service to deliver more training across the Trust.

Board Sponsor
Executive Director for Quality and Nursing

Implementation Lead
Mental Health Nurse Consultant

QUALITY PRIORITY THREE

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

Review of 2021/22 report:

This priority was selected as it was acknowledged that some patients who have fallen wait too long for an ambulance response. If the patient is unable to get themselves up off the floor, they are at risk of developing conditions associated with their 'long-lie'. These include reduced confidence, increased anxiety, dehydration, hypothermia, rhabdomyolysis, pneumonia and acute kidney injury. These issues can lead to significant impacts on the patient's life, including their long-term health or even death.

We developed a model of care for fallers and engaged with our Community First Responders (CFRs), Fire & Rescue Services, the care home sector and other willing and suitable agencies to deploy a network of primary responders to, where appropriate, get the patient off the floor; thus restoring their dignity and mitigating the risks from a long-lie.

The secondary response would be from a Paramedic Practitioner (PP) or other suitable ambulance response, who would undertake a focused clinical assessment and organise the referral to a community partner agency which may include an Urgent Community Response (UCR) to provide a rapid response to patients in the community.

The aspiration is to make a primary response to fallers, within a timeframe which prevents long-lie risks occurring. While challenging, this should be as quickly as twenty minutes, as pressure damage can begin to occur in some patients early in their long-lie. The longer a patient waits for a response after a fall, the greater the chance of being conveyed and potentially admitted to hospital.

External development workstreams have tied into this programme which have involved supporting care homes to become primary responders to their own residents who have fallen. A flowchart was developed to help build confidence for care staff and work was then continued across the healthcare system with partners in community services, Clinical Commissioning Groups (CCGs), Integrated Care Systems (ICS), and third sector, to gain support to embed the document within all care homes (shown in Appendix A at the bottom of the document).

Our main objectives from this piece of work were to:

- Provide a quicker response to patients who fall, leading to more rapid assessment and decisions about ongoing care and reducing ongoing clinical risks.
- Enable faster intervention of an uninjured resident after a fall.
- Reduce the likelihood of a [care home] resident requiring an admission to hospital.
- Allow residents to remain in their 'home' and receive continuity of care from their team.

- Reduce wait times, on the floor, after a fall.
- Result in quicker recovery times and potentially lifesaving care.
- Reduce the patient's fear of falling, as the wait is reduced and the lift is safe and comfortable.
- Reduce the incidents of harm caused to patients due to the long lie.
- Improve the reputation of the Trust by reducing the number of incidents and Serious Incidents (SIs) raised as a result of a fall.

The aim for 2022/23:

- Care Home Workstream – System Principles, Frequent callers from Care Homes focus, Response model of care development with PP's to enable place-based Frailty / Primary Care Networks (PCN) / Multi-disciplinary Team (MDT) system engagement.
- Falls Model of Care – Primary Response model under review to include Community First Responders / Fire & Rescue services / Other Integrated Care Provider (ICP) commissioned Falls support services.
- Frailty Response Partnership model – currently in development in Guildford and Waverley (G&W) ICP with Acute Frailty leads alongside community health and social services referral pathways.
- 111 / Clinical Assessment Service (CAS) – Embedding and utilisation of 111 *5 (Paramedics) 111 *6 (Care Homes) out of hours palliative / geriatric / specialist support through GP OOH clinical provision & onward referral into community / frailty services next morning with agreed risk share alongside PP Hubs.
- 999 Category 3 (C3) / Category 4 (C4) – Validation pilot – to support the right response, first time.
- PP Urgent Care Hub (UCH) – C3/C4 Frailty focus to include virtual assessment (Ashford pilot) alongside local pathway providers and PCN / MDT team interface for joint risk based clinical decision making in the community.
- Digital enablers – Service Finder, Shared care records, Electronic Patient Clinical Record (ePCR), Telecare, Virtual Response to patients from PP Urgent Care Hubs.

Our performance 2022/23:

Care Home Workstream

- We have several areas of the trust actively engaging with care homes, supported by Paramedic Practitioners using their Operating Unit Support Time. This engagement sees PPs working with care homes and care home associations, along with other system partners and commissioners, to help the care home choose where to seek help for their residents when they have a healthcare problem.
- Work is also ongoing to support care homes who make the most frequent number of 999 calls.

Falls Model of Care

- The falls model of care has seen the completion of the roll out in the early adopter sites (Gatwick and Polegate).

- We continue to engage with other providers such as Fire & Rescue and Third Sector partners to explore opportunities to work collaboratively and in line with each agency's commitment to collaborate.
- The model of care has been approved for further development to allow Community First Responders who are falls trained to, with the support of the Paramedic Practitioner Urgent Care Hubs, refer fallers directly to community services for follow up.

Frailty Response Partnership

- This element has progressed with focus on the frailty pathway in the acute hospital via the Same Day Emergency Care (SDEC) units. The Royal Surrey County Hospital in Guildford is now taking referrals from SECAmb crews for patients with frailty.

111 / Clinical Assessment Service (CAS)

- We continue to promote referrals from all parts of the Trust including the 111 CAS. Clinicians are able to make direct electronic referrals and/or speak to specialist teams using the direct dial facilities.

999 Category 3 (C3) / Category 4 (C4) – Validation Pilot

- This function is now fully rolled out in the trust, and we are seeing consistently high levels of validation for Category 3 999 callers.

PP Urgent Care Hub (UCH)

- The Trust continues to explore virtual response to C3 calls to ensure that patients have their care needs differentiated by a Paramedic Practitioner, prior to an ambulance being sent.
- Training on the remote consultation software has been rolled out to existing PPs, and the latest trainee PPs who follow the advanced clinical practice pathway are undertaking Hub training as a core part of their education to prepare them for working on the Hub.

Digital Enablers

- Service Finder
  - This application is available to all trust clinicians in Hubs, contact centres and operationally via iPads.
- Shared Care Records
  - Alongside SECAmb's own IBIS system, we also use Summary Care Records (SCRs) and other regional shared care records systems such as GraphNet to access patients' healthcare records and/or specific care plan to help our clinicians provide the best care.
- Electronic Patient Clinical Record (ePCR)
  - EPCR continues to be used to good effect with usage consistently in the high 90% proportion of care records.
  - We are in the process of adopting the national Ambulance Dataset (ADS) to help with local and national reporting.

- Telecare
    - We have explored ways of augmenting remote consultations, looking at systems that may be procured in due course that allow patients to share images with us, take part in video consultations (following a trial of GoodSam[7] for this purpose), and to send them care advice leaflets.
- Virtual Response to Patients from PP Urgent Care Hubs
    - Further to the previous section, PPs are being trained to undertake a virtual response to certain types of call to further enhance our Hear & Treat rates and ensure that patients are safely signposted to the right care in the right place without always needing an ambulance.

Impact of COVID-19:

Covid-19 has had a significant impact on the capacity within the Trust to achieve all elements of the plan. Despite the challenges, significant progress has been made and all elements are being carried forward in some way, such as within the development of the new Clinical Strategy.

Did we achieve this priority?

The majority of the aims outlined have been achieved, either in full or partially. Some elements which have been worked on throughout this quality account measure have been taken forward into business-as-usual and are informing strategic developments, as well as helping to shape improvements in how we deliver care as a partner organisation.

Actions to be carried forward to 2023/24:

Falls continues to be a priority for the trust as we know it is an area of care that has the potential for risk, as well as having opportunities for more collaborative working across our Integrated Care Board footprints. Outstanding workstreams are being transferred to business as normal, aligned to organisation, clinical and operational strategies.

Board Sponsor
Executive Medical Director

Implementation Lead
Consultant Paramedic

[7] GoodSAM provides the ability for those calling emergency services to instantly share their location and live video from their mobile device.

2.2 Statements of Assurance from the Board

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

Provided and/or sub-contracted services

During 2022/23 the South East Coast Ambulance Service NHS Foundation Trust (SECAmb) provided two relevant health services: 999 Accident & Emergency Services and NHS 111 Integrated Urgent Care (IUC) service.

The South East Coast Ambulance Service NHS Foundation Trust has reviewed all of the data available to them on the quality of care in all relevant health services.

The income generated by the relevant health services reviewed in 2022/23 represents 92% of the total income generated from the provision of relevant health services by the South East Coast Ambulance Service NHS Foundation Trust for 2022/23.

Clinical Audit

During 2022/23 ten national clinical audits and nil national confidential enquiries covered relevant health services that South East Coast Ambulance Service NHS Foundation Trust provides.

During that period South East Coast Ambulance Service NHS Foundation Trust participated in 100% of the national clinical audits it was eligible to participate in.

There were no national confidential enquiries requested in 2022/23.

The national clinical audits that South East Coast Ambulance Service NHS Foundation Trust was eligible to participate in during 2022/23 are as follows:

Cardiac Arrest	Return of Spontaneous Circulation (All Cases)
Cardiac Arrest	Return of Spontaneous Circulation (Utstein Group)
Cardiac Arrest	Survival to 30 days (All Cases)
Cardiac Arrest	Survival to 30 days (Utstein Group)
Return of Spontaneous Circulation	Delivery of Care Bundle
ST Elevation Myocardial Infarction (STEMI)	Delivery of Care Bundle
ST Elevation Myocardial Infarction (STEMI)	Delivery of Timeliness requirements
Stroke	Delivery of Care Bundle
Stroke	Delivery of Timeliness Requirements
Sepsis	Delivery of Care Bundle

The national clinical audits that South East Coast Ambulance Service NHS Foundation Trust participated in during 2022/23 are as follows

Cardiac Arrest	Return of Spontaneous Circulation (All Cases)
Cardiac Arrest	Return of Spontaneous Circulation (Utstein Group)
Cardiac Arrest	Survival to 30 days (All Cases)
Cardiac Arrest	Survival to 30 days (Utstein Group)
Return of Spontaneous Circulation	Delivery of Care Bundle
ST Elevation Myocardial Infarction (STEMI)	Delivery of Care Bundle
ST Elevation Myocardial Infarction (STEMI)	Delivery of Timeliness Requirements
Stroke	Delivery of Care Bundle
Stroke	Delivery of Timeliness Requirements
Sepsis	Delivery of Care Bundle

The national clinical audits that South East Coast Ambulance Service NHS Foundation Trust participated in, and for which data collection was completed during 2022/23, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Audit		Number of cases (Denominator)	Percentage of the number of registered cases required
Cardiac Arrest	Return of Spontaneous Circulation (All Cases)	2320 **	100%
Cardiac Arrest	Return of Spontaneous Circulation (Utstein Group)	355 **	100%
Cardiac Arrest	Survival to 30 days (All Cases)	1770 ***	100%
Cardiac Arrest	Survival to 30 days (Utstein Group)	294 ***	100%
Cardiac Arrest	Return of Spontaneous Circulation Delivery of Care Bundle	920 **	100%

ST Elevation Myocardial Infarction (STEMI)	Delivery of Care Bundle	939 **	100%
ST Elevation Myocardial Infarction (STEMI)	Delivery of Timeliness requirements	655 *	100%
Stroke	Delivery of Care Bundle	10828 **	100%
Stroke	Delivery of Timeliness requirements	2807 *	100%
Sepsis	Delivery of Care Bundle	7578 **	100%
Figures for the Quality Report were produced in March 2023 and at this point: * Timeliness figures are currently available from Apr 22 to Oct 22 ** Figures are currently available from Apr 22 to Jan 23 *** Survival figures are currently available from Apr 22 to Nov 22			

The reports of ten national clinical audits were reviewed by the provider in 2022/23 and South East Coast Ambulance Service NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

National Audit	Actions to improve the quality of Healthcare Provided
Cardiac Arrest	The Trust has re-instated annual resuscitation refresher training to all frontline clinical staff.
	The improvement plan for cardiac arrest survival has now restarted following the COVID pandemic and will see a renewed focus on improving the outcomes from cardiac arrest.
	The annual data set, at the time of writing this report, is incomplete because reporting is in arrears, this is in line with national expectations. Therefore, full analysis and interpretation cannot be completed until this data is validated. It is expected that the full data set will be available by the end of June, which will then need analysis and reporting.
	The Cardiac Arrest Annual Report for 2021/22 was published in Q3 of 2022/23.
	The Trust will also restart Codestat (key CPR performance metrics data).
ST Elevation Myocardial Infarction (STEMI)	The Trust plans to provide Operational Unit (OU) level audit data to drive up quality.
	ePCR forcing functions for the adequate documentation of STEMI clinical care has not led to the expected predictive improvement in performance and therefore the STEMI section on ePCR is currently under review.
	The Trust will continue to provide greater clarity around the patients who are eligible for primary Percutaneous Coronary

	Intervention (pPCI) (the procedure to unblock blood vessels in the heart) for example, by using the algorithm on Lifepaks, which is highly accurate.
	Regular audit of cases of later confirmed STEMI where we had no crew to send and that breached the 150 minutes call to needle standard.
	The annual data set at the time of writing this report is incomplete because reporting is in arrears, this is in line with national expectations. Therefore, full analysis and interpretation cannot be completed until this data is validated. It is expected that the full data set will be available by the end of June, which will then need analysis and reporting.
	Regular audit of Inter-Facility Transfers (IFTs) with confirmed STEMI where a SECAmb crew attended within the previous 24 hours for possible cardiac signs and symptoms and where there was ST elevation on the electrocardiogram (ECG) or no ECG done.
Stroke	Completing a detailed audit to identify OU level performance and data. This will then signpost further quality improvement initiatives.
	Create and OU level dashboard of Ambulance Quality Indicators (AQI) performance so that OUs receive regular performance information and can target OU level quality improvement.
	The annual data set at the time of writing this report is incomplete because reporting is in arrears, this is in line with national expectations. Therefore, full analysis and interpretation cannot be completed until this data is validated. It is expected that the full data set will be available by the end of June, which will then need analysis and reporting.
	ePCR forcing functions for the adequate documentation of stroke clinical care has not led to the expected predictive improvement in performance and therefore the Stroke section on ePCR is currently under review.
Sepsis	In Nov 22 NHS England advised all ambulance trusts that no further Sepsis submissions were required as Sepsis is to be replaced as a Clinical Outcome Indicator by a Falls Indicator in 2023/24.

The reports of six local clinical audits were reviewed by the provider in 2022/23 and South East Coast Ambulance Service NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided

Local Audit	Actions to Include the Quality of Healthcare Provided
Acute Non-Traumatic Back Pain	A reminder to be sent about the importance of documenting spinal emergency red flags where necessary.
	A reminder to utilise appropriate pain relief and document why it has not been administered when documenting a pain score.
	A reminder to document 2 pain scores to compare pre and post analgesia administration.
Appropriate Use of IV Paracetamol	To produce an infographic of the results of the audit and to place the audit on the clinical audit website.
	To produce a bulletin to remind clinicians of the JRCALC guidelines.
	To email EOC colleagues with the results of the audit to explore ideas of including weight.
	Clinical Education to add Pharmacology topics to next year's Key Skills.
Administration of Anti-Microbial Medications (including Clarithromycin)	Inclusion criteria is clinically inferred from clinical codes (e.g. asthma) and/or free text e.g. "known asthmatic having an attack"
	Patient negatives are not required to comply with the exclusion criteri e.g. "patient has not had a recent MI where rupture reported"
	Paitent Group Directions (PGD) also requires name and signature of staff to be recorded, new standard to be added "Clinician Name Documented" which will also be a proxy for electronic signature.
	Allergy status will now be non-compliant unless documented in the allergy box. Allergy status documented in the free text will no longer be compliant.
	Dosage calculation for child. The age of the child will be used to calculate dosage unless weight is specifically documented.
Administration of Prednisolone	Review the incidents where prednisolone was given for allergy and gather information on the context of these administrations.
	Review the incidents where prednisolone was given by a paramedic rather than a grade detailed in the PGD.
	Request advice from legal and ePCR teams for any changes to consent that may not have been communicated to clinicians.
	Create posters, bulletins, training (Key Skills) to remind clinicians of the importance of;
	Providing adequate worsening care advice and documenting clearly safety netting advice.

Administration of TXA Medication	To write and disseminate a communication on the results of the audit.
	To take options to the Meds Gov Sub-Group to provide a plan.
	A re-audit scheduled
	Review and universal actions to be agreed with Medicines Governance.
Cardiac Arrest Skills	The audit is small and does not intend to provide a full understanding of clinician behaviour post Key Skills Training. However, we would recommend that 2023/24 Key Skills should consider the following topics be included:
	The importance of reducing both the length of longest pauses and time off the chest.This should include the need to clearly document any barriers such as moving the patient for better 360-degree access.
	The importance of reducing time between recognising a shockable rhythm and delivering a shock, and the role that Automated External Defibrillator (AED) mode can play.
	The improvement already seen in AED mode usage and the improvement still to be done.
	Targeting non-registered staff with a reminder that AED mode is necessary to ensure shock recognition.
	A reminder of Paediatric BLS Protocols, especially the use of manual mode and the reasons why.
	The use of AED mode and how to revert to manual mode in instances when AED mode may not identify a shockable rhythm and include the importance of clearly documenting this rationale.
	Scope the opportunity to deliver Cardiac Arrest Reports to clinicians through the Critical Care Paramedic (CCP) team, allowing CPD opportunities for attending clinicians regarding some of the key metric reported in this audit.
	Clinical review of the two instances where AED mode was used in paediatric cardiac arrest resuscitations, to identify any clinical risks.
	Liaise with Lifenet to identify the root cause of missed shocks in AED mode.

An additional eight local clinical audits were reviewed by South East Coast Ambulance Service NHS Foundation Trust in 2022/23 and are awaiting final sign off.

Administration of Chlorphenamine for Anaphylaxis	Presented and approved at Medicines Governance Group (MGG), March 2023
Administration of COPD Medications	Approved by Clinical Audit and Quality Sub Group (CAQSG) awaiting ratification at QGG
Assessment and Management of Spinal Injury following a Fall	Audit carried out on 2022/23 Being presented to CAQSG in 2023/24
Interpretation of ECGs	Audit carried out on 2022/23 Being presented to CAQSG in 2023/24
Use of Paediatric Early Warning Scoring Tool	Audit carried out on 2022/23 Being presented to CAQSG in 2023/24
Assessment and Management of Croup	Audit carried out on 2022/23 Being presented to CAQSG in 2023/24
Community First Responder Drug Administration	Audit carried out on 2022/23 Being presented to CAQSG in 2023/24
Management of Acute Pain	Audit carried out on 2022/23 Being presented to CAQSG in 2023/24
Assessment of Mental Capacity	Deferred to 2023/24
Safety of Discharge Decisions	Auditing on going

Research & Development

The number of patients receiving relevant health services provided or subcontracted by South East Coast Ambulance Service NHS Foundation Trust in 2022/23, who were recruited during that period to participate in research approved by a research ethics committee was 1,459.

Commissioning for Quality & Innovation (CQUIN)

A proportion of South East Coast Ambulance Service NHS Foundation Trust income in 2022/23 was conditional on achieving quality improvement and innovation goals agreed between South East Coast Ambulance Service NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

Further details of the agreed goals for 2022/23 and for the following 12-month period are available electronically at https://www.england.nhs.uk/nhs-standard-contract/cquin/

South East Coast Ambulance Service NHS Foundation Trust is only required to meet one of the national CQUIN: CCG1: Staff flu vaccinations; additional local CQUIN schemes were included as part of the 999 contract in 2022-23, these were Improved Care for Elderly Fallers and Implementation of Paramedic Clinical Supervision Programme.

Care Quality Commission (CQC)

South East Coast Ambulance Service NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is:

- NHS 111
- Emergency Operations Centre
- Urgent and Emergency Care
- Treatment of Disease, Disorder, or Injury

South East Coast Ambulance Service NHS Foundation Trust has the following conditions on registration:

- Board Effectiveness
- Quality of Information
- Governance, Risk and Quality Improvement
- Culture of Bullying and Addressing Staff Concerns

The Care Quality Commission has taken enforcement action against South East Coast Ambulance Service NHS Foundation Trust during 2022/23

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

Information Governance

The Trust is currently working towards the Data Security and Protection Toolkit (DSPT) 2022/2023 submission which is due on the 30 June 2023. For the 2021/2022 return the overall score was 'Approaching Standards', the DSPT was submitted with an Improvement Plan which was reviewed and approved by NHS Digital. This plan has now been completed.

Payment by Results (PbR)

South East Coast Ambulance Service NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2022/23 by the Audit Commission.

Data Quality

South East Coast Ambulance NHS Foundation Trust will be taking the following actions to improve data quality:

- Centralise data onto an integrated data platform, creating a single source of Truth where viable.
- Develop feedback loops for staff to ensure errors in data entry are identified and raised to support learning and personal development.
- Agree and implement Data Quality Improvement Plans through the NHS commissioning cycle.
- Create a long term plan to address data quality as a pillar of the Trust's Data Strategy

Learning from Deaths

Between January 2022 and December 2022*, 8,335 of South East Coast Ambulance Service NHS Foundation Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

2,066 in Quarter 4 of 21/22;
1,896 in Quarter 1 of 22/23;
1,956 in Quarter 2 of 22/23;
2,417 in Quarter 3 of 22/23
Quarter 4 of 22/23: data is not yet available*[8].

We are still analysing Q4 22/23 data, and it will be published within the 2023/24 annual quality account.

We have included data for all deaths within the reporting period for the last quarter of 21/22 and the first three quarters of 22/23. As an ambulance service we attend patients who have already died or die as a result of their illness or injury.

From January 2022 to December 2022, 240 case record reviews have been completed of the deaths included in item 27.1.

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

60 in Q4 of 21/22
60 in Q1 of 22/23;
60 in Q2 of 22/23;
60 in Q3 of 22/23;
Q4 22/23 data is not yet available.

0 (zero) representing 0% of the patient deaths during the reporting period are judged to be ‘more likely than not’ to have been due to problems in the care provided to the patient.

In relation to each quarter, this consisted of:

0 representing 0% of Q4 21/22
0 representing 0% of Q1 22/23;
0 representing 0% of Q2 22/23;
0 representing 0% of Q3 22/23;
Q4 22/23 data is not yet available.

These numbers have been estimated using the Structured Judgement Reviews (SJRs) which is a national methodology for reviewing care at the time of death.

The Trust has learnt the following:

In the majority of the reviews undertaken, the care of the patient was good or better. In most cases, our policies were correctly followed, thorough history taking was completed,

[8] At the time of compiling the Quality Account, data was available up to December 2022 only.

examinations were robustly recorded and the outcomes for the patient were clearly documented.

In a small minority of the reviews there was a delay in attending the patient. The reviewers have not found evidence that these delays significantly impacted on the outcome for the patients.

Crew members are making sensible and compassionate judgements when talking to relatives and carers about resuscitation attempts and are clearly documenting these conversations.

Support from Operational Team Leaders (OTLs) and Critical Care Paramedics (CCPs) in the management of complex arrests is clearly documented and it is evident that everything that could be done to save life is being attempted.
As in previous reports, from the way that we collect the data on deaths, we need a clearer process to identify those patients who have a mental health condition or learning disability. All these patients who have died should be referred to the Learning Disability Mortality Review (LeDeR) programme for review or those with mental health conditions we should notify their mental health Trust, but we currently don’t have an automatic recognition system in the software to advise us of these deaths. A review of our electronic Patient Care Record (ePCR) is currently being performed and this issue is included in the review.

Consistent with other ambulance trusts, we do not have a system to identify patients who have died within 24-48 hours of admission to hospital to be able to review their pre-hospital care. NHS Improvement are looking into ways of identifying these patients.

The Trust has taken the following actions as a result of the 180 case reviews above:

- Review the categorisation of patients who are already dead when the crew arrive.
- Review resource deployment to patients who are already dead.
- Finalise the Trust’s approach to calls for ‘verification of death’.
- Complete self-assessment of Learning from Deaths process to assess impact.
- Peer Review with East Midlands Ambulance Service.

The impact of the above actions has been as follows:

- By changing the category of the call for patients who are already dead, the Trust will have more available resources to send to those patients who are alive and require emergency treatment to keep them alive.
- By changing the resource that the Trust sends to those who are already dead, there is more available resource to send to those patients who are alive and require lifesaving treatment.
- By changing how we manage calls to the ambulance service for ‘verification of death’ we will have more available resource to send to those patients who are alive and require lifesaving treatment.

- By completing the self-assessment process, we can check and audit if our death review processes are robust at identifying poor care. This will lead to improvements in care provided through learning.
- By asking another ambulance trust to review our death review processes we can learn how to improve our processes and also share our good practice with other ambulance providers.

0 (zero) case record reviews and 0 (zero) investigations completed after 31st March 2022 which related to deaths, which took place before the start of the reporting period.

0 (zero) representing 0% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the Structured Judgement Review.

0 (zero) representing 0% of the patient deaths during 2022/23 are judged to be more likely than not to have been due to problems in the care provided to the patient.

2.3 Reporting against Core Indicators

Since 2012/13 NHS foundation Trusts have been required to report performance against a core set of indicators using data made available to the Trust by NHS Digital.

The Ambulance Response Programme (ARP) set performance targets for call answering and operational response to a range of categories of call. These metrics are collated from all ambulance services and provide detail on the speed of response to patients according to their clinical need following triage.

The table below shows the overall performance against all ARP targets as well as call outcomes for both 2021/22 and 2022/23 reporting periods.

			01/04/2021-31/03/2022			01/04/2022-31/03/2023		
	Target		AQI			AQI		
Category	Mean	90th Centile	Incidents	Mean	90th Centile	Incidents	Mean	90th Centile
C1	00:07:00	00:15:00	56050	00:08:43	00:15:56	55339	00:09:19	00:16:55
C1T	00:19:00	00:30:00	35796	00:10:42	00:19:43	35307	00:11:09	00:20:28
C2	00:18:00	00:40:00	414541	00:30:08	01:00:59	390095	00:35:03	01:12:22
C3		02:00:00	185578	02:33:38	05:50:37	171160	02:40:51	06:15:36
C4		03:00:00	4234	02:57:58	07:05:46	4886	03:14:30	08:10:53
HCP 3			12086	03:12:51	07:11:53	10887	02:53:30	06:28:48
HCP 4			9432	04:06:29	08:47:04	9718	03:40:43	08:44:20
IFT 3			5856	03:24:28	08:04:59	5510	03:17:48	08:15:35
IFT 4			1211	04:05:26	09:20:11	1279	03:41:37	08:46:51
ST	All Incidents			0:0:0	0:0:0	229804	31.99%	
SC	All Incidents			0:0:0	0:0:0	418434	58.24%	
HT	All Incidents			0:0:0	0:0:0	70205	9.77%	
Count of Incidents			757964			718443		
Count of Incidents with a Response			688280			648238		
999 Mean	Call Answer Target 00:05		938745	00:30		894156	00:51	
999 90th	Call Answer Target 00:10			01:47			02:54	
Trust EOC 999 Abandoned Calls			17284	1.8%		42350	4.5%	
A0	EOC All Calls		923826			888173		

The South East Coast Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons:

- National guidance and definitions for Ambulance Quality Indicators (AQI) submissions to NHS digital when producing category performance information.
- This information is published every month by NHS England.
- This information is reported to the Board of Directors monthly in the integrated Quality and Performance report.

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

- In line with national ambulance guidelines, SECAmb assesses its level of escalation according to the Resource Escalation Action Plan (REAP). This is a document that provides a structure under which to assess current pressures, linked to a suit of recommendations of appropriate actions to manage associated risk against quality and performance issues. REAP is reviewed on a weekly basis at the Senior Management Group with final agreement of the REAP level reached by the Executive Management Board.
- In addition to the use of REAP, the Trust uses a Surge Management plan (SMP) to manage much more dynamic fluctuations in service challenge – often across hours rather than days. This plan has a structured stepped process with clearly defined actions to be taken to dynamically manage and/or mitigate risks/issues. Throughout the past two years, due to the extraordinary circumstances experienced across the health and social care system it was necessary to develop an additional suit of actions to complement and extend those with the SMP document. All these actions were fully described, quantified, and taken through an appropriate governance process for approval.
- Within the Emergency Operations Centre (EOC) the C3/C4 revalidation process continues, allowing appropriate over-the-phone assessment of patients by control room clinicians to confirm the most appropriate outcome. The result of this wok continues to be safe clinical outcomes for patients, as well as reduced volumes of calls being converted to ambulance dispositions.
- The strong local and regional relationships between SECAmb teams, local hospitals and ICB commissioners has been essential to manage hospital hand over times during 2022-23, with some noted significant successes. Whilst overall, compliance against the 15min handover national target has been less than 40% in total, overall, the southeast region of England has seen some of the lowest handover times.
- Paramedic Practitioners continue to work within local 'hubs' on each operating unit – from here they not only provide peer support and clinical decision making assistance but have during the 2022/23 financial year extended this to include undertaking clinical call-backs to patients presenting with lower acuity conditions. This creates greater capacity within the overall SECAmb system to provide hear and treat care, and also support greater local management of those awaiting a response. During February and March a trial was commenced for local area Paramedics to work with Paramedic Practitioners to extend this further – a review of this will occur in the early summer 2023.
- An additional regional focus on the use of community pathways as an alternative to conveying patients to emergency departments. Local commissioners and providers have developed a range of pathways including 2hour Urgent Care Response (UCR), virtual wards and frailty pathways, all of which provide care and treatment support for specific clinical presentations. Operational teams as well as the clinical team in EOC are working partnership with these pathway providers to identify in real time, patients who would benefit from accessing/being referred to these pathways.
- December 2022 saw the first day of industrial action within the Trust – initially associated with the GMB and RCN unions. Extensive planning occurred both within the Trust as well as with local and regional partners to ensure good communications with the public we serve and to mitigate the potential risks associated with staff taking action on these days. In addition, SECAmb were successful in receiving military personnel as part of a Military Aid to the Civilian Authorities (MACA) on each of the days of industrial action.

These personnel were general duties soldiers who worked in partnership with SECAmb clinicians, undertaking non-blue light driving and general support duties. On each day of action so far, activity has been at a lower level and the hospital trust have worked hard to ensure handover times are kept to a minimum – both of which has supported the Trust to deliver a safe timely service.

Stroke

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

Month	SECAmb Stroke Diagnostic Bundle Compliance	SECAmb Mean	National Average	Highest National	Lowest National
Apr-22	97%	97%	96%		
May-22	98%	97%	96%	99%	92%
Jun-22	97%	97%	96%		
Jul-22	98%	98%	96%		
Aug-22	97%	98%	96%	100%	90%
Sep-22	98%	98%	96%		
Oct-22	97%	98%	96%		
Nov-22	95%	97%			
Dec-22	97%	97%			
Jan-23	98%	97%			

Data Quality

The South East Coast Ambulance Service NHS Foundation Trust (SECAmb) considers that this data is as described for the following reasons:

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

Actions being taken

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

- Telemedicine for stroke, where a stroke doctor triages the patient in the patient's home or in the ambulance and decides if the patient should be conveyed to a stroke

unit. This has already significantly improved stroke patient flow in Kent but benefits to stroke patients as an individual group are difficult to quantify given the overall subsuming of this group into Category 2 calls.

- Operating Unit (OU) level audit data has begun to identify individual OUs and clinicians to feedback compliant and non-compliant incidents.
- ePCR forcing functions for the adequate documentation of stroke clinical care has not led to the expected predictive improvement in performance and therefore a review of the Stroke section on ePCR is currently under review.

The annual data set, at the time of writing this report, is incomplete as NHS E submissions are 3 months in arrears. Therefore, full analysis and interpretation cannot be completed until all data is validated. It is expected that the full data set will be available by the end of June 2023, which will then require verification, analysis and reporting. This is in-line with national targets. All areas missing data for the 2022/23 reporting period will be updated in the 2023/24 Quality Account.

ST Elevation Myocardial Infarction (STEMI)

A STEMI occurs when a coronary artery becomes blocked by a blood clot, causing the heart muscle supplied by the artery to die. It belongs to a group of heart conditions known as acute coronary syndromes.

The table below demonstrates the percentage of patients with a pre-existing diagnosis of STEMI who received an appropriate care bundle from the Trust during the reporting period. The care bundle includes administration of aspirin, glyceryl trinitrate (GTN), analgesia (pain relief) and recording two pain scores. This data is published quarterly by NHS England.

Month	SECAmb STEMI Care Bundle Compliance	SECAmb Mean	National Average	Highest National	Lowest National
Apr-22	75%	75%	73%	96%	57%
May-22	66%	70%	73%		
Jun-22	72%	71%	73%		
Jul-22	77%	72%	73%	98%	57%
Aug-22	77%	73%	73%		
Sep-22	70%	73%	73%		
Oct-22	79%	74%	73%	97%	61%
Nov-22	79%	74%			
Dec-22	74%	74%			
Jan-23	75%	74%			

Data Quality

The South East Coast Ambulance Service NHS Foundation Trust (SECAmb) considers that this data is as described for the following reasons:

- Improvement with the recording of data following the roll out of ePCRs for the majority of incidents.

The Trust is now auditing STEMI in line with other ambulance trusts and this has shown an increase in performance when compared to 2021/22.

The proportion of patients who received the STEMI Care Bundle is above the national average for most of the recorded months.

ePCR forcing functions, for the adequate documentation of STEMI clinical care, has not led to the expected predictive improvement in performance and therefore a review of the STEMI section on ePCR is currently underway.

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

Actions being taken

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

- Communications such as a STEMI ‘Time-bomb’ poster to encourage reduced time on scene.
- Joint Royal Colleges Ambulance Liaison Committee (JRCALC) to review Acute Coronary Syndrome (ACS) guidelines to simplify analgesia guidance.
- Ongoing Continuing Professional Development (CPD) events to emphasise optimal STEMI care.
- OU level data on STEMI is being circulated to certain OUs and feedback to OUs is being planned.
- Clinical Education to display STEMI slides to raise awareness of the care bundle and need for a timely response.
- ePCR forcing functions for the adequate documentation of STEMI clinical care has not led to the expected predictive improvement in performance and therefore a review of the STEMI section on ePCR is currently underway

The annual data set, at the time of writing this report, is incomplete as NHSE submissions are 3 months in arrears. Therefore, full analysis and interpretation cannot be completed until all data is validated. It is expected that the full data set will be available by the end of June 2023, which will then require validation, analysis and reporting. This is in-line with national targets. All areas missing data for the 2022/23 reporting period will be updated in the 2023/24 Quality Account.

Sepsis

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

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

Month	SECAmb Sepsis Care Bundle Compliance	SECAmb Mean	National Average	Highest National	Lowest National
Apr-22	86%	86%	84%		
May-22	85%	86%	84%		
Jun-22	86%	86%	84%	95%	67%
Jul-22	87%	86%	84%		
Aug-22	89%	87%	84%		
Sep-22	87%	87%	No longer a national reporting requirement		
Oct-22	88%	87%			
Nov-22	88%	87%			
Dec-22	87%	87%			
Jan-23	88%	87%			

Data Quality

The South East Coast Ambulance Service NHS Foundation Trust (SECAmb) considers that this data is as described for the following reasons:

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

Actions being taken

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

- Improved design of electronic records to improve documentation of essential care elements, these will be in line with any changes made at national level.

- Communications to clinical staff to stress the importance of and the evidence base for completion of the sepsis care bundle.

The Trust will continue to report internally for Sepsis. The annual data set, at the time of writing this report, is incomplete as NHS E submissions are 3 months in arrears. Therefore, full analysis and interpretation cannot be completed until all data is validated. It is expected that the full data set will be available by the end of June 2023, which will then require verification, analysis and reporting. All areas missing data for the 2022/23 reporting period will be updated in the 2023/24 Quality Account.

Return of Spontaneous Circulation (ROSC)

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

Month	SECAmb ROSC Care Bundle Compliance	SECAmb Mean	National Average	Highest National	Lowest National
Apr-22	76%	76%	79%	98%	66%
May-22	75%	76%	79%		
Jun-22	73%	75%	79%		
Jul-22	78%	76%	78%	98%	54%
Aug-22	72%	75%	78%		
Sep-22	74%	75%	78%		
Oct-22	80%	76%	77%	96%	57%
Nov-22	67%	75%			
Dec-22	74%	74%			
Jan-23	70%	74%			

Data Quality

The South East Coast Ambulance Service NHS Foundation Trust (SECAmb) considers that this data is as described for the following reasons:

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

Actions being taken

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

- The 2021/22 Annual Cardiac Arrest Report was circulated in Q3 of 2022/23. The 2022/23 report is under development and will be published during Q2 of 2023/24

- A dedicated Cardiac Arrest Outcomes Indicators Programme Board has now replaced the Resuscitation Task and Finish Group with regular meetings to review cardiac arrest performance.

The annual data set, at the time of writing this report, is incomplete as NHSE submissions are 3 months in arrears. Therefore, full analysis and interpretation cannot be completed until all data is validated. It is expected that the full data set will be available by the end of June 2023, which will then require validation, analysis and reporting. This is in-line with national targets.

Patient Safety Incidents

The number of patient safety incidents reported within the trust during 2022/23 was 8,846 and the number of such patient safety incidents that resulted in severe harm or death was 24 (0.7%).

Data Quality

The South East Coast Ambulance Service NHS Foundation Trust (SECAmb) considers that this data is as described for the following reasons:

- Monitoring of data reported on Datix
- Information from Integrated Quality Report (IQR)
- Data reporting on the National Reporting and Learning System (NRLS)

Actions being taken

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

- Establishing and progressing with the Patient Safety Strategy
- Building of the DatixCloudIQ[9] (DCIQ)
- Implementation of Patient Safety Incident Response Framework (PSIRF) and Learning From Patient Safety Events (LFPSE) and incident workflow
- Auditing all incidents awaiting allocation and being investigated and chasing up the owners of these incidents
- Extensive work on clearing incident backlogs and breaches
- Focus on incident reporting in Serious Incident Group (SIG) and feedback in Quality Governance Group (QGG) 111/999 and Operations meetings
- Monthly Trust incident reporting training sessions for staff at all levels of the organisation

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

Part 3: Other Information

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

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

3.1. Freedom to Speak Up (FTSU)
3.2. Patient Safety
3.3. Clinical Effectiveness
3.4. Patient Experience

3.1. Freedom to Speak Up (FTSU)

The Freedom to Speak Up (FTSU) Team work independently within South East Coast Ambulance Service NHS Foundation Trust (SECAmb), overseen by the Executive Director of Quality and Nursing and a Non-Executive Director (NED).

The FTSU team consist of a full time FTSU Guardian and two full time deputy FTSU Guardians. The FTSU team work alongside the Trusts leaders to actively support an open and transparent organisation, where staff feel encouraged to speak up, raise concerns and feel safe to do so.

FTSU support the Trust to create a culture where speaking up is seen as a valuable opportunity to improve services for staff, patients and the public, creating a supportive workplace with a focus on learning and improvement.

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

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

The FTSU Team attend staff network meetings including the Gender Equality Network and PRIDE in SECAmb, helping promote the work of FTSU as well as identify and break down potential barriers that might prevent staff members from feeling able to speak up.

Aims

- The FTSU team will prioritise building staff confidence that the Trust value speaking up. FTSU will support the organisation in improving the responses to staff survey questions relating to speaking up, including how safe staff feel to speak up,
- Our Trust will be establishing a network of FTSU ambassadors and aim to increase diversity amongst our FTSU network to support all staff to feel safe to speak up.
- Triangulating FTSU data alongside other data such as SI's, HR data and leavers surveys to enable early support to be put in place where necessary.
- Online FTSU clinics and drop-in sessions to ensure all staff have an opportunity to speak up.
- Improve the way in which we share learning within our organisation.

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

Concerns raised to FTSU Team by Year/Quarter:

2021-2022	Number of FTSU Concerns Raised	2022-2023	Number of FTSU Concerns Raised
Q1 Apr-June	19	Q1 Apr-June	20
Q2 July-Sept	19	Q2 July-Sept	35
Q3 Oct-Dec	60	Q3 Oct-Dec	52
Q4 Jan-Mar	46	Q4 Jan-Mar	60
Total	144	Total	167

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

The FTSU priorities are linked to staff survey results and key data from within the trust, for example sickness rates, number of grievances, leavers, and complaints. The FTSU Team are able to provide targeted support to areas where there are increased concerns or other metrics to suggest increased involvement would be beneficial.

3.2. Patient Safety

Infection Prevention Control

The aim for 2022/23 was to maintain compliance with the national guidance relating to the COVID-19 pandemic, whilst still ensuring that all over Infection Prevention and Control (IPC) procedures were being followed by staff to help minimise the risks of healthcare associated infection; staff have a duty to safeguard the wellbeing of patients and members of the public.

During the last quarter of 2022 the national stance on COVID-19 was being reviewed and the Trust took the decision to step down the Covid Management and Test and Trace Team on the 31st March 2022 in line with national guidance.

Responsibility for all COVID-19 related guidance, updates and reviews moved over to the IPC Team from the 1st April 2022, who managed this in partnership with the National Ambulance Services IPC Group and local commissioning groups.

The IPC Team provided regular updates to all staff via the Weekly Bulletin, Clinical Bulletins and on the dedicated section for COVID-19 on the ZONE. The team also undertook Quality Assurance Visits during quarter 1 and 2 to every Operating Unit across the Trust, providing a full report of the visit and any shortfalls requiring action to each Operating Unit Manager. There were no extreme actions required following these visits.

The Trust continued to show compliance against the Health and Social Care Act 2008: code of practice on the prevention and control of infections, which included a full review undertaken and assurance shown in the IPC Annual Work Plan for 2022/23.

Next year will see the introduction of the new National IPC Manual and the team have started work on reviewing this document and what changes to IPC within the Trust will need to be made.

The National Ambulance Services IPC Group have also been working on the addendum to the National Standards of Healthcare Cleanliness which will provide specific guidance for ambulance services.

The Trust did not achieve compliance in all areas of IPC practice shown via the IPC audit results, with a decline in both hand hygiene and vehicle cleanliness standards for the whole year. The reasons for a drop in compliance have been reviewed by the IPC Team with actions in place to improve compliance. The team has also supported the staff carrying out the audits as some of the decline was due to incorrect completion of the audit tool.

One area of good compliance was seen in the use of the correct Personal Protective Equipment (PPE) due to constant communications to all staff throughout the year which helps to decrease transmission rates of healthcare associated infections. It also benefits in reducing the loss in hours due to IPC related sickness which again impacts on patient safety due to the number of resources being available to take and attend calls.

The final figure for level 2 IPC training completion was 85.7%. Regular key messages on IPC pertaining to IPC practices, including hand hygiene and correct use of personal protective equipment, were reinforced continually throughput the year using a variety of communication methods including pictorial and regular webinars.

IPC risk and incidents reported on DATIX are regularly reviewed by the IPC Team and any escalations go to the IPC Subgroup for further consideration / action.

Some of the key areas of focus during the year were:

- Partnership working with Kent, Sussex, and Surrey IPC Forums
- Engagement with Surrey ICB included attendance at Post Infection Review calls for Clostridium difficile [10] (C.diff) and Methicillin-resistant Staphylococcus aureus [11] (MRSA) Blood stream infections
- Attendance on the South East Regional IPC calls
- Outbreak Management Framework developed and implemented to trace contacts prevent spread of outbreaks for all infections
- Working groups to address emerging issues associated with the pandemic
- The Trust pro-actively collaborated with all ambulance trusts nationally to agree robust processes related to the pandemic.
- IPC trained support available on call 24/7 to all managers and our crews.
- Planning and delivery of the Seasonal Flu vaccination programme

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

This year the Trusts flu vaccination was delayed due to supply issues from the manufacturer, it also coincided with the national COVID-19 Autumn booster programme. It is nationally recognised that both, members of the public long with NHS staff seemed to become fatigued with being asked to have yet another vaccine and the figures within the Trust reflect this.

The uptake for the flu vaccination was 56.9% of patient facing staff and 59.5% non-patient facing staff receiving the vaccine.

Lessons learnt have been added to next year's programme and the first meeting of the flu vaccination programme team has been scheduled for April 2023.

Board Sponsor
Executive Director of Quality and Nursing

[10] Clostridium difficile, also known as C. difficile or C. diff, is a bacterium that can infect the bowel and cause diarrhoea.
[11] Methicillin-resistant Staphylococcus aureus is a type of bacteria that usually lives harmlessly on the skin. But if it gets inside the body, it can cause a serious infection that needs immediate treatment with antibiotics.

Safeguarding

Safeguarding is a vital process that protects children and adults from harm, abuse and neglect. The safety and wellbeing of adults and children is important as they encounter the services that SECAmb's 999 and 111 provide. SECAmb reinforces the principle that safeguarding is everybody's responsibility and develops a culture of continuous learning and improvement to promote the safety and welfare of adults at risk, children and young people and looked after children.

In 2022/23, a total of approximately 28,500 referrals were received across the 111 and 999 services: 23,000 for adults and 5,500 for children. This equates to an increase of 20 per cent compared to the previous year. Throughout 2022/23 the Safeguarding Team have noticed seasonal variances in safeguarding concerns. For example, the autumn and early winter months of 2022 noted a 35% increase in referrals for children compared to the same period the previous year; the Trust also noted a 12% increase in referrals for adults at risk. Contributary factors for referral trends have been analysed and mitigations considered.

Scrutiny of safeguarding practice demonstrates a very strong safeguarding reporting culture throughout the organisation. The recognition by the SECAmb workforce of the increasing care needs across a frail and vulnerable population are highlighted clearly in the safeguarding referrals received by the Safeguarding team. Although a portion of initial concerns may not be overtly safeguarding, a review of a patients care needs by social care can often identify other concerns such as inadequate care provision or identifying other unmet needs. Continued inadequate care provision can often lead to poor health outcomes leading to the possibility of more emergency and urgent care being required. All referrals continue to be reviewed by members of the Safeguarding team before forwarding to the relevant local authority.

In early 2022 the Trust's Executive Management Board agreed to suspend face to face Level 3 Safeguarding training because of the unprecedented operational demand caused by the Covid-19 pandemic.

During June 2022 agreement was reached with senior operational leaders to reintroduce the training across the Trust from 22nd September 2022. The training is delivered by four members of the Safeguarding team and consists of a session over Microsoft Teams focusing on adults and children's safeguarding that's in line with the competency framework outlined in the nationally adopted multi-agency Intercollegiate document.

Total Level 3 compliance at the beginning of September 2022 was 55%. Commissioning requirements for Safeguarding expect a minimum 85% compliance across provider services. As of 1st March 2023, a total of 1,878 clinicians out of a total of approximately 2,220 (85%) are in date with their Level 3 Safeguarding training.

Throughout 2023/24 plans are in place to ensure that Level 3 safeguarding training compliance remains high across the Trust's services in 111, EOC and field operations.

Board Sponsor
Executive Director of Quality and Nursing

Patient Safety

Work has recently started to implement the new Patient Safety Incident Response Framework (PSIRF) throughout the Trust. This new focus will see a move away from investigating individual incidents currently identified as 'Serious Incidents' based upon the level of harm caused, to a more systemic approach irrelevant of the level of harm caused. Investigations will be initiated based on thematic analysis collated from all areas within the Trust covering a 3-year period, and where there is the greatest opportunity for learning or risk mitigation. As part of this process, the Trust are required to publish a Patient Safety Investigation Response Plan (PSIRP), which will identify the key areas of focus.

Incidents

Incident reporting is central to improving patient safety within an NHS Trust. During 2022/23 the Trust have seen a decrease in incidents reported. The rationale for this is related to an uplift of incidents reported in 2021/22 where staff had to report if they were isolating from covid in line with track and trace and due to a reduction in incident reporting of up to 10% on industrial action days over the last year. The Trust is committed to supporting a culture of incident reporting and are actively encouraging this across the organisation.

Total Incidents Reported

Fiscal Year	Number of Incidents Reported	% Increase on Previous Year	Number of 'Jobs' into the Trust	% of 'Jobs' resulting in incident being reported
2018/2019	9,216	23%	717,665	1.3%
2019/2020	11,503	25%	760,565	1.5%
2020/2021	13,983	25%	741,767	1.8%
2021/2022	17,254	12.3%	757,989	1.2%
2022/2023	16,429	(7.5%)	898,225	1.8%

There is a Trust focus on learning from incidents and further work is planned in 2023/24 to broaden this. This will involve the launch of PSIRF, Learning from Patient Safety Events (LFPSE) and the new Datix incident reporting module, moving from the Trust's web-based system to cloud. The Trust is firmly committed to patient safety and learning by investing in its process, systems and people.

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

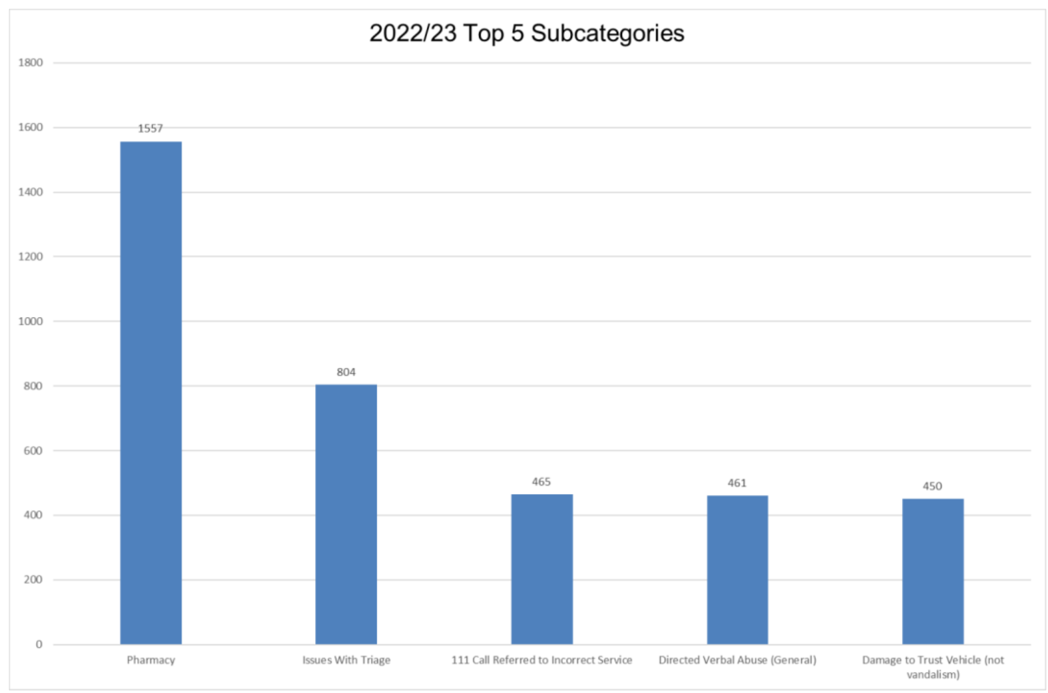
	Financial Year 2021/2022	Financial Year 2022/2023	Increase/decrease Year on Year
Patient/Service User	7,302	8,846	8.2%
Affecting Staff	5,696	3,663	(15.5%)
Incident Affecting the Trust	3,756	3,594	(1%)
Incident Affecting Visitors	359	315	(1.1%)

The Trust have seen an increase in patient/service user incidents which correlates with an increase in the number of patients being cared for by the organisation.

The top five categories of incidents reported during 2022/23, can be seen in the below chart. The Trust have seen an increase in external pharmacy issues, incidents being reported relate to CPCS and PHARM+ concerns, whereby the pharmacy are, not following the contractual agreement if they are unable to assist the patient. These are reported as incidents as they can increase the number of patient calls coming into the service that require an assessment. In 2022/23, 1557 incidents relating to this were received and are – increasing, most likely due to more pharmacies signing up to the CPCS/PHARM+ framework.

Serious Incidents (SI's)

This past year has seen significant success in clearing the backlog of incidents which had culminated following the pandemic. Investigations are now being submitted in a timely manner and fewer incidents exceeding their 60-day investigation deadline. With an improved process for oversight of the investigations, there is now better scrutiny, effective escalation and improved support for investigators with subject matter experts recently being allocated to work alongside the investigators to help keep the focus on the investigation while offering advice, and support along the way.



The SI team are now able to identify and implement the learning identified from our investigations which is necessary to minimise the risk of reoccurring events. A newly created ‘Learning from SI’s’ group has supported dissemination of learning across various platforms and via alternative techniques to ensure all types of learners are reached. These learning pieces have been well received, and as we venture into 2023-2024, the group is looking forward to considering new ways to maximise the learning opportunities for all colleagues throughout the Trust.

Investigations continue to be presented to the Integrated Care Board (ICB), as well as to other governance groups across the Trust. Themes, Trends, oversight of investigation compliance and ownership of SI actions are now standing agenda items in most of the Trusts directorate meetings, with swift conclusions to the actions being the primary aim, so the learning can be captured and implemented at an early stage. The past 12 months have seen a conclusion to all breached actions from investigations dating back as far as 2019. This now means, all outstanding actions from SI investigations are relevant, and current.

Nationally, the NHS is working towards September 2023 for the implementation of the NHS Patient Safety Strategy. Currently, the Trust still reports serious incidents (SIs) in line with the national framework (NHSE, 2015). During 2022-2023 the Trust reported 64 serious incidents and 0 never events. Once investigated, it was agreed with the Lead Commissioners that 8 of the declared SIs did not meet the national serious incident criteria and they were de-escalated from SI status, resulting in the net figure of 56 SIs. This is a reduction from last year’s figure of 61, and we can report four years of sustained improvement.

In incidents where there was a greater need for a more focused approach to ensure staff receive timely, quality led feedback to support their learning, as opposed to the investigation requiring a deeper, potentially more system wide approach, methodologies such as End to End (E2E), or After-Action Reviews (AAR) have been utilised.

Level 3 Reported 2022/23

Level 3 Reporting Type	Number of Incidents Reported
After Action Review	17
Internal RCA	9
End to End Review	6
Patient Safety Incident Response Framework	0
Grand Total	32

During 2021 - 2022, the Trust developed their approach to clustering reports, where it was identified that identical or similar learning was likely from incidents with matching circumstances. Between 2022 – 2023, the Trust built upon this progress and along with smaller cluster investigations, produced two larger cluster reports which focused primarily on the Trust being unable to respond to our patients in a timely manner due to the demand and capacity experienced within the identified 3 months. Comparisons were made between

the reports produced to identify whether any new learning could be extracted from the demand and capacity issues, and whether any facets altered depending on the period which was investigated.

Board Sponsor
Executive Director of Quality and Nursing

Harm Reviews

SECAmb have undertaken work to establish a harm review model and framework to provide a systematic proactive approach to undertaking harm reviews in addition to ad-hoc responsive reviews.

Ambulance Services do not, currently, have an agreed proactive approach to harm reviews that will provide meaningful and relevant learning to change, or improve, practice or systems.
In the past, the Trust has carried out a small number of harm reviews. These reviews have been following specific incidents and focused on an individual's practice. A new methodology will enable the Trust to identify harm, that was otherwise not identified, embedding learning to prevent future harm.

In development of our approach, we contacted all ambulance trusts to understand their model for conducting harm reviews. The responses were limited to undertaking harm reviews for ambulance delays and the impact of those delays on patient safety. Two ambulance Trusts, who kindly shared their harm review methodology, have identified a process for automatically generating harm review data using their business intelligence (BI) systems.

In addition to this we looked at the academic evidence supporting harm reviews and specifically areas where harm is identified as being found.

When examining the evidence one systematic review, which reviewed 149 UK studies, identified that at least 6% of patients experience preventable iatrogenic harm across healthcare services, with 13% of those identified developing prolonged or permanent harm, leading to death. The studies recognised specific areas where harm can be found, with five areas which are particularly relevant for pre-hospital providers such as SECAmb include:

- Medication
- Diagnostic Harm
- Clinical Procedure
- Management
- System

Using this evidence we developed a trust definition of clinical harm reviews, as follows:

> *A clinical harm review is a review process that identifies particular cohorts of patients who may have suffered unacknowledged harm, leading to the formulation of learning in order to prevent future harm.*

Along with a draft methodology for conducting harm reviews. Our draft methodology was signed off, via our Quality Governance Group (QGG), and we have tested this on a known medication error. Our test harm review was conducted and presented to the QGG for

discussion and approval. The group approved the review, completing the process and enabling final sign off of the methodology.

Next steps:

To write a standard operating procedure which details, how we decide on harm reviews that will be conducted, who undertakes them and how frequently they will be conducted.
To work with Association of Ambulance Chief Executives (AACE) to support a national ambulance harm review process, ensuring we learn from each other, and we don't all complete reviews on the same method of harm, to facilitate broader learning.

Board Sponsor
Executive Director of Quality and Nursing

3.3. Clinical Effectiveness

Clinical Education Strategy

The Clinical Education and Training Strategy for 2022-25 was approved by the Trust Board in February 2022, and therefore this reporting year sees the first year of this strategy being realised through an associated delivery plan. The strategy aims to deliver a robust and effective education provision which focuses on supporting our people to deliver the highest standards of care to our patients.

Throughout 2022/23, there have been several key areas of achievement to enable progress against the strategy:

- The lease for the Clinical Education Centre at Haywards Heath has been secured for a further 3-year term. This provides a purpose-built education facility with specialist resources such as simulation areas to meet the needs of our learners and programmes of study. We have invested in a suite of well-maintained educational resources to support both centrally delivered programmes and local training. We have continued to provide a range of high quality CPD activity for our registered and non-registered clinical workforce. We have embedded a new process whereby recommendations and requests can be made by colleagues from across the Trust and then commissioned through the Clinical Education Subgroup.
- Course provision this year has included academic pathways and modules such as a BSc top-up pathway for those with a Foundation degree and Post Graduate Certificate modules for those wishing to progress academically, plus, a range of non-accredited eLearning and face-to-face learning opportunities.
- We have embedded a new methodology for learning from the Serious Incidents. This involves identifying key learning themes from the investigation reports and using these to produce case studies which are shared with colleagues to promote reflection and personal development. These have been well received across the Trust.

The Clinical Education department have supported in excess of 300 new learners into the Trust through a range of induction programmes, including paramedics recruited from around the world as part of a project delivered in partnership with Health Education England. We also support over 600 student paramedics currently completing undergraduate programmes and completing clinical practice placement with the Trust, around 450 apprentices who are completing their course with a local Further Education College, as well as providing educational support and advice to colleagues at all levels Trust-wide.

The continued delivery of our strategy offers us an exciting opportunity to continue improving the quality of our education provision and in doing so ensure the Trust remains best placed to care, the best place to work.

Board Sponsor
Chief Medical Officer

Out of Hospital Cardiac Arrest (OHCA)

Cardiac arrest occurs when the heart suddenly stops circulating blood around the body. It is different from a heart attack where there is a blockage in the supply of blood to the heart muscle. Cardiac arrest is a sudden potentially reversible event and should not be confused with ordinary dying. Patients suffering OHCA need rapid intervention, typically chest compressions and defibrillation.

SECAmb responded to a total of 8,005 out of hospital cardiac arrests (OHCA) in the period from April 2021 to March 2022, with resuscitation attempts made in 35% of cases. The data reflects both the national picture and previous years in many areas. Cardiac arrests tend to increase during the winter months, with December being the busiest month. Private residences, including home addresses and care homes, accounted for 80% of all resuscitation attempts by SECAmb, and nearly 90% of resuscitation attempts were believed to have a cardiac or medical cause, based on information available to crews on scene.

Achieving a Return of Spontaneous Circulation (ROSC) which is then maintained to hospital admission is a key indicator of successful resuscitation efforts. SECAmb attained a ROSC to hospital admission rate of 26% for all resuscitation attempts, an improvement of 4% on last year.

Long term outcomes for cardiac arrest patients were previously measured as survival to hospital discharge, but for 2021 onwards the nationally reported measure has changed to survival to 30 days post cardiac arrest. In 2021-22, the survival rate for all resuscitation attempts by SECAmb was 11%, which is 299 individual lives saved. This figure is also above the national average by 2%.

While these numbers demonstrate progress, SECAmb continues to work towards further enhancing survival rates and long-term outcomes for cardiac arrest patients, particularly in addressing response times in certain geographical areas.

The most common reasons for not attempting resuscitation were patients being beyond medical help upon arrival of crews or having documentation declining resuscitation, such as Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders or Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) forms. Decisions regarding resuscitation attempts are based on patients’ best interests and medical documentation, indicating the importance of advanced care planning and communication between healthcare providers, patients, and their families. SECAmb is continuing to work in this area to develop ways to provide the most up to date patient information for crews to support high quality care.

Rapid recognition of cardiac arrests during the 999 call is crucial for assigning the correct incident priority and minimising response time delays along with attempting to instigate key interventions such as bystander CPR and the use of Public Access Defibrillators (PADs). For patients whose cardiac arrest was recognised during the call and assigned a Category

1 priority, the mean response time was over a minute faster than the overall mean for all patients in cardiac arrest upon SECAmb's arrival. Cardiac arrest detection during 999 calls is an ongoing area of focus, during the year 93% of patients who arrested before SECAmb arrival were correctly identified by Emergency Medical Advisers (EMAs), surpassing the Global Resuscitation Alliance target of 75%. Bystander CPR rates are also increasing – in 2021-22, 78% of patients who arrested before SECAmb arrival received bystander CPR, up from 66% in 2017-18.

SECAmb's efforts to improve outcomes for cardiac arrest patients go beyond prehospital care. The service actively participates in research and quality improvement initiatives to enhance care delivery and patient outcomes. SECAmb collaborates with local hospitals, cardiac arrest centres, and other stakeholders to implement evidence-based practices, share data, and engage in continuous quality improvement efforts.

SECAmb recognises the importance of community involvement and public education in improving cardiac arrest outcomes actively engaging in programmes and initiatives to support this.

SECAmb has achieved favourable outcomes in terms of cardiac arrest detection, bystander CPR rates, and patient outcomes, surpassing national and global targets and improving performance in several areas. Continued efforts to enhance cardiac arrest care and outcomes are ongoing, with a focus on early recognition, high quality CPR, defibrillation, and timely response.

Board Sponsor
Chief Medical Officer

Mental Health Response Model and Blue Light Triage

The requirement to develop effective and responsive care to patients with urgent Mental Health (MH) needs was set out formally in the Long-Term Plan Commissioning Guide in 2021.

The guidance supports rapid assessment by a mental health professional on scene or virtually, avoidance of conveyance to emergency departments and avoidance of conveyance in police vehicles. The guidance outlined good practice examples and the Trust was already focussing on several of these including:

- MH clinicians working in the Emergency Operations Centre (EOC),
- MH First Aid for front line staff (primarily in EOC),
- A review of the Crisis Response model of care and the current Ambulance Street Triage response model

To further support effective delivery of care for mental health patients, the Trust has supported a one year proof of concept trialling the Blue Light Triage (BLT) model alongside Sussex Partnership Foundation Trust (SPFT). The model was piloted in North West Sussex, starting in June 2022 and demonstrates collaborative and integrated working, building on the previous learning from the Ambulance Street Triage model.

The BLT team respond to Police and Ambulance requests for advice and support in joint clinical decision making. Where needed a further assessment on scene is agreed, with a target to clear at scene within 1 hour. This can result in onward referral into additional treatment pathways, as appropriate for the patients with a mental health presentation.

The team of Band 7 Mental Health Practitioners (MHP) supporting this project operate between 10am – 8pm daily in addition to the 24/7 operated Blue light line. They have full access to patient notes and are often familiar with the patient and their presenting condition, which enables a more accurate patient-based decision to be made.

Whilst most referrals are resolved via telephone triage (66%), those patients requiring a face-to-face assessment are identified and the BLT team join ambulance crews on scene to agree the most appropriate patient outcome. Whilst this may result in a conveyance to the Emergency Department in the most acute cases, the objective is to utilise all patient knowledge, support mechanisms and community available pathways to provide the most beneficial support and prevent ED conveyance where appropriate to do so.

The BLT model requires no additional Trust resourcing and enables support for 999 incidents at all stages of triage, opening advice up at the time of call, during response and travel time, as well as once frontline crews have arrived on scene.

The educational experiential learning is enabled for all operational staff, not just the joint response team, therefore building Trust experience and resilience to respond more effectively to patients in mental health crisis.

The initial outcomes from the proof of concept show a reduction of conveying patients in mental health crisis to ED from 43% to 23% and an increase in see and treat from 47% to 74%.

In summary the project has identified that:

- Most cases can be resolved through enhanced telephone triage and supported joint clinical decision making.
- ED conveyance can be significantly reduced, and non-ED constrained capacity can be preserved in most cases for overnight usage.
- Operational crews referred 13% of total MH incidents during the period. This is in part due to crews dealing with incidents without needing further support, however the more complex cases, which often result in extended on-scene times or ED conveyance are the incidents that would most benefit from the BLT support.
- On-scene to clear is longer in these more complex incidents requiring time to resolve, support post decision and complete necessary paperwork. This can be reduced through earlier interface with the BLT team.
- BLT has proved effective and supportive across the full range of front-line crews and Emergency Operations Centre staff, as well as providing wider experiential learning.
- Evidence shows early intervention reduces the likelihood of detention under the act, the associated distress and trauma.

The learning has provided a template from which this response model can be extended wider. Further improvement in the referral mechanism is required to maximise the impact of this pathway. Continuation of the programme of work will depend on funding to allow the move from proof of concept to a business-as-usual service delivery model.

Board Sponsor
Executive Director of Quality and Nursing

Hospital Handover Performance

In September 2022, one of our local leadership teams embarked upon a piece of work to try and improve handover delays at one of our Acute Trusts and, at the same time improve the working relationship between the two Trusts.

Early efforts focused on building relationships between senior teams and ensuring our acute trust colleagues were sighted on SECAmb's performance locally. The team focused on the Operations Unit (OU) See & Treat rate[12] which is often one of the strongest in the East of the Trust and also our engagement with community partners in terms of alternative pathway development. Additionally, the local team spent time ensuring senior colleagues at the acute trust were sighted on the fact that the arrangements for ambulance offload at that time were not in line with other acute trusts.

To ensure the local leadership team remained engaged at all levels with our partners at the acute trust, the Operating Unit Manager (OUM) also ensured an Operational Team Leader (OTL) attended their site meeting four times daily, a senior manager would join a daily local system call and a fortnightly Emergency Department (ED) Liaison meeting was introduced. In preparation the OUM wrote to the trust Chief Operating Officer to outline changes to ambulance handover process from a SECAmb perspective and was clear that we would no longer accept patients being held on ambulances from 1st November 2022.

As a result of the changes made by both trusts, we have just come through the best winter period for handover delays in the region. The acute trust has improved to being the best performing trust, achieving an average ambulance handover time of 14 minutes since November 2022 with the least number of hours lost to handover of any comparable site. We have seen a 91% reduction in handover delays of >60 minutes. In terms of the impact on our staff, we have seen a five-minute reduction in the average late sign off and more widely the changes mean that our Operational Team Leaders can spend their shifts supporting our crews and being visible leaders. The changes have also had a hugely positive effect on the moral and productivity of the leadership team and to the functioning of the OU in general.

Moving forward, the local leadership team will continue their support of the Hospital Ambulance Reception Improvement System and are thoroughly engaged with community partners to ensure we further improve our See & Treat rates and support alternatives to ED.

Board Sponsor
Executive Director of Operations

[12] See and Treat involves seeing patients when they arrive, assessing their needs, and providing treatment.

Quality Improvement

SECAmb implemented a Quality Improvement (QI) approach in November 2022 to achieve our vision of high quality, safe delivery of care that is right for patients, financially sustainable and operates as part of a wider system. Since then, we have made good progress on developing a methodological framework, embraced stakeholder engagement, and implemented a training and development plan.

Lean Six Sigma is the chosen methodology and we are utilising the DMAIC framework to achieve continuous improvement and deliver sustainable change. DMAIC is an acronym for Define, Measure, Analyse, Improve and Control. It is a robust and evidenced based framework that provides a structure for approaching and managing improvement to ensure all steps are taken and to maximise opportunities for success.

Stakeholder engagement is essential in developing and embedding a culture of continuous improvement. Currently the team have engaged with over 100 individuals, observed ambulance crews during shifts, and analysed feedback to identify two QI organisational priorities for the next financial year, one of which has already commenced, Keeping Patients Safe in the stack; This QI project is focused on reducing harm to patients awaiting a clinical call back and one of improving our Recruitment process.

In January, a QI survey was launched to benchmark where we are as an organisation in our understanding of QI. 10% of the workforce responded (493 people) and the key issues identified stopping staff making improvements were:

- Lack of organisational support
- Workload
- Organisational culture
- Time.

Key improvements identified to enable staff to utilise a QI approach to their work were:
Training and development

- Support from a central team
- Access to tools and templates.

Several actions have been undertaken to create interest, motivation, and engagement in QI across the organisation:

- A QI community has been commenced on Yammer and has 98 active members.
- A QI page has been commenced on the intranet with news articles and information.
- Three articles have gone out about QI in the organisations weekly message since the beginning of January 2023.

To date, three ‘Introduction to QI’ training sessions have been attended by 64 members of staff across the organisation. Participants complete a Training Evaluation Form assessing their level of QI knowledge, confidence, and motivation before and after the training. 57 responses have been received that show a significant improvement in QI capability post training.

Two QI Facilitators started within the QI Team at the beginning of May, and we are looking forward to welcoming a Head of QI and QI Project Support Officer to the team at the beginning of July.

A QI strategy outlining our ambition and delivery plan for the next two years in currently being written and this will be published in August 2023.

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Executive Director of Quality and Nursing

Community Resilience

The Community Resilience Team continues to support our Community First Responders (CFRs) and Chaplains in supporting patients, the wider public and our staff. The past year has been challenging in building up our volunteer establishment to levels greater than that seen pre-Covid.

Our Community Resilience Team were successful in being awarded additional funding from the NHS Charities Together (NHSCT) to enable the team to grow to improve the support for CFRs as well as expanding the scope of the service to attend elderly fallers and implement a new volunteer role – Emergency Responder (ER). Being able to recruit these extra staff has brought about a positive change, whereby we can have one Community Resilience Lead per two operating units. This has enabled improved engagement, support, and development for the CFRs, making them feel more valued and engaged within the Trust.

The strategic intention is to increase the CFR group by a further 300 CFRs over the next two years to bring the number to around 600. All these volunteers will, on completing their training, achieve a nationally recognised, transferable level 3 First Responder on Scene qualification (FROS).

By the end of March 2023 there were 250 CFRs serving local communities. During 2022-23, more than 76,000 volunteering hours were provided, resulting in 14,790 incidents being responded to, of which 2,602 were Category 1 (C1)[13] and 10,842 were Category 2[14] (C2) incidents. Of the C1 incidents, CFRs were first on scene, a total of 1,367 times, not only did this mean that clinical care including defibrillation was provided earlier to these patients, but overall CFRs contributed 16 seconds to the C1 mean performance metric.

The CFR scope of practice has been enhanced in 2022-23 and will continue to be rolled out to all new and existing volunteers. This new suite of skills will enhance the clinical care to patients, and includes critical haemorrhage management, blood glucose monitoring and the use of improved airway management adjuncts.

As mentioned earlier, a new falls model of care has been implemented with more than 140 CFRs being trained to assess fallers in the community, and where appropriate assist them from the floor using a range of tools/lifting support items and with support from clinicians in the Emergency Operations Centre. This has been a fantastic development for the CFRs and for patients who have fallen, and who are often triaged as a Category 3[15] (C3) or Category

[13] Category 1 is a type of ambulance for life-threatening injuries and illnesses, specifically cardiac arrest. This ambulance must respond within 7 minutes on average.
[14] Category 2 is an emergency ambulance which must response in an average time of 18 minutes.
[15] Category 3 is an emergency ambulance for problems which are not immediately life-threatening that need treatment to relieve suffering and transport or clinical assessment and management at the scene. 90% of all of these calls must be responded to within 120 minutes.

4[16] (C4) incident, working to mitigate the long waits often seen has been a trust priority. To date over 150 fallers have benefitted from this falls service.

The Emergency Responder programme is a pilot in two areas of the Trust: Ashford in Kent, specifically Romney Marsh, and Tangmere, in West Sussex, focusing on the A272 corridor between Billingshurst and the Hampshire border. The scheme will work in a similar way to the Trust's community first responders but rather than being based at home, will operate out of a SECAmb base or standby point. They will respond in a specially marked and equipped Trust vehicle, utilising blue lights and sirens to reach patients. As is the case with CFRs, SECAmb will assign a response to the incident at the same as assigning an ER. The ER scope of practice focuses on providing a safe and effective initial response to life-threatening emergencies, where extended care may be required prior to the arrival of ambulance clinicians. The Emergency Responder completes the FROS course along with a Level 3 Emergency Driving Qualification.

The CFR teams continue to provide cardiopulmonary resuscitation (CPR) and defibrillator training within their local communities, with one CFR doing over 500 hours of teaching members of the public.

Board Sponsor
Executive Director of Operations

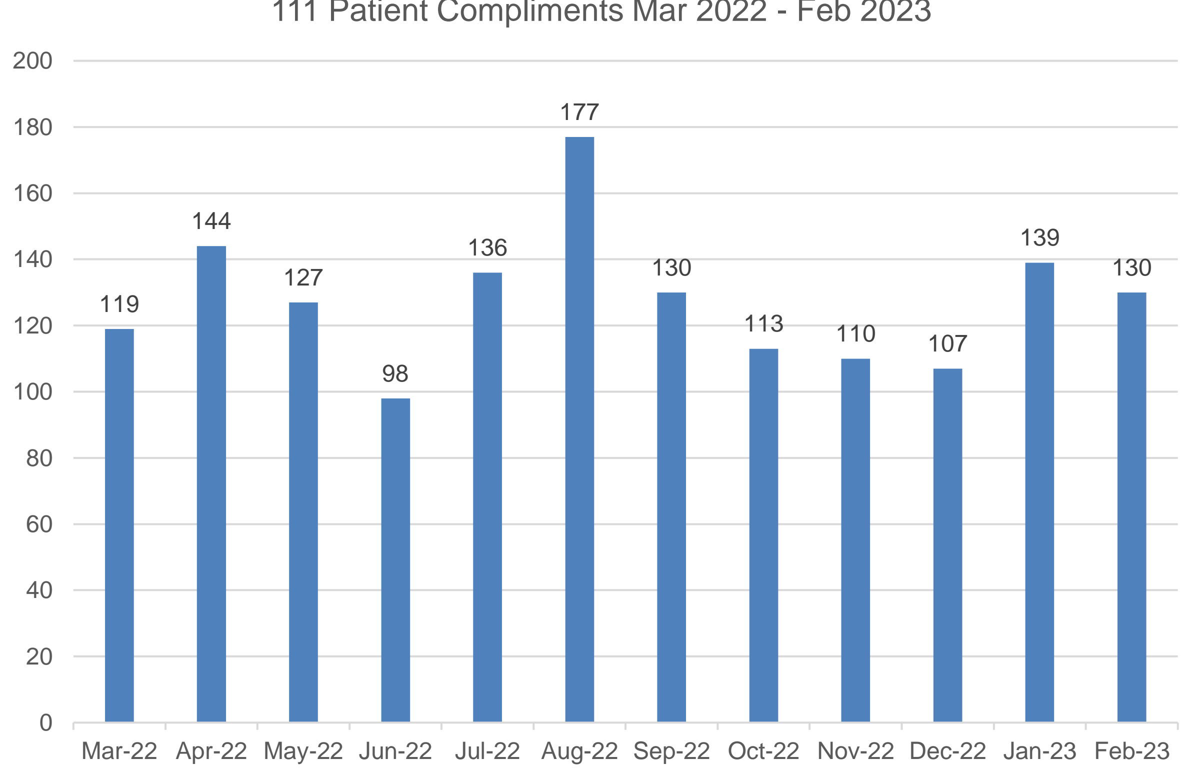
[16] Category 4 is an ambulance for calls which are not urgent but need assessment and possibly transport. They must be responded to within 180 minutes.

3.4. Patient Experience

111 Patient Survey Concerns and Compliments

In 2020, 111 implemented a Patient Survey where patients are contacted via text message, providing a hyperlink to an online survey. The survey includes language selection and options to increase font sizes to improve accessibility.

Any concerns highlighted in the surveys are fully investigated and lessons learned are shared and an action plan identified to improve. Equally, where compliments are provided, individuals are identified, significantly increasing the number of opportunities to provide recognition to our teams.



A total of 1,530 compliments have been generated and submitted to 111 colleagues over this 12-month period.

SECAmb and our delivery partner, Integrated Care 24 (IC24), were recognised this year at a prestigious award ceremony for their work to involve patients and the public in the design, procurement and implementation of the new enhanced NHS 111 service for Kent, Medway and Sussex.

SECAmb and IC24 were recognised in the ‘Involving People in the Commissioning & Delivery of Services’ category in the Healthwatch Recognition Awards, organised by Healthwatch Kent and Healthwatch Medway.

SECAmb and IC24 were commended by Healthwatch for ‘showing a real commitment to actively involving and listening to local people’ during development and launch of their five-year contract to provide the NHS 111 service for Kent, Medway and Sussex.

Healthwatch representatives and other lay members were closely consulted via a range of programme boards and working groups, shifting this engagement online during the pandemic to support development of the Direct Access Booking service and NHS 111 First – a national initiative rolled out at pace to reduce the number of people in emergency departments and shorten queues by offering Emergency Department and onward care appointments, thereby helping to prevent the spread of COVID-19.

Board Sponsor
Executive Director of Operations

Complaints and Patient Advice and Liaison Services

The Trust continues to see an increase in demand for our services however, the number of complaints received has decreased by 16.5% over last year. There were 1,079 complaints received in the year 2021/22 but this reduced to 899 for last year 2022/23.

During the first and second national lockdowns due to Covid in 2020 the Trust increased the number of days to respond to complaints from 25 to 50 working days. The decision was taken at the start of 2021/22, after consulting with other ambulance services and acute trusts, to reduce this to 35 working days which we have maintained.

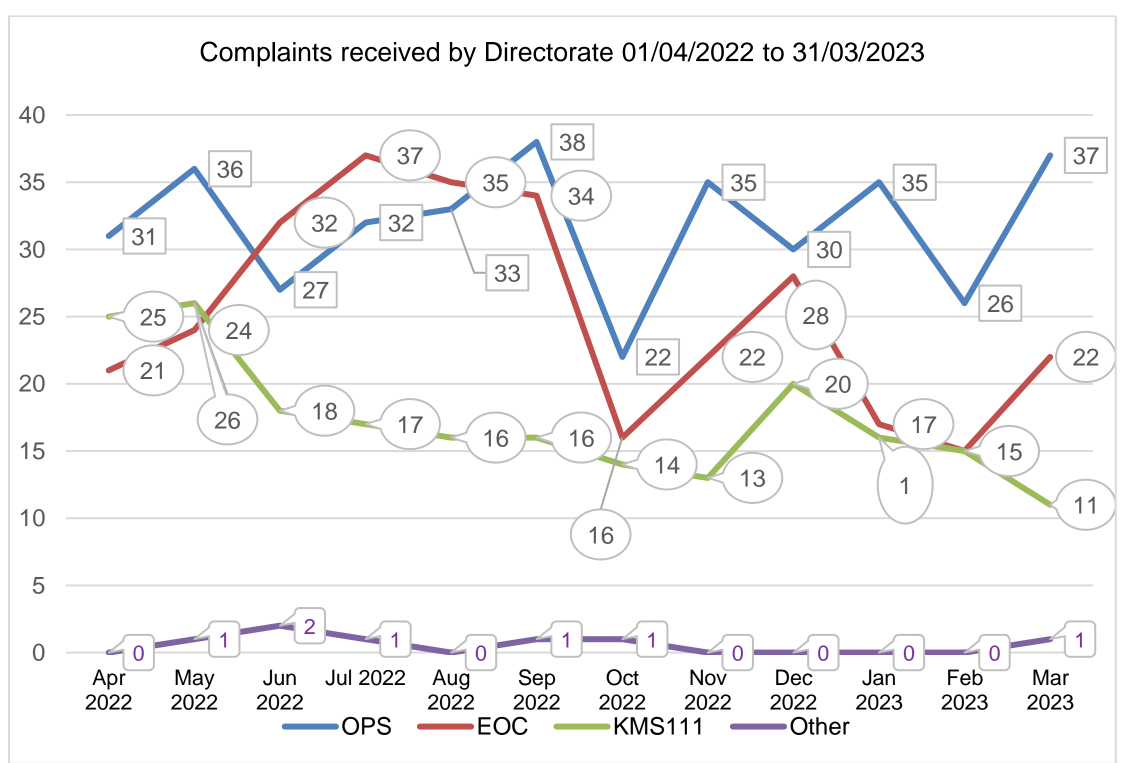
The Trust closed 923 complaints during the reported period, with 68% closed within 35 working days. The average response time was 32 working days. During the investigation period all complainants were kept informed and advised if there was a delay.

The number of complaints received by the Trust for the reported period was 899.

During 2022/23:

- Our Emergency Operations Centre staff answered 888,172 calls.
- Our A&E road staff attended 648,237 responses to patients.
- Our NHS 111 staff took 964,499 calls.

SECAmb complaints for last year:



Feedback from Care Opinion website:

We welcome the opportunity for feedback from patients, their families, and carers and whilst the Trust plans to expand the way we engage with those that use our services as set out in Quality Improvement Priority 4 – Listening and Engaging with our Patients, their Families and Carers, we do currently already receive anonymous feedback through the Care Opinion website, which is a feedback platform for health and social care.

During 2022/23 we received 2 complaints through this platform, which remains the same as the number of complaints received in 2021/22.

When complaints are received, they are reviewed and graded according to their apparent seriousness; this ensures that they are investigated proportionately. The two levels used for investigations are:

- Level 2 – a complaint that appears to be straightforward, with no serious consequences for the patient / complainant, but needs to be sent to a manager for the service area concerned to investigate.
- Level 3 – a complaint which is serious, having had clinical implications or a physical or distressing impact on the patient / complainant, or to be of a complex nature.

Most complaints received during 2022/23 were graded as level 2 (91%), with the remaining 9% as level 3. The level of grading given to a complaint when received is reviewed once the investigation has been completed and may be increased or downgraded dependent on the outcome.

Complaints are ordered into categories and can be further distinguished by sorting these into sub-categories to help with identifying trends.

Complaints received during 2022/23 by subject and service area:

	OPS	EOC	KMS111	Other	Total
Administration error	1	1	6	0	8
Breach of confidentiality	1	0	0	0	1
Communication issues	2	10	9	2	23
Crew diagnosis	21	0	0	0	21
Delay in 999 call being answered	0	11	0	0	11
DOS issues	0	0	9	0	9
Equipment issues	2	1	0	0	3
GP call back delay	0	1	10	0	11
History marking appeal	3	0	0	0	3
Inappropriate treatment	56	3	4	2	65
Information governance issue	1	0	0	0	1
Made to walk	6	0	0	0	6
Miscellaneous	5	1	2	0	8
Not transported to hospital	32	5	0	0	37
Pathways	2	108	51	0	161
Patient injury	1	0	0	0	1
Privacy and dignity	6	0	0	0	6
SECAmb policy or procedure issue	0	0	1	0	1
Staff conduct / attitude	219	25	25	2	271
Standard of driving	20	0	0	1	21
Timeliness - 111 Response	0	1	89	0	90
Timeliness - A&E	4	137	0	0	141
Total	382	304	206	7	899

When a complaint is concluded, a decision is made by the Investigating Manager to either uphold, partly uphold, or not uphold the complaint, based on the findings of their investigation. During 2022/23 923 complaints were responded to, of these, 60% were found to be upheld or partly upheld. If a complaint is received which relates to one specific issue, and substantive evidence is found to support the allegation made, the complaint is recorded as 'upheld'. If a complaint is made regarding more than one issue, and one or more of these issues are upheld, the complaint is recorded as 'partially upheld'.

There are a small number of complaints that are closed due to consent not being received from the patient to disclose information from their medical records, this occurred on 14 (2%) complaints in 2022/23. However, these complaints are still investigated and any learning that is identified by the investigating manager implemented. There are also a small number which are withdrawn by complainants who specifically request an investigation does not take place and asks us to withdraw their complaint. There were 18 (2%) such complaints in the reported period.

Additionally, there are complaints that are reviewed by the Serious Incident Group, and if they result in a Serious Incident / Internal Root Cause Analysis / After Action Review the complaints are closed and the complainant informed of the new timescales for the investigation to be completed. There were two such cases last year.

The current timescale for investigating complaints is 35 working days.

Directorate	Overall number of complaints closed	Number of complaints closed within 35 working days	Percentage	Average number of days to respond
Emergency Operations Centre (EOC)	316	147	47%	39
111	210	192	92%	21
Operational	390	282	72%	31
Other	7	4	57%	36
Overall	923	625	68%	32

The above data shows extended response timescales for EOC complaints. This issue arose due to a back log of complaints which accumulated following staffing issues within the Patient Experience Team. This has now been cleared and the team are working on improvements to ensure resilience in this area.

Learning From Complaints

Lessons from complaints throughout 2022/23 have again been wide ranging. 149 actions were identified from complaints and, examples of specific learning and changes made because of complaints include:

- Issue raised with NHS Pathways triage system at a national level include:
  - Patients who have suffered major blunt force injuries
  - Post tonsillectomy bleeds
  - Support for callers who require an advocate during video conference calls
  - Sickle cell patients, diabetic ketoacidosis, and clinical overrides all of which have been found to be either a route cause or a contributory factor in complaints
- Conflict resolution training
- Restricted practice whilst receiving additional or refresher training
- Driving assessment from Fleet Risk Reduction and Driving Standards Manager
- A clinical guidance for sickle cell crisis was put together by 111s GP lead for sharing with a clinical staff in both EOC and 111

Parliamentary and Health Service Ombudsman

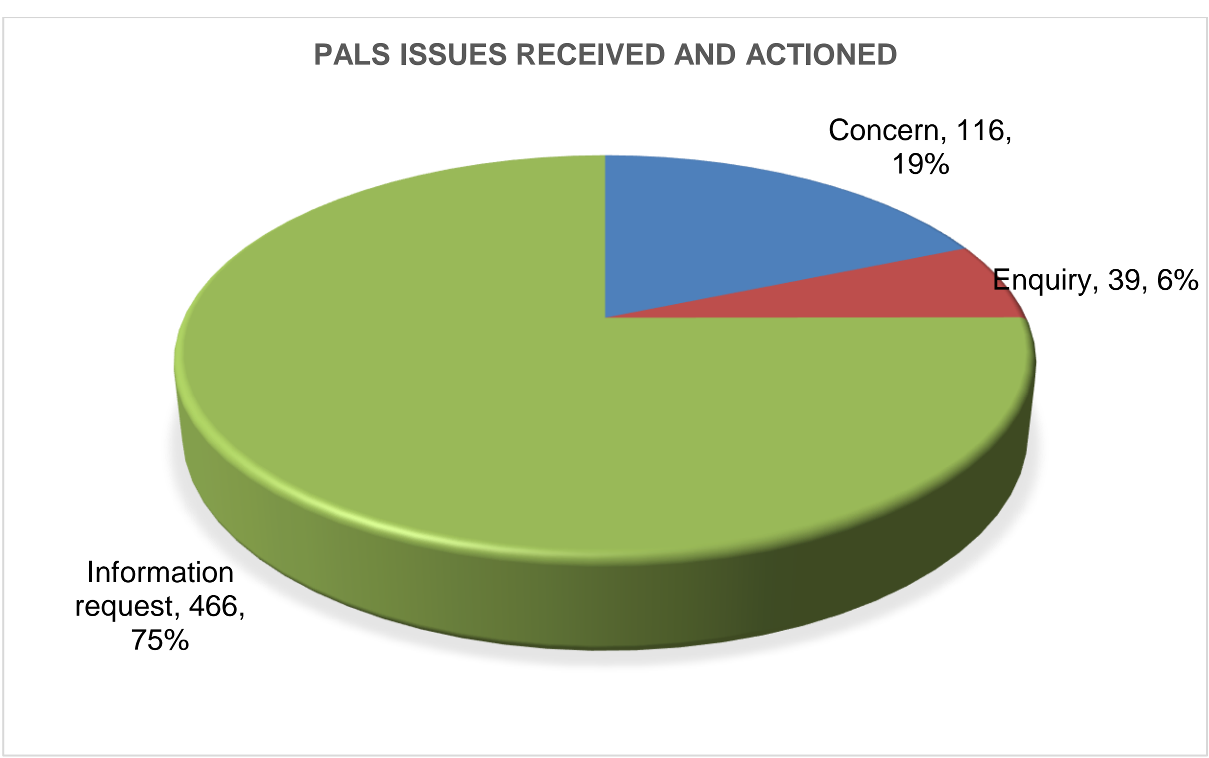
Any complainant who is not satisfied with the outcome of a formal investigation into their complaint may take their concerns to the Parliamentary and Health Service Ombudsman (PHSO) for review. When the Ombudsman's office receives a complaint, they contact the

Patient Experience Team to establish whether there is anything further the Trust feels it could do to resolve the issues. If we believe there is, the PHSO will pass the complaint back to the Trust for further work. If the Trust believes that local resolution has been exhausted, the PHSO will ask for copies of the complaint file correspondence to review and investigate.

In the year 2022/23 the PHSO only contacted the Trust to ask for copies of two complaint files.

Patient Advice and Liaison Service (PALS)

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



Most requests for information are Subject Access Requests (SAR), where patients or their relatives require copies of the electronic Patient Clinical Record (ePCR) completed by our crews when they attended them, or recordings of 999 or 111 calls, for a range of reasons. These requests are dealt with in accordance with the General Data Protection Regulations. The implementation of the new ePCR has streamlined the process.

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

Board Sponsor
Executive Director of Quality and Nursing

Compliments

The Trust received 1,995 compliments during the reported period which showed a 2.5% decrease on the same period last year. Compliments are recorded on the Trust's Datix system (electronic patient safety and risk management software system), alongside complaints, so that both the positive and negative feedback is captured and reported back to operational staff.

The staff member(s) concerned receive a letter from the Chief Executive in recognition of the dedication and care they provide to our patients. During 2022/23 the Trust received 1,995 compliments, the number of compliments received in 2021/22 was 2,011.

Our operational staff received 1,954 compliments from the 648,237 attendances they made, this is equivalent to one compliment for every 332 attendances.

Feedback from Care Opinion Website:

We welcome the opportunity for feedback from patients, their families, and carers and whilst the Trust plans to expand the way we engage with those that use our services as set out in Quality Improvement Priority 4 – Listening and Engaging with our Patients, their Families and Carers, we do currently already receive anonymous feedback through the Care Opinion website, which is a feedback platform for health and social care.

During 2022/23 we received 9 compliments through this platform, which is a small increase on the 8 compliments received through the website in 2021/22.

	Compliments	Complaints
Care Opinion	9	2

This is compared to the previous year, 2021/22, when feedback was:

	Compliments	Complaints
Care Opinion	8	2

Board Sponsor
Executive Director of Quality and Nursing

3.2 Mandatory Reporting Indicators

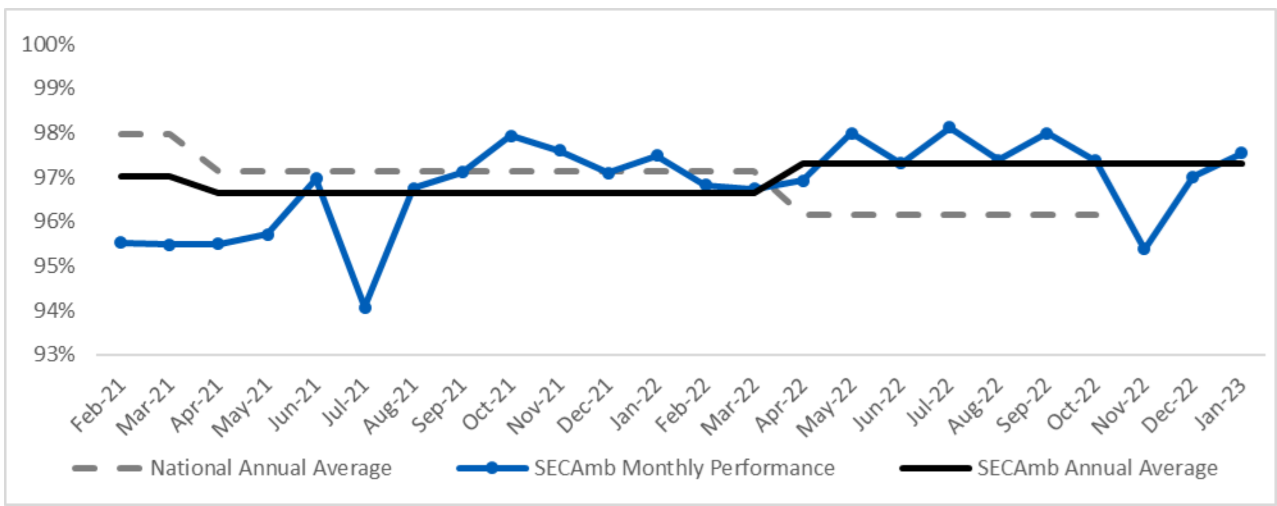
Ambulance Response Programme: Response Times

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

Stroke

During 2021, the Trust continued to focus on several key strategic partnership initiatives, these included extensive involvement with stroke reconfiguration work to support revised pathways across Kent and Medway, Surrey and Frimley and developing pathways across Sussex. New technology developments (telemedicine) in Kent are shared widely to enable best practice region-wide and engagement with the Integrated Stroke Development Networks (ISDNs) will ensure this continues.

The percentage of suspected stroke or unresolved transient ischaemic attack patients, who received the stroke diagnostic bundle are as below:

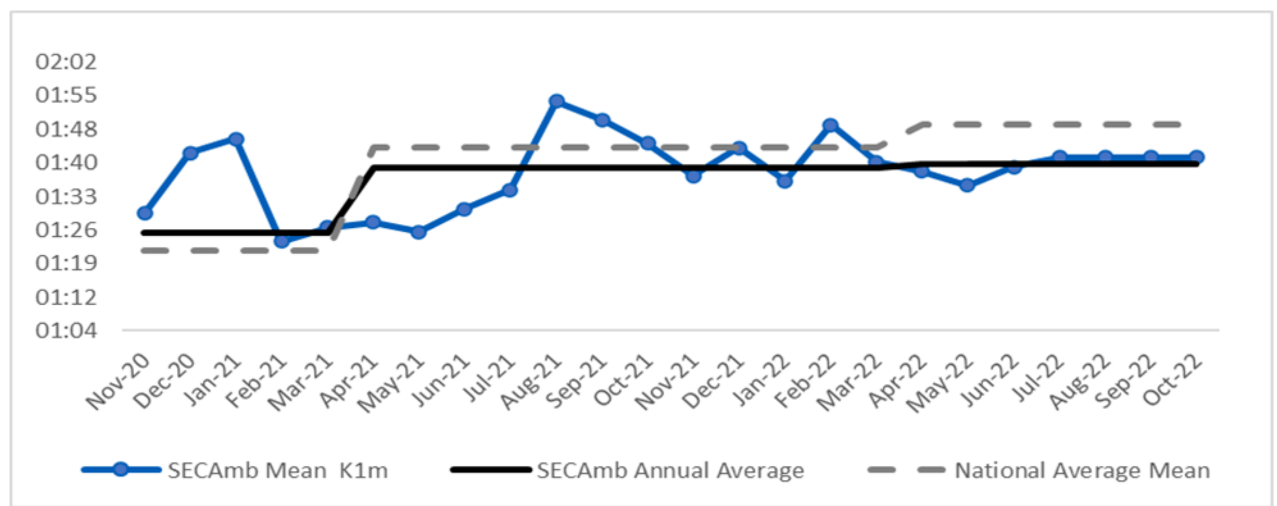


During the first half of 2022/23, the Trust saw a continued improvement which was consistantly above the SECAmb annual average for the previous year.

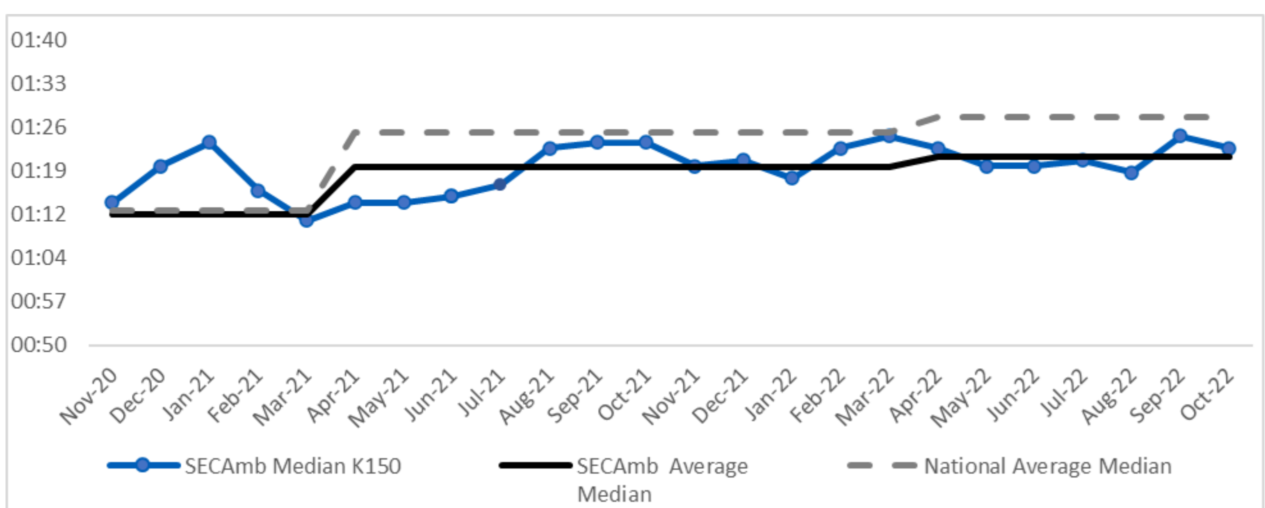
The diagnostic bundle includes recording of a Face, Arm, Speech Test (FAST) andassessment of blood glucose and blood pressure levels. The proportion of patients who received the Stroke Diagnostic Care Bundle continues (with the exception of one outlier in November 2022) to remain above the national average for this indicator.

ePCR forcing functions for the adequate documentation of stroke clinical care has not led to the expected predictive improvement in performance and therefore a review of the Stroke section on ePCR is currently under review. Stroke audit identifies the documentation of blood glucose levels as contributing to a lowering of documentation audit compliance.

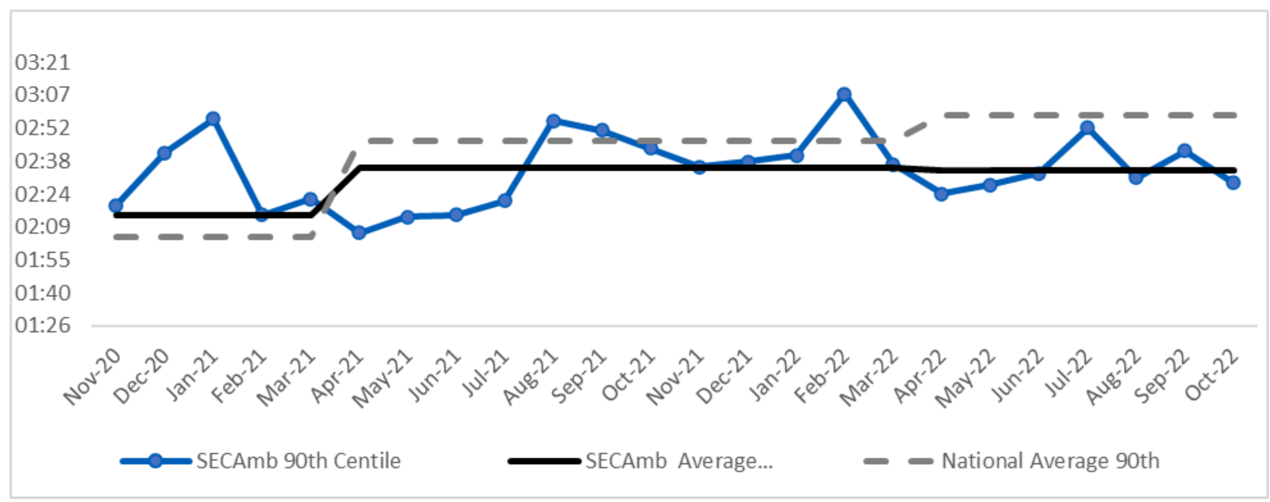
Mean time from call to hospital door for patients with confirmed stroke:



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



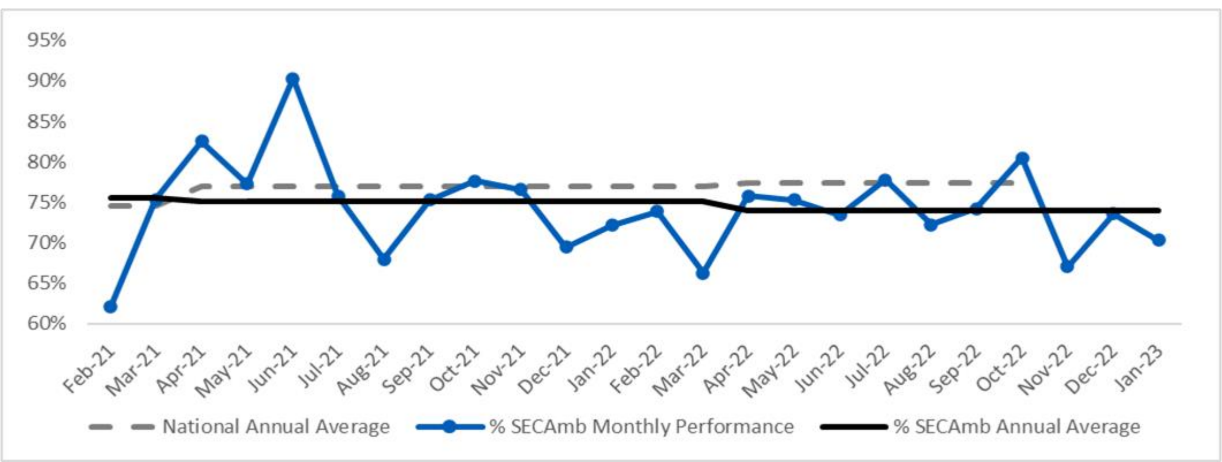
90th centile time from call to hospital door for patients with confirmed stroke:



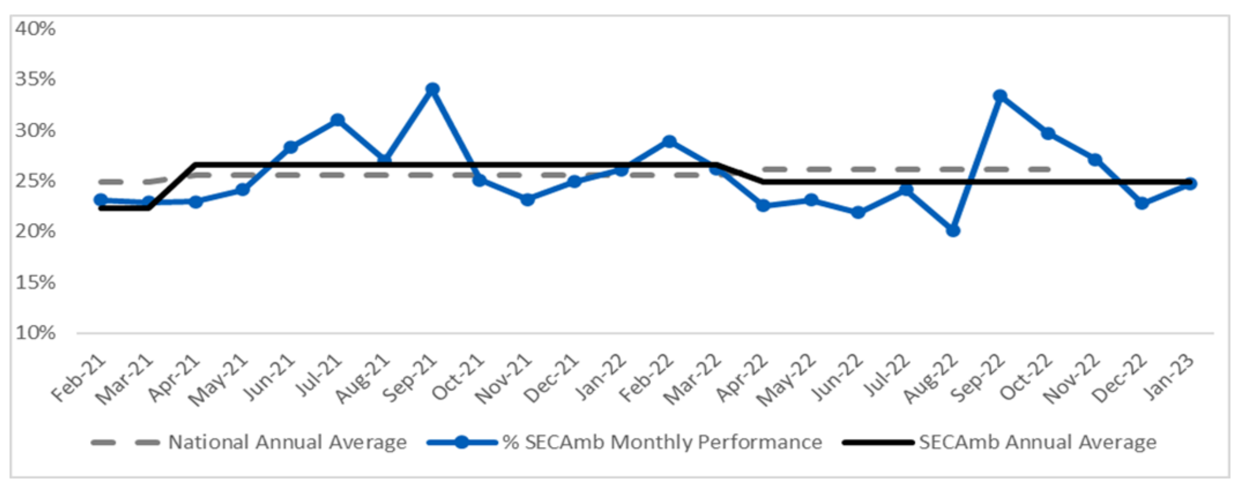
Return of Spontaneous Circulation (ROSC) after cardiac arrest

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

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



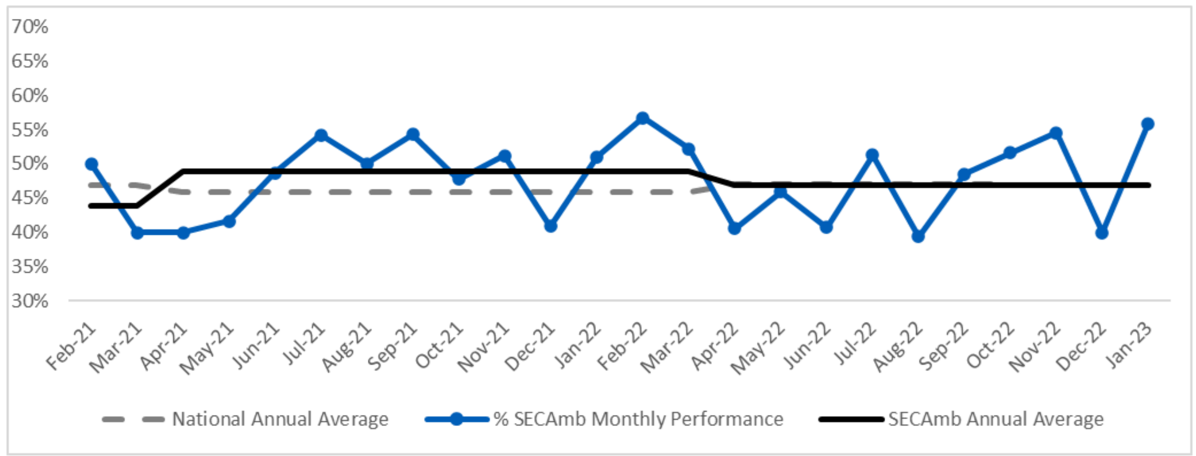
ROSC at time of arrival at hospital (all patients):



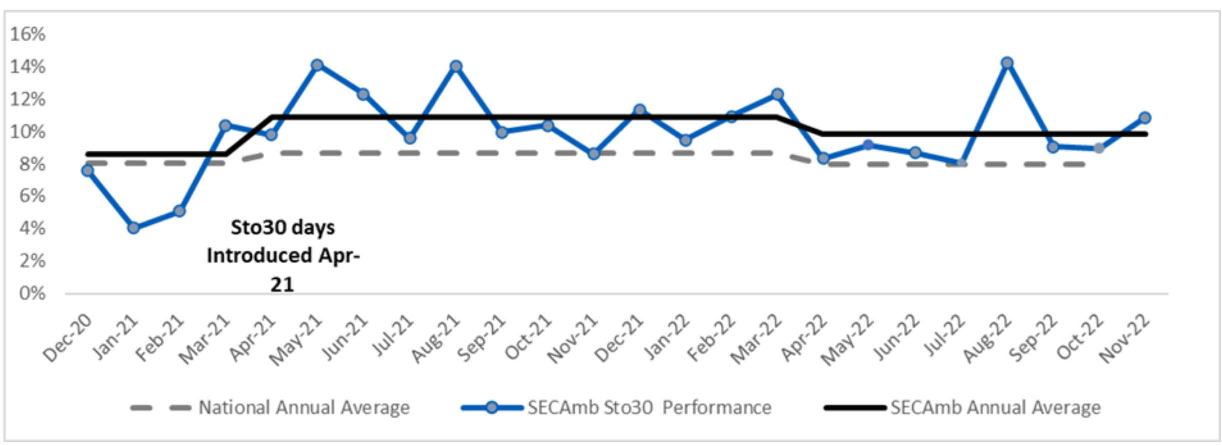
The number of patients with ROSC at hospital was reduced during the height of the COVID-19 pandemic, this has been observed nationally and internationally.

ROSC at time of arrival at hospital for Utstein[17] Comparator Group:

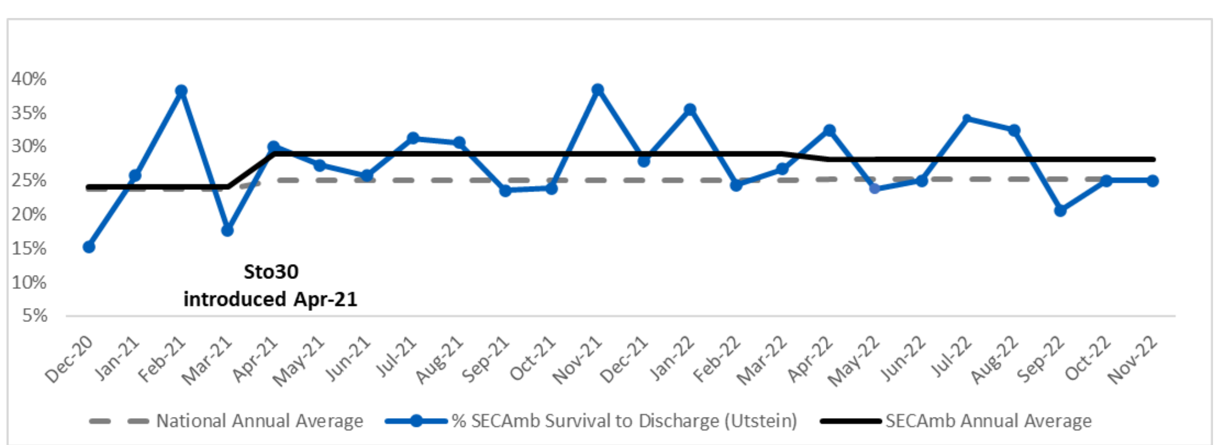
[17] The Utstein style is a set of guidelines for unform reporting of cardiac arrest.



Survival to 30 days (Sto30) after cardiac arrest:



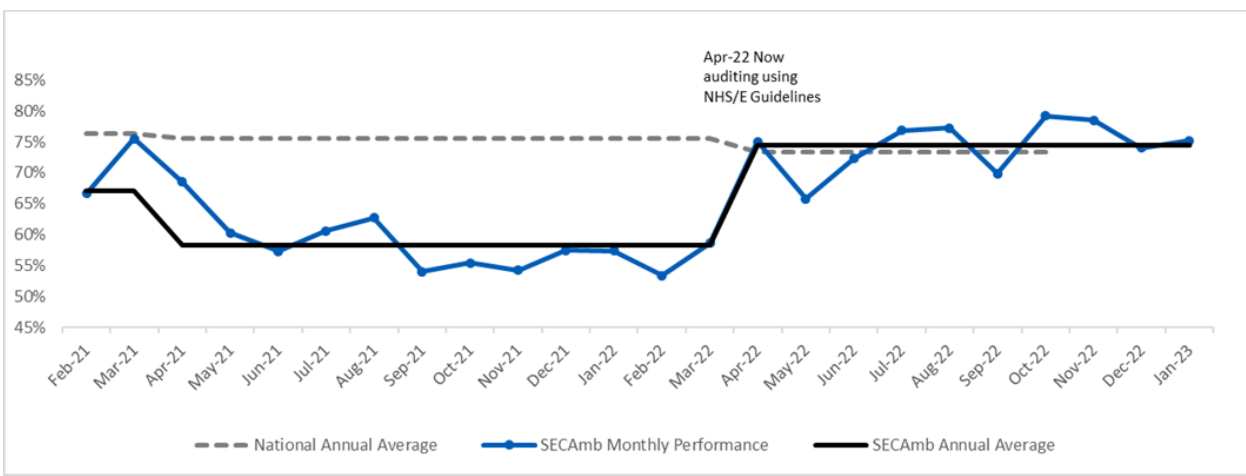
Survival to 30 days after cardiac arrest for Utstein Comparator Group:



ST Elevation Myocardial Infarction (STEMI)

The Trust aims to identify and measure its performance in 100% of the ST elevation myocardial infarctions (STEMI) cases that it attends. The Trust measures the quality of care provided to patients who are suffering a suspected STEMI by the proportion of patients who receive a bundle of care that is shown to improve outcomes for patients for this patient group.

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

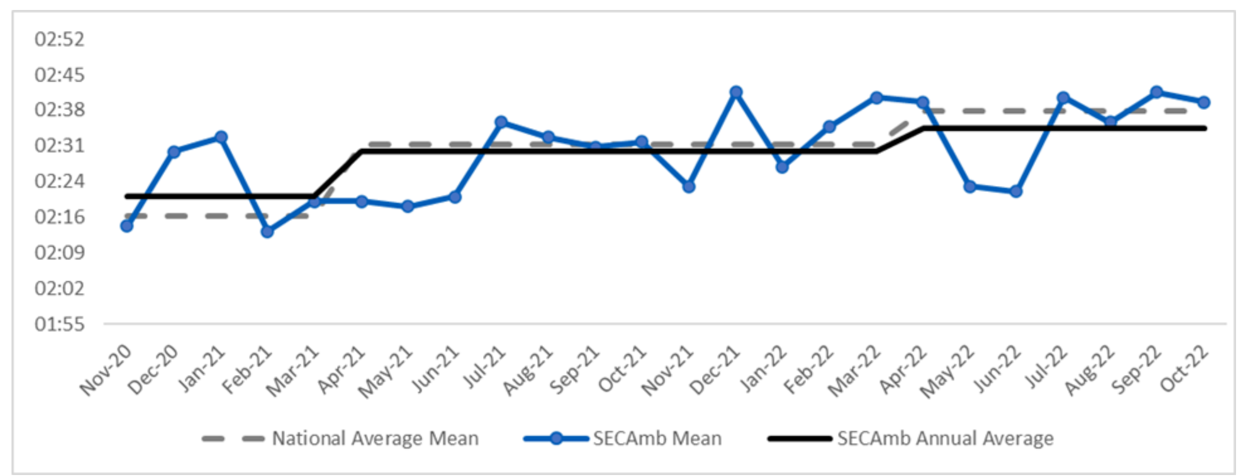


The Trust is now auditing STEMI in line with other ambulance trusts and this has shown an increase in performance when compared to 2021/22. In the first half of 2022/23 the Trust saw a continued improvement and were consistantly running above the SECAmb annual average for the previous year.

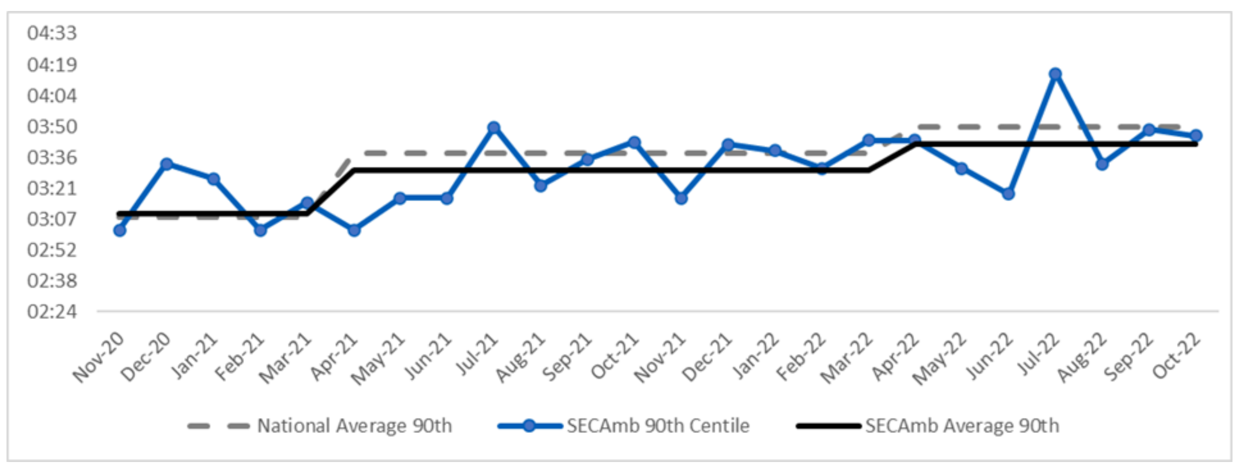
The diagnostic bundle includes administration of aspirin, glyceryl trinitrate (GTN), analgesia (pain relief) and recording two pain scores. ePCR forcing functions for the adequate documentation of STEMI clinical care has not led to the expected predictive improvement in performance and therefore a review of the STEMI section on ePCR is currently under review. The most common areas of non-compliance are the administration of analgesia and the documentation of two pain scores.

The Trust also records the call to angiography time for patients presenting with a STEMI, this is compared as the mean and the 90th centile against other trusts.

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



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



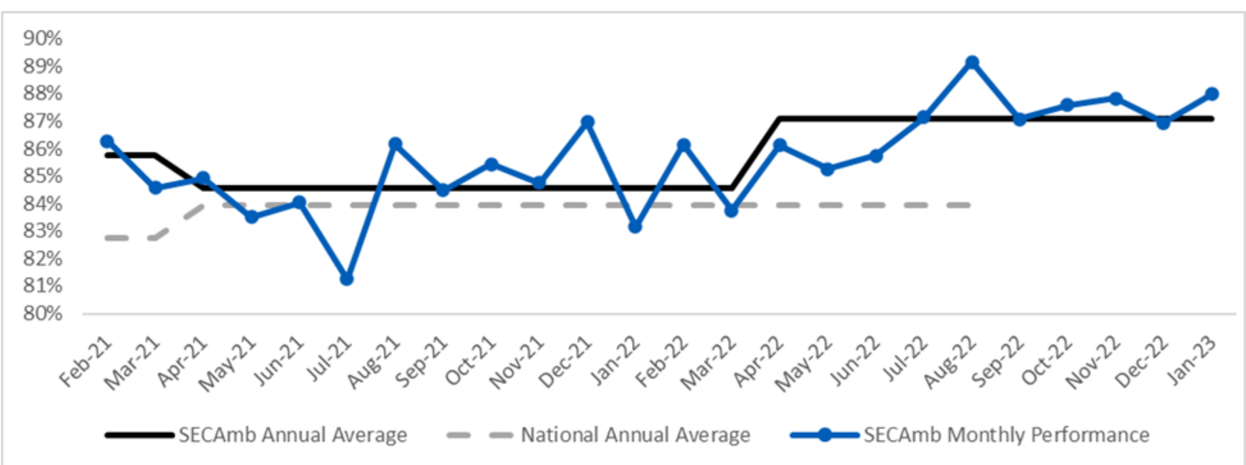
Sepsis care bundle

The Trust aims to identify and measure its performance in 100% of the sepsis cases that it attends. The Trust measures the quality of care provided to patients who are suffering from sepsis by the proportion of patients who receive a Sepsis Care Bundle that is shown to improve outcomes for this patient group. This measure only includes patients with an infection NEWS2 (National Early Warning Score) of 7 or above. The patient must have a respiratory rate, level of consciousness, blood pressure and oxygen saturations documented. High flow oxygen and fluids must be administered where appropriate, and pre-alert call made to the receiving hospital.

The most common area of non-compliance is failure to record that a pre-alert call was made. This may be due to a perception these pre-alerts may be disregarded once the patient arrives at hospital, but the reasons are not fully known.

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

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


90%
89%
88%
87%
86%
85%
84%
83%
82%
81%
80%
Feb-21
Mar-21
Apr-21
May-21
Jun-21
Jul-21
Aug-21
Sep-21
Oct-21
Nov-21
Dec-21
Jan-22
Feb-22
Mar-22
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
SECAmb Annual Average
National Annual Average
SECAmb Monthly Performance

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

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

Joint Commissioner Statement from NHS Surrey Heartlands Integrated Care Board on behalf of Kent, Medway, Surrey, and Sussex Regions

NHS Surrey Heartlands Integrated Care Board (SH ICB) is the lead Commissioner for the South East Coast Ambulance 999 Service (SECAmb) covering the ICBs that make up the Kent, Medway, Surrey, and Sussex regions. Following engagement with the constituent ICBs, SH ICB welcomes the opportunity to review and support the 2022/23 SECAmb Quality Report and Account.

As the lead Commissioner we can confirm that the Trust consulted with us and invited comments regarding the Annual Quality Account for 2022/23. This has occurred within the agreed timeframe, and the ICB and its constituent ICBs are satisfied that the Quality Account (QA) incorporates all the mandated elements.

We acknowledge that 2022/23 has and continues to be challenging, in particular the 2022 CQC report that identified the Trust *must* improve a number of key areas relating to care quality. Further, we acknowledge national challenges being faced by ambulance services in meeting and controlling demand and managing workforce recruitment and retention. Despite these challenges, we are pleased to see the on-going effort in maintaining quality and safety for patients. For example, the focus on reducing backlogs with serious incidents and the associated learning actions.

Having reviewed the QA document for 2022/23 the ICB is satisfied that it gives an overall accurate account and analysis of the quality of services provided. The detail is in line with the data supplied by SECAmb during the year 1st April 2022–31st March 2023 and reviewed as part of performance under the contract with SH ICB as the lead Commissioner.

The priorities identified within the account for the year ahead reflect topics that require concerted, focused work by the Trust. We know there is already a Quality Improvement programme in place associated with people waiting in call queues. However, it is encouraging to see this has been identified in the QA and will serve to enhance the on-going work required to safeguard this cohort of people who call on 999 services.

The QA reports results that reflect the Trust's mandatory national clinical and system outcome measures, namely: STEMI, ROSC and Stroke. SH ICB is keen to support the Trust in their efforts to deliver these priorities, especially where a holistic, systems thinking approach is needed. We were encouraged and pleased to co-chair the recent clinical

collaborative meeting with system partners, that will go some way to delivering that support and recognising SECAmb's complex operating landscape.

The ICB Commissioners support the Quality Account report and priorities, and are looking forward to working with SECAmb on the developments planned for 2023/24 to deliver transformational change as outlined in the Quality Account, and new ways of working that will enhance the delivery of sustainable, responsive services. In particular, we look forward to working with the Trust on the embedding of its renewed Quality Improvement plans and seeing evidence of sustainable long-term quality and safety improvements.

As lead Commissioner we continue to welcome a positive, open relationship with the Trust and will continue to work together with SECAmb and other system stakeholders to ensure continuous improvement in the delivery of safe and effective services for Kent, Medway, Surrey, and Sussex residents.

Medway Council's Health Oversight and Scrutiny Committee (HOSC) statements

There are information gaps which need addressing in addition to further clarity needed as to how SECAmb intends to achieve their Quality Priorities. For example;

- 13 Healthcare Safety Investigation Branch Maternity investigations in the last financial year were noted, however the investigation outcomes and learning from these investigations are not referenced.
- 62% of all litigation is noted to be obstetrics related however this is a national statistic. It is unclear what percentage of litigation in SECAmb is obstetrics related and the costs to the Trust.
- There is mention of workforce training, but it is unclear what percentage or number of additional staff will be trained nor over what time frame.
- 2 of 3 2022/23 Quality Priorities were not achieved. Whilst it did seem the third achieved most of its aims, there was insufficient information to assess this.
- There is mention of 2023/24 actions to complete the previous year's Quality Priorities however it is unclear when or how they will be achieved nor the resources required to both address the 2023/24 Quality Priorities alongside the outstanding 2022/23 Quality Priorities.

It is commendable that zero percent of patient deaths were judged to be more likely than not due to problems in the care provided to patients.

The QA shows that the numbers of concerns raised, relating to bullying were up in 2022/23 compared to the previous year. This issue was previously raised as a concern by the Committee on 12th January 2023. Clarity is needed as to the reasons for this and actions SECAmb intends to undertake to address this.

The Quality Account does not include actions from the Kent & Medway (K&M) Integrated Care Strategy (ICS). This strategy has been ratified by the K&M Integrated Care Board, Medway Council & Kent County Council and undergone extensive public consultation. An interim version of this strategy was commented on by the Health and Adult Social Care

Overview and Scrutiny Committee on 1st December 2022. Given that the Trust is also part of the K&M Integrated Care Partnership, it is suggested that the Quality Account incorporates K&M ICS actions. For example, SECAmb' s 2023/24 Quality Priority 1 relates to improvement and learning within obstetrics and maternity care. This could be cross referenced against K&M ICS maternity services actions.

Being more aligned with the K&M ICS will assist SECAmb in focusing on improving standards and the quality of care provided to Medway residents. These actions may also help to alleviate workforce challenges through collaboration with other organisations.

Kent County Council's Health and Overview and Scrutiny Committee

Thank you for offering Kent County Council's Health Overview and Scrutiny Committee the opportunity to comment on SECAmb's Quality Account for 2022-23. HOSC is expecting to receive a number of similar requests from Trusts providing services in Kent.

Given the number of Trusts which will be looking to KCC's HOSC for a response the Committee does not intend to submit a statement for inclusion in any Quality Account this year.

Please be assured that the decision not to comment should not be taken as any reflection on the quality of the services delivered by your organisation and as part of its ongoing overview function, the Committee would appreciate receiving a copy of your Quality Account for this year once finalised.

East Sussex Health Overview and Scrutiny Committee

Thank you for providing the East Sussex Health Overview and Scrutiny Committee (HOSC) with the opportunity to comment on your Trust's draft Quality Account report 2022/23.

The HOSC recognises the Trust's efforts over the past year to maintain its high standards of care whilst dealing with the impact of the pandemic, workforce pressures, and pressures on the health and care system as well as the recent industrial action. The Committee, therefore, welcomes the success SECAmb has achieved in 2022/23, despite the considerable pressures placed upon it.

The HOSC has invited SECAmb to attend its meetings over the past year to look at hospital handover times and the CQC inspection report. The Trust's performance on Ambulance Response times and the 111 Service have also been scrutinised through the Committee's examination of the NHS Sussex Winter Plan. The Committee thanks those Trust officers who gave their time to attend the HOSC and for the Trust's input into the reconfiguration of Cardiology Services provided by East Sussex Healthcare NHS Trust (ESHT), which was also scrutinised by the Committee during the last year.

The HOSC continues to be concerned about SECAmb's response times to the four ARP categories where it is not meeting national standards, but understands that this is also a national issue, where the Trust is performing well compared to other Ambulance Trusts. The Committee understands that there are many factors affecting performance in this area which is why it requested a further report on hospital handovers. The HOSC welcomes the work SECAmb has undertaken with East Sussex Healthcare NHS Trust (ESHT) to improve hospital handovers at the acute trust's two main hospital sites in Eastbourne and

Hastings, and hopes these initiatives are rolled out to the other acute Trusts which serve East Sussex residents.

The HOSC is also concerned about the findings of the CQC inspection report and the impact the issues highlighted have on staff recruitment and retention, and the ability of the Trust to address the workforce challenges it faces. A further report on the actions taken following the CQC inspection will be considered by the Committee at the June 2023 meeting.

The Committee notes that the Trust acknowledges that call answering times for the 999 and 111 Services and response times during periods of service pressure have not been where the Trust would like them to be. The Committee will be interested to see the outcomes of the project taking place under the Quality Improvement framework to ensure the Trust is keeping patients as safe as possible while they are waiting for a response, and the actions the Trust is taking to increase staff resources in this area.

2022/23 Quality Priorities

The Committee notes the Trust's assessment that the 2022/23 year has again been challenging and understands the need to focus resources on service pressures and continuing to deal with the impact of Covid. Consequently, some of the Quality Priorities for Improvement rolled over to 2022/23 have only partially been achieved or have had to be substantially amended, as is the case with the Quality Priority to introduce Mental Health First Aid (MHFA) training for front-line staff, and some activity will be carried over into 2023/24.

The desired outcomes of the priority "Falls: Accessing Urgent and Emergency Care for Care Homes" would appear to have been largely met, which has the potential to improve patient outcomes and the Trust's own capacity and performance against the Category 3 and 4 ARP. It is also worth noting that acute and community hospitals in East Sussex have also been working on in hospital fall prevention and there may be opportunities to share learning.

The HOSC welcomes the Trust's participation in all the national clinical audits that it was eligible for during 2022/23. The Committee also notes and welcomes the reduction in the number of Serious Incident reports.

Quality Priorities for Improvement 2023/24

The HOSC notes the Trust's Quality Priorities for improvement in 2023/24 which are:

- Priority 1 (Domain: Clinical Effectiveness) – Learning from reviews to improve safety in maternity obstetric and neonatal care.
- Priority 2 (Domain: Patient Safety) – Utilising Urgent Community Response Services to improve safety for patients in the clinical stack.
- Priority 3 (Domain: Patient Engagement) – Listening and Engaging with our Patients, their Families and Carers.

The Committee welcomes the Priorities for 2023/24 and in particular the Trust's proactive approach to improving pre-hospital maternity services in the light of the findings of national reports regarding patient safety. The use of Urgent Community Response Teams is something that has been reported to HOSC as part of the NHS Sussex Winter Plan and the urgent and emergency care improvement work streams.

In carrying out the work on 'Listening and Engaging with our Patients, their Families and Carers' it will also be important to engage with the relevant HOSCs and Healthwatch groups to gain their views.

West Sussex Health and Adult Social Care Scrutiny Committee (HASC) Statement

Thank you for offering the Health & Adult Social Care Scrutiny Committee (HASC) the opportunity to comment on South East Coast Ambulance NHS Foundation Trust's Quality Account for 2022-23.

Following a Care Quality Commission inspection in August 2022 when SECAmb was rated as 'Requires Improvement', HASC was pleased with the updates it received on the Trust's improvement journey in November 2022 and March 2023.

With regard to the 2023-23 Quality Account, I would like to make the following comments on behalf of HASC.

Quality Priorities for Improvement 2023/24

Whilst the Committee will be happy with the three Quality Priorities for Improvement in 2023/24 it would hope that patient transfer times and response times be treated as priorities every year.

Progress Against 2022/23 Priorities

It is disappointing that Priority 1 - Clinical Supervision of Frontline Operational Workforce was only partially achieved, especially the clinical leadership structures across the Trust (Operational Unit Paramedic Practitioner Hubs) not being fully embedded.

Priority 2 - Introduction of Mental Health First Aid Training for Frontline Staff. The Committee will be keen that Mental Health Training will be mandated as this is a particular focus of attention for the Committee.

Priority 3 - Falls: Accessing Urgent and Emergency Care for Care Homes – The Committee is pleased with the work done around falls as this is another particular area of concern.

Other Areas

The Committee:

- Is pleased with the Trust's results in the national clinical audits that it participated in during 2022/23
- Is satisfied with the data quality reporting figures, the strong safeguarding reporting culture throughout the organisation and re-introduction of face-to-face Level 3 safeguarding training

- Is impressed with the Hospital Ambulance Reception Improvement System which has seen a dramatic decrease in hospital handover times and hopes this can be replicated with all acute hospitals in West Sussex
- Would be interested to see a copy of the Trust's Patient Safety Investigation Response Plan outside of a meeting when available
- Would like to learn how The Emergency Responder programme pilot in Tangmere performs (outside of a meeting)
- Hopes that the Blue Light Triage model for the treatment of mental health patients can be rolled out across West Sussex
- Hopes that the downward direction of travel of call answering/response times can be reversed
- Would like to know if the Trust is meeting the 75% - 80% target for staff flu vaccinations
- Thinks it would be useful to have a column for the number of complaints upheld in the table of complaints received during 2022/23 by subject and service

Healthwatch Surrey

We have found that SECAmb are responsive to the experiences and feedback shared with them through our Healthwatch South Meetings. We encourage them to continue to embed the importance of listening across all levels of the organisation, to ensure that people's voices are heard and rightfully recognised as a central to improving the quality of care for future patients.

Healthwatch West Sussex

At this present time, Healthwatch West Sussex is unable to add any comment on this report, we are not commenting on any Quality Reports for trusts across the county of West Sussex this year.

We would, however, like to commend the trust on its continuous improvement activities and we support all plans to monitor quality across the trust and implement actions which may enhance and add value to what is already being achieved.

Annex 2: Statement of directors' responsibilities for the quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS Foundation Trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- The content of the quality report meets the requirements set out in the NHS foundation trust annual reporting manual 2019/20 and supporting guidance Detailed requirements for quality reports 2019/20. NHS Trusts were not given an updated version of this guidance for 2022-23, as with the previous year's quality account, therefore the most recent version was used.

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

- Board minutes and papers for the period 01 April 2022 to 31 March 2023

- Papers relating to quality reported to the board over the period 01 April 2022 to 31 March 2023

- Feedback from commissioners dated 31/05/2023

- Feedback from two local Healthwatch organisations dated 12/06/2023 and 13/06/2023

- Feedback from overview and scrutiny committees dated 14/06/2023, 16/06/2023 and 23/06/2023

- The last Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, went to Board in January 2022. The next report will be published later this year.

- The national patient survey was not undertaken in 2022/23. The last national patient survey was in 2018

- The national staff survey ran from 30th September 2022 – 25th November 2022

- CQC inspection report dated 22nd June 2022

- The quality report presents a balanced picture of the NHS Foundation Trust's performance over the period covered

- The performance information reported in the quality report is reliable and accurate

- There are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice

- The data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review

- The quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report

Additional Note:

The Trust had a CQC inspection in February 2022. The inspection included a Well-Led inspection as well as an inspection of our Emergency Operations Centres (EOCs) and NHS 111 service. The CQC report was published on 22nd June 2022 and found serious concerns surrounding culture and leadership. As a result, the Trust's Well-Led rating went from Good to Inadequate. Our NHS 111 service retained its 'good' rating following a very difficult two years of the pandemic, which placed significant strain on the service.

Following the inspection, the Trust was issued with four Warning Notices highlighting the following areas requiring significant improvement by 18 November 2022 (these have now expired):

- Board Effectiveness
- Quality of Information
- Governance, Risk and Quality Improvement
- Culture of Bullying and addressing staff concerns

There was a further inspection in August 2022 of SECAmb's urgent and emergency care, as well as its resilience teams. The CQC report from this inspection was published on 26th October 2022 and resulted in the Trust having its overall rating move from 'Good' to 'Requires Improvement'. The individual rating for Caring remains rated as 'Good'.

SECAmb has outlined an improvement plan focusing on four main areas: Quality Improvement, Responsive Care, Sustainability, and People and Culture. Work includes improving learning from incidents as well as further recruitment and greater retention of staff. It also involves growing the Trust's voice within the wider NHS system to support improved patient pathways, reduce hospital handover delays and develop new partnerships.

In January 2023 the Trust Board presented an update to the CQC on progress made against the warning notices. The Trust continues to commit fully to the ambitions set out in our Improvement Journey, recognising that the people and culture element of this is the most significant in us achieving our aims and sustaining continuous improvement.

By order of the board

Date	30/06/2023	**Chairman**	
Date	30/06/2023	**Chief Executive**	

Appendix A

Advice for Fallers: EOC Clinician Flowchart

999/111 call for **FALL** with ambulance disposition

Response delay >30 minutes? (actual or anticipated)

Assess incident for suggestion of risk factors;

- Over 65 years of age
- Younger patient at risk of harm from long lie (i.e. wheelchair bound)
- 3rd party callers/Careline
- Cognitive Impairment/Dementia
- Alone/vulnerable

YES → Call back by EOC Clinician

NO → **Consider need to reassess at 60 minutes**

Pain/injuries, Incontinence, Existing pressure sores?

NO / YES

YES → **Consider management plan**;

- Self-mobilise (if appropriate, i.e. no neurology)
- Hydration
- Take prescribed medicines as normal
- Analgesia advice
- Discuss upgrade with Dispatcher

NO → Unable to mobilise on own

NO / YES

YES → **Consider management plan**;

- Pressure area relief
- Hydration
- Take prescribed medicines as normal
- Analgesia advice
- Discuss upgrade with Dispatcher

NO → **Coach patient to self-mobilise (using ROSPA video as a guide)**

Consider whether call can be re-triaged as Hear & Treat or requires response (i.e. suspicion of TLOC)

Reassessments

Aim to avoid doing more than 1 reassessment at 60 minutes.

Risks. *Long lie can*;

- cause pressure damage leading to long term harm
- acute kidney injury
- increase risk of hypothermia (even indoors on a warm day)
- delay the patient taking their prescribed medicines
- cause rhabdomyolysis

Resources;

- ROSPA self-mobilisation
  - https://www.rospa.com/home-safety/advice/older-people/
- Pressure damage information
  - https://www.nhs.uk/conditions/pressure-sores/
- Hydration – Think Kidneys
  - https://www.thinkkidneys.nhs.uk/aki/
- Rhabdomyolysis
  - https://patient.info/doctor/rhabdomyolysis-and-other-causes-of-myoglobinuria
- JRCALC Guidelines – Falls in Older People
  - Please refer to iCPG

Glossary

Acronym	Term
A&E	Accident & Emergency
AACE	Association of Ambulance Chief Executives
AARs	After Action Reviews
ACP	Advanced Paramedic Practitioner
ACS	Acute Coronary Syndrome
ADS	Ambulance Dataset
AED	Automated External Defibrillator
AQI	Ambulance Quality Indicators
ARP	Ambulance Response Programme
BCI	Business Continuity Incident
BI	Business Intelligence
BLT	Blue Light Triage
C.diff	Clostridium difficile
C1	Category 1
C2	Category 2
C3	Category 3
C4	Category 4
CA	Clinical Advisor
CAD	Computer Aided Dispatch
CAQSG	Clinical Audit and Quality Sub Group
CAS	Clinical Assessment Service
CCG	Clinical Commissioning Group
CCPs	Critical Care Paramedics
CFR	Community First Responder
COI	Clinical Outcome Indicator
CPCS	Community Pharmacist Consultation Service
CPD	Continuous Professional Development
CPR	Cardiopulmonary Resuscitation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DCIQ	DatixCloudIQ
DMAIC	Define, Measure, Analyse, Improve and Control
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation
DoS	Directory of Services
DSPT	Data Security and Protection Toolkit
ECG	Electrocardiogram

ED	Emergency Department
EMA	Emergency Medical Advisor
EOC	Emergency Operations Centre
ePCR	Electronic Patient Clinical Record
ER	Emergency Responder
ESR	Electronic Staff Record
FAST	Face Arm Speech Test
FROS	First Responder on Scene
FTSU	Freedom to Speak Up
G&W	Guildford and Waverley
GTN	glyceryl trinitrate
HA	Health Advisor
HASC	Health and Adult Social Care
HOSC	Health Oversight and Scrutiny Committee
HSIB	Healthcare Safety Investigation Branch
IC24	Integrated Care 24
ICB	Integrated Care Board
ICP	Integrated Care Provider
ICS	Integrated Care System
IEA	Immediate and Essential Action
IFT	Inter-Facility Transfers
IPC	Infection Prevention Control
ISDN	Integrated Stroke Development Networks
IUC	Integrated Urgent Care
JRCALC	Joint Royal College Ambulance Liaison Committee
K&M	Kent and Medway
LeDeR	Learning Disability Mortality Review
LFPSE	Learning from Patient Safety Events
MACA	Military Aid to the Civilian Authorities
MDT	Multi-disciplinary Team
MGG	Medicines Governance Group
MH	Mental Health
MHFA	Mental Health First Aid
MHP	Mental Health Practitioners
MRSA	Methicillin-resistant Staphylococcus aureus
NED	Non-Executive Director
NEWS2	National Early Warning Score
NGO	National Guardians Office
NHSCT	NHS Charities Together
NHSE	National Health Service England

OHCA	Out of Hospital Cardiac Arrest
OTL	Operational Team Leader
OU	Operating Unit
OUM	Operating Unit Manager
PAD	Public Access Defibrillators
PALS	Patient Advice and Liaison Service
PCN	Primary Care Network
PDL	Practice Development Leads
PEE	Patient Experience and Engagement
PEG	Patient Experience Group
PEQ	Patient Experience Questionnaire
PGD	Patient Group Directions
PHSO	Parliamentary and Health Service Ombudsman
PP	Paramedic Practitioner
Ppci	primary Percutaneous Coronary Intervention
PPE	Personal Protective Equipment
PSIRF	Patient Safety Investigation Response Framework
PSIRP	Patient Safety Investigation Response Plan
QA	Quality Account
QGG	Quality Governance Group
QI	Quality Improvement
RCN	Royal College of Nursing
RCUK	Resuscitation Council UK
REAP	Resource Escalation Action Plan
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
ROSC	Return of Spontaneous Circulation
SAR	Subject Access Requests
SCR	Summary Care Records
SDEC	Same Day Emergency Care
SECAmb	South East Coast Ambulance service
SH ICB	Surrey Heartlands Integrated Care Board
SI	Serious Incident
SIG	Serious Incident Group
SJR	Structured Judgement Review
SPFT	Sussex Partnership Foundation Trust
STEMI	ST Elevation Myocardial Infarction
UCH	Urgent Care Hub
UCR	Urgent Community Response

WTE	Whole Time Equivalent