

South East Coast Ambulance Service



NHS Trust



South East Coast Ambulance Service NHS Trust

Quality Account 2009 – 2010

V1.0 Final version

Date: 30 June 2010

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Data source: 'info.secamb' which is SECamb's internal information system.

ii) Table of Abbreviations

Abbreviation	Full Expression	Abbreviation	Full Expression
ASHICE	Age, Sex, History, Injuries/Illness, Condition, Estimate time of Arrival	ODA	Operational Dispatch Area
CAD	Computer Aided Dispatch System	PCR	Patient Clinical Record
CCP	Critical Care Paramedics	PGDs	Patient Group Directions
CPD	Continuous Professional Development	PP	Paramedic Practitioners
CQI	Clinical Quality Indicators	PSD	Professional Standards Department
CQUIN	Commissioning for Quality and Innovation	PSIAM	Priority Solutions Integrated Access Management
ECSW	Emergency Care Support Worker	QUIP	Health Care Quality Improvement Plan
FLSM	Front Service Loaded Model	R&D	Research and Development
FAST	Face; Arm; Speech; Time to call 999	RMCGC	Risk Management and Clinical Governance Committee
HCAI	Healthcare Associated Infections	ROSC	Return of Spontaneous Circulation
HPC	Health Professions Council	SECAmb	South East Coast Ambulance Service NHS Trust
NHS	National Health Service	SP	Specialist Paramedic

PART 1

1. Statement of the Chief Executive Officer (Accountable Officer)

The pace of change during the past year has been rapid for the NHS, both locally and nationally as we have all worked hard to improve quality of care whilst reducing costs and maximising efficiency.

SECAMB has made great strides in overcoming this challenge; demonstrating improvements in both clinical and response time national targets. During 2009/10 we exceeded the national target of reaching 75 per cent of life threatened patients within eight minutes, reaching 76.3 per cent. This means 1,917 more seriously ill or injured patients received a response within eight minutes last year than in 2008/09, and these impressive results have been achieved despite an increase of more than 6 per cent in 999 calls over the last 12 months.

We have also seen significant improvements in patient outcomes. One example is patients surviving from a witnessed out of hospital cardiac arrest – I am very proud to say that in a recent national audit of these patients SECAMB's survival rates for these critical patients was significantly higher than other ambulance trusts in England – a wonderful achievement for our staff, and great news for our patients!

However, beyond targets, delivering excellent clinical care is what SECAMB is about. We have made significant strides in a number of key areas that contribute to our objective of improving quality, outcomes, experience and safety for all of the patients we serve.

It is crucial that in every aspect of our work that we maximise all the resources available to us in order to continue to provide high quality and responsive clinical care more efficiently – put simply, delivering more for less. I am confident that we have the plans and systems in place to meet this challenge and continue to improve our services and deliver high quality care to patients across the South East Coast region.



Paul Sutton
Chief Executive

Date: 30 June 2010

2. Introduction to the Quality Account

Welcome to South East Coast Ambulance Service's (SECAMB's) Quality Account for 2009/10. We hope that you find it an interesting and informative read, providing you with a good understanding of the progress that has been made during the last year by your local ambulance service.

Our patients have a right to expect the ambulance service to deliver a consistently high quality of service, but what does this mean in practice? How can a 'Quality Account' be used to help answer this question and to assure that South East Coast Ambulance Service consistently improves services for its patients? Definitions of quality vary, tending to revolve around concepts, some of which can seem rather vague, such as 'fitness for purpose,' a reduction in variation with a relationship to effective systems and processes.

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

In recent years the NHS has made an attempt to come to terms with the task of improving patient services through the application of clinical governance, which seeks to embed continuous quality improvement (CQI) into the culture of the NHS. In practice this means ensuring that all aspects of patient care, such as safety, outcome and experience are understood and systematically refined.

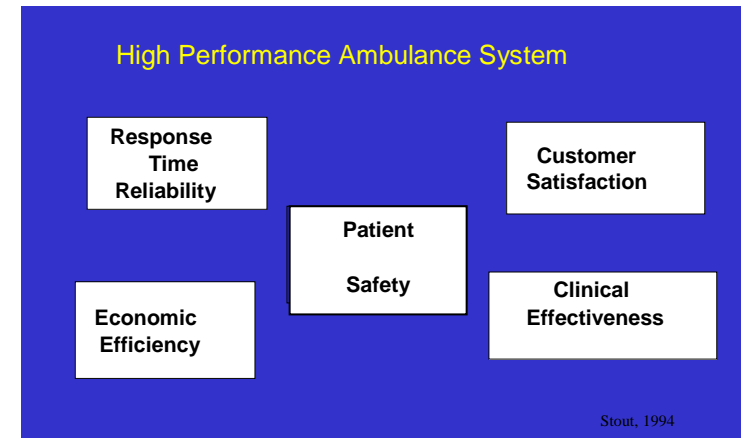
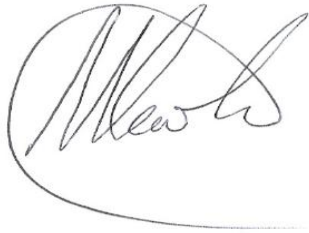


Figure 1: Model of High Performance Ambulance System

The Quality Account is the latest example to be used and is designed to give service users more insight into just how effective their services are and to explain how they are measured and how they will be improved. In short they are aimed at making all NHS trusts focus on quality, to show how they ensure 'consistency of purpose', and this responsibility has been made a legal requirement for all trust boards and all their members.

Introduction to the Quality Account continued

Since its formation in 2006, SECamb has taken steps to maintain and improve upon performance in the Annual Health Check, as reported by the Care Quality Commission (formerly the Healthcare Commission). In 2008-09, the Trust achieved a rating of 'Fair' for Quality of Services and 'Good' for Quality of Financial Management. The Trust has worked to improve performance against the core standards, and in 2009-10 declared full compliance with all standards. During January 2010, the Trust was required to register with the Care Quality Commission, and has since received notification that registration has been granted without any conditions imposed.

A handwritten signature in black ink, appearing to read 'Andy Newton', enclosed within a large, thin, hand-drawn oval.

Andy Newton

Date: 30 June 2010

Consultant Paramedic and Director for Professional Standards and Innovation

PART 2

3. How SECamb has prioritised quality initiatives

Patient outcomes are the benchmark of quality for any healthcare provider and that is why improving outcomes for patients is at the heart of SECamb's vision because our patients deserve nothing less. We aspire to deliver clinical excellence that matches and exceeds international best practice. Therefore in identifying and agreeing the below priorities, we have ensured that all are focused on improving outcomes for our patients; how we are going to do this is described in the detail of each priority throughout this Quality Account.

Priority 1:

To increase the number of registered paramedics who attend seriously injured or ill patients.

Priority 2:

To reduce the number of patients transported to hospital by ambulance by utilising registered paramedics with specialist skills who can provide care closer to home or at home.

Priority 3:

To improve the quality of patient care by linking the documented evidence of care delivered to the patient outcome.

How the Trust Board agreed on these three priorities:

In considering the priorities that the Trust would report, it has considered safety, effectiveness and patient experience. The priorities were assessed in terms of:

- 1: **Impact** on improving quality through considering the likely improvement in patient safety, outcomes and experience.
- 2: **Feasibility** in terms of the ease of implementation, resources required and time to achieve.

Monitoring our achievements:

The Risk Management and Clinical Governance Committee (RMCGC) will focus in detail on the key areas of quality and receive progress updates from relevant sub-groups that will be responsible for delivering the priorities. The Board will receive regular reports at its Public Board meetings on the achievement against the priorities listed above via the RMCGC.

4. *Priority 1* – To increase the number of registered paramedics who attend seriously injured or ill patients

Description

SECamb last year responded to around 563,000 emergency calls. Of these, just fewer than 400,000 patients were conveyed to hospital, 6.85% of which required the attending clinicians to advise the receiving hospital in advance of the patient's arrival. This kind of pre-alert is known as ASHICE. This is an acronym (Table 1) used to pass the important details of a critically ill patient over to the receiving hospital to ensure that they have all the appropriate equipment and staff assembled and prepared. It is these patients that can be considered to be in most need of the timeliest expert pre-hospital care and as such they should be cared for, where possible, at minimum by a clinician with the skills of a paramedic.

Table 1: Explanation of ASHICE acronym

A- age	S- sex	H- history	I- injuries/illness	C- condition	E- ETA
Patient's Age	Male/ Female	What has happened to cause injury/ illness	What injury has been sustained or what illness symptoms are there	Observation of patient	Estimated time of arrival

Current status

All our clinicians, from Emergency Care Support Worker (ECSW) to specialist paramedic (SP), regardless of job role, are trained and supported to provide safe and high quality clinical care.

The current status (Table 2) is described on page 6 and is taken from data drawn as a snapshot in January 2010. This shows that SECamb currently provides a clinician with at least the skill set of a registered paramedic on average 58% of the time (range 39% to 100%). The top ten reasons for pre-alert to hospital are shown in Figure 2. By increasing the number of registered paramedics that attend these patients we will further improve the quality of care and potentially improve patient outcomes towards international standards.

Priority 1 continued

The data for Kent is currently not available and so cannot be reported. This will be resolved in 2010/2011 through the implementation of a single Computer Aided Dispatch System (CAD) – the system that enables us to manage the 999 calls and send clinicians to the patient.

Table 2: % patients attended by a registered paramedic by Operational Dispatch Area (ODA)

ODA	Registered Clinician Attended Jan 2010
Brighton & Hove	69.54%
Chertsey	39.93%
East Kent	Data not currently available
Guildford	57.06%
North Kent	Data not currently available
Redhill	49.37%
Rother	77.59%
South Kent	Data not currently available
The Weald	100.00%
West Sussex	69.44%
SECamb	58.03%

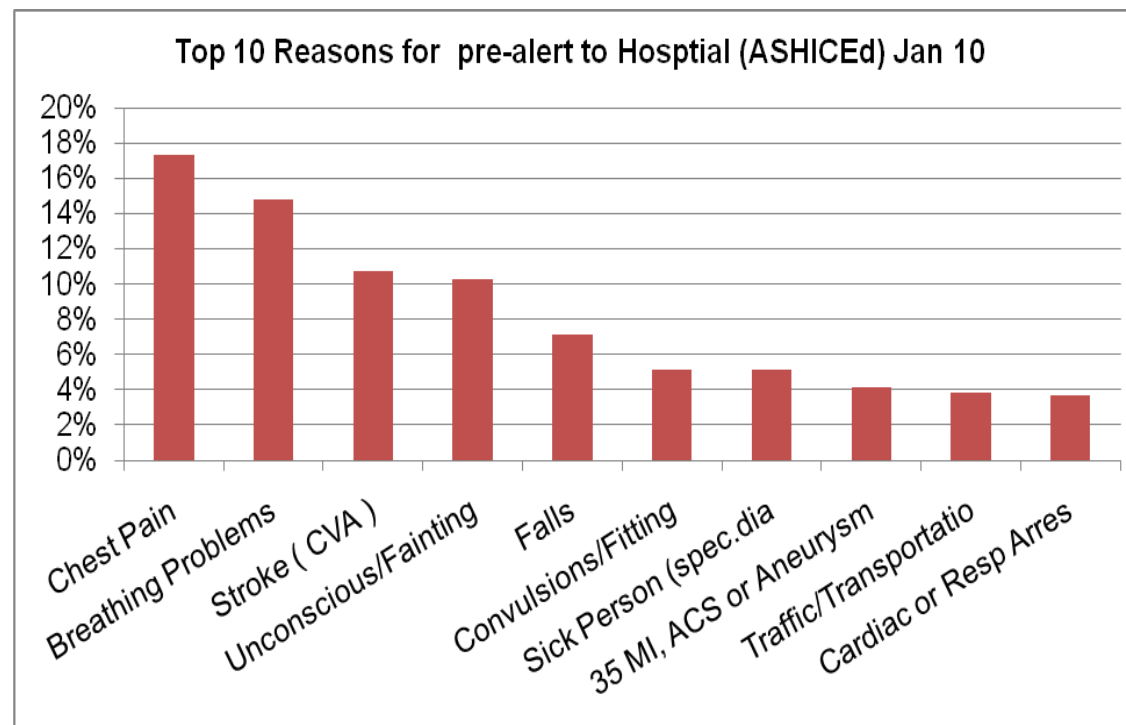


Figure 2: Top Ten reasons for pre-alert to hospital

Priority 1 continued

How we are going to improve Priority 1

Getting the right clinician to the right patient is essential to achieving Priority 1. This will mean we need to change the way we match the clinician to the emergency call. We will also need to be sure we can measure the improvement and so will need to undertake some further work on how we capture this information.

1. Front Loaded Service Model

Included in the Trust's plans is the implementation of a change programme over the next five years that will mean that a registered clinician is the first to see the patient 90% of the time. This is known as the Front Loaded Service Model (FLSM). It is an ambitious plan that will ensure the Trust is able to build on the good practice and clinical services already provided as well as further improve the quality of care that SECamb's population can expect from its ambulance service.

2. Workforce Development

During the last 36 years the ambulance service has matured to become a highly complex mobile NHS health care provider. There are many areas that will need further development to meet the future challenges. Investing in a workforce that is part of a professional body is essential to this challenge. This will mean we can be assured of providing high quality patient care and will be able to advance through by developing a 'professional' workforce that is able to meet the challenges of autonomy and accountability in delivering care within their scope of practice.

i. Paramedic education

To enable SECamb to meet the challenges that we will face in the future, an education programme has been introduced that will provide undergraduate education. This will mean paramedics are educated to Foundation or Bachelor of Science Degree and all paramedics are registrants on the Health Professions Council (HPC).

Priority 1 continued

ii. Specialist paramedics

The Trust is also committed to further developing the role of the specialist paramedic. This is where registered paramedics, who have gained sufficient experience at paramedic level, undertake further education and training to develop specialist skills. This means they can provide advanced assessment, triage and treatment to further support the care of our patients. There are plans to train 56 Senior Paramedics per annum to specialist paramedic level until we have reached a total of 300 Paramedic Practitioners (PPs) and 60 Critical Care Paramedics (CCPs).

3. Understanding the outcome of severely ill/injured patients

In the coming year the Trust is going to develop its systems to capture this information so that it can ensure this quality measure can be reported across the whole Trust and accuracy is improved. As part of this we will link with existing feedback mechanisms that are within acute care and the SHA Quality Observatory to better understand the outcomes for our patients

Name of Board Sponsor

Andy Newton (Consultant Paramedic and Director of Professional Standards and Innovations)

Name of Implementation Lead

Sue Harris (Director of Operations)

5. **Priority 2 – To reduce the number of patients transported to hospital by ambulance by utilising registered paramedics with specialist skills who can provide care closer to home or at home**

Description

For some patients this means they will not need to go to hospital and instead will be able to be safely treated at home or closer to home, which is what we are told people want. Over the next three years we are working towards reducing the numbers of patients conveyed to hospital (the conveyance rate) and the provision of pathway will greatly assist in this aim. While specialist paramedics known as Paramedic Practitioners (PPs) are first and foremost paramedics, and therefore provide first line response to 999 calls, they are also trained in advanced clinical assessment, triage and treatment skills either directly or in supporting other SECamb clinicians.

PPs may ‘see and treat’ the patient, for example, where the patient can be assessed, treatment given and no further follow-up is needed. The PP may also ‘see and treat’ the patient but ongoing care may be needed in the community in which case a referral that follows an appropriate clinical pathway such as District Nurse or Community Matron; primary care (GP); or a service such as a Falls Service. Working closely and in collaboration with primary/community services is an essential part of the success of the PP role and demonstrates the pivotal function that they can play in supporting the care of patients across the SECamb population. In many cases PPs are linked to GP practices and this enables them to build a close working relationship with all members of the practice, from GP to practice nurse or nurse specialists.

Current status

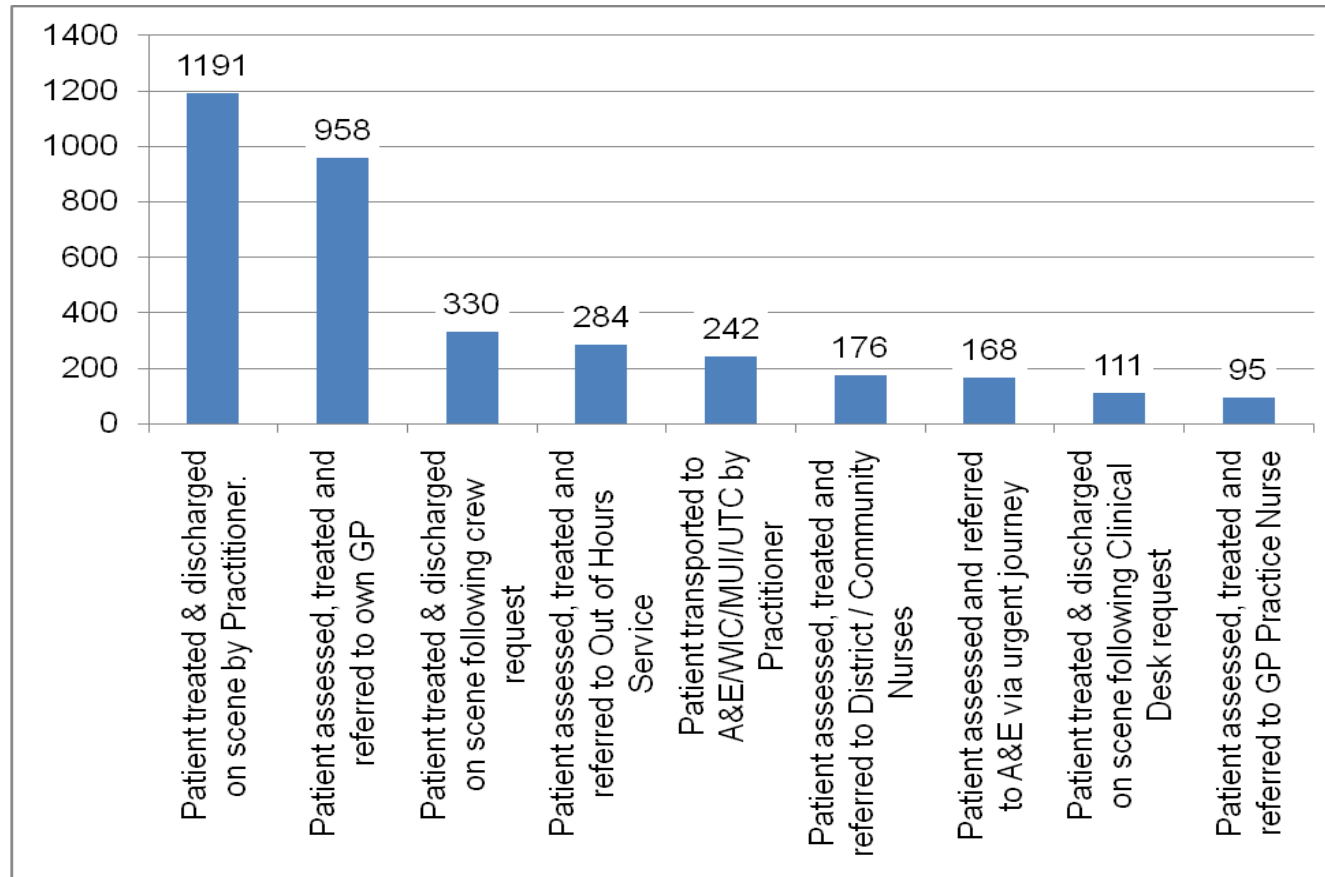
Table 3: Paramedic Practitioner Team bases across the SECamb area

Bases for existing PP teams		
Sittingbourne	Redhill	Brighton
Herne Bay	Crawley	Littlehampton
Thanet	Haywards Heath	Chichester
Folkestone	Haslemere	Hailsham
Maidstone	Chertsey	Bexhill
Sevenoaks	Medway	Ashford

There are 113 PPs within 18 teams working across the SECamb area. The teams are based in the locations listed in Table 3.

Priority 2 continued

Clinical evidence supports the use of PPs in providing an effective and safe alternative to hospital attendance thus reducing conveyance when compared with non-PPs.



The graph opposite (Figure 3) illustrates the top pathways accessed for patients during the period 1st April 2009 to 31st December 2009 that enable a PP to support the patient with care at home or closer to home. The largest group is where the patient is seen, treated and discharged by a PP.

Figure 3: Services/Support needed to support non conveyance by Paramedic Practitioners

Priority 2 continued

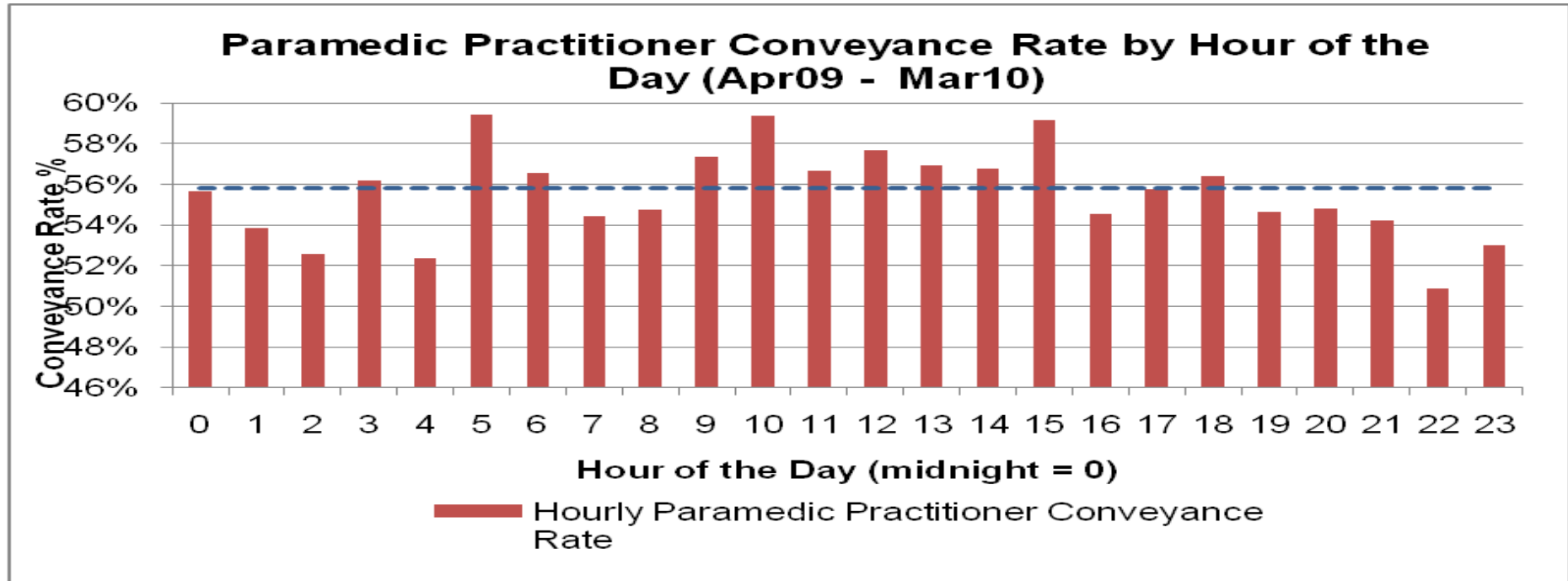


Figure 4: Paramedic Practitioner Conveyance by Hour of the Day

The graph above (Figure 4) shows data analysed for PP conveyance rate by the hour of the day. The dashed line represents the overall SECamb PP conveyance rate. This shows that during the night time hours (6pm to 5am) conveyance rate falls but during the day time hours (5am to 6pm) the conveyance rate is at its highest. The difference in conveyance by time of the day is complex. We know our overall activity is higher during the day which will be the same for community services. This may mean access to alternatives to conveyance is harder to access or the needs of the patients are different. Further work is needed to understand demand so that we can ensure that both SECamb and our partners can work together to provide alternatives that will meet the patients need and ensure that PPs are used effectively as more are trained.

Priority 2 continued

How we are going to improve Priority 2

Improving non-conveyance through the deployment of PPs will mean more patients can be safely treated at, or closer to home. This will further support improvement of the patient experience by providing safe and good quality alternatives to taking people to hospital for the entire 24-hour period. The agreed Commissioning for Quality and Innovation (CQUIN) targets for SECamb include managing conveyance by reducing conveyance where there are acceptable alternatives that can meet the patients need. The aim is to reduce overall conveyance by March 2011 from 64% to 60%.

1. Workforce development

We will continue with the education programme that trains PPs. To enable the PPs to be even more effective we are also assuring a programme of Continuous Professional Development (CPD) that will mean that they can maintain their skills and develop further skills and knowledge in assessment, triage and care. We are currently working on a Skills Assurance Framework with our Education & Training Department which will be built around the 15 hours allocated per member of staff per six-week period for training and development purposes.

2. Pathways development through joint working with primary/community providers

Working with partners in primary/community care we are developing specific pathways that mean we can support the primary/community clinician in providing the patient agreed care plan. An example of this is we have been working extensively with Medway Community Providers in mapping a single point of access for patients. This work is still ongoing and we envisage this being a benchmark for SECamb in terms of how we take this work forward. We need to build on progress in pathways development such as 'Falls services' where our crews are able to refer a patient who they see has fallen and only sustained minor/minimal injury but further more serious injury could be avoided with specialist input in the community.

3. Patient satisfaction survey

We will be undertaking a survey of a random selection of 500 people who have been seen by PPs about their satisfaction with the care that they received.

Priority 2 continued

4. Patient Group Directions and Clinical Practice Guidance

To be able to give drugs to patients safely and within required guidance PPs use what are called 'Patient Group Directions' (PDGs). The PGDs allow PPs to treat conditions such as minor infections and patients with minor injuries (such as sprains and strains). SECAMB has developed its own set of clinical guidelines for PPs. These guidelines are similar to the national JRCALC (Joint Royal Colleges Ambulance Liaison Committee) guidelines used by all paramedics in the delivery of safe effective care. The SECAMB PP "Clinical Management Plans" use national evidence-based best practice guidelines, which are developed in collaboration with our Medical Director and Medical Group, a committee of senior doctors who act as advisors to the trust.

5. Hear and Treat

Many patients who call 999 may only require self care advice and reassurance. SECAMB uses a software system called Priority Solutions Information Access Management (PSIAM) to give patients who fulfil the appropriate national guidelines on secondary triage (i.e. whose calls are not deemed 'serious' by their initial assessment), the opportunity to discuss their needs with a clinician in the control centre over the telephone. In most cases, the clinician can provide sufficient advice to complete the episode of care. Following the telephone assessment and where there is a need to see clinician face to face, arrangements are made for a paramedic practitioner to attend or for an ambulance to take the patient to hospital. PSIAM is internationally proven to be a very safe way to offer patients more appropriate care, where their condition permits.

6. Develop system for performance measurement

These will be developed, as part of the SECAMB performance measures, the ability to measure PP conveyance against non-PP conveyance so that it can be easily identified where changes can be made to improve the patient experience.

Name of Board Sponsor Andy Newton (Consultant Paramedic and Director of Professional Standards and Innovations)

Name of Implementation Leads Sue Harris (Director of Operations)
Kath Start (Director of Workforce and Organisational Development)

6. Priority 3 – To improve the quality of patient care by linking the documented evidence of care delivered to the patient outcome

Description

Improving clinical records is a fundamental prerequisite to improving any aspect of clinical care. This is because it is essential to review the evidence of the care given to understand the impact of that care to the patients outcome. The Patient Clinical Record (PCR) is the document that the clinician completes as a record of the patient assessment and care, and provides essential information about the care SECamb clinicians give to our population. It is a record that we use to pass information on to other health professionals, be that hospital clinicians or those in primary/community care. By monitoring the information contained in this document it tells us about professional practice within SECamb and is a way of monitoring good practice and also helps us identify issues and risks that may affect delivery of high quality care.

The PCR process provides a range of information (a combined set of data) that supports the reporting of some quality indicators and wider SECamb performance. Bringing the PCR and the emergency call together in this way means the information is available electronically and can be used to support the integrity of SECamb's information systems. The journey of the PCR requires close monitoring, so that the maximum number of PCRs are available for scanning and validated against the number of responses. The three factors that link the PCR and CAD data are the incident date, incident number and the call sign. If we are not able to match all three then we cannot consider the electronic record valid and not linked and our clinical data is in question.

Current status

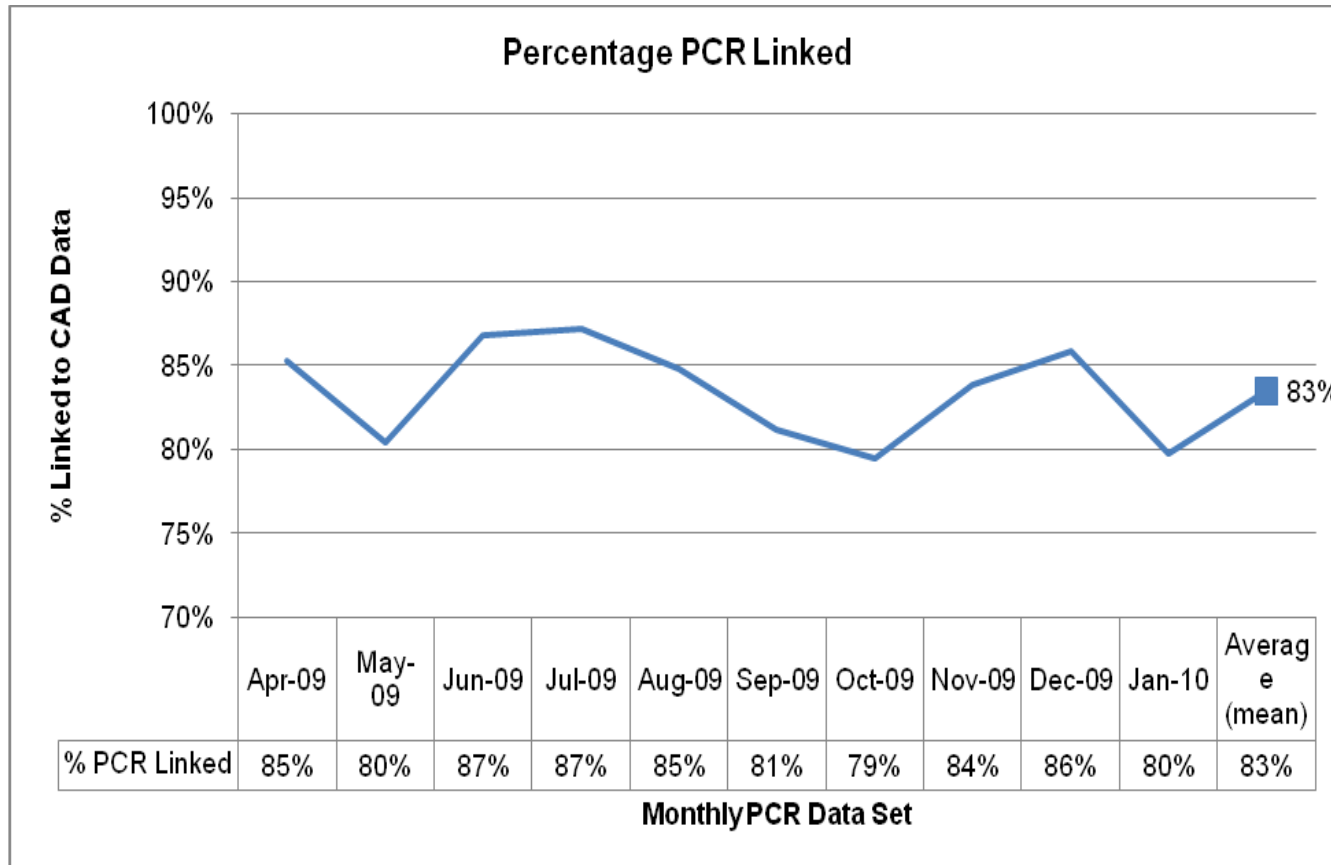
It is important that for each patient who is attended by a clinician a PCR is completed and then forwarded to the scanning/validation and linking process. Currently the number of incidents recorded on our CAD (dispatch system) that are linked to a PCR stands at an average of 83%. Chart 5 on the next page shows the trend over time. The difference means that there is a gap in the number of PCRs and calls responded to. This is a result of an inherent process problem associated with the PCR being a paper-based manual system that is spread over the 63 ambulance stations across SECamb's geography.

The time allowed for this matching process is six weeks and is as follows:

1. This record is currently manually completed by the clinician during their time with the patient.
2. The completed PCRs are collected on a weekly basis at each of the 63 ambulance stations (including three Make Ready sites).

Priority 3 continued

3. It is then passed to the Information Governance Team and electronically scanned.
4. Once the form has been scanned it is then manually validated with the data being uploaded onto SECAmb's information system (known as "info.secamb") where the scanned PCR data is linked to the emergency control centre system CAD.



This graph (Figure 5) shows the trend over time for the PCR and the calls responded to. There is further work that can be done to improve this and it is an essential part of our assurance process related to the quality of the care we give.

Figure 5: Linkage of Patient Clinical Record to calls that require a response

Priority 3 continued

How we are going to improve *Priority 3*

In order to ensure that we are giving the highest possible clinical care, we need to ensure that the number of PCRs correspond to the number of responses we make. We will monitor records so that there is a PCR for each patient encounter and that completed PCRs are available in a timely manner.

1. Quality assurance process

A quality assurance process will be implemented to ensure that the displayed values are reviewed and checked for accuracy on a monthly basis and all findings and subsequent actions documented and noted to the Clinical Governance and Innovations Working Group.

2. Explore new technologies

We will explore new technologies to see how the compliance can be maintained and subsequently enhanced without significant additional resource. However, inevitably in these stringent financial times, a technological solution that works in mobile units is a costly one and sources of funding need to be explored further as well as implementing the technical capability.

3. Opportunities that the Make Ready programme will bring

The Trust is implementing a Make Ready initiative – a scheme in which vehicles are regularly deep-cleaned, restocked and checked for mechanical faults in order to significantly minimise the risk of cross-infection and improve patient safety. Following a successful pilot of the scheme in Chertsey 2008, SECAMB has further developed the Make Ready programme and currently has three Make Ready depots, in Chertsey, Thanet and Hastings. The Trust has plans to roll out the initiative across the whole of Sussex, Surrey and Kent by creating 12 depots in total across the SECAMB region by 2016. Amongst other advantages this will mean that there is central collection of PCRs and will help to smooth and speed up the process of collecting and linking the PCR with the call.

Priority 3 continued

4.Process Improvement

Work will be undertaken to understand the process and make improvements so that the number of PCRs linked to calls responded to is improved and the time taken to undertake the linkage is also reduced.

Name of Board Sponsor

Geraint Davies (Director of Business Development)

Name of Implementation Lead

Ian Arbuthnott (Director of Information Management and Technology)

7. Quality Improvements made within SECAMB during 2009/2010

Quality improvements in Stroke Care

Thrombolysis, which has long been established as the gold standard for people who are having heart attacks, is now proven to improve outcomes for people who are having a certain type of stroke. SECAMB is working with the three county-based Stroke Networks and in addition, has been liaising with the South West and South East London Stroke Networks to implement new pathways for these patients. To make it happen, the ambulance may need to bypass the local hospital to take the patient to the hospital that is able to provide the thrombolysis service. An enhanced education programme is being given to our clinicians to help them recognise stroke more effectively. This will mean they are able to quickly recognise the signs and symptoms of a stroke and deliver the patient to the right hospital with optimal care en-route.

New pathways for patients who are having a Heart attack

Clinical developments in the care of patients who are having a heart attack means that in preference to thrombolysis, primary angioplasty is being used to unblock the artery carrying blood to the heart, rather than dissolving the clot using drugs. This procedure is carried out under local anaesthetic; a small balloon is inserted via an artery in the groin or arm and guided under x-ray to the blockage. Once in place, the balloon is inflated and removed, leaving behind place a rigid "stent" which squashes the blockage in the artery allowing blood to flow through. For the treatment to work, it has to be done quickly to minimise the amount of damage to the heart muscle from the lack of oxygen that occurs when blood-flow is blocked.

In Kent & Medway, SECAMB has supported primary bypass for all patients with heart attacks to the William Harvey Hospital in Ashford. This is supported by telemetry where ambulance crews send the ECG for the coronary care team to review to support the ambulance crew interpretation of the heart trace. Where possible ECGs are transmitted for all patients with a suspected heart attack and this means the preparation of the equipment and call out of the on-call clinicians can be done in advance of the patient arriving. The pathway is in the early stages of implementation and is progressing well.

Quality Improvements made within SECamb during 2009/2010 continued

Improving outcomes following cardiac arrest

Within the last year the National Ambulance Service Clinical Audit Steering Group published a report regarding out of hospital cardiac arrest patients attended by NHS ambulance crews. The data collected showed that SECamb is the highest performing UK Ambulance Trust in terms of admitting patients to hospital with a return of spontaneous circulation (ROSC), where the heart is restarted, following a cardiac arrest. In the study month (June 2009) 75% of patients had a successful outcome from defibrillation performed by our crews. SECamb is very proud to have been recognised in this way as it reflects the hard work and commitment of its clinicians. It also demonstrates that with the introduction of a well researched, new approach to resuscitation, survival from out of hospital cardiac arrest is greatly improved when compared to the regular methods in use. Over the last 17 months, data collected from the Brighton and Hove area showed a ROSC rate which was 51% higher than it was in 2003; 36 of those patients survived to discharge from hospital. These encouraging figures allow SECamb to focus on further improving outcomes from cardiac arrest via research and development of procedures as it continues to strive to be a leading provider of pre-hospital care.

Infection Control Standards

In July 2009 the Care Quality Commission (CQC) visited SECamb as part of an unannounced inspection process of all Ambulance Services in England, the purpose of which was to assess whether the regulations on healthcare associated infections (HCAs) were being met and the supporting Code of Practice was being followed. The Trust was found to comply with all the required standards. The inspectors visited ambulance stations and met with clinicians across the Trust and observed clinical care being undertaken in a number of settings. Feedback from the CQC was that our clinicians understanding of infection control was of a high standard and the overall culture of patient safety was high which it was felt was a result of the commitment that the Trust had made in ensuring that training and education relating to ensuring good practice was embedded in our annual training programme.

8. Statement relating to quality of NHS services provided

The information below is as the prescribed schedule as in the Quality Account Regulations that SECAMB is required to declare.

<i>Prescribed Information</i>	<i>Form of statement</i>
<p>1. The number of different types of NHS services provided or sub-contracted by the provider during the reporting period, as determined in accordance with the categorisation of services—</p> <p>(a) specified under the contracts, agreements or arrangements under which those services are provided; or</p> <p>(b) in the case of an NHS body providing services other than under a contract, agreement or arrangements, adopted by the provider.</p>	<p>During 2009/2010 SECAMB provided 2 (two)</p> <ul style="list-style-type: none"> • Accident and Emergency (A&E) and Patient Transport Services (PTS) <p>and/or sub-contracted</p> <ul style="list-style-type: none"> • 5 (five) NHS services. • SIMCAS BASICS • Air Ambulance • St Johns • Red Cross • Evolve
<p>1.1 The number of NHS services identified under entry 1 in relation to which the provider has reviewed all data available to them on the quality of care provided during the reporting period.</p>	<p>SECAMB has reviewed all the data available to them on the quality of care in all 7(seven) of these NHS services.</p>
<p>1.2 The percentage the income generated by the NHS services reviewed by the provider, as identified under entry 1.1, represents of the total income for the provider for the reporting period under all contracts, agreements and arrangements held by the provider for the provision of, or sub-contracting of, NHS services.</p>	<p>The income generated by the NHS services reviewed in 2009/2010 represents 0.7 per cent of the total income generated from the provision of NHS services by SECAMB.</p>
<p>2. The number of national clinical audits(9) and national confidential enquiries(10) which collected data during the reporting period and which covered the NHS services that the provider provides or sub-contracts.</p>	<p>During 2009/2010 2 (two) national clinical audits and 0 (zero) national confidential enquiries covered NHS services that SECAMB provides.</p>
<p>2.1. The number, as a percentage, of national clinical audits and</p>	<p>During that period SECAMB participated in 100% national clinical audits</p>

	national confidential enquiries, identified under entry 2, that the provider participated in during the reporting period.	and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.
2.2	A list of the national clinical audits and national confidential enquires identified under entry 2 that the provider was eligible to participate in.	The national clinical audits and national confidential enquiries that SECAMB was eligible to participate in during 2009/2010 are as follows: <ul style="list-style-type: none"> • Myocardial Infarction National Audit Programme (MINAP). • Clinical Performance Indicators. <i>NOTE: For the purposes of this return SECAMB are considering the 5 Clinical Performance Indicators as one audit.</i>
2.3	A list of the national clinical audits and national confidential enquiries, identified under entry 2.1, that the provider participated in.	The national clinical audits and national confidential enquiries that SECAMB participated in during 2009/2010 are as follows: <ul style="list-style-type: none"> • Myocardial Infarction National Audit Programme (MINAP). • Clinical Performance Indicators
2.4	A list of each national clinical audit and national confidential enquiry that the provider participated in, and which data collection was completed for during the reporting period, alongside the number of cases submitted to each audit, as a percentage of the number required by the terms of the audit or enquiry.	The national clinical audits and national confidential enquires that SECAMB participated in, and for which data collection was completed during 2009/2010, 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. <ul style="list-style-type: none"> • Myocardial Infarction National Audit Programme (MINAP) - 100% • Clinical Performance Indicators 100%
2.5	The number of national clinical audit reports published during the reporting period that were reviewed by the provider during the reporting period.	The reports of 2 (two) national clinical audits were reviewed by the provider in 2009/2010 and SECAMB intend to take the following actions to improve the quality of healthcare provided.
2.6.	A description of the action the provider intends to take to improve the quality of healthcare following the review of reports identified under entry 2.5.	To support the introduction of 24/7 primary percutaneous coronary intervention centres at acute Trusts, to withdraw pre-hospital thrombolysis where this facility exists and to implement bypass procedures, as and when commissioned, to facilitate clinicians to deliver the best care to patients suffering from an Acute Myocardial Infarction.
2.7.	The number of local clinical audit (11) reports that were reviewed by the provider during the reporting period.	
2.8.	A description of the action the provider intends to take to improve the quality of healthcare following the review of	The reports of 23 local clinical audits (this comprises: 5 nationally agreed Clinical Performance Indicators (CPIs), 13 audits and 5 patient satisfaction surveys/service evaluations) were reviewed by the provider in

reports identified under entry 2.7.

2009/2010 and SECamb intends to take the following actions to improve the quality of healthcare provided.

Individual action plans have been set against each area for service improvement to advance patient care and improve clinical quality; these are available upon request.

3. The number of patients receiving NHS services provided or sub-contracted by the provider during the reporting period that were recruited during that period to participate in research approved by a research ethics committee within the National Research Ethics Service (12).

The number of patients receiving NHS services provided or sub-contracted by SECamb in 2009/2010 that were recruited during that period to participate in research approved by a research ethics committee was 0 (zero).

4. Whether or not a proportion of the provider's income during the reporting period was conditional on achieving quality improvement and innovation goals under the Commissioning for Quality and Innovation payment framework (13) agreed between the provider and any person or body they have entered into a contract, agreement or arrangement with for the provision of NHS services.

A proportion of SECamb's income in 2009/2010 was conditional on achieving quality improvement and innovation goals agreed between SECamb and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2009/2010 and for the following 12 month period are available on request from:-

4.1 If a proportion of the provider's income during the reporting period was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework the reason for this.

Andrew Cashman
Assistant Director of Business Development
40-42 Friars Walk
Lewes
East Sussex
BN7 2XW

4.2. If a proportion of the provider's income during the reporting period was conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework, where further details of the agreed goals for the reporting period and the following 12 month period can be obtained.

Email: andy.cashman@secamb.nhs.uk

5. Whether or not the provider is required to register with the Care Quality Commission ("CQC") under section 10 of the Health and Social Care Act 2008(14).

SECamb is required to register with the Care Quality Commission and its current registration status is registered without conditions. The Care Quality Commission has not taken enforcement action against

- 5.1. If the provider is required to register with the CQC—
- (a) whether at end of the reporting period the provider is—
 - (i) registered with the CQC with no conditions attached to registration,
 - (ii) registered with the CQC with conditions attached to registration, or
 - (iii) not registered with the CQC;
 - (b) if the provider's registration with the CQC is subject to conditions what those conditions are; and
 - (c) whether the Care Quality Commission has taken enforcement action against the provider during the reporting period.

SECAmb during 2009/2010.

6. Whether or not the provider is subject to periodic reviews by the CQC under section 46 of the Health and Social Care Act 2008.

SECAmb is subject to periodic reviews by the Care Quality Commission and the last review was on 2008/2009. The CQC's assessment of the SECAmb following that review was :

- 6.1. If the provider is subject to periodic reviews by the CQC—
- (a) the date of the most recent review,
 - (b) the assessment made by the CQC following the review(15),
 - (c) the action the provider intends to take to address the points made in that assessment by the CQC, and
 - (d) any progress the provider has made in taking the action identified under paragraph (c) prior to the end of the reporting period.

Quality of Services – Fair

Quality of Financial Management - Good.

SECAmb intends to take the following action to address the points made in the CQC's assessment.

Existing commitments – Category B performance: Significant work was undertaken to achieve the Category B target. In the final quarter this was achieved for all but 9 days. Analysis of the Category B incident level is reviewed daily as part of the operations management processes.

National priorities – Clinical indicators: work is underway at a national level to influence the approach used for analysis of the Clinical Performance indicators, and the Trust is involved in these discussions with other ambulance trusts and representatives from the CQC.

In addition, the Trust has reviewed and introduced a new Patient Clinical Record (PCR) to facilitate data capture relating to clinical outcomes. Performance on the clinical performance indicator relating to Return of Spontaneous Circulation (ROSC) shows that the Trust is performing

significantly above any other trusts nationally.

National priorities – staff satisfaction: a working group has been established to address areas of weakness within the staff survey. This group has developed an action plan to address these weaknesses, with a focus on the roll out of staff appraisals.

7. Whether or not the provider has taken part in any special reviews or investigations by the CQC under section 48 of the Health and Social Care Act 2008 during the reporting period.

During 2009/2010 SECamb has not participated in any special reviews or investigations by the CQC during the reporting period.

7.1. If the provider has participated in a special review or investigation by the CQC—
(a) the subject matter of any review or investigation,
(b) the conclusions or requirements reported by the CQC following any review or investigation,
(c) the action the provider intends to take to address the conclusions or requirements reported by the CQC, and
(d) any progress the provider has made in taking the action identified under paragraph (c) prior to the end of the reporting period.

8. Whether or not during the reporting period the provider submitted records to the Secondary Uses service(16) for inclusion in the Hospital Episode Statistics(17) which are included in the latest version of those Statistics published prior to publication of the relevant document by the provider.

SECamb did not submit records during 2009/2010 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

8.1. If the provider submitted records to the Secondary Uses service for inclusion in the Hospital Episodes Statistics which are included in the latest published data:
(a) the percentage of records relating to admitted patient care which include the patient's—
(i) valid NHS number; and (ii) General Medical Practice Code;

(b) the percentage of records relating to out patient care which included the patient's—

(i) valid NHS number; and (ii) General Medical Practice Code;

(c) the percentage of records relating to accident and emergency care which included the patient's—

(i) valid NHS number; and (ii) General Medical Practice Code.

9. The provider's score for the reporting period, as a percentage, for Information Quality and Records Management, assessed using the Information Governance Toolkit published by the Audit Commission(18)	SECamb score for 2009/2010 for Information Quality and Records Management assessed using the Information Governance Toolkit was 82%.
10. Whether or not the provider was subject to the Payment by Results clinical coding audit at any time during the reporting period by the Audit Commission (19).	SECamb was not subject to the Payment by Results clinical coding audit during 2009/2010 by the Audit Commission (Payment by Results does not currently apply to services provided by Ambulance Trusts).
10.1 If the provider was subject to the Payment by Results clinical coding audit by the Audit Commission at any time during the reporting period, the error rates, as percentages, for clinical diagnosis coding and clinical treatment coding reported by the Audit Commission in any audit published in relation to the provider for the reporting period prior to publication of the relevant document by the provider.	

PART 3

9. SECamb's feedback from its patients

In 2009/10 SECamb conducted its second region wide patient and public satisfaction and perception survey, to build on the first survey undertaken during 2008.

The aim was to examine any changes in results over the past two years, and use that information to help to provide services that patients and the public want, as well as testing public and patient understanding of our services. A key aim in the latest survey was also to test the effectiveness of the Trust's stroke awareness campaign.

For the first time, as well as looking at the overall results, SECamb also analysed the results of the survey by geographical area, broken down into the six local authority areas served by the Trust – Kent, Medway, Surrey, Brighton & Hove, East Sussex and West Sussex.

The results of the survey of just over 1,000 patients and members of the public carried out by Ipsos MORI once again concluded that people hold SECamb in high esteem and are positive about our performance. Our staff were again recognised as a key asset to the Trust.

Results of the survey revealed that:

- Public and especially our patients hold SECamb in high regard – 59% and 82% respectively view it favourably, with very few in either category expressing a negative view.
- Patients praised staff for their attitude, knowledge and experience and see the service overall as being effective.
- The most supportive comments were made by people who have or do use SECamb services including patients and older people.

The results around the understanding and awareness of stroke showed that SECamb is well-regarded for raising awareness of when (in general) people should call 999 for people who they think may be having a stroke. The questions specifically around the Trust's FAST stroke awareness campaign showed that public confidence in being able to recognize a stroke is high, with most also being able to recall the FAST campaign.

Formal complaints by outcome, April 09 - March 10

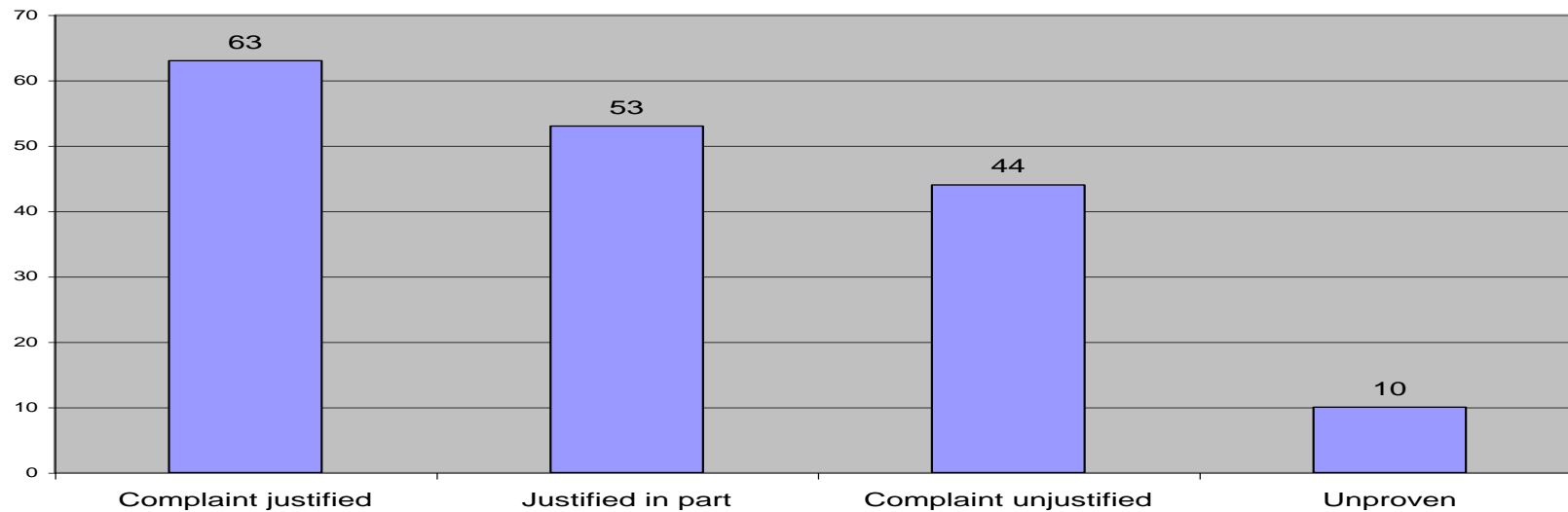


Figure 6: Breakdown of Complaints data

Complaints

SECAmb began collating patient experience data from complaints and PALS centrally in April 2007. During the year 2007/08 113 complaints were recorded, compared to 114 for the three former Trusts in the previous year. New national complaints guidance issued in April 2009 led to some issues which might previously have been treated as PALS enquiries being dealt with as formal complaints. The Trust received 171 formal complaints for the year 2009/10, of which 63 were found to be wholly justified. Six complainants took their concerns to the Ombudsman, of which three were deemed to require no further action, two were referred back for local resolution, and the Trust is awaiting a decision on the remaining complaint (Figure 6).

PALS by month, April 2009 - March 2010

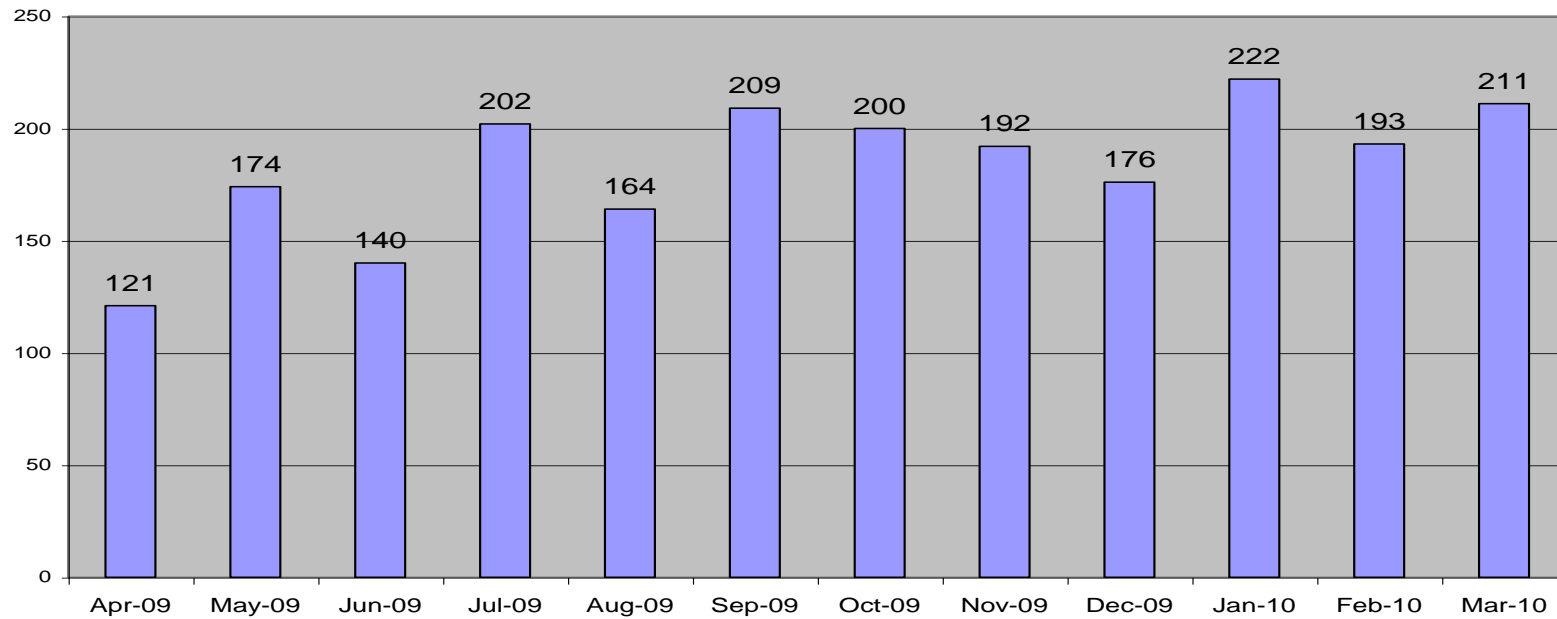


Figure 7: Enquiries raised through our Patient Advice and Liaison Service by month

PALS Enquiries

The number of Patient Advice and Liaison Service (PALS) enquiries received increased throughout the year, and this is viewed positively. The PALS team has a high profile within the Trust, meaning few enquiries escape them, and the public are generally more aware now of this informal mechanism for raising any concerns or queries, or simply to obtain information. This provides the Trust with a wealth of data to work with when considering where and how its services might be improved. It should be noted that 22% of the year's PALS contacts came from those giving 'compliments', i.e. where a patient, their carer, family, or even a member of the public has telephoned or written in to thank or compliment the crew or call-taker for their care, treatment or support (Figure 7).

10. Overview of the patient journey

The following section describes the Performance of the Trust against selected metrics: SECAMB has chosen to measure its performance against the following metrics.



Taking the 999 Call

- ** (95%) 93.5% of calls answered within five seconds (standard)
- * (90%) 94.43% MPDS* average compliance (standard)
- * (1%) 0.81 % of calls audited
- ** 629877 No of calls received

Data Source

* MPDS Audit dept

** Data source info.secamb

Response Times

- (75%) 76.3% of Category A responses within 8 minute standard (standard)
- (95%) 98.2% of Category A responses within 19 minute standard (standard)
- (95%) 93.4% % of Category B responses within 19 minute standard (standard)
- (95%) 99.5% of Category C responses within 60 minute standard (standard)

Data source

info.secamb



Overview of patient journey continued



Effectiveness / Outcomes of Care

(68%) 74.8% Thrombolysis call to needle time < 60 minutes
*47.33% Return of Spontaneous Circulation (ROSC)
3 from 4 indicators Management of acute myocardial infarction
5 from 5 indicators Management of asthma
3 from 3 indicators Management of hypoglycaemic attacks
3 from 3 indicators Management of stroke and transient ischaemic attack (TIA)

Data source

Corporate dashboard

*Annual Report

Patient Safety

Rates of MRSA (Make Ready dependant) (<0) -1.0
Rates of Cdiff (Make Ready dependant) (<5,000) 9.0
Rates of enterobac (Make Ready dependant) (<1,200) 9.0
CVFR Shift Start (Make Ready dependant) (<1.5) 0.65
CEFR (Make Ready dependant) (>99%) 100%
Average daily lost hours at hospital patient handover

Data source

Corporate dashboard



Overview of patient journey continued



Total Transports to hospital (09-10) 394305

Overall Conveyance (09- 10) 68.79%
Category 'A' conveyance (09-10) 76.87%
Category 'B' conveyance (09-10) 62.15%
Category 'C' conveyance (09-10) 58.21%

Data Source
info.secamb

Patient and Public experience

- * Complaints (12 month average) 13
- * Compliments (12 month average) 38.66
- * Liability Claims (clinical negligence + public liability) (12 month average) 0.5
- * Patient Advice and Liaison (PALS) contacts (12 month average) 140.25

*** Overall Satisfaction (Annual Survey Sept 2008) 70%

** Public experience (Annual Survey Sept 2008) 59%

** Patient experience (Annual Survey Sept 2008) 82%

Data source

* *Corporate dashboard*

** *Trust Board Report 28 May 2010*

*** *Average of Public & Patient experience*



11. How the Quality Account was developed for 2009/2010

The Quality Account has been developed throughout the year from a range of priorities that were identified as a result of Shaping the Future events and Foundation Trust consultation which in turn informed the Trusts priorities. The decision to look at the chosen three priority areas followed guidance from those who had been part of the pilot schemes on how to build a Quality Account over time. The Trust Board has been appraised and consulted throughout the development of the Quality Account. All the objectives reflect a quality improvement approach and strongly reflect patient need.

12. Future plans to further develop the Quality Account

Stakeholder input

We are planning to develop the Quality Account so that it tells the story of the patient journey but want to be guided by our stakeholders as to what the priorities are for doing this. The priorities that we have chosen are the ones that start to tell this story but we know that there is more to show and we want to engage with stakeholders in agreeing these.

Pathways implementation

We will continue our work in partnership with providers and commissioners to develop and implement pathways that support best care for the population. The Quality Account has described where we have already made significant headway in the early detection and treatment of patients who have had a stroke and heart attacks. We will continue this work and build on it to further roll out best practice both for acute pathways (that take patients to hospital) and as importantly where care can be followed up in the community.

Understanding patient outcomes

For SECamb to fully understand and develop its clinical care, it is essential to understand the outcomes of the patients it provides care for at a pathway level i.e. the number of patients referred on a pathway and was that pathway effective but also so that our clinical teams receive feedback on the cases that they attend. We will be working with partners including the South East Coast Quality Observatory to ensure we are in the forefront of delivering high quality care.

Professional Standards

The Trust has developed a Professional Standards Department (PSD) which is a dedicated unit that works with all clinicians across the Trust to support maintenance of the quality of care given, and professional accountability of all clinical staff. The focus is to constantly strive to improve the clinical quality of care and patient experience that our patients receive.

Research and Development (R&D)

R&D is important to ensure SECamb are at the forefront of new and innovative clinical care. To ensure we can participate fully and build the Trust's reputation as a respected R&D institute, we will be developing the skills and knowledge so that we are able to contribute to developing clinical care and leading in defining best practice.

13. Responses from OSCs, LINKs and commissioners

Who we shared our Quality Account with:

The Quality Account was shared with partners during its development before it was published. It was circulated to our partners across the Local Involvement Networks; Overview Scrutiny Committees and our Lead Commissioner.

Below are the responses from our partners:

Statement from NHS West Kent SECamb's Lead Commissioner

NHS West Kent welcomes the publication of South East Coast Ambulance Service NHS Trust's first Quality Account and the opportunity to comment on its contents. NHS West Kent is the coordinating commissioner for the SEC Emergency & Urgent Ambulance Service contract, and as such is commenting on behalf of all PCTs to which SECamb provides a service. NHS West Kent and SECamb are working closely together to ensure that all aspects of service quality – safety, clinical effectiveness and patient experience – consistently meet high standards and focus on continuous improvement.

As far as NHS West Kent is able to comment based on contract data, the information contained within the Quality Account is accurate. It provides helpful coverage of the strong progress made in three priority areas in relation to the quality of patient care whilst acknowledging that there remain challenges.

NHS West Kent has welcomed the proactive engagement of the Trust over the last year to assure and improve the quality of patient care. Many of the improvements are featured in this Quality Account and have been discussed in SECamb board meetings and in meetings with the commissioners. Examples include the contribution SECamb have made to the development of new pathways for primary angioplasty patients across South East Coast and implemented in Kent & Medway in April 2010. SECamb's achievement in cardiac arrest, enabling return of spontaneous circulation (ROSC) in over 40% of patients is well above the national average. The achievement of the response time standard of 75% of patients with a life threatening (Category A) condition being seen within 8 minutes is in itself a significant quality achievement.

In choosing its quality priorities for 2010/11, the Trust has particularly focussed on the clinical skills required for the most seriously ill and injured patients and also for those who may be able to be managed more effectively in their community. This is supported by ensuring the clinical record is more easily accessible to the clinicians to improve audit and individual performance.

The level of engagement with patients is excellent and the reports from surveys and formal engagement events have been considered with interest by the commissioners. The Trust has systems in place to ensure the standards are maintained across the range of patient

safety, experience and clinical outcomes. The Trust reports on these areas to regular commissioning meetings and through that to the individual commissioners. The commissioners are keen to support the Trust further in developing the processes across the whole system. This includes supporting the Trust in developing the feedback on clinical outcomes across the system to enable audit of how ambulance service treatment impacts on the overall clinical outcome for the patient.

NHS West Kent looks forward to continuing to work closely with Medical Director and Director for Professional Standards and Innovation to assure the quality of emergency and urgent ambulance services across South East Coast.

Steve Phoenix
Chief Executive

Statement from Kent Health Overview and Scrutiny Committee Response

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

As this is the first year of the national Quality Account process, HOSC recognises that there has been a limited lead in time for Trusts in preparing their Accounts. This tight timescale has also limited the Committee's ability to participate in the process and to allocate time and resources to reviewing draft Accounts. Consequently, the Committee does not intend to submit a statement for inclusion in any Quality Accounts this year.

Overall, the HOSC welcomes the additional focus on providing information about quality of care and priorities for improvement to the public and patients and would welcome earlier involvement in the development of future years' Quality Accounts now that the process is established and the timetable less constrained. This should hopefully enable the HOSC to add value to the process.

As part of its ongoing overview function, the Committee would appreciate receiving a copy of your finalised Quality Account for this year and we look forward to hearing from you at the beginning of next year's process.

Paul Wikkenden on behalf of the Kent Health Overview and Scrutiny Committee

Statement from West Sussex Health Overview and Scrutiny Committee

Thank you for offering West Sussex Health Overview and Scrutiny Committee (HOSC) the opportunity to comment on the 2009/10 Quality Account for South East Coast Ambulance Service NHS Trust.

As Quality Accounts were only introduced this year, the process for HOSC involvement has not been fully established, and it is clear that this first year will be very much a developmental stage. Given the short timescales which NHS Trusts have had to meet in preparing this year's Accounts, there has not been the opportunity to involve HOSCs in the way the guidance seems to intend (e.g. involving HOSCs at an early stage as part of year-round ongoing discussions). The HOSC Business Planning Group will be giving detailed consideration to how the Committee will input into Quality Accounts in the future at its meeting on 13th July. A key focus for HOSC input is likely to be its NHS Trust Liaison Members, but I will write to you following this meeting to set out our plans in detail.

However, in general terms, HOSC welcomes the additional focus on providing information about quality of care and priorities for improvement to the public and patients. Copies of your draft Quality Account were forwarded to the HOSC Liaison Members for SECamb, and the comments set out below are our combined response.

- Overall, this would appear to be quite an early draft of the document, with some comments and information missing. There is quite a bit of jargon and use of acronyms (e.g. ODA, CVA, MI, ACS, CAD data etc). This is not particularly helpful in what is intended to be a public-facing document.
- The format of the document (i.e. landscape) can be difficult to read online or onscreen, and it maybe worth considering readability in different media.
- We understand the three priorities set out in the Quality Account, and hope you reach the targets you have set.
- Priority 1 – to increase the number of paramedics attended patients that are ASHICEd to hospital: The comparative data on page 6 shows that within the area covered by SECamb, there is quite significant difference in terms of how well this target is met, with the Weald achieving 100%, compared to 69.44% for West Sussex. How are you working to ensure performance improves across the patch, and that lessons are learned from high performing areas? It might be helpful to have national comparative data for this target, to understand how SECamb compares with other ambulance trusts.
- Priority 2 – to reduce the number of patients transported to hospital by ambulance by utilising qualified staff and those with additional skills: we are unsure as to exactly how you will achieve this target. It might be helpful to provide a little more background information in terms of the role/number of paramedic practitioners? It states that this target is dependent on 2 key initiatives: the

purchase and training of additional paramedic practitioners and tasking existing teams with appropriate patients. How confident are you that these initiatives will be achieved and will deliver the necessary improvements?

- Priority 3 – to increase the quality and quantity of the PCRs linked to the Despatch Data: we hope that the information about the scanned PCRs will be less erratic, and that you will stick to your goal that the number of PCRs linked to the Despatch Data is consistently within 95% of the scanned forms.
- There is no information in the section “SECamb responds to its stakeholders”, which would be particularly interesting as presumably this would reflect issues of local concern that you have been asked to address. One of these from a West Sussex viewpoint would be performance in rural areas and how you are working to ensure this improves. We are liaising with Action in Rural Sussex (AiRS) to plan a themed HOSC meeting on rural health issues, and hope to consider Ambulance Service performance at this meeting. We will be in touch regarding arrangements for this in the near future (N.B. no date has been set as yet).

I do not think HOSC is likely to require you to attend a future meeting to discuss Quality Accounts, but I would ask you to continue to keep Dr James Walsh and Mrs Margaret Whitehead (as the HOSC Liaison Members for SECamb) updated on any issues of importance regarding your service. Helen Kenny from the West Sussex County Council Scrutiny Team will be in touch regarding arrangements for the planned meeting on rural health issues.

Christine Field

Chairman - West Sussex Health Overview and Scrutiny Committee

Statement from East Sussex Health Overview and Scrutiny Committee Response

Thank you for offering East Sussex Health Overview and Scrutiny Committee (HOSC) the opportunity to comment on South East Coast Ambulance Trust’s draft Quality Account for 2009/10.

As this is the first year of the national Quality Account process, HOSC recognises that there has been a limited lead in time for Trusts in preparing their Accounts. Although we have welcomed recent discussions with you about the challenges of measuring quality, this tight

timescale has also limited HOSC's ability to participate in the process and to allocate resources to reviewing draft Accounts. Consequently, the Committee does not intend to submit a statement for inclusion in your Account this year.

However, in general terms, HOSC welcomes the additional focus on providing information about quality of care and priorities for improvement to the public, service users and carers. It is important that such information is understandable and accessible to the public, whilst recognising that it is likely to be a more informed audience who will study the Account in detail. The current draft Account is challenging for a lay audience, but we recognise it is work in progress.

HOSC particularly views Quality Accounts as an opportunity to ensure that whole health community priorities, such as improving stroke care, are reflected across organisations, ensuring that the combined focus of local NHS organisations is brought to bear on these areas where there is significant potential to improve outcomes or patient experience.

HOSC would welcome earlier involvement in the development of future years' Quality Accounts now that the process is established and the timetable less constrained. In particular, the views HOSC gathers from service users and the public could help to inform discussions on priorities.

We look forward to receiving a copy of the final Quality Account and to continuing to work with you, particularly through the HOSC liaison Members, to contribute to the process for 2010/11.

Councillor Sylvia Tidy
Chairman - East Sussex Health Overview and Scrutiny Committee

Statement from Kent LINK

The Kent LINK would like to thank South East Coast Ambulance Service NHS Trust for the opportunity to comment on its Quality Account for 2009 / 10. Our assessment is based on the extent to which the account achieves the following intentions:

1. Aiding the public's understanding of what the organisation is doing well
2. Where improvements in service quality have been made and what the priorities for improvement are for the coming year
3. How the organisation has involved service users, staff and others with an interest in the organisation in determining those priorities for improvement

The LINK has assembled information from a range of sources to inform its commentary using qualitative and quantitative data and academic input from a local University.¹

1. Aiding public understanding

The document does this successfully. Overall the language is accessible, and the pages are well laid out, with terminology and acronyms being explained including in diagrams. Outlining progress and future priorities alongside each other in detail makes it easy to follow. Although the account becomes more tabular towards the end, consideration is still given to patient understanding through clarifying acronyms.

The different levels of paramedic are made clear for those who may be unfamiliar with them. It might, however, have been useful to have had more information about the different grades of staff, to illustrate the term 'registered clinician' and indicate who might be providing treatment to the 10% of patients who do not see a registered clinician initially (as outlined on page 7).

2. Improvements in service quality and future priorities

The patient experience feedback on the Trust from the LINK focus groups and interviews was positive overall, echoing the improvements outlined in the Quality Account.

Priority 1

Data was not available to establish the Trust's performance in Kent regarding the percentage of patients being attended by a registered clinician in January 2010, but the target to increase the percentage significantly from 58% to 90% over the next five years demonstrates the Trust's commitment to improve care quality and will enable future progress to be monitored. Clear targets in workforce development also support this priority.

Priority 2

This information could have been better presented to make it clear that, when a Paramedic Practitioner attends, there is a genuine improvement in the conveyance result. Although a target to achieve this priority is outlined, it is not possible to measure how each of the individual improvement measures outlined will contribute to this.

Priority 3

The LINK's focus groups and interviews highlighted a need for the ambulance service to be aware of particular requirements which may impact on an individual's journey to hospital. The Patient Clinical Records system should enable these issues to be flagged up and communicated to the service, in advance of responding to an incident, to enable these needs to be met accordingly. A target for improvement for this priority is provided, against which future progress can be measured.

3. How the organisation has involved service users and others in determining priorities

There was little evidence of how priorities for the coming year were selected, and the Kent LINK looks forward to supporting the Trust's intention to work with stakeholders on this in the future.

Graham Hills

Operational Director - Kent LINK

¹ Canterbury Christ Church University Centre for Health and Social Care Research

Statement from Medway LINK:

The Medway LINK would like to thank South East Coast Ambulance Service NHS Trust for the opportunity to comment on their Quality Account. The LINK has assembled information from a range of sources to inform its response using qualitative and quantitative data and academic input from the Centre for Health and Social Care Research at Canterbury Christ Church University. This comment is split into the four areas that the Quality Account is intended to do.

1. Aiding public understanding

The document is written in a clear and understandable way. It is well presented, with good explanations and a friendly tone. It is clear that a lot of effort has been made to ensure that it is user friendly, the style is consistent and the text flows throughout. The use of pictures and diagrams breaks up the text and makes it comfortable for the reader. Regarding page 29 some explanation of the categories would be useful.

The way it is written instils confidence that the Trust will action and be able to report back on what they have achieved next year. All in all it was felt that this Account could be used as a model for other Trusts to follow.

2. Improvements made

The Trust has clearly outlined within their report the improvements that they have made over the year; this is consistent with the feedback from interviews and Focus Groups where the general feeling was that the service provided by the Trust was excellent.

3. Priorities for 2010 / 11

Each priority sets the scene and what has happened in the past in a very straightforward, clear and easy to understand manner which makes the information easy for the reader to comprehend and digest.

Priority 1 – The targets set by the Trust to improve the number of registered clinicians that attend seriously injured or ill patients shows their commitment to improving and by setting target figures allows improvements to be monitored and measured. It also allows the reader to clearly see how they are going to be achieved.

There were concerns that Medway was not mentioned in the table shown on page 9 and no explanation for this was given. Albeit there was no data available for Kent, Medway readers would want to know at the very least where Medway sat within the Kent data or whether it was a separate location and data was missing.

Priority 2 – Again this priority clearly shows the Trusts intention to reduce the number of patients transported to hospital by utilising registered clinicians with specialist skills, how they will do it and also more importantly what it will mean for the patient. It is encouraging to see the Trusts commitment to working in partnership with other providers.

We were pleased to note the in depth analysis, the majority of which, was clearly understandable. It was felt that Table 3 was particularly useful as it helps the reader relate back to their local service.

Priority 3 – Yet again the report clearly explains why it is a priority and how improvements will be made. It sets a target of 100% but it does not give a timescale in which this is going to happen. Though there are obvious benefits to all through this priority, feedback from interviews and Focus Groups showed that a more robust patient record system across the NHS which could be accessed by all would enhance patient safety and ensure that appropriate vehicles / staff attended.

4. Who has been involved in the preparation of the Quality Account

It is apparent that there has been no consultation other than with the Trust Board in the preparation of the Quality Account. However, it is recognised that it is hard to engage with the Trust's patients outside of patient transport services. It should however be noted that the LINK admires the Trust's honesty and is pleased to see that the Trust intend engaging with stakeholders in the future. The LINK looks forward to supporting the Trust in this task.

**For and on behalf of Medway LINK
David Harris – Facilitator
Medway LINK Coordinating Team**

East Sussex LINK

We have been informed by East Sussex LINK that they have chosen not to provide a formal statement for this year's Quality Account. However, we have received useful feedback on the draft version of the Quality Account and have, where possible, included these to improve our final Quality Account document.

Responses from our other LINK partners - West Sussex, Brighton & Hove and Surrey

The Quality Account Document has been shared with the above LINKs but on this occasion they have chosen not to provide a formal statement this year.

14. Useful information on regulatory requirements and national targets

Progress over the past year, consistency of compliance, continuing work

The Annual Health Check

The Annual Health Check is the Care Quality Commission's (formerly Healthcare Commission) method for assessing the performance of NHS organisations. The process is designed to assess, on behalf of patients and the public, whether NHS organisations are meeting the Government's standards such as those on safety and the quality of clinical care.

There are two key performance measures:

- Quality of Services
- Quality of Financial Management

and each of these measures is awarded one of the following ratings:

- Excellent
- Good
- Fair
- Weak

The foundation for how ambulance trusts perform in the Quality of Services rating is based on assessments in the following areas:

- Standards for Better Health core standards assessment
- Existing Commitments
- National Priorities

The Annual Health Check for 2008/09 was published on 15 October 2009.

The Care Quality Commission scored the Trust as fair for its quality of service and good for its quality of financial management.

The Standards for Better Health core standards assessment is a set of criteria detailing the minimum levels of care that NHS organisations should be delivering; the origin of which are the 2004 Department of Health publication 'Standards for Better Health'. As in previous years, during 2009-10 SECamb undertook a robust self-assessment process against these core standards, to determine whether we had met, not met or had insufficient assurance to know our position against each of the standards.

The results of the self-assessment for 1 April 2009 – 30 October 2009 were submitted to the Care Quality Commission at the end of November 2009. A copy of the Trust's Declaration of Compliance with the core standards for 2009-10 can be obtained from Anna Evans. If you have any questions around any element of the Annual Health Check, please contact Anna Evans, Head of Business Planning and Strategy at anna.evans@secamb.nhs.uk or write to:

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