



Annual Quality Report 2019-20

Including Mandatory Annual Quality Accounts

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Introduction

What is quality and a quality account?

Quality accounts are mandatory annual statements as required by the National Health Service (NHS) Act 2009, written for the public by all NHS organisations that provide healthcare.

The quality report is comprised of the three core and overlapping themes of quality as seen below.

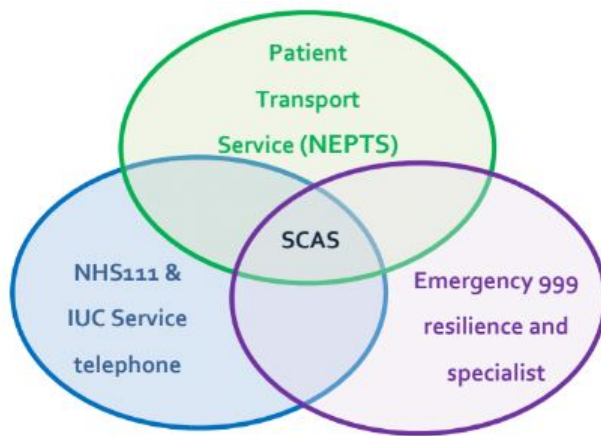
The three dimensions of quality



What does SCAS do?

South Central Ambulance Service NHS Foundation Trust (SCAS) is part of the National Health Service (NHS). SCAS was established on 1 July 2006 following the merger of four ambulance trusts. On 1 March 2012, the Trust became a Foundation Trust.

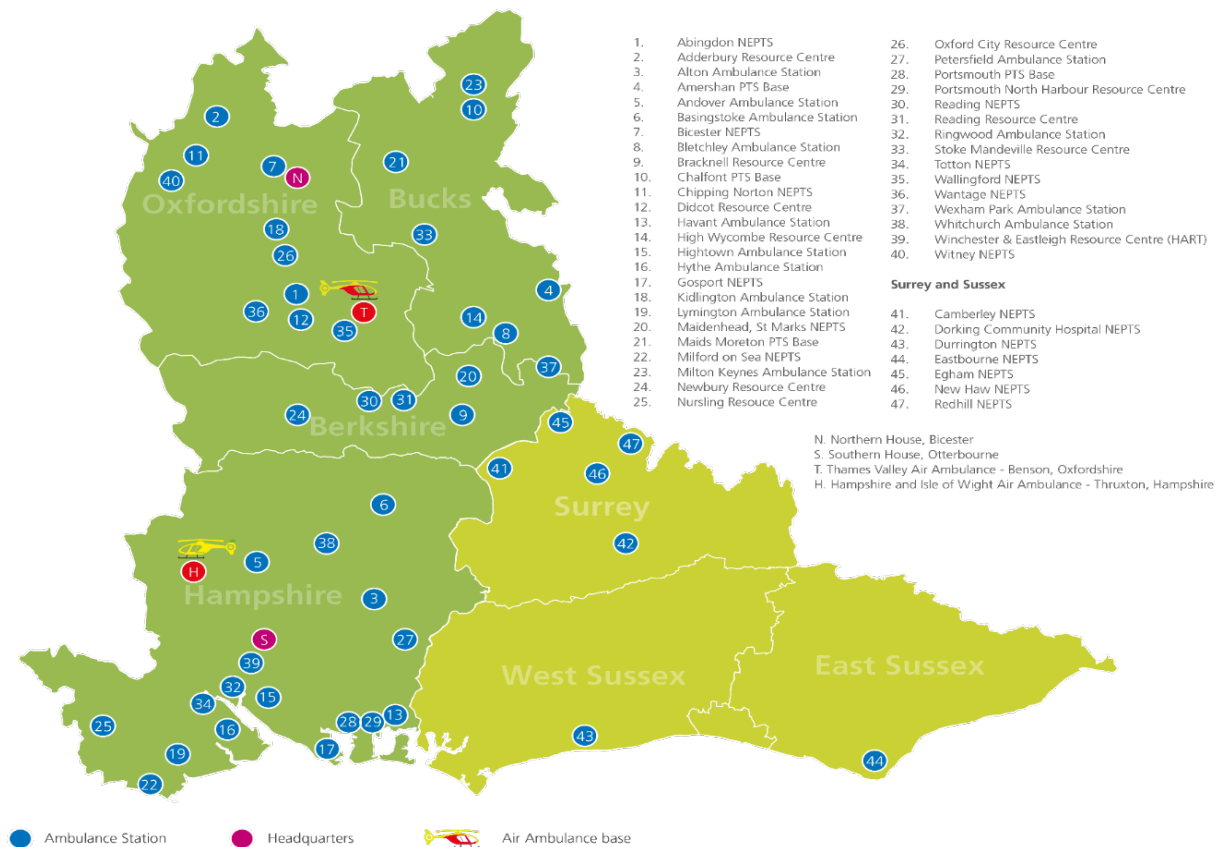
The Trust provides an emergency care service to respond to 999 calls, an NHS 111/ Integrated Urgent Care (IUC) telephone service for when medical help is needed, non-emergency patient transport services (PTS) and logistics and commercial services. The Trust also provides resilience and specialist operations offering medical care in hostile environments such as industrial accidents and natural disasters including a Hazardous Area Response Team (HART) based in Hampshire.



- **Respond to emergency calls (emergency and Urgent Care (E&UC) (999 service)**
- **Respond to non-emergency calls (NHS 111 service)**
- **Deliver Integrated urgent care in partnership**
- **Offer a range of commercial services:**
 - Non-emergency patient transport services (NEPTS)
 - Logistics
 - National Pandemic Service
 - Resilience and specialist operations

Services are delivered from the Trust's main headquarters in Bicester, Oxfordshire, and a regional office in Otterbourne, Hampshire. Each of these sites includes a Clinical Coordination Centre (CCC) where 999, NHS 111/IUC and NEPTS calls are received and clinical advice is provided.

South Central Ambulance Service – locations of services



South Central Ambulance Service NHS Foundation Trust covers the counties of Berkshire, Buckinghamshire, Hampshire, Oxfordshire and we are providers of NEPTS in Sussex and Surrey, as well as a dental service (accessed via NHS 111) in parts of Dorset. This area covers approximately 5,760 square miles and has a residential population of over seven million.

SCAS in numbers



4,058 staff
1036 community and co-community responders
1.24 million calls to NHS 111
557,591 999 incidents
1185 vehicles
99 sites
866,426 PTS journeys
Population 7 million

The Trust works with air ambulance partners; Thames Valley Air Ambulance (TVAA) and Hampshire & Isle of Wight Air Ambulance (HIOWAA).

The Trust also offers the following services: a commercial logistics collection and delivery service for our partners in the NHS, and Community First Responders (volunteers trained by SCAS to provide lifesaving treatment).

National Pandemic Service - SCAS hosts the National Pandemic Service, which as SCAS has regular meetings with the service leads and accredits all trainers for the national service. SCAS also carries out trainer re-validations around the country to ensure trainers remain compliant and competent. Our Executive Director of Patient Care was deployed to help lead the response to Covid-19 in February 2020. This included setting up the Covid Response Service, employing recently retired registrants and recruiting GPs to the service.

Our Covid-19 response from Feb 2020

Infection Prevention and Control (IPC)

Well governed and sound infection control practices and guidance are critical in preventing transmission of the coronavirus infection – protecting our staff as well as our patients. SCAS is adhering and following all national guidance and policy which is communicated locally to our teams.

In IPC there has been some rapidly changing guidance to implement and the medium for delivering this has included a widening range of styles, including:

- Memos
- Hot News (News bulletin)
- A Sharepoint site, easily accessible to all staff
- Standard Operating Procedures
- Flowcharts
- Videos
- Posters
- Frequently asked questions (FAQs)

SCAS is also supporting the National Ambulance IPC group with chairing and leading the NEPTS elements of IPC.

Key activity areas to note:

- Cleaning review of frequency and products by area – working in collaboration with estates, CCC, NEPTS and operations.
- Social distancing guidance for CCC, kitchens, bathrooms, stations and stand by points.
- Make Ready (a service that cleans and re-stocks vehicles) – providing ongoing support and reviews to ensure guidance is followed in a timely way.
- Personal Protective Equipment (PPE) - national guidance including cleaning specifications, product specifications, donated items, communications and training
- Fit testing of Filtering Face Piece (FFP)3 masks with Resilience team and education
- A suite of risk assessments has been created to address key issues in conjunction with staff-side colleagues and relevant operational and subject matter experts in conjunction with Health and Safety
- Skin care guidance to reduce soreness after prolonged and regular use of masks (including hand care) has been issued
- Kit bag distancing and cleaning of pouches has been issued
- Supporting clinical information and decision making, e.g. resuscitation guidance and what level of personal protection should be used when conducting aerosol generating procedures.

In summary the steps taken by IPC and SCAS to ensure that staff and patient safety are maintained during the Covid-19 pandemic are outlined below.

Our standards are measured against, but not limited to the:

- National Covid-19 guidance
- Health and Social Care Act 2008
- Care Quality Commission (CQC) Fundamental Standards
- SCAS IPC Policy.

Ongoing implementation of guidance, which is revised regularly on a national level, flow charts, processes and information on Covid-19, working closely with National Ambulance IPC Group, Public Health England (PHE), NHSE and communications to ensure staff understand the virus and what actions are required of them to keep themselves and their patients safe.

Partnership working with Make Ready teams has been implemented to ensure correct and timely vehicle decontamination post aerosol generating procedures.

Social distancing guidance and cleaning has all been reviewed and communications issued.

Throughout this period the SCAS IPC lead has remained an integral member of the National Ambulance Service IPC group. This group has written the Ambulance service guidance which was initially submitted and published through the National Ambulance Resilience Unit (NARU) and subsequently by the Government. At all times the guidance has been through the NHSE/i IPC cells and National Groups for approval. SCAS have remained compliant in a timely manner with all guidance changes.

Part 1: Statement on quality from the chief executive of the South Central Ambulance NHS Foundation Trust

2019/20 Quality Accounts

Welcome to the South Central Ambulance Service FT (SCAS) Quality Accounts. This report gives us an opportunity to look back at the quality improvements and achievements we made in 2019/2020 and to set out our improvement priorities for 2020/2021.

We had a busy year with numerous innovations and projects implemented or underway and, like all our NHS family, we experienced the start of a response to the Covid-19 pandemic in late January 2020.

I will take this opportunity to say a heartfelt thank you to our teams in all areas but also to our partners in health and social care, the armed forces, and the public who have supported us in our response to the Pandemic. There has been an outpouring of kindness towards our teams over the last months, with many individuals and companies choosing to show that via generous donations of treats and yes, toilet rolls, as well as discounts at national food outlets and even free razors. I know that this means so much to you all and I am so touched by the kindness and support which has been shown to everyone.

I am pleased and proud to say, that with a rapidly changing environment we continued to apply and maintain robust governance to quality improvements and new pathways and processes during the pandemic, through our committee structure including a newly formed COVID Board (with sub groups), Patient Safety Group, Clinical Review Group and Clinical Transformation Group.

Below is a summary of our vision and to ensure high quality of care. Part of that is a timely response, instant access to records and patient data to make critical decisions and signposting to appropriate services and pathways.

SCAS is the lead for the National Pandemic Service and as such we deployed our Executive Director of Patient Care and Transformation to be the senior responsible officer (SRO) and Chief Nurse for the NHS111 response for Covid-19. I will return to our response to Covid-19 and the challenges and opportunities for staff and patients it has afforded us, a hugely reflective and learning time for all.

If I start with a reflection on the last financial year and our quality and safety work.

In keeping with the rest of the NHS, SCAS enjoyed a particularly busy start to 2019/20. As well as ensuring that we continue to provide the best possible service to our patients, whether that is the emergency 999 service, NHS111/Integrated Urgent Care or Non- Emergency Patient Transport Services we have been responding to a range of national policy developments including:

- The new Long-Term NHS Plan and Implementation Framework

- A new national Interim NHS People Plan
- A new national strategy for Patient Safety

We welcomed all three documents and it is pleasing that our current SCAS corporate strategy is closely aligned with the direction of travel that is being set. That said, we are keen to refresh our key corporate and clinical strategies and gain some important input from stakeholders and partners across the many systems in which we operate.

We have continued to deliver on our Trust strategy, particularly around partnership working. Throughout the year we have continued to develop and implement the Integrated Urgent Care model in partnership with other health and social care providers, facilitating enhanced clinical guidance in areas such as mental health, maternity and dental care via our NHS 111 service. We have also been closely involved in the development of Integrated Care Services across the SCAS region in support of the NHS Long Term Plan.

Compliance and the CQC

The Care Quality Commission (CQC) carried out a two-day core service inspection of Patient Transport Services on 5 and 6 February 2020. The rating was good with the overall trust rating good.

The 'well-led' inspection, scheduled to take place on 10 and 11 March, was cancelled by the CQC due to the coronavirus.

Looking outside of the impact of Covid-19 on the Trust, I am pleased to note that we continue to hold a CQC rating of GOOD overall, and that we remain in the highest rated segment of the NHS.

Global Digital Exemplar (GDE)

Our aim is to ensure our vehicles are a digital hub with instant access to patient data and the ability to reach other clinicians in real-time. This will ensure that staff have the ability to treat patients seamlessly in the right place with the right information.

Work is proceeding well on the GDE programme and there is a suite of projects. One of which is now approximately 300 vehicles with 'vehicle as a hub' installed. The roll out remains on track to deliver as projected and we have commenced work with NHS Digital on the Blueprint. Products are currently being evaluated for the use of video technology to establish a virtual clinical presence in our communities with selection expected in April. The telephony system has been proven and has started to be used in some of our office environments.

Organisational development strategy and leader programme

I am extremely proud of the SCAS leader programme which launched on 9 April 2019. Two hundred and twenty managers started by the end of Q4 and 190 had completed by the end of Q4.

Keeping staff well

I am passionate about leadership and ensuring a healthier workforce to meet demands of the job and reduce absences, improving patient care and our response to the public when they need us.

With an NHS strategy emphasising prevention, I strongly believe that the SCAS leadership team must set an example as role models in this area. Following on from my cycling challenges last summer, I started a new initiative in October designed to further improve the physical and mental health and well-being of members of the Trust Board and Council of Governors.

We are continuing our important work on health and well-being, with a range of initiatives in place and health and well-being champions being appointed across the trust. Our action plan covers a range of strands of work including:

- Leadership and management
- Healthy working environment
- Health interventions
- Healthy lifestyles

As a team, we need to continue to care for each other. We need to protect our own health and wellbeing as much as those around us, making sure we get down-time and family time to look after ourselves, continue to be empathic to the needs of each other when our work life or our home life gets too much, that we reach out to each other to ask 'are you ok?', and to do this in support of each other and of our patients. A healthy workforce means we can deliver services to our patients with the highest quality of care.

Staff Survey

The 2019 National NHS Staff Survey ran from 7 October until 30 November, and we achieved a very healthy response rate of 65%. The results indicate that, whilst some areas still need work, the survey was extremely positive. Of the 90 questions asked, SCAS scored significantly better than other 'Picker ambulance trusts' on 41 questions, similar on 43 questions and significantly worse on 6. Compared to our own results in 2018, SCAS scored better on 14 questions, worse on 7, whilst 69 results were unchanged.

The health and wellbeing portal has been developed as a resource for all staff and a virtual mental health awareness session has been developed and launched for line managers so they feel better equipped to support staff through and beyond the Covid19 period.

Results indicate that the quality of our appraisals improved compared to 2018 and is now substantially higher than the national average. We need to ensure everyone gets this opportunity. In response, universal appraisal is to be reviewed this year to include both health and wellbeing and talent identification and development.

There has also been significant input and development in the Freedom to Speak Up process which encourages staff to raise concerns more easily.

Line management support to staff remains significantly above national average and a source of great pride to the Trust. In 2019/20 we invested in the development of our line managers by launching the SCAS Leader programme. As a face-to-face programme this had to be suspended during the Covid outbreak and a post-Covid version is now being developed to incorporate virtual leadership and culture.

Recruitment days

SCAS have run some successful recruitment days to ensure we have the right staff in all services across the seven days of the week meaning that patients can be assured of high-quality care. I am pleased to have attended and taken part in these days.

Education

Education is critical to delivering high quality and assured care. Our Education teams continue to deliver service specific programmes including level 3 safeguarding and resuscitation as examples – some of our education programmes are directly related to organisational learning from incidents and feedback.

Partnerships

We are engaged with our Sustainability and Transformation Partnership/Integrated Care System (STP/ICS) to help shape and future proof health and social care.

We continue to be appropriately engaged in all of our STPs and ICS, with key Executive Directors, Managers and Non-Executive Directors assigned to help shape and inform our contribution.

SCAS and London Ambulance Service NHS Trust are continuing collaborative work as part of the formal partnership. There is a particular focus currently on clinical education, NHS111, human resources and payroll, and IT/telephony, with a number of projects being evaluated in terms of complexity, benefits and costs.

We are also continuing to work collaboratively with Isle of Wight NHS Trust (who run the 999/111 and Patient Transport Service on the Island) and this became more formalised recently when both Boards approved a Memorandum of Understanding which will help us explore areas of mutual benefit (e.g. digital) over the coming months.

Covid-19 response

On 23 January, we issued our first Hot News around Covid-19. Since then our amazing SCAS teams have stepped up during what has already been an incredibly challenging time, and we anticipate that this will continue for some time to come.

The pandemic continues to be a fast-moving position, but needless to say is having a significant impact on our staff and volunteers, whether that is on the frontline, in the Clinical Coordination Centres, or for staff who are working in roles which are shaping our preparations and response to the virus. It is also, unsurprisingly given the volume of calls, significantly impacted on NHS111 performance. SCAS deliver the national Covid Response Service (CRS) and we are extremely proud of the achievements in setting up this service, recruiting to it and delivering on the spot advice to callers and the public.

In these last three months, our teams across NHS111, 999, PTS and CCC have been delivering a variety of services over and above our usual business, supported by teams from across the Trust. The highlights for our teams are:

- We have seen an increase in our NHS111 Service which has experienced a 100% increase in demand due to Covid-19 related calls at times. Our SCAS NHS111 service has at times, purely dealt with Covid-19 related calls that have been received across the national 111 network with our 'normal' 111 calls going through to other NHS111 providers.
- We have set up a call back service to ring back those patients who have received Covid19 swab tests and have tested as negative.
- Trained staff across our 999 and PTS service in the safe donning and doffing of PPE so that they can safely attend patients who are showing possible symptoms of Covid-19.
- Responded to the call to assist in the planning, set up and staffing of the National Covid Response Line (CRL).
- Ensured that we are the first point of call for the clinical safety netting service which supports the CRL.
- Established a tactical/Silver Cell (operating 24/7) which has been up and running since 14 February. These are supported by teams from across the Trust, including corporate teams, CCC, PTS, 111, 999, Resilience and Specialist Operations, Education (both CCC and frontline).
- Worked with our PTS team to ensure that our patients are well cared for and with their assistance, build in some resilience to ensure we can continue to support those patients who rely on us for their life saving care, irrespective of a Covid-19 diagnosis.
- Our CCC teams (999 and 111) have been fielding calls from people who are concerned about Covid-19.
- Supported the requests for up to the minute information via our new technology which has been implemented by our Business Intelligence Team.
- Ensured that our service continues to run, managing the increase in those who are not in a position to be able to work due to Covid-19. Our scheduling teams are responding to these changes on a minute by minute basis.

- Our Equipment, Fleet, Procurement and South Central Fleet Services have been working together in order to ensure that staff still have the necessary resources needed.
- Health and Wellbeing and Human Resources teams are providing support to our response, ensuring that we can maintain advice and support to colleagues who are not able to work due to the response to Covid-19.
- Supported the return to the UK of many British nationals from across the world, some of whom were transferred into specialist Covid-19 centres.

This outstanding change in our service provision is alongside us continuing to run our day-to-day business.

There are so many avenues which our teams have been involved with and will continue to be throughout, and this has not gone unnoticed. There are so many people involved in our response to Covid-19 and to our day-to-day service, that I couldn't possibly mention them all. I know that many staff are going above and beyond, working many hours above what is expected in order to ensure that we have the right resources and information available at the right time to support our staff and our patients.

This undoubtedly means that we are in the middle of a period which is uncertain for us all, however, what the last few weeks has shown me is that we are a strong 'family' and together we can conquer whatever the coming months bring.

I would like to pay tribute to the ongoing hard work, commitment and dedication shown by our staff and volunteers, including recognising the importance of their efforts during this significantly challenging period.

This Quality Account has been prepared and written by South Central Ambulance Service NHS Foundation Trust under the National Health Service (Quality Accounts regulations) 2010 statutory instrument No 279, The Trust has reviewed all the data and information available on the quality of care that all the service arms provide on a daily basis. To the best of my knowledge the information in this document is accurate."



CEO

Part 2: Priorities for improvement and statements of assurance from the board

2.1 Looking back at progress made

In this section we review progress made since the publication of the 2019/20 quality report. The table below shows “at a glance” the overall progress made and what we achieved from last year’s priorities. Specifics of the objectives and achievements for each priority can be found in the detailed tables below.

Priority	Achieved
To improve safe discharges and transfer home in NEPTS by increasing the quality of home risk assessments	Achieved
Further improve medicines governance	Partially Achieved
Review the mortality and morbidity process to reflect national guidance that demonstrates learning from deaths	Achieved
Enhance our clinical audit programme to cover a wider range and number of audits	Achieved
To increase clinical assessments in CCC (call centres) ensuring consistent methods and application across the services - (3-year priority) 3rd year	Achieved
National Health Service Improvement (NHSi) – mandated indicators <ul style="list-style-type: none"> Category 1 emergency response (mean times) Category 2 emergency response (mean times) To report on heart attack (ST Elevation Myocardial Infarction (STEMI)) and stroke care bundles (benchmarked nationally) 	Partially Achieved
Survey patients who access taxi services via SCAS call centre and implement any recommendations	Achieved
Evidence of inclusion of children and young persons in service feedback improvements	Achieved

To embed SCAS behaviours to increase the percentage of our leaders and managers who have been trained and provided with leadership development	Achieved
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PATIENT SAFETY

Priority 1A: Improve safe discharges and transfer home in NEPTS by increasing the quality of home risk assessments

Owner: Director of Commercial Services

Status is **green**

Quarter 4 2019/20

What are we trying to achieve?

A home risk assessment is completed to ensure crews to have the correct and sufficient equipment when they arrive to transport patients.

A reduction in situations where the journey is aborted or delayed due to the risk assessment.

As with all processes and documents improvements can be made.

To achieve this we are going to?

1. Increase the quality of risk assessments to reduce the number of abortions per quarter.
 2. To reduce the number of incidents each quarter causing a delay in relation to a risk assessment by:
 - Reviewing the risk assessment form in Q1 and ensure it is rolled out to improve consistency
 - Establish the number of discharges that did not occur due to the risk assessment
 - Improve this number of assessments by 10% in Q4
 - Undertake a training needs analysis for team leaders in Q1
- Implement a risk assessment allocation Standard Operating Procedure (SOP) in Q3
- Investigate options to ensure crews have access to the information contained within risk assessments in Q2/Q3

Achievements

A task and finish group was established comprising senior managers from all contract areas, contact centre senior managers, private provider senior managers,

education department and risk department. Following a review of incident data, the baseline number for abortions was found to be low, about 2-3 per month, and causes were multifactorial.

An analysis of risk assessments in current use found inconsistencies between different NEPTS contract areas. Two new SOPs were created to assist risk assessments for use of vehicle winches and bariatric wheelchairs. A clinical memo was produced explaining wheelchair crash testing.

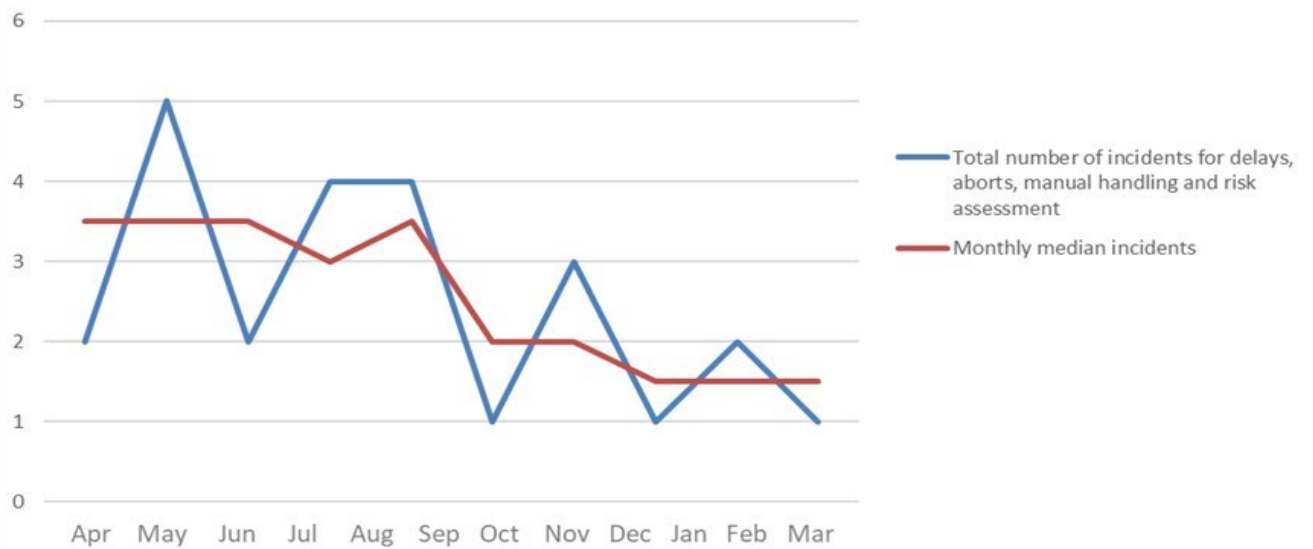
Pre-transportation risk assessment (PTRA) documentation was reviewed and task based risk assessments, updated to reflect tasks specific to NEPTS, are now in the final review process. A training programme for staff performing PTRA has been completed.

The new process is currently being piloted in Thames Valley and will then be implemented across all NEPTS areas.

A subgroup was created to investigate changes to the Cleric booking system to make PTRA more readily available to crews and to enable auditing of risk assessment data. Training for Cleric users has been updated to include risk assessments.

An audit of aborted journeys, delays, and manual handling incidents shows the monthly median average reduced from 3.5 (April 2019) to 1.5 (March 2020). Further analysis of manual handling relating to transportation risk assessment incidents shows a reduction of 7% in the six months from September 2019 to February 2020 (compared to the previous six months).

Delays, aborted journey, manual handling and risk assessment incidents April 2019 to March 2020



PATIENT SAFETY

Priority 1B: Further improve medicines governance

Owner: Director of Patient Care and Service Transformation

Status is **amber**

Quarter 4 2019/20

What are we trying to achieve?

We have made improvements to our medicine's governance processes in the past year. These include; improved medicines packing process (working with our Make Ready providers), reducing administration errors and reflecting on learning.

Medicines incidents are reported to our Board and remain a high category of risk. The Medicines review group (now known as Medicines Governance Group) actively monitors trends and issues.

This indicator reflects our commitment to further improve governance around medicines and fully complete and evidence our CQC 'must' and 'should' actions.

The CQC inspection gave us clear recommendations to make improvements.

Action the Trust MUST take to improve

- The Trust must ensure the temperature of the areas in all building where medicines are stored are monitored to ensure medicines are kept within the required range, and action taken if the temperature of any of these areas are outside the recommended range.

Action the Trust SHOULD take to improve

- The Trust should ensure staff store and dispose of medicines appropriately in line with the Trust's policy.
- The Trust should ensure staff store medical gases safely and in line with the Trust's policy.

To achieve this we are going to?

- Implement the CQC improvement recommendations
- Create an action log for improving medicines packing
- Conduct regular leadership and compliance walk-arounds to provide assurance on medicines governance

- Review site-specific medical gas storage
- Improve temperature monitoring governance arrangements

Achievements

- Operational viability of daily temperature recording agreed by Head of Operations
- Medical gas cabinets ordered and fitted to Hightown, Newbury and Nursling
- Action plan for temperature control for medicine storage established
- Business case approved for automated data loggers, with remote alert and supervision capability. Data logger trial underway.
- Electronic CD destruction registers in place with financial costings of waste for CDs and all medicines, as per policy.
- CD audit completed – eight CD cabinets remounted.
- ICT approved data logger supplier re new stringent tests for connecting to NHS networks.
- Trial at High Wycombe with one data logger successfully completed.
- Data loggers purchased and liaising with Estates to install.
- Pharmacy-Estates joint review conducted of storage conditions in high risk areas to establish actions required to control temperature.
- Medicines storage audit completed which highlights areas of concern in the trust. These have been included in the trust business case for implementing room temperature controls. Business case approved to purchase automated temperature loggers. Data loggers received into SCAS.
- Audit completed throughout SCAS to gather data re medicines storage cabinets, including CD cabinet mountings
- BOC SCAS-wide audit completed – implemented a new method of gas cylinder rotation across SCAS with Make Ready.
- Establish process for reporting and processing faulty medical gas cylinders

- For this reporting period SCAS has given this priority an amber rating as actions are in progress and will be completed in Q1/Q2 2020/2021

PATIENT SAFETY

Priority 1C: Review the mortality and morbidity process to reflect national guidance that demonstrates learning from deaths

Owner: Consultant Pre-Hospital Care Practitioner

Status is **green**

Quarter 4 2019/20

What are we trying to achieve?

The publication of the CQC report, Learning, Candour and accountability: a review of the way NHS Trusts review and investigate the deaths of patients in England found that learning from deaths was not given enough priority in some organisations, and therefore valuable opportunities for improvement were missed. The National Quality Board have since published the first edition of national guidance on learning from deaths. The purpose is to develop a standardised approach for the review of deaths that will evolve over time.

In line with best practice, the Trust is undertaking a review. Information will be included in the public board paper indicating the categories of patient that will be in-scope for review taking a proportionate approach.

To achieve this we are going to?

- Embed NHSi's guidance for mortality reviews and reporting in ambulance trusts (due June 2019)
- Highlight best practice from mortality reviews (both internal and external) through contractual and internal reports to the Clinical Review Group (CRG)
- Further develop good working relationships with external stakeholders to enable shared learning
- Scope the technology of an App
- Approve a policy on learning from deaths October 2019
- The Mortality and Morbidity Review Group will meet quarterly to review a sample of screened patients in cardiac arrest that were treated by SCAS
- A review of documentation to be used by the group will be undertaken, this will include an audit tool. The patient sample will be derived from a weekly dataset, screened for potential issues in care delivered by SCAS.

Achievements

- Re-branded as Learning from Deaths (LfD) Review Group to reflect the terminology used in NHSi guidance
- National guidance received and reviewed
- The SCAS dataset largely matched the recommendations from NHSi
- Where the dataset did not match Clinical Governance and Business Intelligence have worked together to align
- CRG now receive a quarterly report on findings from the LfD group – this report is maturing to include additional reporting requirements of NHSi
- Standard Judgement Review (SJR) tool has been developed and signed-off by LfD – this will be used for the Q3 review.
- Quarterly meetings will have a more strategic focus with thematic review, and trust-wide recommendations and actions.
- A policy for Learning from Deaths has been written and will be submitted to the Quality & Safety Committee and CRG in September for sign-off; currently out for staff consultation. On target for publication by 1 December in-line with guidance.
- Published following feedback from consultation (Q3, 19/20).
- LfD Quarterly meetings commenced.
- Mortality review group with representation from acute trusts across the Thames Valley.
- SCAS contributed to National NHSE workshop with all UK ambulance trusts (Jan 20)

Clinical Effectiveness Priority 2A: Enhance our clinical audit programme to cover a wider range and number of audits

Owner: Assistant Director of Quality

Status is **green**

Quarter 4 2019/20

What are we trying to achieve?

Clinical audit enables evaluation of clinical care provided to service users, in order to identify any changes needed to improve the quality of care. Clinical audit also provides assurance that the care delivered was aligned with evidence-based guidelines and directives.

As an organisation committed to provide high standards of safe and effective clinical care, it is vital that clinical audit is undertaken in addition to nationally mandated audits.

To achieve this we are going to?

In Q1 develop and approve an annual internal clinical audit plan

- Report to Clinical Review Group with clear actions for improvement in Q2
- Twice yearly report to Quality & Safety Committee with actions to improve services
- Demonstrate and evidence improvements as a result of audits

Achievements

- Annual clinical audit plan has been devised and approved by the Clinical Review Group and Quality and Safety Group.
- This year's clinical audit planner has been devised in line with recommendations of BDO, the trust's internal auditors, following their care bundle and clinical strategy audits in 2018. Therefore, the planner is a live document that also contains a "key learning" column.
- As well as nationally and contractually mandated clinical audits, clinical audits across the organisation have been included:
 - E&UC Long Waits deep dive audits
 - Clinical Team internal audit day

Clinical Effectiveness Priority 2B: To increase clinical assessments in CCC (call centres) ensuring consistent methods and application across the services...continues

Owner: Director of CCC Services

Status is **green**

Quarter 4 2019/20

What are we trying to achieve?

We are working with national projects and local partners to ensure patients are given timely information and advice and are directed to the right resource to meet their needs. The national Integrated and Urgent Care review means that we are increasing our clinical interventions from 20-30% and have introduced a clinical advice line within the NHS 111 Call Centre that focusses on ambulance and emergency department dispositions that are transferred to a clinician.

We are currently exploring a pilot of NHS 111 online and are working with external providers of online symptom checkers to enable demand to be managed more effectively giving members of the public the ability to self-assess their symptoms. The plan is to operationalise this by the end of 2017.

To achieve this, we are going to?

- Implement the Green project (30 and 60 minute calls) for eight clinical conditions in Year 1 Achieved.
- Establish the baseline percentage of long waits for these green calls and set an improvement target to commence in Year 2.
- To further model the Green project after implementation and by end of 2017.
- Ensure 80% of all eligible calls (green ambulance disposition) are transferred to an enhanced clinical advisor for further clinical assessment.
- Evaluate the Live Link pilot and analyse the data to evidence an improvement in non-conveyance.

Achievements to date – year 3

- The Ambulance Response Programme (ARP) went live nationally in 2017, with green calls removed. New response categories range from Cat 1 to Cat 4. The green category has become Accelerated Clinical Triage to provide a review of low acuity calls. This is now business as usual with the Hear and Treat improvement plan that has shown improvements across SCAS. Clinical

Support Desk (CSD) clinicians review all NHS Pathways disposition code dx32 (Speak to a Clinician from our service Immediately).

- NHS 111 online is live across TV IUC and SHP
- We have introduced a Live Link pilot in the 999 Call Centre. Patients in high intensity user care homes who dial 999 are assessed by a clinician who can see the patient via video link for SCAS to be able to manage demand more effectively. This is live with two care homes, one in Hampshire and one in the Thames Valley.
- We have undertaken a demand analysis on low acuity 'green calls'. Identifying eight low-risk conditions, identified at the outset of the call are then immediately transferred to a clinician. The aim is to continually improve our hear and treat and see and treat outcomes and therefore increase ambulance availability. This has the potential to really improve patient experience.
- Ambulance dispositions generated from NHS 111 calls that require a 30 or 60 minute response will be re-triaged by a clinician in the call centre to determine the pathway required. This may generate a different pathway for the patient, such as a consultation with a pharmacist or attendance at a walk-in centre.
- Implement the NHS 111 online symptom checker in Year 1.
- NHS 111 999 referral process has now changed, and NHSE have mandated all NHS 111 providers to revalidate Cat 3 and 4 ambulance calls before transferring through to 999. This is now embedded with alternative care pathways being sourced for patients
- The NHS 111 online option has been implemented

Clinical Effectiveness Priority 2C: NHSi – mandated indicators (emergency performance)

Owner: Director of Operations

Status is **amber**

Quarter 4 2019/20

What are we trying to achieve?

NHSi – mandated indicators

Category 1 emergency response (mean times)

Category 2 emergency response (mean times)

Refer to section 2.3 Reporting against NHSi core indicators

To achieve this we are going to?

- Reported in the Quality Account in section 2 NHS Indicators

Achievements

For performance data please refer to section 2.3.

- Ongoing improvements with hear and treat and see and treat to further improve patient experience.
- We are continuing to work with Terrafox on the trial of the National Mobilisation Application light (NMA Light) that will be a more effective dispatch model for Community First Responders (CFRs).
- We have a more robust deployment of volunteers now that the dispatch desks are in one location and this has already proved successful in an increase of our performance.
- Deployment of responders to attend Non-injury Falls (NIFs) has proven successful in reducing the long lies of patients.
- Work has taken place to map CFR logged on hours against demand with the schemes via a local Performance management process in terms of positive engagement.

Clinical Effectiveness Priority 2C: NHSi – mandated indicators (care bundles)

Owner: Director of Operations

Status is **amber**

Quarter 4 2019/20

What are we trying to achieve?

NHSi – mandated indicators

- To report on heart attack (STEMI) and stroke care bundles (benchmarked nationally)
- Stroke ARP measures

Refer to section 2.3 Reporting against NHSi core indicators

To achieve this we are going to?

- Report in the Quality Account in section NHS Indicators

Achievements to date

- Care bundles audited and reported in line with latest Accelerated Care Quality Indicator (ACQI) technical guidance.
- Publicity campaign launched to brief operational clinicians on ACQI requirements.
- Review of ePR system to identify actions to support ACQI compliance completed.
- Scoping of a new scorecard to facilitate monitoring of ACQI compliance by individual, team, area and Private Provider. It is anticipated that this will be ready for testing by a small group in January 2020.
- Monthly reporting of ACQI compliance into the Executive Performance Board, with cascade of information through the operational management team.
- ACQI task and finish group convened to identify and track improvements required.
- BDO Audit of clinical data was undertaken. This concluded a moderate level of assurance in design and operational effectiveness.

- Complete improvement steps identified by Task and Finish group. The launch of ePR guidance was suspended as we are currently in a re-procurement situation with our ePR.
- A review of the recommendations of BDO has ensured that greater oversight is given to audit submissions and that whilst the ePR STEMI compliance tool has been reviewed and requires an update, this update should take place when the ePR re-procurement project has been concluded, as the change will not impact compliance.
- Development of compliance tools is in progress for the Scribe clinical records system for Private Providers.
- SCAS are an active member of the National Ambulance Clinical Quality Group, who are working in partnership with NHSE to ensure a smooth transition to new ACQI reporting mechanisms. The new Sentinel Stroke National Audit Programme (SSNAP) reporting went live for all Stroke Ambulance Response Plan (ARP) measures for data from April 2019, meaning that the call to hospital arrival measure is now calculated from confirmed Stroke cases within the SSNAP system that have been validated by ambulance trusts. Updated Myocardial Ischaemia National Audit Project (MINAP) system has also been launched and is now in use from March 2020 (November 2019 cases). This now facilitates direct data entry of verified times for STEMI cases by NHS Ambulance Trusts

Patient Experience Priority 3A: Survey patients who access taxi services via SCAS call centre and implement any recommendations

Owner: Head of Patient Experience

Status is **green**

Quarter 4 2019/20

What are we trying to achieve?

Taxi providers assist SCAS (NEPTS and 999) in transporting patients with low risk care needs to various appointments and for low acuity transport to hospitals.

As part of our continued commitment to ask patients for feedback on their experience we have chosen this group as one we will focus on.

We need to understand the patient experience of not using a traditional ambulance resource in order to ensure they have a positive and safe experience.

To achieve this we are going to?

- Conduct a retrospective telephone survey for taxi users, designed by and undertaken by the NEPTS Patient Experience Manager and Customer Care Managers (agree sample size in Q1)
- Design question set and conduct survey in Q2/Q3
- Engage with Private Provider Governance Framework Task and Finish Group, and ensure actions arising are implemented
- Analyse results and design action plan based on responses
- Disseminate feedback to the Taxi companies and also share internally through a variety of communication methods
- Carry out action plan within agreed timescales

Achievements

- Contact data for 120 NEPTS taxi patients was obtained from Cleric System. Outbound calls were attempted to all patients.
- 45 telephone surveys were conducted. A response rate of 37.5%
- BI Team provided contact data for 130 patients who were 999 taxi users. Outbound calls were attempted to all patients.

- 63 telephone surveys were conducted with 999 taxi patients. A response rate of 48%.
- A total of 108 patients completed our taxi survey.
- A largely positive response was received. Most respondents told us they were content to have travelled in a taxi and they felt safe. Negative comments included that patients were concerned about the cost to the NHS.
- Analysis of responses have been included in a written outcome report which has been communicated to Taxi providers and shared internally through Patient Experience Review Group (PERG) and with key internal stakeholders.

Key findings are set out below:

Key findings NEPTS:

- 96% of respondents were happy to travel by taxi service to take them to hospital instead of a traditional NEPTS vehicle.
- 74% gave a positive response when asked what they thought of the service that day.
- 67% told us that they were escorted by the taxi driver to their appointment/destination.
- 98% told us that the taxi driver made them feel safe.
- 82% said they were either very satisfied or fairly satisfied with the service they received.
- 84% told us they were extremely likely or likely to recommend the service to family and friends.

Key findings 999:

- 89% of respondents were happy to travel by taxi service to take them to hospital instead of a traditional emergency ambulance.
- 78% gave a positive response when asked what they thought of the service that day.

- 82% gave a positive response when asked what they thought of the person arranging their taxi.
- 94% told us that the taxi provider made them feel safe.
- 84% said they were either very satisfied or fairly satisfied with the service they received.
- 76% told us they were extremely likely or likely to recommend the service to family and friends.

Key Learning:

- Some 999 patients told us they were concerned about what would happen if they became worse or felt more unwell during the journey in the taxi. This has been fed back to Emergency Operations Centre (EOC) Managers to work with staff to ensure clear worsening advice is given to those low acuity patients deemed suitable to travel by taxi.
- Some patients told us they had difficulty managing to put the seatbelt on. This has been communicated with the taxi providers to remind their drivers that low acuity or vulnerable patients may require assistance with seatbelts.
- Some NEPTS patients told us that they preferred to travel in a taxi as they arrived on time.

Patient Experience Priority 3B: Evidence of inclusion of children and young persons in service feedback and improvements

Owner: Heads of Communication and Patient Experience

Status is **green**

Quarter 4 2019/20

What are we trying to achieve?

We often focus on feedback from users of our services being adults. Children access the ambulance service through 111, 999 and NEPTS for a variety of reasons. Some urgent, some emergency and some routine. It is an anxious time for parents, carers and families if a child is ill and SCAS would like to include them in shaping services through their feedback of their experiences.

To achieve this we are going to?

- In Q1 establish what feedback we have and design a plan for gaining feedback (surveys/calls)
- Utilise the SCAS youth and young person group to engage with younger users of our services
- In Q2 send out a questionnaire asking for experience feedback and ascertain improvement focus
- In Q3/Q4 analyse the results and report to Patient Experience Review Group demonstrating any changes.

Achievements

Working as a team, the NEPTS Clinical Governance Leads, Head of Patient Experience and the NEPTS Patient Experience Manager, undertook a process of benchmarking with other ambulance services and acute healthcare providers to understand the type of surveys that are provided to paediatric service users. Consideration was given through this process, as to appropriate methods of contact with paediatric users and the implications relating to consent.

Following this research process, a survey was designed and reviewed by relevant personnel to ensure the content and scope met the needs of our service. Post review it was agreed that this survey method would be in the form of a telephone survey of service users aged 16 to 17 that could be completed by the child themselves or by an appropriate representative on their behalf.

A random sample group was extracted from all the paediatric users who had travelled with SCAS in the 12 months prior to the survey and the sample group of 30 users was contacted during March 2020. The survey results were collated into a document that was distributed to the NEPTS Locality Managers, Area Managers and Service Director for review and action planning.

The survey results were collated into a poster format for dissemination to all NEPTS staff, so that they might understand needs and challenges facing paediatric service users. This was shared with staff in April 2020.

- Vehicle comfort is being reviewed by the Vehicles and Equipment Manager
- Delays, and the communication of delays, are both subject to ongoing work at present. SCAS is in the process of embedding a quarterly Long Waits Review which will facilitate continuous learning from delays



PTS PAEDIATRIC SURVEY RESULTS 2020

What our patients liked

Friendly *Clean*
Essential *Polite*
Safe *Mostly Comfortable*

What we could do better

Improve seat comfort
Better info re collection time
+/- any delays



Patient Experience Priority 3C: To embed SCAS behaviours to increase the percentage of our leaders and managers who have been trained and provided with leadership development

Owner: Assistant Director of Organisational Development

Status is **green**

Quarter 4 2019/20

What are we trying to achieve?

SCAS have clear behaviours in place that we expect of staff in order to enhance their working life but also to build skills that ensure we deliver high quality care consistently through leadership of the teams.

This indicator provides assurance internally, externally and to the public that SCAS invests in staff to deliver our core services.

Embedding a culture of compassionate, inclusive, collaborative leadership culture across the organisation. A pilot for 999 team leaders was run in 2018 and underpinned development of SCAS Leader. This is a bespoke, modular leadership programme for all line managers across the organisation. Cohorts are mixed in terms of role and band which supports the creation of cross-organisation networks.

We aim to reduce attrition in those who leave within 12 months of starting in post by ensuring effective supportive line management relationships from the outset.

To achieve this we are going to?

- Continue the SCAS leadership programme launched in Q1 and continued throughout Q2
- Train 150 leaders by the end of March 2020 (out of 365 leaders this would equate to 41%)
- Review 12mth attrition figures of new starters in Q1 compared to Q1 next year

Achievements

- SCAS Leader launched on 9th April 2019
- 220 managers started by the end of Q4
- 190 completed by the end of Q4

- These figures exceed the forecast we set ourselves and equates to an approximate figure of 55.5%. Note: the list of line managers is fluid due to staff movement and accuracy of role on the Electronic Staff Record (ESR) so the % is an approximation.
- Cohorts continued as long as possible but have now been suspended due to Covid19. We had two unfinished cohorts at that time (approximately 30 people). The programme is ready to resume whenever it becomes appropriate to do so.
- We have recently appointed two new cofacilitators.

2.2 Statements of assurance from the board

	Prescribed information	Form of statement
1.	The number of different types of relevant health services provided or subcontracted by the provider during the reporting period, as determined in accordance with the categorisation of services: (a) specified under the contracts, agreements or arrangements under which those services are provided or (b) in the case of an NHS body providing services other than under a contract, agreement or arrangements, adopted by the provider.	<p>During 2019/20 SCAS provided and/or subcontracted three relevant health services.</p> <p>Emergency 999 Ambulance Service Non-Emergency Patient Transport Service NHS 111 Telephone Advice Service</p>

1.1	<p>The number of relevant health services identified under entry 1 in relation to which the provider has reviewed all data available to it on the quality of care provided during the reporting period.</p>	<p>SCAS has reviewed all the data available to them on the quality of care in three of these relevant health services.</p> <ul style="list-style-type: none"> • Patient survey results • Friends and family tests • Staff surveys • Narrative from complaints and feedback and their resolution • Health Care Professional (HCP) feedback themes and actions • Patient stories at public Board meetings • Root cause analysis of incidents and identified learning • Internal audit reports • External reviews of quality including the CQC and commissioner visits • Leadership walk-arounds and actions • Upward reports to Quality and Safety Committee meetings
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		<ul style="list-style-type: none"> • Staff meetings • Quality Impact Assessments of cost savings projects • Quality and Safety papers to the Board • Quality and Safety Committee minutes • Patient Experience Review Group meeting minutes • Serious Incidents Requiring Investigation meeting minutes • Patient Safety Group meeting minutes • Clinical Review Group meeting minutes
1.2	The percentage that the income generated by the relevant health 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 subcontracting of, relevant health services.	The income generated by the relevant health services reviewed in 2019/20 represents 100% of the total income generated from the provision of relevant health services by SCAS for 2019/20.
	Prescribed information	Form of statement

2.	The number of national clinical audits (a) and national confidential enquiries (b) which collected data during the reporting period and which covered the relevant health services that the provider provides or subcontracts.	During 2019/20 9 national clinical audits and 0 national confidential enquiries covered relevant health services that SCAS provides.
2.1	The number, as a percentage, of national clinical audits and national confidential enquiries, identified under entry 2, that the provider participated in during the reporting period.	During that period SCAS participated in 100% national clinical audits and 0% 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 enquiries identified under entry 2 that the provider was eligible to participate in.	<p>The national clinical audits and national confidential enquiries that SCAS was eligible to participate in during 2019/20 are as follows:</p> <ul style="list-style-type: none"> • Acute Myocardial Infarction and other Acute Coronary Syndrome (MINAP) • Ambulance Clinical Quality Indicator S-T elevation Myocardial Infarction (STEMI) Care Bundle • Sentinel Stroke National Audit Programme (Stroke Call to Hospital Arrival times) • Ambulance Clinical Quality Indicator Stroke Diagnostic Bundle • Ambulance Clinical Quality Indicator Sepsis Care Bundle

		<ul style="list-style-type: none"> • Warwick Clinical Trials Unit Out of Hospital Cardiac Arrest Outcome (OHCAO) • Ambulance Clinical Quality Indicator Cardiac Arrest Return of Spontaneous Circulation (ROSC) rates (and separate Utstein ROSC measure) • Ambulance Clinical Quality Indicator Cardiac Arrest Survival to Discharge (and separate Utstein Survival to Discharge (STD) measure) • Ambulance Clinical Quality Indicator Cardiac Arrest Post ROSC Care Bundle
2.3	A list of the national clinical audits and national confidential enquiries, identified under entry 2.1, that the provider participated in.	<p>The national clinical audits and national confidential enquiries that SCAS participated in during 2019/20 are as follows:</p> <ul style="list-style-type: none"> • Acute Myocardial Infarction and other Acute Coronary Syndrome (MINAP) • Ambulance Clinical Quality Indicator S-T elevation Myocardial Infarction (STEMI) Care Bundle • Sentinel Stroke National Audit Programme (Stroke Call to Hospital Arrival times) • Ambulance Clinical Quality Indicator Stroke Diagnostic Bundle • Ambulance Clinical Quality Indicator Sepsis Care Bundle

		<ul style="list-style-type: none"> • Warwick Clinical Trials Unit Out of Hospital Cardiac Arrest Outcome (OHCAO) • Ambulance Clinical Quality Indicator Cardiac Arrest ROSC rates (and separate Utstein ROSC measure) • Ambulance Clinical Quality Indicator Cardiac Arrest Survival to Discharge (and separate Utstein STD measure) • Ambulance Clinical Quality Indicator Cardiac Arrest Post ROSC Care Bundle
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2.4	<p>A list of each national clinical audit and national confidential enquiry that the provider participated in, and which data collection was completed 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.</p>	<p>The national clinical audits and national confidential enquiries that SCAS participated in, and for which data collection was completed during 2019/20, 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.</p> <p>*Note that the data relates to April – November 2019 and not a full year due to National Ambulance Clinical Quality Indicator reporting timelines (there is a four month reporting lag).</p> <ul style="list-style-type: none"> • Acute Myocardial Infarction and other Acute Coronary Syndrome (MINAP) Number of cases 626, 100% • Ambulance Clinical Quality Indicator S-T elevation Myocardial Infarction (STEMI) Care Bundle Number of cases 337, 100% • Sentinel Stroke National Audit Programme (Stroke Call to Hospital Arrival times) Number of cases 2192, 100% • Ambulance Clinical Quality Indicator Stroke Diagnostic Bundle
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		<p>Number of cases 1901, 100%</p> <ul style="list-style-type: none"> • Ambulance Clinical Quality Indicator Sepsis Care Bundle Number of cases 828, 100% • Warwick Clinical Trials Unit Out of Hospital Cardiac Arrest Outcome (OHCAO) Number of cases 2719, 100% • Ambulance Clinical Quality Indicator Cardiac Arrest ROSC rates (and separate Utstein ROSC measure) Number of cases 422, 100% • Ambulance Clinical Quality Indicator Cardiac Arrest Survival to Discharge (and separate Utstein STD measure) Number of cases 163, 100% • Ambulance Clinical Quality Indicator Cardiac Arrest Post ROSC Care Bundle Number of cases 198, 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 9 national clinical audits were reviewed by the provider in 2019/20.

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.	<p>SCAS intends to take the following actions to improve the quality of healthcare provided</p> <ul style="list-style-type: none"> • Review and re-issue clinical record documentation guidance. • Review and update ACQI compliance tools in the electronic patient records system, to include development of new compliance tools within the electronic records system for private providers. • Re-issue ACQI care bundle posters and guidance. • Launch a new ACQI scorecard where compliance can be monitored by individual clinician, area and Private Provider.
2.7	The number of local clinical audit (a) reports that were reviewed by the provider during the reporting period.	The reports of 18 local clinical audits were reviewed by the provider in 2019/20.
2.8	A description of the action the provider intends to take to improve the quality of healthcare following the review of reports identified under entry 2.7.	<p>SCAS intends to take the following actions to improve the quality of healthcare provided</p> <ul style="list-style-type: none"> • Move the pain scoring field in the Trust's electronic patient record system to provide a greater prompt for the assessment of a patient's pain. • Launch publicity/briefing material to ensure that clinicians are completing all the relevant assessments and treatment for patients experiencing symptoms of asthma, a limb fracture, a febrile convulsion, and those over 65 who have fallen.

		<ul style="list-style-type: none"> • Review manual handling training related to the use of wheelchairs within our NonEmergency Patient Transport service. • Review operational deployment procedures within our Emergency and Urgent Care service to reduce the incidence of long waits. • Issue guidance related to completion of safeguarding referrals and inclusion of key messages in safeguarding training packages.
	Prescribed information	Form of statement
3.	The number of patients receiving relevant health services provided or subcontracted 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.	<p>The number of patients receiving relevant health services provided or sub- contracted by SCAS in 2019/20 that were recruited during that period to participate in research approved by a research ethics committee was 293.</p> <p>Conference presentations and publications demonstrate our commitment to transparency and desire to improve patient outcomes and experience across the NHS.</p> <p>Our engagement with clinical research also demonstrates the Trust's commitment to testing and offering the latest medical treatment and techniques. The areas of engagement are outlined below.</p> <p>RESEARCH-RELATED ACTIVITIES</p> <p>Representation on regional and national research committees: Thames Valley & South Midlands Injuries & Emergencies Specialty Group, Wessex Injuries & Emergencies Specialty Group, Wessex Critical Care Specialist Group, National Ambulance Research Steering Group.</p>

		<p>PUBLICATIONS</p> <p>2019</p> <p>Fothergill, Rachael T.; Emmerson, Amber C.; Iyer, Rajeshwari; Lazarus, Johanna; Whitbread, Mark; Deakin, Charles D.; Nolan, Jerry P.; Perkins, Gavin D. Repeated adrenaline doses and survival from an out-of hospital cardiac arrest. Resuscitation, May 2019; 138: 316-321.</p> <p>Elsey, Abbygail. Our role in a family's crumbling world. Journal of Paramedic Practice, May 2019; 11. NQP Perspective.</p> <p>Deakin, Charles D.; Foster, Alexander G. Accuracy of instructional diagrams for automated external defibrillator pad positioning. Resuscitation, June 2019; 139: 282–288.</p> <p>Ainsworth-Smith, Mark; Penrose, Heidi; Wills, Carmel; Scallan, Samantha. Is it safe to leave my patient at home? Interprofessional community based learning. British Journal of General Practice, June 2019.</p> <p>Lennon, Andrew; Turnbull, Joanne; McKenna, Gemma; Prichard, Jane; Rogers, Anne; Crouch, Robert; Pope, Catherine. Sense-making strategies and help-seeking behaviours associated with urgent care services: a mixed-methods study. Health Services & Delivery Research, July 2019.</p> <p>Elsey, Abbygail. Look at the patient and follow your gut. Journal of Paramedic Practice, August 2019; 11 NQP Column.</p> <p>Quartermain, Albert, Ellery, Jacob, Deakin, Charles D. (2019) Service review focusing on non-conveyance of patients who proceed to suffer out of hospital cardiac arrests in</p>
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	<p>the South Central Ambulance Service (SCAS): A missed opportunity?</p> <p>Resuscitation, September 2019;142 (S1): e101.</p> <p>Groom Nicholas, Taylor, Sarah, England Ed, Pocock, Helen, Deakin, Charles D. A retrospective service evaluation of the presentation of anaphylaxis to a UK ambulance service. Emergency Medicine Journal, October 2019; 36 (10) e9.</p> <p>Chloe Lofthouse-Jones, Helen Pocock, Phil King, Patryk Jadzinski, Ed England, Sarah Taylor, Julian Cavalier, Carole Fogg. An evaluation of the role of SCAS in the attendance to call-outs and the transport to hospital of older people with dementia. Emergency Medicine Journal, Oct 2019; 36 (10) e6.</p> <p>Charles D. Deakin, Albert Quartermain, Jacob Ellery. Do patients suffering an out-of-hospital cardiac arrest present to the ambulance service with symptoms in the preceding 48 h? European Heart Journal - Quality of Care and Clinical Outcomes, October 2019; 0, 1–7.</p> <p>Helen Pocock, Charles D Deakin, Michelle Thomson, Sarah Taylor, Ed England. Optimising ambulance service contribution to clinical trials: an exploration using focus groups. British Paramedic Journal, 01 Dec 2019; 4 (3): 8-15.</p> <p>Soar, Jasmeet, Maconochie, Ian, Deakin Charles D et al. 2019 International consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations. Resuscitation, Dec 2019; 145: 95–150.</p>
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		<p>Elsey, Abbygail. Facing fear and embracing change. Journal of Paramedic Practice, December 2019; 11, 12. [LINK]: https://doi.org/10.12968/jpar.2019.11.12.542</p> <p>2020</p> <p>Jerry P. Nolan, Charles D. Deakin, Chen Ji, Simon Gates, Andy Rosser, Ranjit Lall, Gavin D. Perkins. Intraosseous versus intravenous administration of adrenaline in patients with out-of-hospital cardiac arrest: a secondary analysis of the PARAMEDIC2 placebocontrolled trial. Intensive Care Medicine, January 2020; Care Med https://doi.org/10.1007/s00134-019-05920-7.</p> <p>Perkins, Gavin D, Kenna, Claire, Ji, Chen, Deakin, Charles D, Quinn, Tom, Scomparin, Charlotte, Fothergill, Rachael, Gunson, Imogen, Pocock, Helen, Rees, Nigel, O'Shea, Lyndsey, Finn, Judith, Gates, Simon, Lall, Ranjit. The influence of time to adrenaline administration in the Paramedic 2 randomised controlled trial. Intensive Care Medicine, January 2020; 46:426–436 [LINK]: https://doi.org/10.1007/s00134-019-05836-2</p> <p>Presentations</p> <p>2019</p> <p>Ainsworth-Smith, M. Presentation. Isle of Wight conference. Jan 2019.</p> <p>Ainsworth-Smith, M. Presentation. National Health Service Improvement event (NHSi), London. March 2019.</p> <p>Pocock, H. Factors affecting conveyance of older people with dementia. EMS 999 Conference Birmingham 2nd April 2019.</p>
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		<p>Taylor, S. A retrospective review of the selfadministration of adrenaline for anaphylaxis. EMS 999 Conference. Birmingham, April 2019.</p> <p>Deakin, C.D. The role of adrenaline in cardiac arrest. Care - Continuing Education. Warwick, June 2019.</p> <p>Pocock, H. Optimising ambulance service contribution to clinical trials: a phenomenological exploration using focus groups. College of Paramedics Research Conference, Cardiff. September 2019.</p> <p>Ainsworth-Smith, M. Presentation. Sepsis Event. Ageas bowl, Southampton. October 2019.</p> <p>Deakin, C.D. Animal models of CPR research: Do they ever translate into reality? Resuscitation Science Symposium. The Institute of Pre-Hospital Care, London. October 2019.</p> <p>Ainsworth-Smith, M. Presentation. SCAS First Responder conference. Reading, November 2019.</p> <p>Ainsworth-Smith, M. Presentation. EPPIC Conference – Major Trauma. November 2019.</p> <p>Deakin, C.D. Dual sequential defibrillation. Resuscitation Council UK conference. Birmingham, December 2019.</p> <p>Deakin, C.D. Using technology to improve outcome in cardiac arrest. The London Cardiac Arrest Symposium. December 2019.</p> <p>2020</p>
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		<p>Deakin, C.D. Paediatric Thoracotomy. Portsmouth Emergency Medicine Society Study Day. Queen Elizabeth Hospital, Portsmouth. February 2020.</p> <p>Handyside, B. An EXploration of the facilitators and barriers to paramedics' assessment and treatment of pain in PAediatric patients following Trauma (EXPAT). EMS 999 Conference. Brighton, March 2020.</p>
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	Prescribed information	Form of statement
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 (CQUIN) payment framework agreed between the provider and any person or body they have entered into a contract, agreement or arrangement with for the provision of relevant health services.	<p>A proportion of SCAS income in 2019/20 was conditional on achieving quality improvement and innovation goals agreed between SCAS and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.</p> <p>The monetary total for income in 2019/20 conditional on achieving quality improvement and innovation goals was £2,164,000 and the associated payment in 2018/19 was £3,883,400.</p>

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 CQUIN payment framework, the reason for this.	<p>Further details of the agreed goals for 2019/20 and for the following 12-month period are available electronically at [LINK]: https://www.england.nhs.uk/wp-content/uploads/2020/01/FINAL-CQUIN-2021-Core-Guidance-190220.pdf</p> <ul style="list-style-type: none"> • Staff flu vaccinations (2020/21) • Access to patient information at scene (assurance and demonstration)
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 CQUIN payment framework, where further details of the agreed goals for the reporting period and the following 12-month period can be obtained.	
	Prescribed information	Form of statement
5.	Whether or not the provider is required to register with CQC under section 10 of the Health and Social Care Act 2008.	<p>SCAS is required to register with the Care Quality Commission and its current registration status is without conditions in all fundamental standards.</p> <p>The Care Quality Commission has not taken enforcement action against SCAS during 2019/20.</p>
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, (b) if the provider's registration with CQC is subject to conditions, what those conditions are and (c) whether CQC has taken enforcement action against the provider during the reporting period.	
	Prescribed information	Form of statement
6. 6.1	Removed from the legislation by the 2011 amendments	
	Prescribed information	Form of statement
7.	Whether or not the provider has taken part in any special reviews or investigations by CQC under section 48 of the Health and Social Care Act 2008 during the reporting period.	SCAS has not participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2019/20.
7.1	If the provider has participated in a special review or investigation by CQC: (a) the subject matter of any review or investigation (b) the conclusions or requirements reported by CQC following any review or investigation (c) the action the provider intends to take to address the conclusions or requirements reported by 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.	Not applicable.

	Prescribed information	Form of statement
8.	Whether or not during the reporting period the provider submitted records to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest version of those statistics published prior to publication of the relevant document by the provider.	SCAS did not submit records during 2019/20 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.
8.1	<p>If the provider submitted records to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data: (a) the percentage of records relating to admitted patient care which include the patient's:</p> <ul style="list-style-type: none"> (i) valid NHS number (ii) General Medical Practice Code <p>(b) the percentage of records relating to outpatient care which included the patient's:</p>	

	<p>(i) valid NHS number</p> <p>(ii) General Medical Practice Code</p> <p>(c) the percentage of records relating to accident and emergency care which included the patient's:</p> <p>(i) valid NHS number</p> <p>(ii) General Medical Practice Code.</p>	
	Prescribed information	Form of statement
9.	The provider's Information Governance Assessment Report overall score for the reporting period as a percentage and as a colour according to the IGT Grading scheme.	SCAS Information Governance Assessment Report has been replaced by Data Security and Protection Toolkit Standards not met – action plan in progress
	Prescribed information	Form of statement
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 NHSi.	SCAS was not subject to the Payment by Results clinical coding audit during 2019/20 by NHSi.
10.1	If the provider was subject to the Payment by Results clinical coding audit by the NHSi at any time during the reporting period, the error rates, as percentages, for clinical diagnosis coding and clinical treatment coding reported by the NHSi in any audit published in relation to the provider for the reporting period prior to publication of the relevant document by the provider.	
	Prescribed information	Form of statement


11.	The action taken by the provider to improve data quality.	<p>SCAS will be taking the following actions to improve data quality:</p> <ul style="list-style-type: none"> • Integrated Performance Report review and revision where indicated – includes all finance, operational, service and quality data • Roll out of new ePR system following a re-procurement project • Review and implementation of audits within the annual clinical audit plan • Review and implementation of actions from internal audit reports • Corporate Risk Register and Board Assurance Framework reviews and escalation process from local risk registers to ensure data quality concerns are addressed • Implementation of revised data quality policy and associated governance processes • Access to Local Health Care Record Exemplars (LHCRE) providing access to quality • Data from GP systems to improve decision making
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2.3 Reporting against NHSi core indicators

Ambulance Response Programme

Performance against national ambulance service response targets 2019/20

Prescribed information		Type of trust	Comment
14.	The percentage of Category A telephone calls (Red 1 and Red 2 calls) resulting in an emergency response by the trust at the scene of the emergency within 8 minutes of receipt of that call during the reporting period. ⁷	Ambulance trusts	In the table showing performance against this indicator, Red 1 and Red 2 calls should be separate.

	<p>Category 1 2019/2020 07:17 (Mean) 13:13 (90th Percentile) 09:32 (C1T Mean)</p> <p>Previous years' data Category 1 2018/2019 07:01 (Mean) 12:44 (90th Percentile) 10:18 (C1T Mean)</p> <p>Category 1 2017/2018 07:19 (Mean) 31 Oct-31 Mar 13:21 (90th Percentile) 11:45 (C1T Mean)</p> <p>Red 1 2017/2018 73.9% 1 Apr-30 Oct</p> <p>Red 1 2016/2017 73.3%</p> <p>Red 1 2015/2016 71.9%</p> <p>Red 1 2014/2015 75.0%</p>
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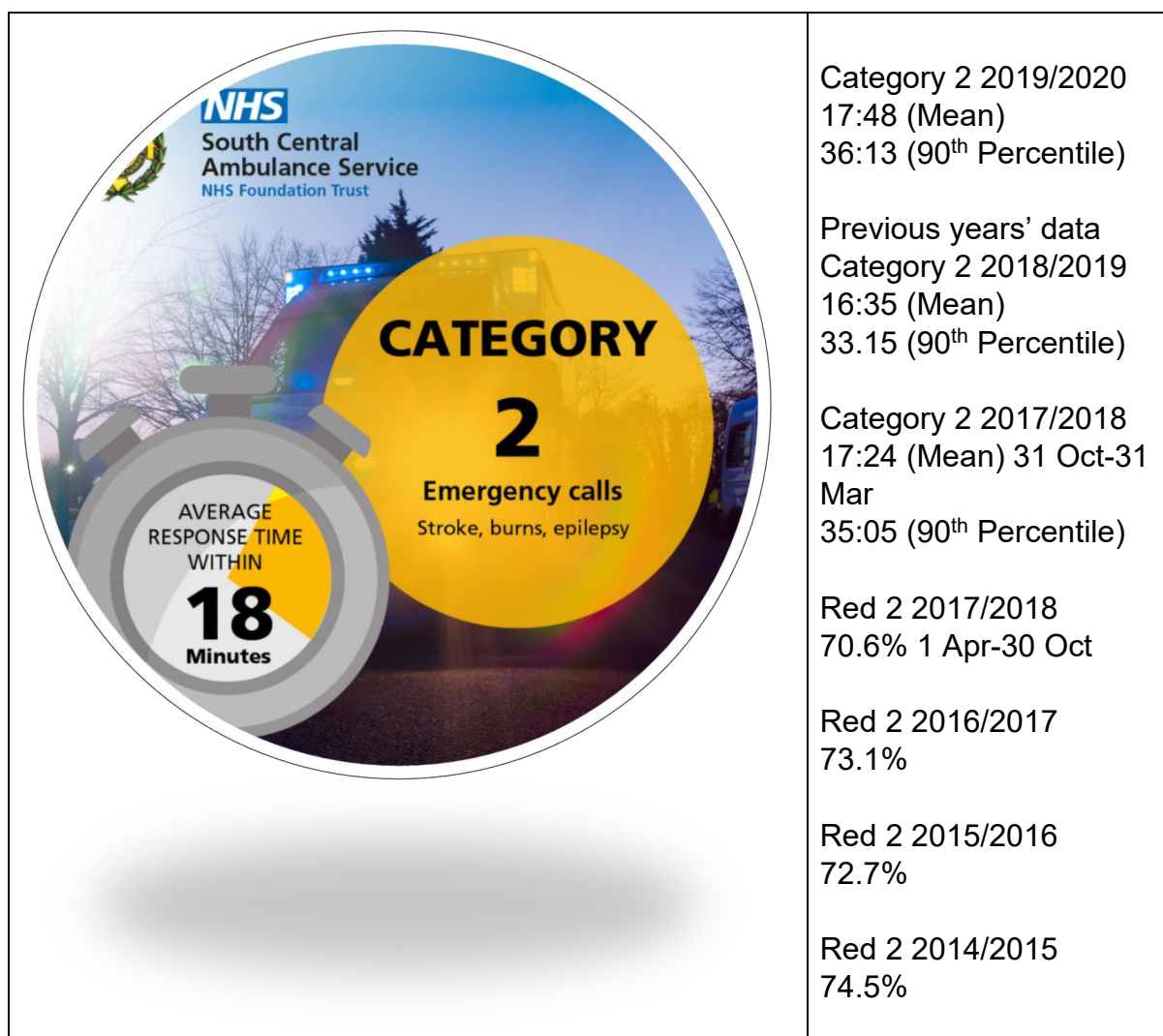
Ambulance category 1 (C1) – life-threatening calls: mean average response time
The percentage of Category A telephone calls (Red 1 and Red 2 calls) resulting in an emergency response by the trust at the scene of the emergency within 8 minutes of receipt of that call during the reporting period.

The South Central Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons.

- Computer Aided Dispatch (CAD) system has robust fall back plans
- ARP standards measured and reported nationally
- the trust has a robust data quality process for ensuring performance reporting which is benchmarked, and that data is scrutinised internally by the Executives and Board and by commissioners

SCAS intends to take the following actions to improve this indicator and so the quality of its services, by continually analysing the ARP data and continuing to model our staff rotas and fleet availability to meet the category requirements. Through the integrated performance report to Trust Board there will be clear visibility of the data and our actions. SCAS will continue to input into the national group and workstreams and audit long waits.

	Prescribed information	Type of trust	Comment
14.1	The percentage of Category A telephone calls resulting in an ambulance response by the trust at the scene of the emergency within 19 minutes of receipt of that call during the reporting period.	Ambulance trusts	



Ambulance category 2 (C2) – emergency calls: mean average response time

The percentage of Category A telephone calls resulting in an ambulance response by the trust at the scene of the emergency within 19 minutes of receipt of that call during the reporting period (up to the introduction of the ARP standards at the end of October 2017).

The South Central Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons.

- CAD system has robust fall back plans
- ARP standards measured and reported nationally
- The trust has a robust data quality process for ensuring performance reporting which is benchmarked, and that data is scrutinised internally by the Executives and Board and by commissioners

SCAS intends to take the following actions to improve this indicator and so the quality of its services, by continually analysing the ARP data and continuing to model our staff rotas and fleet availability to meet the category requirements. Through the integrated performance report to Trust Board there will be clear visibility of the data and our actions. SCAS will continue to input into the national group and workstreams and audit long waits.


 <p>The graphic features the NHS South Central Ambulance Service logo at the top left. A large blue circle in the center contains the text 'CATEGORY 3' and 'Urgent calls' with a list of conditions: 'Late stages of labour, non severe burns, diabetes'. To the left of this circle is a stopwatch icon with the text 'RESPONSE TIME WITHIN 2 Hours'.</p>	<p>Category 3 2019/2020 54:48 (Mean) 2:09:42 (90th Percentile)</p>
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Ambulance category 3 (C3) – urgent calls: mean average response time

The South Central Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons.

- CAD system has robust fall back plans
- ARP standards measured and reported nationally
- the trust has a robust data quality process for ensuring performance reporting which is benchmarked, and that data is scrutinised internally by the Executives and Board and by commissioners

SCAS intends to take the following actions to improve this indicator and so the quality of its services, by continually analysing the ARP data and continuing to model our staff rotas and fleet availability to meet the category requirements. Through the integrated performance report to Trust Board there will be clear visibility of the data and our actions. SCAS will continue to input into the national group and workstreams and audit long waits.

	<p>Category 4 2019/2020 01:17:17 (Mean) 2:56:47 (90th Percentile)</p>
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Ambulance category 4 (C4) – less urgent calls: mean average response time

The South Central Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons.

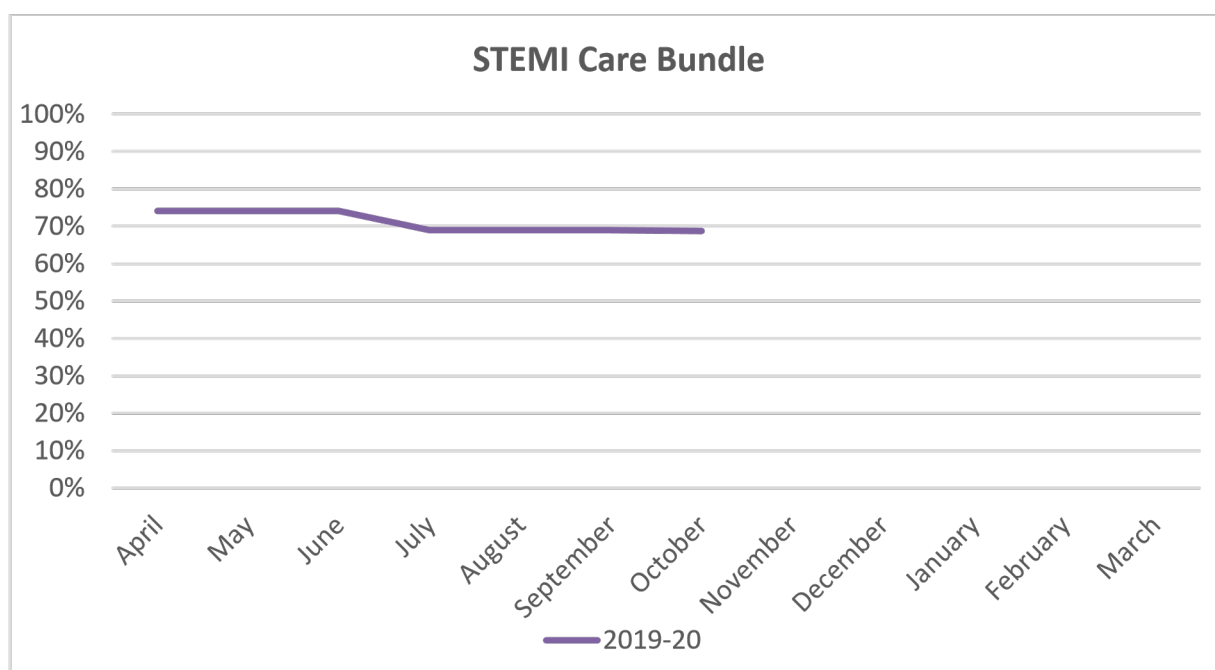
- CAD system has robust fall back plans
- ARP standards measured and reported nationally
- the trust has a robust data quality process for ensuring performance reporting which is benchmarked, and that data is scrutinised internally by the Executives and Board and by commissioners

SCAS intends to take the following actions to improve this indicator and so the quality of its services, by continually analysing the ARP data and continuing to model our staff rotas and fleet availability to meet the category requirements. Through the integrated performance

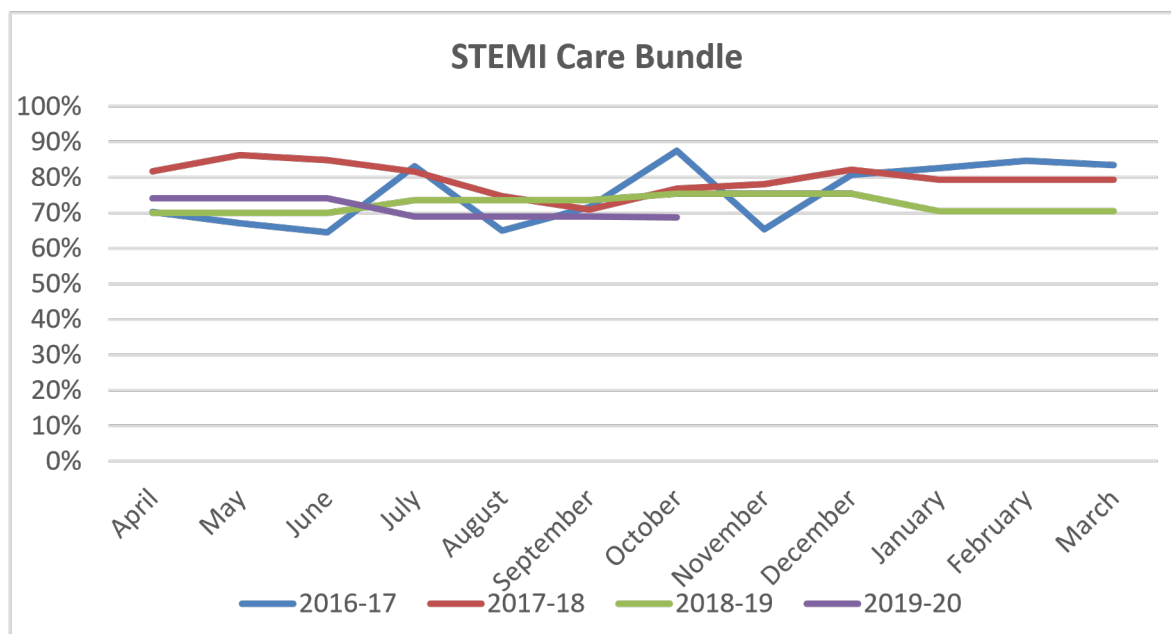
Prescribed information	Type of trust	Comment
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15.	The percentage of patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction who received an appropriate care bundle from the trust during the reporting period.	Ambulance trusts	
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The percentage of patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction who received an appropriate care bundle from the trust during the reporting period.



NOTE: This is Year to Date (YTD) data in line with national reporting validation processes.



Year	Compliance
2019/20	70.62% (YTD)
2018/19	72.52%

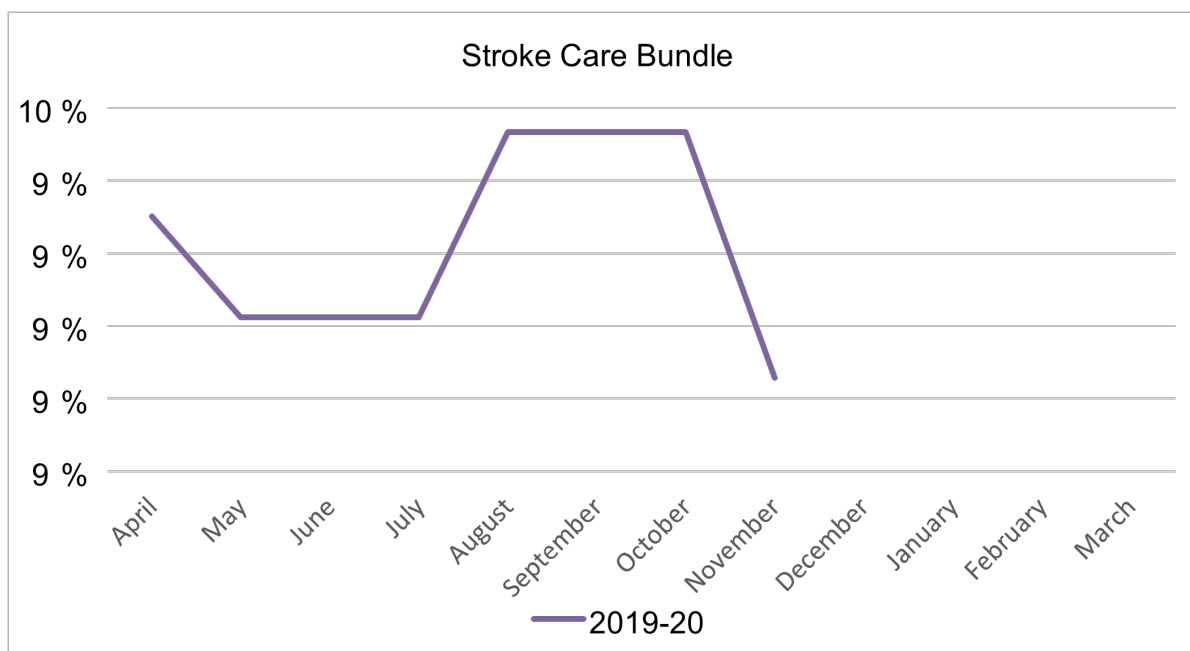
The South Central Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons.

- Electronic patient record data and analysis
- Report and data for national reporting requirements
- Board reports
- External contract reports
- Integrated performance report

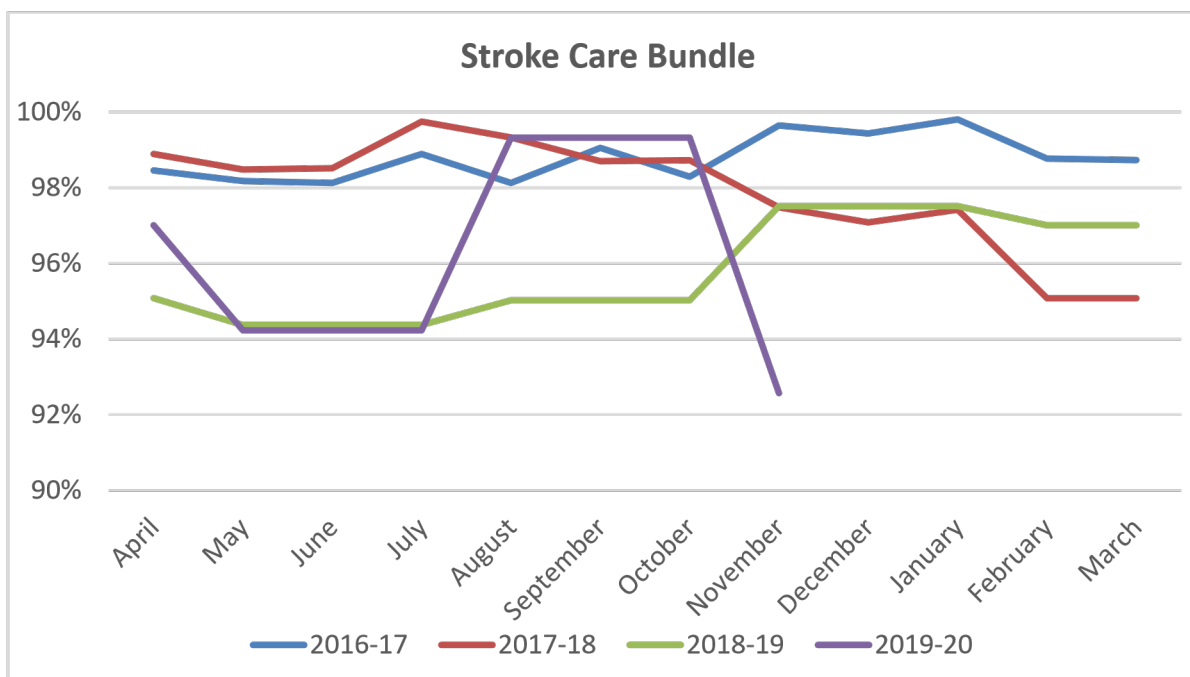
SCAS intends to take the following actions to improve these indicators, and so the quality of its services, by utilising data collected from the electronic patient record system and analysing that data as per national reporting requirements. SCAS has an internal clinical audit programme and conducts deep dives where necessary (reporting to the Quality and Safety committee and Clinical Review Group). SCAS is continuing to input into the national work on revising the ambulance quality indicators.

	Prescribed information	Type of trust	Comment
16.	The percentage of patients with suspected stroke assessed face to face who received an appropriate care bundle from the trust during the reporting period.	Ambulance trusts	

The percentage of patients with suspected stroke assessed face to face who received an appropriate care bundle from the trust during the reporting period.



NOTE: This is YTD data in line with national reporting validation processes.



Year	Compliance
2019/20	96.57% (YTD)

2018/19	95.81%
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The South Central Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons.

- Electronic patient record data and analysis
- Report and data for national reporting requirements
- Board reports
- External contract reports
- Integrated performance report
- Corporate risk register

SCAS intends to take the following actions to improve these indicators, and so the quality of its services, by utilising data collected from the electronic patient record system and analysing that data as per national reporting requirements. SCAS has an internal clinical audit programme and conducts deep dives where necessary (reporting to the Quality and Safety committee and Clinical Review Group). SCAS is continuing to input into the national work on revising the ambulance quality indicators.

Ambulance Clinical Quality Indicators YTD April to October 2019/20 against national average (YTD)

Clinical Quality Indicator	Lower	Upper	Difference	National Average	South Central	Greater or lower than Average
STEMI - Care	50.82%	98.60%	47.78%	75.18%	70.62%	LOWER
Stroke - Care	94.49%	99.90%	5.41%	97.93%	96.57%	LOWER

Ambulance Clinical Quality Indicators April to March 2018/19 against national average

Clinical Quality Indicator	Lower	Upper	Difference	National Average	South Central	Greater or lower than Average
STEMI - Care	63.24%	94.01%	30.77%	78.24%	72.52%	LOWER
Stroke - Care	95.81%	99.39%	3.58%	98.27%	95.81%	LOWER

Ambulance Clinical Quality Indicators April to March 2017/18 against national average

Clinical Quality Indicator	Lower	Upper	Difference	National Average	South Central	Greater or lower than Average
STEMI - Care	64.57%	90.88%	26.31%	78.62%	79.83%	HIGHER
Stroke - Care	94.53%	99.62%	5.10%	97.45%	98.08%	HIGHER

Prescribed information		Type of trust	Comment
21.	The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends.	Trusts providing relevant acute services	75.8%

		Your Trust in 2019	Average (median) for ambulance trusts	Your Trust in 2018	Your Trust in 2017	Your Trust in 2016	Your Trust in 2015	Your Trust in 2014
Q21a	"Care of patients / service users is my organisations top priority"	62.40%	62.80%	61.50%	58.20%	56.40%	47.40%	43.40%
Q21b	"My organisation acts on concerns raised by patients / services users"	68.50%	67.00%	70.30%	66.70%	65.90%	59.50%	56.60%
Q21c	"I would recommend my organisation as a place to work"	58.60%	51.40%	54.60%	50.70%	48.40%	37.00%	38.90%
Q21d	"If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation"	75.80%	73.50%	75.90%	74.00%	71.20%	63.30%	63.00%

The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends.

The South Central Ambulance Service NHS Foundation Trust considers that this data is as described for the following reasons;

- Friends and Family Test (FFT) responses by rotating staff group requests
- Website feedback, including our online PE surveys
- Robust analysis at the internal Workforce Development Board and Patient Experience Review Group
- External contractual reports to commissioners.

SCAS intends to take the following actions to improve this and so the quality of its services by

- Re-launching FFT for patients in line with new FFT guidance from April 2020
- Undertake a patient experience project to seek feedback and understand our patients' experiences of urgent care pathways direct referrals.
- Review root causes and undertake improvement actions to reduce the numbers of patients who have been subject to a delay when using our services.

	Prescribed information	Type of trust	Comment
25.	The number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.	All trusts	

The number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Number of incidents	570	447	282	129	115	374
Number and % severe harm/death	52 (9.1%)	21 (4.7%)	13 (4.6%)	1 (0.8%)	3 (2.6%)	8 (2.1%)

Note: Rate is not calculated for ambulance services and national benchmark is not yet available. Note: SCAS process revised with NRLS – reporting figures accurately checked.

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

- Datix reports
- Minutes of the Datix administration group
- Board reports and scrutiny of data at the incident reporting group
- NRLS confirmation.

SCAS intends to take the following actions to improve this indicator and so the quality of its services:

- Ongoing training for staff on Datix
- Reviewing numbers, severity and themes of incidents at the Patient Safety Group
- Trust Board scrutiny
- Safety culture survey
- Aggregated learning reports
- Campaign of awareness around incident reporting
- Easy guide reissued to staff on incident reporting

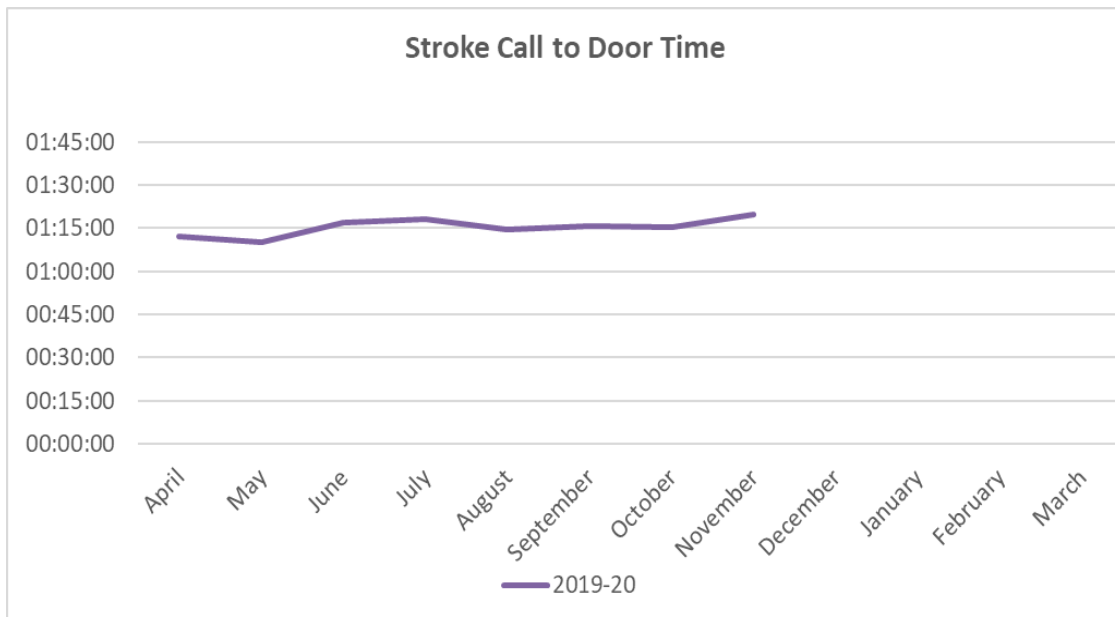
NHSi issued further detailed guidance for quality reports in January 2020.

Below is information on those elements now required for ambulance trusts to report on.

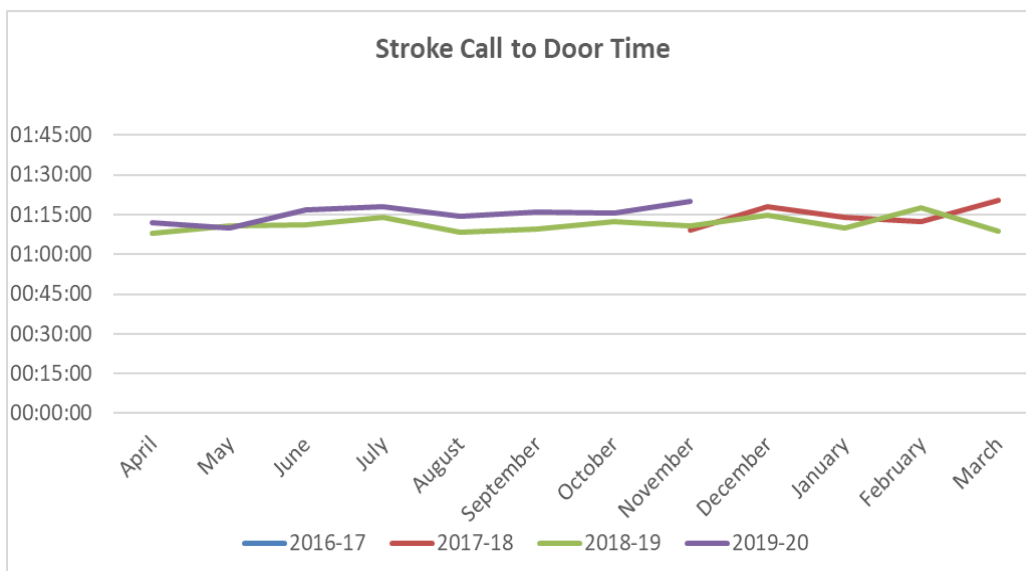
Stroke 60 minutes (please see below for revised definition)	Ambulance trusts
Return of spontaneous circulation (ROSC) where the arrest was bystander witnessed and the initial rhythm was ventricular fibrillation (VF) or ventricular tachycardia (VT)	Ambulance trusts

Stroke performance

The stroke ACQI datasets comprise of timeliness and care elements (diagnostic bundle). Since November 2017 timeliness measures have moved from the old “Stroke 60” (Call to arrival at a Hyper-acute Stroke Unit) to system-based ARP measures related to call to arrival at hospital, arrival at hospital to CT scan and arrival at hospital to thrombolysis. Ambulance services can only directly influence call to door element.



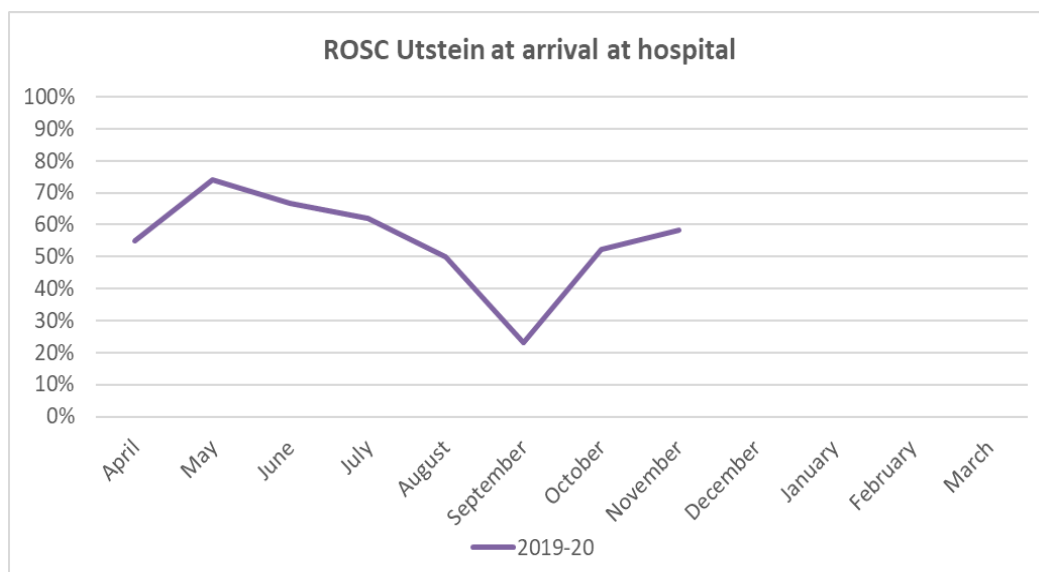
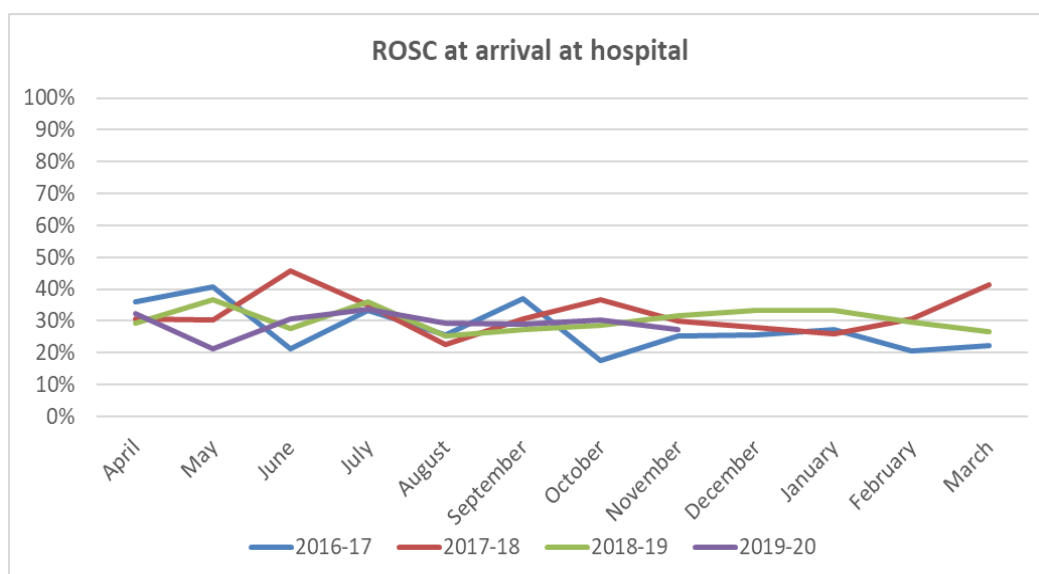
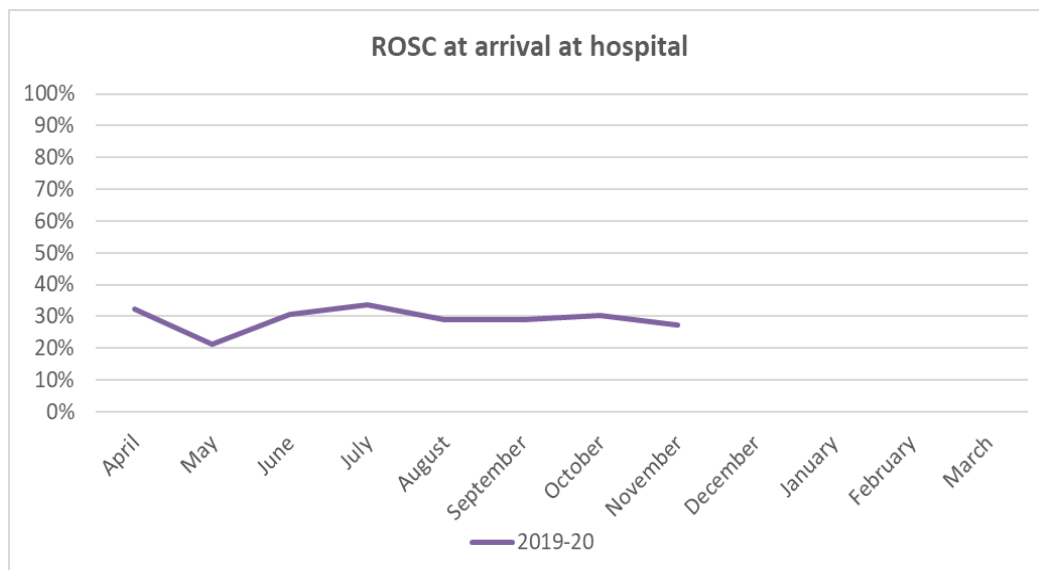
NOTE: Graph shows mean time for calls

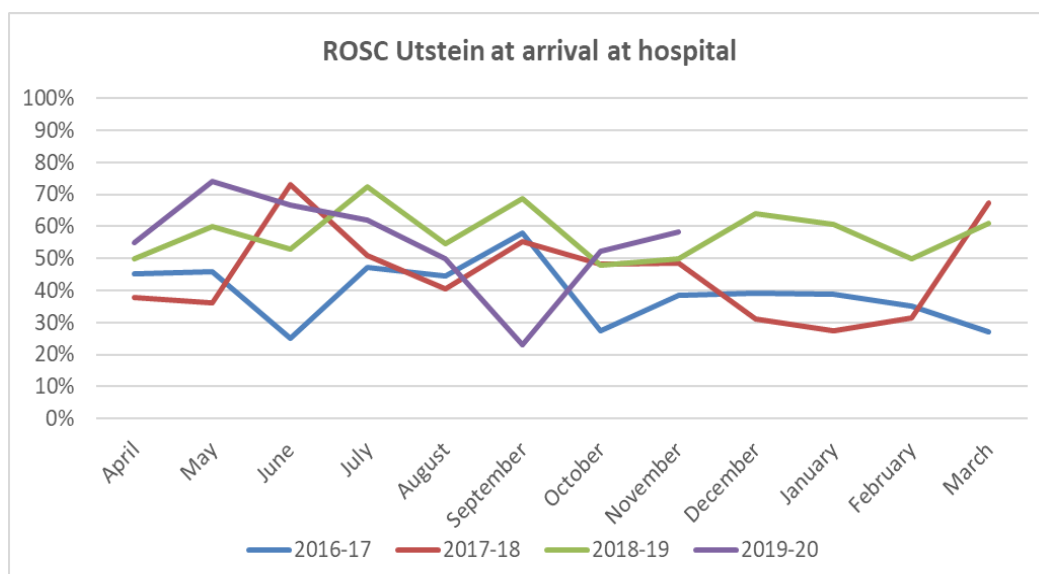


NOTE: Graph shows mean time for calls

ROSC

The charts below detail the current and historic SCAS ROSC rates.





Learning from Deaths for Quality Accounts

National Learning from Deaths Guidance for the ambulance sector was published in July 2019. The guidance document was developed by NHS England and NHS Improvement on behalf of the National Quality Board, and requires ambulance trusts to review patient deaths from Quarter 4 2019/20 onwards in line with the following criteria:

- All deaths where ambulance service personnel, other health and care staff and/or families or carers have raised a concern about the care provided, including concerns about end-of-life care;
- Deaths of patients assessed as requiring Category 1 and Category 2 responses where the ambulance response was delayed;
- Deaths of patients assessed as requiring Category 3 and Category 4 responses;
- Deaths of patients following handover to an NHS acute, community or mental health trust or to a primary care provider, where the ambulance is notified that the patient died;
- Deaths of patients who were initially not conveyed to hospital and contacted the ambulance service again within 24 hours. These deaths need to have occurred in that episode of care and not during a subsequent episode of care.

Prior to publishing of this guidance, SCAS has been undertaking Learning from Deaths reviews by adapting the guidance previously published for the acute sector in 2017, using the following criteria:

Patients who have suffered a cardiac arrest and/or:

- Have a diagnosed learning disability recorded on the electronic patient record (ePR) and/or;
- Have a diagnosed mental health condition on ePR and/or;
- Have experienced a 'long wait' (delayed response) for a SCAS resource and/or;
- Have had a previous SCAS attendance within the last 24 hours and/or;
- Suffer a cardiac arrest whilst with a SCAS resource and/or;
- Had contact with SCAS NHS111/IUC service in the previous 24 hours.

During 2019/20, SCAS have been reviewing and amending our Learning from Death processes in order to be compliant with the ambulance sector guidance, and we finalised our Learning from Deaths Policy in November 2019.

	Prescribed information	Form of statement
27.1	The number of its patients who have died during the reporting period, including a quarterly breakdown of the annual figure.	During 01/04/2019-31/12/2019, 906 of SCAS patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period: 256 in the first quarter; 291 in the second quarter; 356 in the third quarter; not available in the fourth quarter.
27.2	The number of deaths included in item 27.1 which the provider has subjected to a case record review or an investigation to determine what problems (if any) there were in the care provided to the patient, including a quarterly breakdown of the annual figure.	By 01/01/2020, 906 case record reviews and 7 investigations have been carried out in relation to 906 of the deaths included in item 27.1. In 7 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: 256 in the first quarter; 291 in the second quarter; 356 in the third quarter; not available in the fourth quarter.

27.3	<p>An estimate of the number of deaths during the reporting period included in item 27.2 for which a case record review or investigation has been carried out which the provider judges as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patient (including a quarterly breakdown), with an explanation of the methods used to assess this.</p>	<p>Nine representing 0.99% 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.</p> <p>In relation to each quarter, this consisted of: 8 representing 0.88% for the first quarter; 0 representing 0% for the second quarter; 1 representing 0.11% for the third quarter; not available representing not available% for the fourth quarter. These numbers have been estimated using the SCAS Learning from Death process. A stage one review occurs for all cases included in the Learning from Deaths dataset. This is a remote review of the episode of care by a clinician to identify any areas of concern or learning. Cases of concern forwarded for a Stage 2 review by the Learning from Deaths Group, chaired by one of the SCAS Assistant Medical Directors. There are instances where a comment is made at a stage 1 review, but it is determined that a stage 2 review is not required.</p>
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	Prescribed information	Form of statement
27.4	A summary of what the provider has learnt from case record reviews and investigations conducted in relation to the deaths identified in item 27.3.	Learning points for SCAS during this period have related to individual members of staff who have received feedback on the level of care they provided.
27.5	A description of the actions which the provider has taken in the reporting period, and proposes to take following the reporting period, in consequence of what the provider has learnt during the reporting period (see item 27.4).	Team leaders and Clinical Team Educators have provided feedback to individual members of staff and continue to monitor their performance. Learning points have related to individual members of staff and no systems issues have been identified.
27.6	An assessment of the impact of the actions described in item 27.5 which were taken by the provider during the reporting period.	The performance of individual members of staff has been uplifted to improve the level of care they are providing.
27.7	The number of case record reviews or investigations finished in the reporting period which related to deaths during the previous reporting period but were not included in item 27.2 in the relevant document for that previous reporting period.	Information not currently recorded.
27.8	An estimate of the number of deaths included in item 27.7 which the provider judges as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patient, with an explanation of the methods used to assess this.	Information not currently recorded.

27.9	A revised estimate of the number of deaths during the previous reporting period stated in item 27.3 of the relevant document for that previous reporting period, taking account of the deaths referred to in item 27.8.	Information not currently recorded.
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Part 3: Other information and Quality Priorities for 2019/2020

This section of the Quality Account sets out our Quality Improvement Priorities for 2020/2021.

In this part of the report we will outline a number of areas where we have identified quality improvements for the coming year. They have been developed in partnership and demonstrate a commitment to improve care in a measurable way where there is room to enhance our services. Two of our priorities have been extended over more than one year.

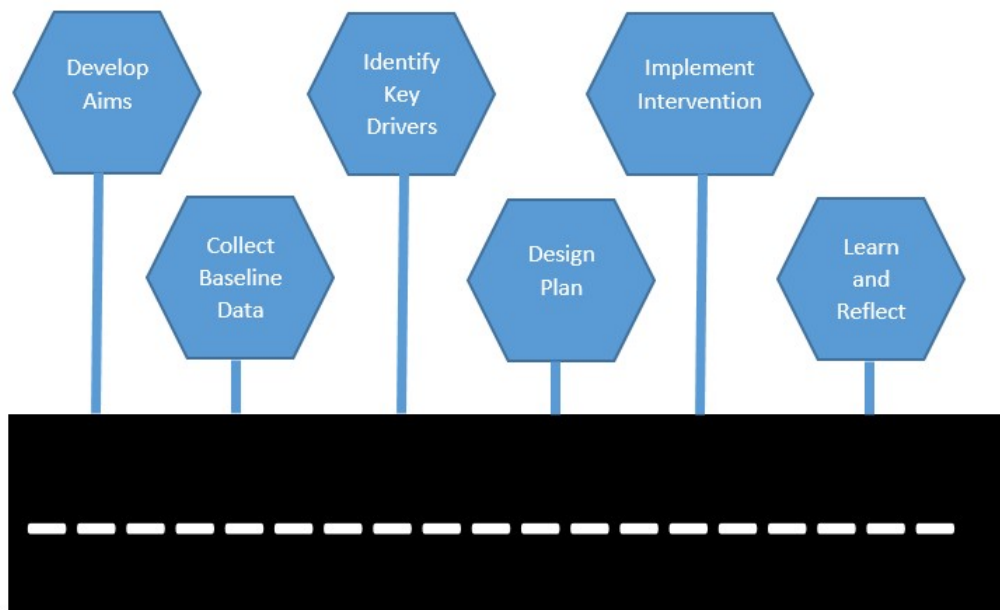
Priorities are identified through scrutiny of a wealth of information collated through robust operational and engagement practices which are shared at Board level through our governance structure.

These accounts are created in line with the SCAS strategy and strategic themes and NHSi strategy as well as linking to priorities in the NHS 10 year plan.

1.0 Quality Improvement and Clinical Transformation

1.1 SCAS is refreshing its Quality Improvement strategy and methodology in 2020/21. Throughout the Covid-19 pandemic we have continued to ensure transformation initiatives and new pathways have sound governance overview and sign off.

SCAS Road Map to Implementing Quality Improvement (QI) through 20/21.



SCAS Quality Roadmap diagram

The 6 steps we will be taking to embed Quality Improvement in 2021 in SCAS are:

- Undertake an assessment of readiness of SCAS for QI (using the Institute for Healthcare Improvement (IHI) assessment tool)
- Securing Executive and Board support for QI (appointing Executive Director and Non Executive lead) and embed the monitoring of QI into the Quality and Safety Committee
- Secure wider “buy in” with staff and create the QI vision (through workshops and road shows) which will develop the quality priorities that will form a major part of the Quality Strategy. We are developing this activity with NHS Elect support.
- Develop QI skills and infrastructure by delivering a QI development programme for our staff which will create our QI Champions and be delivered by NHS Elect.
- Align and co-ordinate our QI activity across SCAS by embedding QI in our culture, Organisational Development (OD), leadership initiatives.
- Sustain SCAS wide approach to QI by developing the learning environment by creating time to reflect and freedom for staff to raise concerns and ideas for improvement and developing our QI team.

This is the “Road Map” for QI implementation that is recommended by the Healthcare Foundation that SCAS is currently on.

We are completing steps 1 and 2 in Q1 and preparing to commence step 3 the in next few weeks, while planning step 4 with NHS Elect to run through post pandemic.

With the support of NHS Elect we will be devising a training plan and ‘identifying drivers’ workshops with staff from across the organisation.

1.1 SCAS Urgent Care Pathway Transformation Programme

This strategy is designed to assist clinical staff in finding the most appropriate clinical service (pathway) for a patient's presenting need or condition. This allows ambulance clinicians to access a variety of care pathways for their patient, that is tailored to their needs and is an alternative to conveying them to hospital. The Urgent Care Pathway Transformation Programme was initiated both to develop new and improve existing Urgent Care Pathways. It will enable SCAS clinicians, both mobile and in the community, to have better visibility and be able to refer to more appropriate urgent care pathways for our patients.

This programme of work will improve the quality of patient care and experience; further enable and support the delivery of both NHS and SCAS clinical strategies; and support an improvement in the reduction of event rates of:

- a) See and Treat
- b) See Treat and Conveyance to Emergency Department
- c) See Treat and Conveyance to Non-Emergency Departments

The programme's mission statement:

"SCAS will deliver an integrated and streamlined approach across our network to improve patient outcomes. By working with our local care system partners, we will ensure our patients access the most appropriate care response according to their needs, first time, every time".

An urgent care pathway is a clinical pathway for a specified group of patients that has a predictable clinical course. Care focusses on the patient's immediate needs whilst considering their overall journey within the healthcare system.

Clinical pathways promote organised, efficient patient care through the effective collaboration of cross-functional teams across the health and social care system. The objective of an effective clinical pathway is to reduce the variability of clinical care in hospital, community and home-care settings to improve patient outcomes and experience.

Our programme has established new and improved access to 65 Urgent Care Pathways. This has enabled our clinical staff to refer more patients than ever before directly into the service best suited to support their needs.





SCAS has implemented a software system called 'SCAS Connect' to our clinical staff including those working for private ambulance partners. The programme will deliver improved patient care, improved cycle time, clinical consistency and sustainability. The software system can be used on smart phones, electronic patient record tablets and office based computers. The system will provide clinicians with the referral information to all Urgent Care Pathways across our network within local care systems, regardless as to whether they are mobile in the community or based in our Clinical Co-ordination Centres.


1.2 Mental Health improvements

Mental health improvements remain a key area of focus for SCAS. SCAS welcomes the national direction on mental health outlined in the NHS Long Term Plan. This will remain high on our agenda and service developments this year. Recent strategic documents, such as the Learning Disability Improvement Standards, support our continual drive to build on quality and patient safety. System improvements in links with key colleagues in mental health and acute NHS trusts, police, local authorities and the voluntary sector (locally, regionally and nationally), are helping to ensure that mental health and learning disability are given equal importance to a person's physical health.

SCAS focus is to ensure that we continue to improve the mental health of our staff, our patients and within our strategic partnerships. Our vision is based on the crisis care concordat principles. These are tackling stigma related to mental health; promoting resilience / wellbeing, providing timely access to high-quality care in a crisis; and developing recovery plans to reduce the risk of relapse. We recognise the importance of supporting our staff and that as a Trust we can only deliver high-quality compassionate care to patients if we have resilient staff. Nationally in ambulance services there are factors that can influence staff resilience including but not limited to, increased demand on service, traumatic incidents and working in isolation. Our commitment is to provide high quality compassion focused mental health care to our people our patients and our partnerships.

Our People	Our Patients
<p>Risks</p> <ul style="list-style-type: none"> • Anxiety, stress and depression represent highest number of working days lost each year (The Stevenson Farmer report highlights the importance of addressing this). • The ability of SCAS to retain its staff. • Predicted risks related to Covid-19 on mental health. • MIND national research found that 1 in 4 ambulance service staff have thought about ending their lives and are at higher risk than the average population). 	<p>Risks</p> <p>Key challenges on improving mental health and learning disability crisis response. We will learn from complaints, investigations, pressures, operational responses, Emergency Department conveyance and quality of patient experience related to:</p> <ul style="list-style-type: none"> • Integrated crisis response to mental health and learning disability (approx. 15% of all ambulance activity related to complex, mental health, drug and alcohol social care and dual diagnosis) • Reduction in Emergency Department attendance /delays on scene • Improving mental health transport (S135, S136, S2, S3, Inter-facility Transfer (IFT) and Out of Area (OOA) placements) • Providing the right resource with active timely expert clinical input (expansion of partnership working on mental health and learning disability professionals in CCC and option to develop Mental Health (MH) triage cars) • Integrating our frequent caller approach with a system perspective (<i>approximately</i> 10% of all activity) • Improve training, education and risk management of mental health and learning disability crisis to our

	CCC and frontline operational staff.
Opportunities	Opportunities
<p>Apply NHS England's crisis care concordat principles into our strategy:</p>  <ul style="list-style-type: none"> • Tackling the stigma related to mental health • Early intervention to prevent a health and wellbeing crisis • Timely access to high quality care for those in crisis • Recovery action planning to reduce reoccurrence. 	<ul style="list-style-type: none"> • Expansion of mental health triage cars to “blue light hubs” (SCAS, Police, Approved Mental Health Practitioner (AMHP) and crisis team in divisional physical hub) <i>EG SCAS funding agreed for commissioning MH triage cars.</i> • Linking our frequent caller management plan to “system blue light hubs” to care plan around emotional distress, partnership working, reduced whole system demand in line with NHSE High Intensity Network (HIN) plan (<i>SCAS expansion and opportunities to develop further high demand practitioner roles to improve the system support for mental health crisis.</i>) • Improving our mental health act transport to incorporate timely vehicle response to Mental Health Act sections S2, S3, S135, S136, Police Section Assessment Unit (PSAU), IFT and OOA MH transport. (<i>Winter pressures funding of provision in Thames Valley Police area to support this linked to the NHS Long Term Plan (NHS LTP)</i>) • Further expansion of our integrated training and support plan which includes a trajectory of Face to Face training,

	<p>ELearning development, reference guides, workbook manual, ePR and operational support with mental health nurses in CCC.</p> <ul style="list-style-type: none"> • Building trust and confidence with key partners in signposting and shared risk management to reduce Emergency Department attendance, delays on scene, improve patient experience and reduce representations. 
<p>Our vision will do this by:</p>	<p>Our MH transformation plan will do this by:</p>
<ul style="list-style-type: none"> • We will promote equality between physical and mental health. • Our Human Resources and Organisational Development team, with support of the mental health specialist advisor will develop an Integrated Wellbeing Service. This will be a single point of access to staff support and wellbeing, reducing the frequency and intensity of ill-health absence related to anxiety, stress and depression. • We will provide a suite of mental health support and interventions through the Integrated Wellbeing Service, supporting timely access appropriate to individual's needs. 	<ul style="list-style-type: none"> • We will work with our partners to ensure the right response for our patients first time every time. • We will develop our call centre triage services • We will review our procedures to ensure clinical partnership pathways are the right ones • We will continue to develop our staff through education and training, on "SCASkeeptalking". • We will ensure our processes reflect national best practice such as the Stevenson /Farmer Report and NHS LTP. • We will further develop our response to mental health crisis with mental health triage cars

<ul style="list-style-type: none"> • We will review and evaluate our occupational health model to ensure the delivery of mental health interventions through the Wellbeing Service. • We will continue to develop our staff support programme, focussing on education and supervision. • We will work with Public Health England and other key stakeholders on improving suicide prevention plans. • We will continue to actively engage with staff at every level, including through induction courses, “conversation cafes”, Freedom to Speak Up and staff engagement events. • We will ensure that our return to work process focuses on wellness recovery action planning to reduce the risk of further episodes of illness. 	<p>staffed with a mental health crisis worker and a SCAS clinician.</p> <ul style="list-style-type: none"> • We will provide support for mental health patients that frequently represent to the ambulance service, police and other providers by working in partnership to resolve complex health and social care needs. • We will ensure that our training to our clinical staff is done in partnership with other agencies to provide a consistent shared approach to managing crisis care across the system.
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Education plays a crucial role in ensuring staff have the knowledge and skills required to help patients with a range of mental health conditions. Completion of an in-depth review of core ambulance service mental health education has been agreed nationally in partnership with the College of Paramedics and NHSE.

Many clinical coordination centre staff have completed mental health awareness training and found it to be beneficial in better understanding, and therefore be better able to respond to the caller’s emotional state. In 2020 our mental health specialist advisor will work collaboratively on a blended approach to mental health education and partnership working. This will include practical mental health scenarios, the Mental Health Act, Mental Capacity Act and decision making. Face to face training will be supported with eLearning, reference guides and evidence-based triage tools to support clinical decision making.

Stress is currently SCAS’s second most common reason for sickness. We have implemented the following initiatives to help address this:

- Trauma Risk Incident Management (TRiM)
- Sessions on resilience and wellbeing at work
- Psych Health specialised counselling
- Occupational health
- Optum (Livewell)
- Access to MIND (Blue Light)
- Taking our work forward in 2020/21 we will include:
- Mental Health / Resilience workshops linking to a peer support group network
- Comprehensive review of the staff mental health plan
- Stress resilience programme

All mental health education sessions delivered in the Trust to include an overview of mental health conditions, suicide prevention, risk management, solution focused approaches, treatment and recovery and appropriate signposting.

1.3 Learning Disability Standards

The Trust has developed a learning disability strategy in response to NHS England recommendations. The principles and framework are:

1. Respecting and protecting rights (Standard 1).
 - Deliver person centred care that supports the patient (and any staff) who may have a learning disability, autism, or both.
2. Inclusion and engagement (Standard 2).
 - Refine our approaches to communicating.
 - Seeking and acting on feedback from people with a learning disability, autism, or both - and their carers - to improve the quality of service we provide.
 - Develop effective partnerships with local agencies (e.g. health, social care, third sector) to improve care and outcomes.
3. Workforce development (Standard 3).
 - Develop a skilled and effective workforce able to champion compassionate person-centred care for patients who have a learning disability, autism or both.

These will be underpinned by:

- Teamwork – delivering high performance through an inclusive, and collaborative approach which values diversity.
- Innovation – continuous improvement through empowerment of our people.

- Professionalism – setting high standards and delivering what we promise.
- Caring – for our patients and each other. An action plan has been developed to ensure we meet these standards. Progress is reported through the Trust Equality and Diversity group.
- learning disability awareness and diversity.
- Trust materials to support promotion of awareness of learning disabilities is ongoing with communications team.
- Extensive consultation and engagement on system reference guides to support rights, vulnerabilities and patient safety on learning disabilities.
- Further development of telephone triage with mental health specialists within control rooms to support clinical response and signposting of patients with learning disabilities.
- Engagement with ICS groups on system collaboration to improve patient safety, feedback and patient experience.
- Internal alignment with key subject matter experts related to learning disability standards.
- Statutory and mandatory training completed around compassion focused

1.4 Sustainability and transformation partnerships (STP's)/ICS

SCAS continues to engage with STPs/ICSs and be involved in changes in the way ICS/ACSs work to manage resources, including setting a system wide control target.

SCAS will continue to work hard to be at the centre of resource planning. As a regional urgent and emergency care provider we are an important partner in system delivery of services.

SCAS delivers services across six sustainability and transformation partnerships (STPs). Some of these STPs are very large and sub-divided into local care systems:

Integrated Care Systems	Local care systems	Emergency 999	Patient Transport	NHS111 IUC	NHS111 Dental
Currently either Sustainability & Transformation Partnership (STP to become ICS by 2021) or already a national pilot Integrated Care System (ICS)	Some local care systems are developing into Integrated Care Partnerships				
Buckinghamshire, Oxfordshire & Berkshire West (BOB ICS)	Buckinghamshire	YES	YES	YES	
	Berkshire West	YES	YES	YES	
	Oxfordshire	YES	YES	YES	
Dorset ICS					YES
Frimley Health ICS	Berkshire East	YES	YES	YES	
	North East Hampshire & Farnham		YES	YES	
	Surrey Heath		YES	YES	
Hampshire & Isle of Wight STP	North and Mid Hampshire	YES	YES	YES	YES
	South West Hampshire	YES	YES	YES	YES
	Southampton City	YES	YES	YES	YES

	Portsmouth and South East Hampshire	YES	YES	YES	YES
	Isle of Wight				YES
Milton Keynes, Bedfordshire & Luton ICS	Milton Keynes	YES	YES		
Surrey Heartlands ICS			YES		
Sussex & East Surrey STP			YES		

Whilst individual STP plans differ, they all share some common themes:

Promoting health and preventing illness

SCAS can identify patients who might be at risk of deterioration from an existing condition have unmet needs or at risk of requiring emergency, urgent or crisis services, and work with partners to develop plans for these individuals

Improving emergency responsiveness

Rising call demand, increasing acuity of conditions and growing workforce shortfalls are a national problem. SCAS working locally, and nationally, to ensure ambulance services are better able to respond appropriately to emergency, life-threatening calls.

Integrating urgent care systems

SCAS will work with local hubs that are being developed in each area that bring together primary care and community teams, including the possibility of developing SCAS paramedic visiting services offering patients face-to-face assessments in such hubs and/or home visits.

Care coordination

Building on the existing infrastructure for NHS 111 services, more people will be supported in their own homes and signposted to more appropriate and effective services (other than 999 or A&E).

2.0 Patient Safety

2.1 NHSE Patient Safety Strategy (SCAS early actions)

Following a period of consultation, NHS Improvement published the 'NHS Patient Safety Strategy'; bringing a number of significant changes, particularly into the philosophy and processes around investigating serious incidents. The full strategy can be found at [LINK:] <https://improvement.nhs.uk/resources/patient-safety-strategy/>

As with the launch of any new strategy, SCAS has identified what changes in its current structures and practices may need to change to become compliant. A gap analysis was undertaken which is detailed in the table below.

2019 NHSE Patient Safety Strategy – Gap Analysis

Patient Strategy Requirement	Gaps Identified	Action Required	Date to complete action 2019/20	Date to complete action 2020/21	Date to complete action 2021/22
<p>Incident investigation & Learning</p> <p><i>Note: The national patient safety incident response framework has not been published yet, though implementation is expected to be July 2021</i></p> <p>Organisations should develop a 'Patient safety incident review and investigation strategy', that includes a range of proportionate investigation options and focusses on the opportunity, rather than focussing on thresholds for instigating investigations based on patient harm.</p>	<p>The current policy and SI processes often focus on harm or potential harm as the threshold for instigating investigations; SCAS will consider further low and no harm events where there is opportunity to improve safety systems</p>	<p>Following the publication of the patient safety incident review and investigation strategy, SCAS will ensure SI policies and processes are amended to reflect the aims of the strategy</p>		YES	

Early indications are that the forthcoming patient safety incident response framework will bring a move away from RCA as the main tool for investigation (noting there may be times when it <i>is</i> the appropriate tool) and develop a framework with commissioners for agreeing investigation methods and timeframe for completing investigations (the 'Investigation Management Plan'). The strategy suggests there will be national standards for investigations and introduction of national templates for investigations and reports.	SCAS incident investigators will need to be familiar with a suite of investigation tools and will require ongoing professional development.	SCAS will monitor the development of the patient incident response framework and identify the expectations of investigators SCAS will commence early engagement with commissioners to understand how expectations are developing.		YES	
There is an expectation that the board will play a stronger role in the oversight and governance of learning from incidents as well as 'Safety 2' (the identification of what goes well in the organisation).	When the investigation framework is published, the board will receive a briefing on their role in the governance of learning from incidents and good practice.	PSG will monitor the development of the framework and prepare briefings for the board as appropriate.		YES	
Safety Culture					

Positive recognition by staff of the incident reporting and investigation processes in annual staff survey	May feature significantly in the remote monitoring of the Trust by NHSi	To ensure the questions in relation to incident reporting and investigations remain a focus of attention on supporting staff	YES		
Psychological safety of staff	SCAS to further develop human factors in relation to safety culture.	Wellbeing measure in the quality account. We have a regular 'speak up' report at PSG.	YES		
Patient Safety System					
Building safety into developments of digital ways of delivering care to patients	SCAS needs to strengthen a formal method of receiving assurance that digital developments that are used in the delivery of care to patients have fully considered patient safety	PSG will create a formal method of receiving assurance that digital developments that are used in the delivery of care to patients have fully considered patient safety		YES	

Nominated patient safety lead (at delivery level, not just strategic/board)	Need to ensure a role is identified that has patient safety lead included	Continue to progress the proposed patient safety roles		YES	
The National Reporting and Learning System [NRLS] is being replaced. Appropriate staff will need to understand the changes to both uploading incidents and receiving alerts from the new system [replacing CAS]	The new system has not been released to date therefore gaps/ training needs not identified.	Monitor progress of the new system and be prepared to develop a local action plan to ensure it is embedded into SCAS systems		YES	
Insight					
The strategy suggests organisations move towards 'Safety Two'; that is to say, recognition of processes and ways of working that work well and keep patients safe and seek to replicate/ build upon that success.	The Trust will need to demonstrate awareness of good practice that keeps patients safe and share that with clinicians.	PSG will create an agenda item and method of reporting on 'Safety Two', recognising safe practice already embedded in the Trust.		YES	
Development of regional patient safety teams, with organisational representation	These will be developed in Q2 2020/21 by the national patient safety team	Monitor progress of the regional safety team development and be prepared to respond.		YES	

<p>The Healthcare Safety Investigation Branch [HSIB] will play an increased part in the investigation of incidents, particularly when the learning will likely affect multiple organisations; the draft HSIB Bill is still planned to be presented to parliament for royal assent, giving the organisation a legal basis and powers including entry to premises etc.</p>	<p>The Trust will need to ensure that the investigations/ SI policies reflect the input of HSIB and that there are agreed procedures to respond to approaches by the HSIB, including identifying key personnel to support them.</p>	<p>Review the current policies and procedures to ensure that they recognise the HSIB, its powers and have agreed ways of responding to and working with the HSIB.</p>		YES	
<p>Introduction of Medical Examiners to review patients who have died in acute trusts and the community.</p>	<p>SCAS can expect to receive intelligence and in some cases the need to investigate and respond, when the medical examiners are concerned or think there is potential for learning in relation to SCAS care – it could well be the case that SCAS will be unsighted on these concerns if no internal alert has been received.</p>	<p>In line with the review of policies (above), ensure this possibility is recognised in policy and ensure that the policy supports engagement with medical examiner offices across the SCAS footprint.</p>		YES	

100% compliance for response to patient safety alerts, HSIB investigation recommendations, monitored through the local patient safety systems and national patient safety teams	A reporting requirement to demonstrate compliance may be required.	SCAS will need to understand the system for declaring compliance and key personnel to execute the requirement.	YES		
Involvement					
Development of patient safety education packages	The national team will develop plans for implementing patient safety training by April 2020	SCAS will review the patient safety training requirement		YES	
Complete implementation of the patient safety training by April 2023	The national training team will have made the training in foundations of patient safety available to all staff by April 2021	SCAS education team will include the strategy guidance in training programmes and ensure that compliance is monitored through SCAS monitoring tools (e.g. CARS, ESR or similar).		YES	YES

Improvement					
Adoption of the National Early Warning Score (NEWS)2 scoring system across all ambulance trusts by Q4 2019/20	NEWS2 will need to be implemented by all clinicians	SCAS is already compliant with this.	YES		
Delivery of the Medication Safety Improvement Programme	The focus will be on three key domains 1) High Risk Drugs, 2) High Risk Situations and 3) Vulnerable Patients	PSG will require the Medicines Management Group to consider this as an agenda item and report back on progress.		YES	
Delivery of the Mental Health Safety Improvement Programme	Led by local systems and supported by the regional patient safety teams, an action plan (if required) will be developed after the engagement meeting.	The wording of the strategy suggests this will be primarily aimed at mental health trusts, but references local systems as the driver. SCAS will monitor this requirement.		YES	

Address safety issues that affect older people	The descriptors that are noted in the strategy, falls management, adoption of a frailty index and pressure area care are the key areas for focus.	SCAS is currently developing falls referrals, frailty response and assessment, and developing pressure care guidance with partners.		YES	
Address safety issues that affect people with learning disabilities	All NHS commissioned care to meet the learning disabilities improvement standards by 2023/24	PSG will adopt a regular agenda item to monitor progress by the Trust against the learning disabilities improvement standards.			YES

2.2 Investigations and human factors

SCAS has a robust investigations process in line with national guidance as well as a bespoke training package. A fatigue study was undertaken as part of our investigations process.

Fatigue has been proven to affect health, wellbeing, and performance at work. SCAS are keen to improve staff health and wellbeing, and provide the best possible working pattern.

Safr Ltd was asked to conduct a project investigating the level of fatigue experienced by SCAS personnel at 6 sites, covering approximately 150 people over a total period of approximately 5 months (including pre-launch and wrap-up activities. To date, the 4 operational sites (Basingstoke, Didcot, Nursling, and Wexham) have been completed, covering 90 staff. The final phase focusing on control centre staff is yet to be conducted.

The levels of alertness and fatigue within SCAS were found to be broadly in line with the benchmarks for a 24/7 organisation and reasonably consistent across locations and job roles. However, long shifts – especially night shifts of 12 hours or more – were found to cause increased fatigue and higher levels of risk.

SCAS will look at new working patterns that take into account the findings and recommendations to create shift patterns that minimise factors leading to increased fatigue.

Findings:

1. Across the whole group, mean alertness was in line with benchmarks for 24/7 organisations.
2. Findings showed 60% of participants obtained 4 hours or less sleep on at least one occasion during the project. This level of sleep leads to significantly reduced performance and an increase in event / incidents and errors.
3. The issues surrounding fatigue within SCAS are not due to the mean level of alertness/fatigue but due to the occasional situations in which an individual is unable to obtain enough sleep for one or more nights leading to increased risk.
4. Longer shifts are associated with lower alertness / higher fatigue. Day shifts of more than 10 hours are more fatiguing than shorter shifts. For night shifts, there is a steady increase in high levels of fatigue (low levels of alertness) as shift length increases. In particular, 12 hour + night shifts led to increased fatigue and risk.
5. The levels of fatigue were reasonably consistent across all locations and job roles included in the trial.

Recommendations:

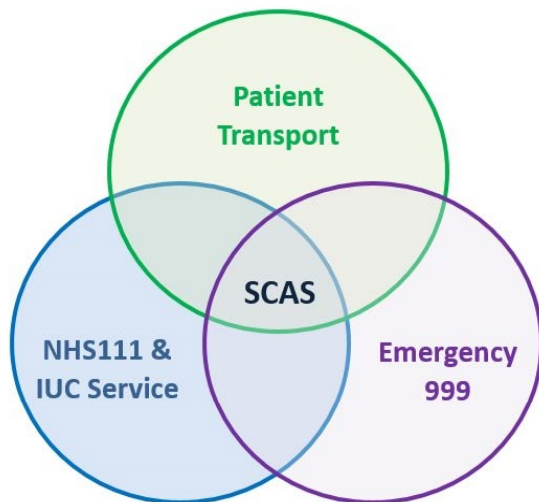
1. Where possible, shifts should last no longer than 12 hours. Reducing shift lengths over 10 hours should be considered if possible.
2. If it is not possible to reduce both day and night shifts, the focus will be on reducing the length of night shifts, particularly avoiding night shifts of 12 hours or more. Avoiding a high number of night shifts in a given period would also be beneficial.

3. A follow-on study will be conducted 6 months after any changes in shift pattern to assess the effectiveness of the changes.

3.0 Regulation assurance and compliance

We have a clear strategy.

Our services



An integrated approach

- Enabling people to access right care, first time
- Saving lives and improving outcomes
- Supporting people in their own homes



Past



Future

Our strategy is supported by goals and a set of values

OUR VALUES...

- ➔ Team work
- ➔ Innovation
- ➔ Professionalism
- ➔ Caring

OUR GOAL TO BE...

- ➔ Provider of choice
- ➔ The partner of choice
- ➔ The employer of choice
- ➔ Sustainable and dynamic



These Quality Accounts are aligned with the requirements and targets set by the NHS standard contract for ambulance services, the NHS England National Ambulance Indicators, the CQUIN payment framework and those of our regulators, NHS Improvement and the Care Quality Commission.

The table below shows the current SCAS rating

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good August 2018	Good August 2018	Good August 2018	Good August 2018	Good August 2018	Good August 2018
Patient transport services	Requires improvement May 2020	Good May 2020	Good May 2020	Good May 2020	Good May 2020	Good May 2020
Emergency operations centre	Good August 2018	Good August 2018	Good August 2018	Good August 2018	Good August 2018	Good August 2018
Resilience	Good August 2018	Good August 2018	Good August 2018	Good August 2018	Good August 2018	Good August 2018
Overall	Good May 2020	Good May 2020	Good May 2020	Good May 2020	Good May 2020	Good May 2020

Overall ratings are from combining ratings for services. Our decisions on overall ratings into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

3.1 CQC Core Service inspection

The Trust underwent a core service inspection of the patient transport service on 5 and 6 February 2020. The inspectors focused entirely on the PTS service visiting six dedicated bases, five shared sites as well as two contact centres and the training facility in Newbury. The final report was published in June 2020.

Well Led

The well-led inspection was due to commence on Tuesday 10 March and continue 11 March. Due to the Covid-19 pandemic CQC ceased inspection activity and the well led inspection was cancelled.

3.2 Must and should actions

A full report from our last CQC inspection is available at [LINK]:
<http://www.cqc.org.uk/provider/RYE>

4.0 Patient, Staff and Public Engagement

4.1 Equality and Diversity

Equality Delivery System 2

The Equality Delivery System (EDS) was designed to be used by all NHS organisations in England, both providers of services and their commissioners. At the heart of the EDS is a set of 18 equality outcomes grouped into four goals. These outcomes focus on the issues providing most concern to patients, carers, communities, NHS staff and Boards. It is against these outcomes that performance is analysed, graded and action determined.

The EDS2 requires NHS organisations to engage with local communities and organisations with an interest in health issues to determine performance through a grading exercise. As part of the EDS process South Central Ambulance Service NHS Foundation Trust identified local stakeholders including patient, staff, communities and partnership groups who were consulted and engaged to review evidence on the four goals and produce a grading of performance.

SCAS is now at the end of a four-year EDS action plan, with the performance rating showing 100% achievement.

SCAS also has a workforce Race Equality standard and a Workforce Disability Equality Standard action plan in place and will publish the results in July 2020.

4.2 Patient Engagement

The Trust is continually striving to offer the right care, first time for each individual patient and this is also reflected in the high number of compliments that it receives compared to complaints.

It is important that SCAS continues to be seen and recognised as a trusted organisation among its partners and patients by maintaining a good level of engagement with people from all backgrounds from across its area.

SCAS has 13,500 foundation trust public members and the Trust uses various types of engagement activities to ensure that it meets its duty to involve and consult with its members, patients and the public in the way it develops and designs services. Throughout the year SCAS representatives attend events where they meet with members of the public, provide information about our services and listen to their views.

Events include visits to pre-schools, schools, colleges, recruitment days, job fairs and career talks. SCAS also attends local festivals and fetes as well as larger events such as Pride Days, Emergency Service Days and in 2019 BBC Countryfile Live.

The Trust also held Community Engagement Forums across its coverage area and has now launched a pilot to deliver a series of public talks on key topics, often in collaboration with other NHS organisations, to replace the forums and engage with the public.

Furthermore, SCAS works in partnership with various organisations and undertakes regular patient surveys together with public consultations.

In 2019/20 SCAS continued its public engagement and events programme concentrating on the following themes:

- Black Asian and Minority Ethnic groups – SCAS continues to engage with local communities to ensure that we meet the needs of the people we serve and thus improve our services.
- Young people - it is important to SCAS that we understand the needs of children and young people to improve the delivery of our services, provide opportunities for learning, and promote recruitment.
- Education – Cardiopulmonary resuscitation (CPR) and defibrillator awareness for staff and the public

4.3 Freedom to Speak Up

4.3.1 Gosport response

In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS trusts and NHS foundation trusts in England to report annually on staff who speak up (including whistleblowers). Ahead of such legislation, NHS trusts and NHS foundation trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the trust.

In 2019/20, 95 concerns were raised to the SCAS Freedom to Speak Up Guardian.

The Trust values and encourages an open culture as part of its seven behaviour sets and includes Caring (for patients and each other), Teamwork, Professionalism, Innovation and Caring in its values. We strive to make decisions in a transparent, inclusive and consultative manner, through a variety of groups and committees, such as our Workforce Development Board, staff side colleagues Partnership forums, Equality and Diversity Steering Board, Clinical Transformation Group and project working groups.

If staff need to raise a concern, we ensure they can be reported easily and without formality and that concerns follow a clear process which, if required, has clear and expedient escalation routes if the concern relates to patient, or staff, safety.



We encourage staff to use a variety of methods to Speak Up and raise concerns as easily as possible.

These methods may include:

- Through our established policies and procedures, for example; grievance, dignity at work
- Through our incident reporting system
- Through line managers, HR team members, clinical team members of which can be either directly or via our Freedom to Speak Up policy
- Staff side representation
- Formally via our nominated Non-executive Director

Our Freedom To Speak Up policy also openly recognises that it can be daunting to Speak Up and aims to give staff the assurance that concerns will be listened to; identifies who to contact, and outlines a fair and easy process for staff to raise such matters.

We also provide staff with ready access to mentoring, advocacy, advice and counselling thorough our employee assist programme, line managers /team leaders, staff side representative, occupational health department or relevant policies.

Opportunities for organisational lessons are identified when feedback is given to staff to ensure staff feel confident that patients are safe and that SCAS remains a supportive place to work.

Staff who do Speak Up should not suffer detriment as a result. Our policies are clear that such behaviour will not be tolerated and our Freedom To Speak Up Guardian has a clear role in escalating to the Trust Board if they find any indications of staff being subjected to detriment for raising a concern.

4.3.2 Freedom to Speak Up

To deliver high quality patient care and protect the interests of patients and people who work for SCAS, we encourage a healthy culture of openness and transparency in which people feel comfortable about raising concerns. We want raising concerns to be business as usual and everyone's business.

We also provide staff with ready access to mentoring, advocacy, advice and counselling through our; employee assist programme, line managers /team leaders, staff side representative, occupational health department or relevant policies.

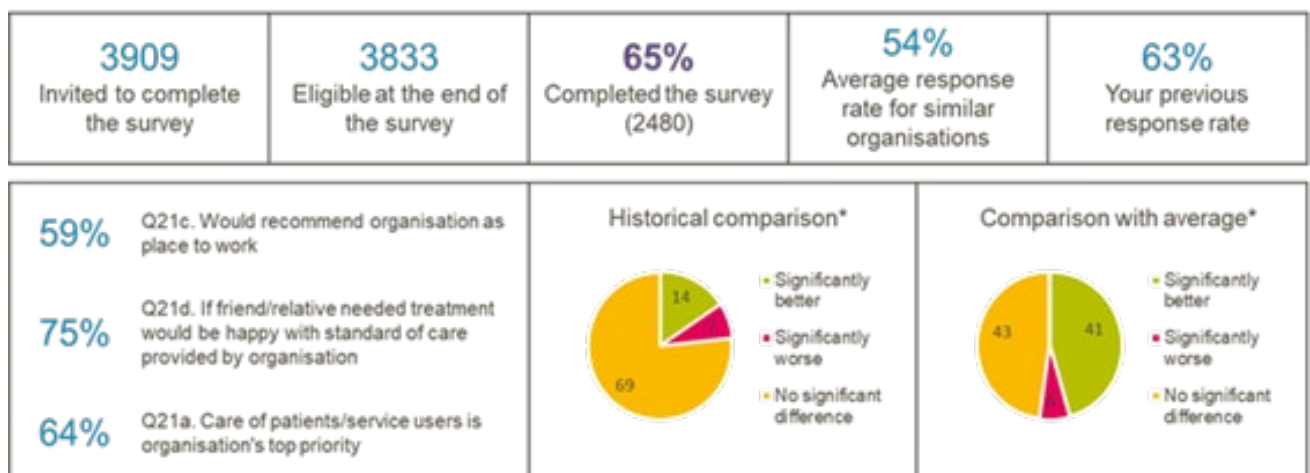
During the summer of 2019/20, the Board FTSU self-assessment was completed and subsequently developed into the FTSU action plan. Following appointment of a full-time FTSU guardian at the end of 2019, a FTSU strategy and vision and a FTSU communications planner was produced to help embed the raising of concerns within SCAS culture.

In 2019/20 the National Guardian's Office (NGO) published the Freedom to Speak Up Index which allows the speaking up culture to be measured for the first time in trusts and foundation trusts. It is derived from four questions in the NHS annual staff survey about staff perception of feeling encouraged, knowledgeable and secure to Speak Up. The Freedom to Speak Up Index helps trusts understand how their staff perceive the speaking up culture. Trusts can compare their scores to others, buddy up with those that have received higher index scores and promote learning and good practice. We continue to work with the top scoring trust in our sector and with organisations with higher scores to obtain and share learning and good practice.

October was 'Speak Up month', a national campaign led by the NGO which aims to increase NHS organisations' commitment to fostering a strong speaking up culture and make Freedom to Speak Up Guardians more visible. Working collaboratively with our health partners we utilised a "SpeakUpulance" to meet with staff at key building locations and main hospital sites, an innovative approach that was well received by staff. Dr Henrietta Hughes OBE, the National Guardian, also attended our board seminar.



4.4 2019 Staff Survey results



3909 invited to complete the survey

3833 eligible at the end of survey

65% completed the survey (2840)

54% average response rate for similar organisations

63% your previous response rate

59% Would recommend organisation as a place to work (Question 21c)

75% If friend/relative needed treatment would be happy with standard of care provided by organisation (Question 21d)

64% Care of patients/service users is organisation's top priority (Question 21a)

Historical comparison

69% No significant difference

14% significantly better

7% significantly worse

Comparison with average

43% No significant difference

41% Significantly better

6% Significantly worse

Key improvements since 2018

Q6c Relationships at work are unstrained

Q22a Patient/service user feedback collected within directorate/department

Q21c Would recommend organisation as place to work

Q23c I am not planning on leaving this organisation

Q14 Organisation acts fairly: career progression.

Our core strengths

Q4i Team members often meet to discuss the team's effectiveness

Q28b Disability: organisation made adequate adjustment(s) to enable me to carry out work

Q8a My immediate manager encourages me at work

Q8c Immediate manager gives clear feedback on my work

Q8f Immediate manager takes a positive interest in my health & wellbeing

Issues to address

Staff working additional unpaid hours per week for SCAS, over and above contracted hours

The overall level of pay

Staff not having a choice in deciding how to do their work

Staff not understanding their work responsibilities

Staff not feeling trusted to do their job

Choosing and prioritising Quality Improvement initiatives



We engage with our clinical commissioning groups and other external partners when defining our goals for quality improvement and we place high importance on the feedback we receive from patients and other healthcare professionals.

- Surveys – staff and patients
- HCP (healthcare professional) feedback
- Public feedback including complaints, concerns, compliments
- Serious incidents
- Adverse incidents
- CQC compliance actions
- Audits (internal and external)
- Committee reports
- Leadership walkrounds

- Key stakeholder feedback (Healthwatch, Health Overview and Scrutiny Committee (HOSC)s, patient forums, commissioners)
- National priorities
- Risk registers
- Freedom to speak up

Leadership walkrounds by the Executive and Non-Executive Directors also provide intelligence to develop areas for improvement and help to engage frontline and support staff in discussions and debates about our clinical and patient priorities.

Finally, as a Foundation Trust, we are fortunate to be able to draw on the input of our Council of Governors who provide a picture of the needs of the community which we serve.

Quality Priorities for 2020/21

Following consultation with the Trust Board, our Council of Governors, Quality and Safety Committee, the senior leadership team and staff representation the following priorities have been approved and confirmed for the Quality Accounts.

	Patient Safety
1a	To standardise our systems for welfare call backs in 999 and NHS111
1b	To ensure there is a sustained and consistent improvement in vehicle cleanliness (999 and NEPTS) in line with the national cleaning standards and contractual requirements
1c	To improve our response to frequent users with mental health issues ensuring these patients receive timely care in the right place

	Clinical Effectiveness
2a	To improve medicines governance around controlled medicines management (including Schedule 4 and 5 controlled drugs) by focusing on the reduction of yellow tag errors
2b	To learn from the deaths of patients resulting in recommendations and actions to practice – year 2

2c	<p>NHSi – mandated indicators</p> <ul style="list-style-type: none"> • Category 1 emergency response (mean times) • Category 2 emergency response (mean times) • Stroke and STEMI care bundles
2d	To determine and ensure improvements in the pre-hospital care of maternity and newborn patients

	Patient Experience
3a	To seek feedback from elderly patients who fall to develop services to better meet their complex care needs
3b	To implement staff health and wellbeing strategies to improve the physical and mental wellness of our staff
3c	To embed SCAS behaviours to increase the percentage of our staff who have been trained and provided with leadership development - year 2

Each of our priorities and our proposed initiatives for 2020/21 accounts, are described in detail on the following pages. They will be monitored through the quality improvement plans that are presented to the executive and senior management teams and the Quality and Safety Committee. External audit assurance is provided by our external auditors and through an internal audit programme.

Our quality priorities for 2020/21

Priority 1 Patient Safety

Priority	Why we have chosen this priority	Implementation Lead/s	What we will do
To standardise the systems for welfare call backs in 999 and NHS111	<p>The Trust has played a key role in the development of the new response framework within the Ambulance Response Programme. The new approach has enabled the most appropriate resources to be focused on patients experiencing life threatening and lifechanging incidents.</p> <p>At the other end of the spectrum, many patients require an ambulance response of a less urgent nature. The older person who falls at home and requires</p>	Director of CCC – sponsored by Chief Operating Officer	<ul style="list-style-type: none"> • In Q1, conduct a review of the CCC Standard Operating Procedures for welfare checks. • In Q1 review welfare calls, 999 repeat calls, worsening calls, and Care Line calls to ensure their alignment. • In Q2 create a flowchart to ensure consistency in our no-reply policy across all services. • In Q2 use the dedicated audit forms for CSD and Emergency Call Taker (ECT)s conducting welfare calls and make

	<p>assistance, is one such example. It is important that the Trust continues to focus on delivering safe care to all patients.</p> <p>Welfare calls in our 999 and NHS111 services are critical safety net interventions and enhance the patient experience and instil confidence.</p> <p>Welfare checks and call backs are a key intervention into ensuring patient safety and wellbeing, as well as reassuring our patients, their families and carers thus creating a positive experience of using our services.</p>		<p>recommendations for improvement</p> <ul style="list-style-type: none"> • By Q3 implement the process for ECTs to follow when conducting welfare calls and ensure that this is written into the CAD. • In Q4 conduct a small sample audit of welfare call compliance.
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	They are to check a patient's condition has not altered as not all patients require an emergency response in a Cat 1 or Cat 2 timeframe.		
To ensure there is a sustained and consistent improvement in vehicle cleanliness (999 and NEPTS) in line with the national cleaning standards and contractual requirements	A clean environment provides the right setting for good patient care and sound infection prevention and control. This can be challenging in the prehospital arena where paramedics are required to treat and stabilise patients in a variety of settings and environments which are often not clean. All staff play an important role in quality improvement, in the confidence the public has, and in	Clinical lead for Infection Control sponsored by Chief Operating Officer and the Executive Director of Patient Care and Transformation	<ul style="list-style-type: none"> • In Q2 define routine, noncontracted, cleaning schedules for all patient-carrying vehicles including after patient journey, end of day, monthly and implement these across both 999 and NEPTS services. • In Q2 set the requirement/specification for clinical areas, including clinical equipment storage areas within garages, and undertake a Trust-wide audit of estate to

	<p>reducing infection related risks.</p> <p>SCAS will monitor our Make Ready contract to update and review cleaning products, schedules and auditing procedures.</p>		<p>determine refurbishment programme of defined clinical areas within stations/depots</p> <ul style="list-style-type: none"> • In Q2 increase audit completion rate of all audits undertaken to meet the 95% target set. • In Q3 establish robust audit cycle process for cleanliness audits of stations and vehicles. • In Q4 review our cleaning contract and systems for monitoring compliance with requirements.
			<ul style="list-style-type: none"> • Monthly performance report to the Board and inclusion in the annual audit plan.

<p>To improve our response to frequent users with mental health issues ensuring these patients receive timely care in the right place</p>	<p>We know that many of our frequent callers are patients with mental health issues. A key challenge is to improve on crisis responses and ensure we enable these patients to access the right place for safe and appropriate care.</p> <p>We want to build confidence with key partners to reduce Emergency Department attendance, delays on scene, improve patient experience and reduce re-presentations.</p> <p>SCAS will develop an internal vision and transformation plan linked to NHS LTP for ambulance responses to mental health crisis. This will then help</p>	<p>Clinical Lead for Mental Health – sponsored by the Executive Director of Patient Care and Transformation</p>	<ul style="list-style-type: none"> • Ensure that SCAS is represented at ICS, crisis care concordats and partnership in practice initiatives in order to engage in system solution focused approaches to mental health crisis response, mental health and dual diagnosis frequent caller co-ordinated reduction, mental health transport and partnership education programmes. • Engage with key local, regional and national programmes on improving mental health partnership initiatives. • Participate in NHSE high intensity network programmes.
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	<p>shape continuity and system response in partnership with providers and commissioners across the SCAS patch.</p>		<ul style="list-style-type: none"> • In Q1, utilise the 'hosted' mental health practitioners in CCC to devise a feedback survey based on NHS111 survey questions. • Implement the new national ACQI about patients with mental health needs and timely access to specialist advice/care. • Evaluate street triage cars in Q2 and report on: <ul style="list-style-type: none"> • ED attendance • Experience / feedback • Numbers of conveyance • Improvements identified • In Q2/3 review and develop Elearning, reference guides, ePR with the support of CCC staff.
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| | | | <ul style="list-style-type: none">• In Q3/4 sample a selection of frequent callers (10 from Hampshire, 10 from Thames Valley) to ascertain if they are more satisfied with the service and whether inappropriate visits to Emergency Department have reduced.• In Q4, report on attendance at meetings |
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Priority 2 Clinical Effectiveness

Priority	Why we have chosen this priority	Implementation Lead/s	What we will do
To improve medicines governance around controlled medicines management (including Schedule 4 and 5 controlled drugs) by focusing on the reduction of yellow tag errors	<p>SCAS has made many improvements to our medicines governance processes in the last year. These have included; improved medicines packing (working with our Make Ready providers), reducing administration errors and reflecting on learning from incidents.</p> <p>Medicines incidents are reported to our Board and the number of such incidents remains high. The Medicines Review Group actively monitors trends and issues which are reported to the Board via PSG and CRG.</p>	Lead Pharmacist – sponsored by the Medical Director and the Executive Director of Patient Care and Transformation	<ul style="list-style-type: none"> • Q1 Creation of a spot check audit to allow for electronic auditing of medicines bags • Q1 Establishment of IT project to introduce longer term improvements to medicines documentation • Q2 Implementation of spot check audit tool • Q3 Review of medicines incidents and assessment of impact of spot checks • Q2-Q3 continued work and trialling of new IT system • Q4 Implementation of a new IT system which tracks medicine from receipt into the

	<p>This priority reflects our firm commitment to further improve governance around medicines and is in line with our CQC must and should actions.</p>		<p>trust through to administration to a patient</p>
<p>To learn from the deaths of patients resulting in recommendations and actions to practice – year 2</p>	<p>The publication of the CQC report – ‘Learning, candour and accountability: a review of the way NHS Trusts review and investigate the deaths of patients in England’ found that learning from deaths was not given sufficient priority in some organisations and therefore valuable opportunities for improvements were missed.</p>	<p>Assistant Medical Director – supported by the Clinical Governance Leads sponsored by the Medical Director and the Executive Director of Patient Care and Transformation</p>	<ul style="list-style-type: none"> • In Q1 SCAS will roll out a new App in order to undertake real time case reviews. • In Q1 publish the first set of data • Undertake quarterly case record reviews as described in the Learning from Deaths national requirements. • Quarterly thematic review reporting to CRG. • Work in partnership with other ambulance services to ensure learning is shared across all services.

	<p>The National Quality Board then published the first edition of national guidance on learning from deaths. The purpose is to initiate a standardised approach to the review of deaths which will evolve over time.</p> <p>Following the Learning from Deaths guidance SCAS has approved its policy and review process to build on our already established process.</p> <p>This includes reporting and reviewing the mandated groups:</p> <ul style="list-style-type: none"> • Mental Health • Maternal and Neonates to Healthcare Safety 		
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	<p>Investigations Branch</p> <ul style="list-style-type: none"> • Paediatrics via Child Death Overview Panels • Learning Disabilities • Mortality Review • Programme • Deaths in Custody 		
<p>NHSi – mandated indicators</p> <ul style="list-style-type: none"> • Category 1 emergency response (mean times) 	<p>Refer to section 2.3 Reporting against NHSi core indicators for Quality Accounts</p>	<p>Director of Operations (Category 1-4 response times) and Assistant Director of Quality (STEMI and Stroke Care Bundles)</p>	<p>Reported in the Quality Account in the section named NHS Core Indicators</p>

<ul style="list-style-type: none"> • Category 2 emergency response (mean times) • Category 3 emergency response (mean times) • Category 4 emergency response (mean times) • Stroke and STEMI care bundles 		<p>Sponsored by the Chief Operating Officer and Executive Director of Patient Care and Transformation / Medical Director</p>	
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<p>To determine and ensure improvements in the prehospital care of maternity and newborn patients</p>	<p>Maternity and newborn patients form a specialist area of care and can be vulnerable in the prehospital care setting.</p> <p>We have identified that our staff require the right specialist support and education to deliver high quality and safe care to this patient group.</p> <p>Improving the outcomes for our expectant mothers and their babies has become part of a system wide approach through the work of the Local Maternity system. The benefits include shared learning and a joint approach for strategic improvement.</p>	<p>Consultant pre-hospital care practitioner and 999 Clinical Governance Leads sponsored by the Director of Patient Care and Transformation and Medical Director</p>	<ul style="list-style-type: none"> • Review all the newborn pathways with acute trusts in Q1/2 and communicate each pathway with our staff on the road and in the call centres. • Review the Governance of Labour line in Q2. • Attend and participate in the local maternity system meetings In Q3 conduct an audit of 20% of patients in this category (response times). • Review any patient experience/HCP feedback incidents in Q3 to ascertain improvements to be implemented. • Review and improve our training and education.
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	<p>SCAS are committed to be integral to the approach and see improvements in outcomes for expectant mothers and their babies in line with 'Better Births' and the National Maternity Transformation work.</p>		<ul style="list-style-type: none"> • Provide midwifery expertise within the control room. environment allowing the ability to reduce the number of ambulance conveyances. • Review number of adverse incidents / harm levels compared to number of journeys conducted in 2019/20.
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Priority 3 Patient Experience

Priority	Why we have chosen this priority	Implementation Lead/s	What we will do
To seek feedback from elderly patients who fall to develop services to better meet their complex care needs	<p>Frailty is a clinically recognised state of increased vulnerability. It results from an ageing associated decline in the body's physical and psychological reserves. It is important to recognise the presence of frailty in weighing the benefits and risks of any intervention or treatment plan.</p> <p>Frail patients have an increased risk of falling. Falls can impact on quality of life, health and healthcare costs causing distress, pain, injury, loss of confidence, loss of</p>	Head of Patient Experience – supported by Clinical Governance Leads - sponsored by the Executive Director of Patient Care and Transformation	<ul style="list-style-type: none"> • In Q1 SCAS will design a short questionnaire of 5 questions. • In Q2/3/4 make up to 20 outbound calls each month during 2020/21 to elderly fallers or to patients with complex frailty needs to understand their patient experience. • The sample would comprise 10 NEPTS patients with complex frailty needs, and 10 elderly fallers who had contacted 999. • Report findings to PERG commencing in Q3.

	<p>independence and increased mortality.</p> <p>Evidence suggests that up to a third of falls are preventable if the right support systems are put in place. The Ambulance Service has a major part to play in identifying those patients who are at risk of falling and in ensuring that they access falls prevention services to reduce the risk of repeat occurrences. There is potential to improve care of older adults out of hospital environment with a collaborative approach.</p> <p>We have chosen to focus on this group of elderly patients as part of our continued</p>		<ul style="list-style-type: none"> • Identify themes and actions for improvements in Q4. • Increase identification by 5% at Q4 (compared to baseline from Q1)
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	<p>commitment to ask patients for feedback on their experience.</p> <p>We need to understand their experience of living with a risk of serious complications following a fall.</p> <p>This will provide valuable narrative into lived experience in order to identify common themes and suggest improvements.</p>		
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<p>To implement staff health and wellbeing strategies to improve the physical and mental wellness of our staff</p>	<p>SCAS recognises that our staff are our most valuable asset and are keen to put in place measures to ensure their physical and mental wellness.</p> <p>We know that anxiety, stress and depression represent one of the highest days lost to sickness each year second only to musculoskeletal injuries</p> <p>SCAS has a robust Health and Wellbeing strategy covering all aspects of both physical and Mental Health.</p> <p>Our Mental Health Lead is currently working on a recovery program after Covid to engage and</p>	<p>Health and Wellbeing Team – supported by Clinical Lead for Mental Health – sponsored by HR Director</p>	<ul style="list-style-type: none"> • Mental Health Lead, as specialist adviser, to work with the Health and Wellbeing Team lead on improving staff mental health throughout 2020/21. • In Q1 engage with staff across the Trust and Education Department to develop our staff support programme for mental health • Pilot sessions on resilience, common mental health conditions, at risk mental state, early intervention and solution focused approaches in Q2/3. • Ensure policies and processes reflect all aspects of health and wellbeing and to include crisis care concordat
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	<p>promote local and national campaigns on tackling stigma and mental health awareness.</p> <p>Examples of these include, but are not limited to, work with Every Mind Matters, One You, Time to Change, MIND, Samaritans, PHE campaigns and national awareness days, which may be embedded into business as usual after the recommended Covid recovery period. This will be done in collaboration with all key stakeholders.</p> <p>We will ensure our leadership development programme, too, incorporates compassionate solution focused approaches to further enable wellbeing</p>		<p>principles and national policy such as the Stevenson Farmer report where appropriate by Q4.</p> <ul style="list-style-type: none"> • To produce, with national ambulance mental health leads group and the national ambulance wellbeing leads on a task and finish project in the development of a position statement and recommendations on best practice by Q4. • Improve policies and procedures with a red flag escalation process in and out of hours for staff considered high risk by Q4. • Improve access and communication of such for staff to improve their physical health and emotional wellbeing.
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	<p>at work for all as reflected in priority 3C.</p> <p>We will apply NHSE crisis concordat principles in our vision. These are:</p> <ul style="list-style-type: none"> • Tackling stigma • Early intervention • Timely access • Recovery action planning <p>Work already approved by Commissioners will continue on promotion of physical health and the link between good physical and emotional health and positive mental health.</p>		
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<p>To embed SCAS behaviours to increase the percentage of our staff who have been trained and provided with leadership development - year 2</p>	<p>SCAS has clear behaviours in place that staff are expected to demonstrate. We want to build and develop our culture of compassionate, inclusive, collaborative leadership which in turn supports individuals and teams to deliver a sustainable, high standard of care.</p> <p>Quality of leadership directly impacts on the quality of care and our ability to improve as a healthcare provider.</p> <p>Leaders who are compassionate towards their people, passionate about the delivery of services and have a clear vision are more likely to create a culture</p>	<p>Assistant Director for Organisational Development - sponsored by Executive Director of HR and Organisational Development</p>	<p>NOTE: The SCAS Leader programme is currently suspended due to the Covid-19 response. It was maintained as long as possible despite all other training being postponed but had to be halted mid-March 2020 leaving two cohorts yet to complete Module 3.</p> <p>Complete Module 3 for the two interrupted cohorts within two months of resuming</p> <p>Begin a new cohort of 18 leaders every month to build on the 190 already completed</p> <p>Compare attrition figures in the same quarter year on year (eg. Q3 2019 - Q3 2020). We are looking for a reduction in those leaving within 12mths of starting in role</p> <p>Develop a pathway for all incoming/newly promoted line</p>
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	<p>of high performance, learning and improvement.</p> <p>This indicator provides assurance internally, externally and to the public that SCAS invests in staff to deliver our core services.</p> <p>Embedding SCAS values throughout all services following a leadership development pilot (999) in 2018 has resulted in an improvement in our staff survey results. We will be building on this in 2020/21.</p> <p>We aim to reduce attrition within 12 months of starting in role by ensuring leaders are equipped to do their job</p>		<p>managers so that they are booked to attend as part of their first year in role</p> <p>Review the inclusion criteria for other non-managing leadership roles eg. clinical mentors, educators, clinical leads</p> <p>Review national staff survey data 2019 vs 2020 on Quality of Appraisal. This could reflect increasing leadership skills for developing capability, inspiring shared purpose and holding to account (Healthcare Leadership Model)</p>
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	<p>and staff feel welcomed and supported from the outset.</p> <p>We will ensure the programme incorporates compassionate, solution-focused approaches to challenges such that all leaders can support wellbeing at work and continuous improvement in service delivery.</p>		
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Other quality successes

- Future new issues will be issued by the Communications Department on what will be known as “Clinical Tuesday”. In future these issues will be managed by a read receipt system, so that it will be easy to identify which members of staff have opened the document.
- SCAS Long Waits process was presented at the National Ambulance Quality Network Meeting on 6 February 2020 with respect to the Quality Improvement work SCAS carries out in relation to long waits. Commissioners from the national ambulance services have requested SCAS deliver a presentation in order to replicate our practice in this area.
- A Voluntary Car Drivers (VCD) standardisation group has led to the implementation of standardised induction handbooks, training booklets and spot check forms across all areas. Shared folders have been streamlined and a single spreadsheet for all matters relating to compliance is being populated by all VCD Co-ordinators to give improved assurance that all VCD checks remain in date.
- Increased visibility of NEPTS Hospital Liaison Officers within hospital discharge lounges has aided relationship building and enhanced patient experience.
- The NEPTS Management Team have undertaken a series of 'Getting it Right' weeks with acute trust sites. This has increased preplanning and reduced booking errors in some areas.
- Protected time to complete E learning has been introduced by the Contact Centre and compliance on all modules is now in excess of 90%.
- Monthly Contact Centre Staff forums are giving staff a voice to drive service improvement.
- Dedicated Renal Planners are ensuring transports of our most vulnerable patients are being prioritised and protected.
- A Team Leader Support group has been established on Microsoft Teams for all NEPTS Team Leaders. This group is being used to share educational materials, training and user guides, compliance information, actions arising from leadership walkrounds and other relevant information. The Teams platform can also facilitate 'live' training sessions and host group discussion threads.
- The Clinical Governance Team have been working with the Portsmouth Commissioner End Of Life representatives to create a 'gold standard' Standard Operating Procedure relating to the approach and information sharing during end of life transports.

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

Thank you for this invitation.

Please can you amend your mailing lists for the future, by deleting me (I retire at the end of March) and adding Neil Bolton-Heaton, Head of healthwatch, and the generic email address chair@healthwatchhampshire.co.uk? [text redacted] Healthwatch Hampshire is committed to ensuring local people are involved in the improvement and development of health and social care services.

Each year, we are asked to comment on Quality Accounts from NHS Trusts. It takes scarce time to read drafts and give guidance on how they could be improved to make them meaningful for the public. We recognise that this process is imposed on Trusts. However, as the format has largely continued to remain inaccessible to the public, we have concluded that it is not a process that benefits patients or family and friend carers unless the format is changed. So we have decided not to comment on Quality Accounts individually. This will release time for us to use our resources to challenge the system with integrity, so we can create more opportunities for local people and communities to co-producing service change.

If you have not already done so, we would ask you to look at the guidance on involvement from Wessex Voices (www.wessexvoices.org.uk) which aims to make sure local people are involved in designing and commissioning health services. Five Local Healthwatch alongside NHS England (Wessex) have produced a Wessex Voices toolkit to support patient and public involvement in commissioning. You can use this to ensure that your quality processes are in line with patients' views, and with the guidance from NICE (www.nice.org.uk/guidance/ng44) and *Healthwatch England*. (www.healthwatch.co.uk/reports/5-things-communities-should-expect-getting-involved) *If we can help you in planning co-design and participation in future activities, we'd be pleased to hear from you. We will continue to provide feedback to improve the quality, experience and safety of patients. Thank you for inviting us to comment*

Best wishes

Christine

Christine Holloway
Chair



[redacted text]

Office: Unit 12, Winnall Valley Road, Winchester, SO23 0LD www.healthwatchhampshire.co.uk

Dear Debbie

Thank you for the letter regarding quality accounts.

The proposed quality priorities look very reasonable and sensible. I look forward to receiving the quality account for comment Kind regards

Harry Dymond

H F Dymond MBE. Chairperson, Healthwatch, Southampton.

Dear Debbie,

I am writing to you to thank you for inviting Healthwatch Milton Keynes to feedback on the SCAS Quality Account priorities for 2020-21. With regards to Patient Safety and Clinical Effectiveness priorities we feel they are strong priorities and welcome the focus on increasing patient safety of frequent users with mental health issues.

With regards to the third priority, listed as Patient/Staff Experience, according to guidance issued by NHS Improvement in February 2020 NHS foundation trusts must specifically use Part 3 of the quality report to present the following:

An overview of the quality of care offered by the NHS foundation trust based on performance in 2018/19 against indicators selected by the board in consultation with stakeholders, with an explanation of the underlying reason(s) for selection. The indicator set selected must include:

- at least three indicators for patient safety
- at least three indicators for clinical effectiveness and
- at least three indicators for patient experience.

The document I refer to can be found here: [LINK]:

https://improvement.nhs.uk/documents/6438/Detailed_requirements_for_quality_report_2019-20.pdf

We do recognise the approach SCAS takes to improve staff experience but feel that these should be listed in addition to three indicators to improve patient experience, as the guidance sets out.

Yours sincerely,



Maxine Taffetani
Chief Executive Officer
Healthwatch Milton Keynes

Dear Debbie,

I am content with the Quality Improvement Priorities chosen for 2020/21 which seem to be well chosen against the Trust's strategy.

Regards

Loretta

SCAS CoG member

Dear Debbie,

Thank you for sending Healthwatch Oxfordshire the above letter.

Regarding the final report we would like to see included how SCAS propose to engage with Healthwatch Oxfordshire and a commitment to providing a link from your website to our Feedback Centre. Please contact Richard Maynard via [redacted text].

Priority - I am confused as to why there is no reference to collecting, understanding, and responding to all patients feedback – including how this feedback is used to change and improve the service. Perhaps this could be included with a reference to falls patients as a particular focus in 20-21.

Kind regards,
Rosalind

Rosalind Pearce
Executive Director



Your voice on health and social care
Healthwatch Oxfordshire

**Commissioning House
Building 008, CommCen Building
Fort Southwick
James Callaghan Drive
Fareham, Hampshire, PO17 6AR
Email : Suzanne.vanhoek@nhs.net**

27th February 2020

Debbie Marrs
Assistant Director of Quality
South Central Ambulance NHS Foundation Trust
SENT VIA E-MAIL

[redacted text]

Dear Debbie,

Thank you for your letter of 4 February 2020 identifying your proposed quality priorities for the 2020/21 Quality Account.

This letter was circulated to the Clinical Commissioning Groups within the SHiP locality and feedback was obtained. Using your template, we have included an additional column that captures commissioner comments and proposals.

Priority 1 Patient Safety

	SCAS Proposal	Commissioner Comments/Proposals
1a	To standardise our systems for welfare call backs in 999 and NHS111.	Commissioners welcome the proposal and would like to ask SCAS to explore if this could include standardising the regular review of long waits (111 in line with 999).
1b	To ensure there is a sustained and consistent improvement in vehicle cleanliness (999 and PTS) in line with the national cleaning standards and contractual requirements.	Commissioners concur with this proposal. It would be helpful to see the actions that SCAS plan to take to ensure the improvement is sustained and consistent across all areas. Clarity on intended monitoring processes would be welcomed to ensure turnaround times are appropriate whilst considering demand vs vehicle availability.

1c	To improve our response to frequent users with mental health issues ensuring these patients receive timely care in the right place.	Commissioners support the proposal by SCAS. It is positive to note SCAS's newly appointed clinical lead in Mental Health & Learning Disability, and the work that is currently being under taken within the clinical coordination centre, also with mental health specialists now available for telephone triage. It would be good to understand what further practical improvements are planned and commissioners encourage cross agency working with the inclusion of multi- agency care plans?
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Priority 2 Clinical Effectiveness

	SCAS Proposal	Commissioner Comments/Proposals
2a	To improve medicines governance around controlled medicines management.	Commissioners concur with this proposal in view of the challenges that SCAS has highlighted to commissioners. It is positive to note that work already undertaken is having a positive impact on the number of medicines management incidents being reported. It would be encouraging to see the outcomes that SCAS are aspiring too and the components that will be identified to support this work.
2b	To learn from the deaths of patients resulting in recommendations and actions to practice	Commissioners are supportive of this proposal and it would be helpful to understand what methods SCAS will use to monitor, implement and imbed recommendations and actions. Learning from deaths is key in supporting SCAS to identify what may need to change in service provision in order to reduce the risk of future occurrence of similar events.
2c	NHSi – mandated indicators Category 1 emergency response (mean times) Category 2 emergency response (mean times) Stroke and STEMI care bundles	As SCAS have identified, this is a mandated indicator and is a performance metric with a potential impact on quality of services if this is not achieved. Commissioners therefore suggest that SCAS ensure that those patients who experience a delay are monitored to ensure their safety whilst they are waiting for an ambulance.
2d	To ensure improvements in the prehospital care of maternity and newborn patients.	Commissioners are supportive of this proposal. SCAS should monitor all actions from serious incidents regarding pre hospital maternity care

		through their governance process for shared learning.
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Priority 3 Patient Experience/Staff Experience

	SCAS Proposal	Commissioner Comments/Proposals
3a	To seek feedback from elderly patients who fall to develop services to better meet their complex care needs.	Commissioner are supportive of this proposal. It would be good to understand what methods SCAS will use to obtain feedback from patients. Commissioners recognise work SCAS are currently undertaking with specialist paramedics within the community (ICP) incorporating frailty, falls and fractures interventions. SCAS are recommended to continue work with commissioners to support cross agency pathway approaches.
3b	To implement staff health and wellbeing strategies to improve the physical and mental wellness of our staff.	Commissioners are supportive of this focus especially due to the challenging working environment SCAS face due to operational pressures. Commissioners understand some strategies have already been implemented but are not clear on how effective these have been. Commissioner look forward to updates on progress and effectiveness of the actions.
3c	To embed SCAS behaviours to increase the percentage of our staff who have been trained and provided with leadership development - year 2.	To increase the number of staff who have been trained and provided with leadership development is positive. Commissioners would welcome information on the achieved outcomes and changes in behaviours SCAS have seen from year 1.

It is important for commissioners to be sighted on the delivery progress of the improvement programmes included in the SCAS 2020/21 and therefore clearly defined milestones and KPIs linked to each improvement programme should be clearly able to demonstrate this.

I hope that this feedback is useful and we look forward to working with you on your quality priorities during 2020/21. Please do contact me if you would like to further discuss the content of this letter.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Suzanne van Hoek', enclosed within a thin black rectangular border.

Suzanne van Hoek
Deputy Director of Quality and Nursing
NHS Fareham & Gosport and South Eastern Hampshire CCGs
Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups

**Debbie Marrs Assistant Director of Quality South Central Ambulance Service
NHS Foundation Trust Northern House Units 7&8, Talisman Business Centre
Talisman Road Bicester, OX26 6HR**

Dear Debbie Marrs,

Feedback on Proposed Quality Priorities for 2020/21

Thank you for your recent letter seeking our feedback on the Quality Priorities for 2020/21 proposed by South Central Ambulance Service.

We continue to appreciate the priorities being split into the categories of Patient Safety, Clinical Effectiveness, and Patient / Staff Experience.

Our feedback to the priorities is below:

Patient Safety

To standardise our systems for welfare call backs in 999 and NHS111

This is a positive element of work to improve the safety of patients, and will be beneficial as part of the planned integration of the Clinical Support Desk within 999 and the Clinical Assessment Service within NHS111 across Thames Valley. We hope that this work will demonstrate a reduction in the number of incidents that result in patient harm due to delayed welfare call backs.

To ensure there is a sustained and consistent improvement in vehicle cleanliness (999 and PTS) in line with the national cleaning standards and contractual requirements.

Vehicle cleanliness affects patient experience, as well as the obvious infection control impact and therefore the CCG supports this priority. We look forward to seeing the plans for how SCAS will deliver the improvement in vehicle cleanliness, as well as the detail of how SCAS will receive the assurance regarding the improvement in vehicle cleanliness.

To improve our response to frequent users with mental health issues ensuring these patients receive timely care in the right place.

Patients with mental health issues can often struggle with receiving the right care in an urgent or emergency care setting; this priority provides a clear focus on helping to support those patients who frequently contact services and supports the ICP's Urgent and Emergency Care Strategy. We therefore support this priority; however, close working with the mental health services and GP practices across the SCAS footprint will be essential to ensuring the benefit is delivered.

Clinical Effectiveness

To improve medicines governance around controlled medicines management.

Management of controlled medicines is an important legal requirement; it would be good to understand the reasoning behind this being a priority in 2020/21 being included within the Quality Account. As well as providing the reasoning, this will also help understand the measures that will be required to monitor the improvement.

To learn from the deaths of patients resulting in recommendations and actions to practice.

South Central Ambulance Service has been at the front of developing mortality reviews within Ambulance Trusts, and the work already undertaken in relation to the national Learning From Deaths guidance for Ambulance Trusts places SCAS in a good position to build on the learning gained from reviews during 2020/21. We therefore support this chosen priority

To ensure improvements in the pre-hospital care of maternity and newborn patients.

It will be very useful to read the full details on this priority in the Quality Account in order to understand the proposed work and the measures that will be used to identify the improvements in care for these people.

Patient / Staff Experience

To seek feedback from elderly patients who fall to develop services to better meet their complex care needs.

Improving the care for this cohort of patients is important to help them maintain their independence and minimising future demand on health services. It will be good to see how SCAS intend to improve the early identification and referral for these patients, as well as enhancing the care delivered once they have fallen.

To implement staff health and wellbeing strategies to improve the physical and mental wellness of our staff.

Supporting staff in a busy and demanding environment is important to ensuring the service continues to deliver for patients. We look forward to seeing how existing staff health and wellbeing strategies are improved, as well as seeing new strategies being developed and implemented during the year in response to the needs of staff. To embed SCAS behaviours to increase the percentage of our staff who have been trained and provided with leadership development - year 2.

The priority continuing is important to ensure that leadership skills are embedded at all levels of the organisation, and will help support the delivery of SCAS usual business as well as the stated priorities for 2020/21.

We look forward to receiving the full 2019/20 Quality Account in due course.

Yours sincerely,

Debbie Simmons Nurse Director Berkshire West CCG, on behalf of Thames Valley CCGs

Hi Debbie

Could you just confirm that this is the only opportunity for comment - ie we won't see a full copy of the draft for comment?

If that is the case the response from Milton Keynes is below.

"It's a little difficult to comment on the proposed priorities ahead of seeing the performance data, but we note that mental health care and stroke and STEMI care feature this year as they have in previous years. This shows consistency in addressing priorities and hints at a continuing need to address performance in these areas. It will be interesting to see what the performance data shows when we get it in April.

Overall, I think the priorities are comprehensive as they cover a range from people with mental health problems, elderly fallers, stroke and STEMI patients and maternity and newborn.

They also, importantly, include a priority on staff health and well being strategies.

They look sensible and comprehensive."

Regards

Roz Tidman
Overview & Scrutiny Officer
Democratic Services
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E: [redacted]
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**Commissioning House
CommCen Building 008
Fort Southwick
James Callaghan Drive
Fareham
Hampshire
PO17 6AR**

Will Hancock
Chief Executive Officer
South Central Ambulance NHS Foundation Trust
Southern House
Otterbourne
Hampshire
SO21 2RU
VIA E-MAIL

12th November 2020

Dear Will,

South Central Ambulance NHS Foundation Trust (SCAS) 2019/ 20 Quality Account

Thank you for the opportunity to comment on the trust's quality account for 2019-20. I write as lead commissioner (Fareham and Gosport Clinical Commissioning Group), on behalf of all relevant Southampton, Hampshire and Portsmouth commissioners. We note the account covers the trust's 999 services, non-emergency patient transport (NEPT) and 111/ Integrated Urgent Care (IUC) services.

Commissioners would like to thank SCAS for their continued efforts and support to our patients and partners in the area. We acknowledge that this has been a challenging year for the trust with a rapidly changing environment with the impact of Covid-19 pandemic towards the end of the year. SCAS staff have continued to engage and apply new ways of achieving quality improvements, pathways and processes through this challenging period through their committee structure and

newly formed COVID Boards. We note that SCAS is the lead for the National Pandemic Service and they deployed their Executive Director of Patient Care and Transformation to be the senior responsible officer (SRO) and Chief Nurse for the NHS111 Covid-19 response.

The trust is recognised for its achievement of an overall rating of 'good', following the Care Quality Commission (CQC) inspection, which entirely focused on the non-emergency patient transport service, which took place in February 2020. The CQC well-led inspection was due to take place in March 2020 but was cancelled due to the Covid-19 pandemic. We note the ongoing work the trust is undertaking against Care Quality Commission improvement requirement identified in this report.

It is positive to note that that SCAS are continuing to develop and implement the Integrated Urgent Care model in partnership with other health and social care providers, facilitating enhanced clinical guidance in areas such as mental health, maternity and dental care via their NHS 111 service.

The majority of the 2019-20 quality account priorities have been achieved. Commissioners note the work still required to further improve medication governance and Improving National Health Service Improvements (NHSi) mandated indicators of Category 1 & 2 emergency response (mean times) as well as compliance reporting on STEMI and Stroke care bundles (benchmarked nationally).

Performance for this year is below that reported in 2017-18 and below national average for STEMI and stroke care bundles which is disappointing. Commissioners look forward to the anticipated increase in performance from the actions identified by SCAS, in specific the outputs from the ACQI task and finish group convened to identify and track improvements required. SCAS are to continue their robust monitoring processes for those patients who experience a delay to ensure safety whilst waiting for an ambulance.

Commissioners welcome the positive improvements in the reduction in patient journeys aborted or delayed due to risk assessments within the NEPT Service. Commissioners look forward to the positive impact the new SOP and Pre transport risk assessment (PTRA) document will have when rolled out across all NEPT service areas.

Whilst SCAS identify they have not fully achieved their priority of improving their medication governance processes, Commissioners acknowledge the continued work already undertaken. This includes, improvements to governance processes with work involving the 'make ready' providers and incidents monitoring through the medicines governance group, risk register and CQC action plan. We hope to see further progress with improved 'temperature' monitoring and a review of the automated data logger business case and the current data logger trial.

Commissioners were pleased to note and recognise that SCAS are embedding NHSI's guidance for mortality reviews and reporting in ambulance trusts (July 2019) proactively creating a learning from death policy published in December 2019. This policy sets out how the trust will seek to learn from the care provided to patients who die, as part of its work to continually improve the quality of care it provides to all its patients.

SCAS have continued to engage in national and local clinical audits. It is positive to note some key improvement actions that SCAS have identified. Commissioners will be interested to see the findings of the new ACQI scorecard, which will monitor compliance by individual clinician, area and private provider to improve learning and identify training needs.

Whilst SCAS have achieved their priority to increase clinical assessments in call centres there have been challenges with rota fill for clinical advisor roles within both the 999 and 111 services. These challenges have been compounded by both local arrangements and NHSE driven developments. NHS 111 and 999 referral processes have now changed, and NHSE have mandated all NHS 111 providers to revalidate category 3 and 4 ambulance calls before transferring through to 999. SCAS have now embedded this process with appropriate alternative care pathways being sourced for patients. SCAS should continue to monitor any increases of call volumes to ensure appropriate resources are available to support patient care.

SCAS did not fully achieve NHSI's mandated indicator (emergency performance). Commissioners are informed on performance targets, achievements in contract review meetings (CRM), and detailed narrative is provided in SCAS integrated performance reports (IPR). We are pleased to note that SCAS continue to analyse ambulance response plans and continue to monitor staff and fleet availability to meet response category requirements. Commissioners recommend that SCAS continue to ensure that patients who are experiencing a long wait are kept safe. Commissioners are keen to see the progress of the work with Terrafix on the trial of the National Mobilisation Application light (NMA Light) which is a more effective dispatch model for Community First Responders/ volunteers to assist as an additional available resource.

Feedback from NEPT patients who accessed taxi services for transportation to appointments / hospital were positively received. 96% of respondents were happy to travel by taxi service and 89% of respondents were happy to travel by taxi service to take them to hospital instead of a traditional emergency ambulance. It is pleasing to see 94% of patients felt safe. The commissioners would be interested if any incidents had been noted when any 999 patients had become unwell/felt worse whilst travelling in a taxi and the impact that had on their journey.

We recognise the ongoing value from SCAS working in partnership with various organisations and undertaking regular patient surveys together with public

consultations/engagement and through attendance at community and local events. It is important for SCAS to continue this work and in particular their work with young people and we are keen to see how SCAS will ensure its continued understanding of the needs of children and young people to improve the delivery of services, provide opportunities for learning, and promote recruitment of volunteers from this cohort.

SCAS is to be congratulated on their year on year improvement in the staff survey response rate to 65%, a further increase on last year. Whilst positive outcomes are clearly documented it would be helpful see how SCAS will work on improving the six key issues identified by staff.

Commissioners also welcome the ongoing commitment and focus on mental health and positive initiatives that have been identified for the coming year, such as expansion of the integrated training and support plan and mental health nurses within the call centres. We are pleased to see there is an inclusion in the 20/21 quality schedule for SCAS to highlight how they implement staff health and wellbeing strategies to improve the physical and mental wellness of their staff.

SCAS have achieved the percentage of leaders and managers trained and provided with leadership development. SCAS launched the Leader programme in April 2019 and have trained 190 managers out of 220 by the end of quarter4. Commissioners note there is still an outstanding number of 30 managers who require the face to face training but appreciate that this is currently suspended due to the COVID pandemic. Commissioners would like to understand what outcomes/change in behaviours SCAS are/have seen by both the staff and patients as a result of this increased number and level of training.

Commissioners applaud steps taken by SCAS Infection Prevention Control Lead (IPC) to ensure staff and patient safety is maintained during the COVID-19 pandemic. SCAS IPC lead is an integral member of the National Ambulance Service IPC group. This group has written the ambulance service guidance which was initially submitted and published through the National Ambulance Resilience Unit (NARU) and subsequently by the Government. It is good to note that the guidance has been endorsed by the NHSE/I IPC cells and national groups.

Commissioner's would like to note and recognise the significant work and dedication of all SCAS staff to maintain services as far as possible for patients during the current COVID-19 pandemic.

We acknowledge the information and updates provided in respect of other activities that have taken place to improve quality. It is positive to see the improvements SCAS are making with the NEPT service such as having dedicated renal planners to ensure transport of some of the most vulnerable patients is being prioritised and protected. The increased visibility of NEPT hospital liaison officers within hospital

discharge lounges is building improved relationships and enhancing patient experience. The NEPT service is also included within 20/21 priorities to see a sustained and consistent improvement of vehicle cleanliness.

The ten quality priorities identified for 2020/21 are supported by Commissioners and we look forward to seeing how these develop and deliver over 20/21. Details of our response are included under Annex 1 of the SCAS 2019/20 Quality Account.

This Quality Account complies with national guidance and demonstrates areas of achievement as well as areas where improvement is required. Commissioners are satisfied that the overall content of the Quality Account meets the required mandated elements and provide a clear accurate statement.

We would like to thank South Central Ambulance NHS Foundation Trust for proactively supporting the local response throughout these challenging times. We look forward to continuing the close working relationship with the Trust over the coming year to improve the quality and experience of services it provides to our population.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'S. Tiller', with a long, sweeping horizontal line extending to the right.

Sara Tiller
Managing Director, South Eastern Hampshire and Fareham and Gosport Clinical
Commissioning groups
Hampshire and Isle of Wight Partnership of CCGs

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*
- the content of the quality report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2019 to March 2020
 - papers relating to quality reported to the board over the period April 2019 to March 2020
 - feedback from commissioners dated 05/02/2020
 - feedback from governors dated 05/02/2020
 - feedback from local Healthwatch organisations dated 05/02/2020, 06/02/2020, 07/02/2020 and 12/02/2020
 - feedback from overview and scrutiny committee dated 04/03/2020
 - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 01/06/2020
 - the national staff survey 21/02/2020
 - the Head of Internal Audit's annual opinion of the trust's control environment dated (not required for this year)
 - CQC inspection report dated 11/06/2020
- 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.

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

By order of the board

A handwritten signature in black ink, appearing to be 'J. K.', enclosed in a light grey rectangular box.

Chairman
24/09/2020

A handwritten signature in blue ink, appearing to be 'L. K.', enclosed in a light grey rectangular box.

Chief Executive
24/09/2020

Glossary

ACQI	Ambulance Care Quality Indicator
ACS	Accountable Care System
AGP	Aerosol Generating Procedure
AMHP	Approved Mental Health Practitioner
ARP	Ambulance Response Plan
CAD	Computer Aided Dispatch
CARS	Clinical Audit Reporting System
CAS	Central Alerting System
CCC	Clinical Coordination Centre
CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
Covid	Coronavirus Disease
CPR	Cardiopulmonary Resuscitation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CRG	Clinical Review Group
CRL	Covid Response Line
CSD	Clinical Support Desk
E&UC	Emergency and Urgent Care
ECT	Emergency Call Taker
EDS	Equality Delivery System
EOC	Emergency Operations Centre
ePR	Electronic Patient Record
ESR	Electronic Staff Record
FFP	Filtering Face Piece (facemasks)
FFT	Friends and Family Test
GDE	Global Digital Exemplar
HART	Hazardous Area Response Team
HCP	Health Care Professional
HIN	High Intensity Network
HIOWAA	Hampshire and Isle of Wight Air Ambulance
HOSC	Health Overview and Scrutiny Committee
HROD	Human Resources and Organisational Development
HSIB	Healthcare Safety Investigation Branch
ICS	Integrated Care Systems
IFT	Inter-Facility Transfer
IHI	Institute for Healthcare Improvement
IPC	Infection Prevention and Control
IUC	Integrated Urgent Care
LfD	Learning from Deaths
MCA	Mental Capacity Act
MH	Mental Health
MINAP	Myocardial Ischaemia National Audit Project
NARU	National Ambulance Resilience Unit

NEPTS	Non-Emergency Patient Transport Services
NEWS	National Early Warning Score
NHS	National Health Service
NHSE	National Health Service England
NHSi	National Health Service Improvement
NHS LTP	NHS Long Term Plan
NICE	National Institute for Health and Care Excellence
NRLS	National Reporting and Learning system
OD	Organisational Development
OHCAO	Out of Hospital Cardiac Arrest Outcome
OOA	Out of Area
PERG	Patient Experience Review Group
PHE	Public Health England
PSAU	Police Section Assessment Unit
PSG	Patient Safety Group
PPE	Personal Protective Equipment
PTRA	Pre-transportation risk assessment
Q&S	Quality and Safety
QI	Quality Improvement
RCA	Root Cause Analysis
ROSC	Return of Spontaneous Circulation
SCAS	South Central Ambulance Service NHS Foundation Trust
SI	Serious Incident
SOP	Standard Operating Procedure
STD	Survival To Discharge
STP	Sustainability and Transformation Partnership
STEMI	ST Elevation Myocardial Infarction (Heart Attack)
TVAA	Thames Valley Air Ambulance
VCD	Voluntary Car Drivers
VF	Ventricular Fibrillation
VT	Ventricular Tachycardia
YTD	Year to Date