Annual Quality Report 2020-21 including Mandatory Annual Quality Account

South Central Ambulance Service NHS Foundation Trust
Unit 7 & 8, Talisman Business Centre, Talisman Road, Bicester, Oxfordshire, OX26 6HR

Contents

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

It is safe to say that the last year was one of the most difficult ever for the ambulance service, the NHS and the country as a whole. We all faced a huge number of unprecedented challenges and hardships, and I have never felt so proud of all the people who work for and support SCAS. Their dedication and commitment to providing excellent service to our patients and colleagues throughout was truly humbling, and I thank every one of them. I also want to recognise those who led or adopted an incredible amount of innovation to support our response to operating in the Pandemic.

I want to pay tribute to the three members of SCAS staff who tragically died from COVID-19 related illness during the year: Lesley Holloway and Kevin Johnson from our NHS111 Service and Paul Nutt from our Non-emergency Patient Transport Service (NEPTS). Our thoughts continue to be with their family, friends, and colleagues.

Providing National Services

In response to the unprecedented demand the Pandemic placed on the usual NHS Services we are proud to have mobilised new services covering the whole Country on behalf of NHS England which have continued to develop and adapt across the last year.

- We set up the National Covid Response Service (CRS) – this dealt with around 2.5 million calls relating to COVID-19 on a national scale and comprises call handlers, GPs and other clinicians. The Service included dedicated professionals available to deal with Pharmacy and Dental related issues
- We also set up and ran the Vaccine Booking Advice Service which allows callers to ask questions about the vaccination programme and/or facilitates the booking of a vaccination appointment where appropriate. To date this service has handled around 4.75 million calls and booked 1.93 million appointments

These were remarkably innovative services set up at significant scale and with very short notice. There was an amazing number of partners which we brought together as the overall co-ordinator responsible for delivery and governance. I would like to thank and acknowledge the tremendous efforts of all those involved in the standing up and delivery of these hugely important services.

Maintaining and Adapting High Quality Local Services

This past year has seen our services in 999, NHS 111, Non-emergency Patient Transport Services (NEPTS) and Clinical Coordination Centres (CCCs) respond very well to a set of challenges we have never seen before.

Our CCCs adapted their working practises and environment and continued to handle calls and enable appropriate care for our patients. NHS 111 in particular, faced considerable demand challenges and pressure but a focus on recruitment, particularly

for call handlers and clinicians, enabled us to improve our performance during the course of the pandemic.

We also continued to deliver extremely high performance from our 999 emergency service whilst maintaining a Covid-secure environment for patients and staff.

The NEPTS service also faced significant issues: social distancing requirements meant a reduction in the number of patients able to be carried in a vehicle from anything up to five to just one, and the time per patient journey increased by 37% due to the wearing and removal of PPE.

We developed a modelling system to forecast the expected NEPTS demand for each day of the week using historic data and factored in staff absences, reduced patients in vehicles and extended journey times to calculate the ability to cope on any given day. This enabled us to continue to provide a good level of service to our patients under very difficult circumstances.

Our Clinical Leadership team continued to review national and international developments in relation to COVID-19 to ensure our patients and staff were in the best position possible. Later in the year Paramedics at SCAS became the first in the country to supply COVID-19 patients with home oxygen monitoring kits if they did not require immediate admission to hospital but were at higher risk of complications. The initiative ensured patients suffering mild symptoms but having other risk factors, such as age over 65 years, cancer or other health conditions, can monitor their own oxygen levels and know when to seek help.

The Care Quality Commission (CQC) carried out a two-day core service inspection of our Non-emergency Patient Transport Services (NEPTS) in early February 2020. Following a factual accuracy process, the CQCs final report was published on 11 June 2020.

The Trust has retained a 'good' rating for NEPTS, and there are many aspects of the report that were particularly pleasing, including in relation to leadership, governance and other elements of outstanding practice. This is tribute to the staff and volunteers who deliver this Service across the counties of Berkshire, Buckinghamshire, Hampshire, Oxfordshire, Surrey and Sussex.

We had one 'must do' action, around infection control, and five 'should do' actions to address, and the Trust developed an action plan to take this work forward and implemented a range of actions to address the CQC's recommendations.

It is our Strategy to provide seamless access to high quality advice and care 24/7 for our population and I was proud that SCAS was successful in a bid to NHS England to implement a new initiative enhancing the NHS111 service for our patients – NHS111 First. We were identified as an 'early mover' in this important new development of the service with health care partners in Portsmouth and South East Hampshire.

The initiative was accelerated to prevent overcrowding in Emergency Department (ED) waiting rooms by booking patients in to be seen, if necessary, in accordance with their needs. This helped to minimise the risk of infection from COVID-19, while ensuring

that our patients continue to receive the best possible care safely, in a timely way and in the most appropriate setting for their needs.

We continued to actively encourage anyone with a minor injury or illness to seek alternatives to attending ED, and especially to contact NHS111 in the first instance before attending ED.

The pilot was successful, and NHS 111 First was 'live' at all the hospitals in the South Central region by the end of November. The second phase of NHS111 First will develop more pathways with all partners across NHS and Social Care for patients to access through both 999 and NHS111.

Developing International Partnerships

I am pleased to report that on 1 July 2020 a partnership was formally launched between SCAS and the Aurobindo Pharma Foundation (APF) which saw 108 Emergency Response Services (our equivalent of 999 service) and 104 Mobile Medical Unit Services (our equivalent of an NHS 111 response service) delivered to the 66 million people living in the Indian region of Andhra Pradesh.

As part of a not for profit consortium, we are working to improve the clinical outcomes of patients responded to by the 'free at point of contact' ambulance services and, aiming to develop these to become the equivalent of services provided here in the UK.

Throughout the duration of the contract we will be providing technical advice and support to our operational charitable partner, APF. We hope that this relationship will evolve into an international exchange programme offering opportunities for both SCAS and APF staff to have unique experiences and development opportunities.

The service is now deploying over 1,000 ambulances across the region working in rural and urban areas, attempting to deliver parity of care to patients from deprived and rural areas. We are already making a difference and saving lives as we form part of the national response to the COVID-19 pandemic in India.

Digital Innovation

We continued to develop the Global Digital Exemplar (GDE) programme throughout 2020/21. The 'Vehicle as a Hub' rollout was completed, delivering greatly enhanced Wi-Fi connectivity to our frontline vehicles. We have also successfully rolled out the 'Livelinks' project, enabling our clinicians to activate a video link via patient mobile phones directly from our Contact Centres. This capability has been well received.

We have progressed with a more automated forecasting process and scheduling project. The templates for electronic patient records help frontline staff record information more quickly and reduce cycle time were rolled out as they were developed and are also being well received.

Supporting 'Team SCAS'

More than ever this year those who work for us and with us have needed our support both in terms of their physical and mental well-being, which includes those who are recovering from illness personally or grieving for family members, friends and colleagues.

As part of this focus on our staff we continued with the implementation of the NHS People Plan 2020/21 and I was delighted that our Chair, Lena Samuels, personally took on the role of 'Workforce Wellbeing Guardian'. Working alongside the Executive and Human Resources teams, the role includes responsibility for the mental wellbeing of staff, by helping to set organisational expectations, monitor performance, and provide reassurance that the Trust is a healthy workplace.

We enhanced the arrangements in place for colleagues to support one another and I want to commend all of those who have truly lived our value of Caring by going the extra mile to look out for one another. Our Health and Wellbeing team have led a collaboration of people who have worked intensively to innovate, strengthen, and facilitate access to support for well-being and resilience. Many, many new staff have joined our team this year from a huge variety of backgrounds and have brought even more diversity to our workforce. I would particularly like to thank our recruitment and education teams who have done a tremendous job despite all the constraints and disruption that they have faced.

The 2020 National Staff Survey (NSS) ran from 5 October until 27 November. We achieved our highest ever response rate, with 2,722 (66%) of eligible staff making their voice heard on a wide range of themes designed to help the Trust. The feedback from staff provides us with some valuable information to take forward and develop action plans.

I was very happy to see that the results demonstrated that the Trust has significantly improved on 29 of the NSS questions with no significant difference on 46 of the questions. In comparison to the other seven ambulance trusts participating in this version of the survey, SCAS continues to perform well.

I would like to conclude by once again offering my personal thanks and admiration for the extraordinary way in every staff member and volunteer has responded to a truly unprecedented year.

Will Hancock
Chief Executive
May, 2021

What does SCAS do?

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

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 (NEPTS), 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.
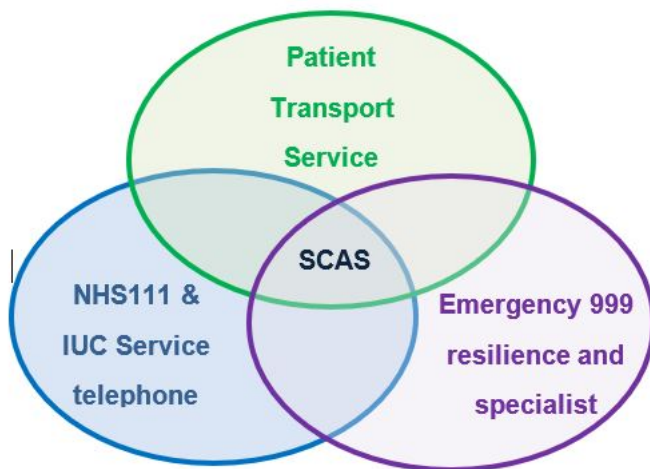
- **Respond to emergency calls** (emergency and Urgent Care (E&UC) (999 service)
- **Respond to non-emergency calls** (NHS 111 service)
- **Deliver Integrated urgent care in partnership**
- **Offer a range of commercial services**:
  - Non-emergency patient transport services (NEPTS)
  - Logistics
  - The 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, plus sites in Surrey, Sussex and Milton Keynes, 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
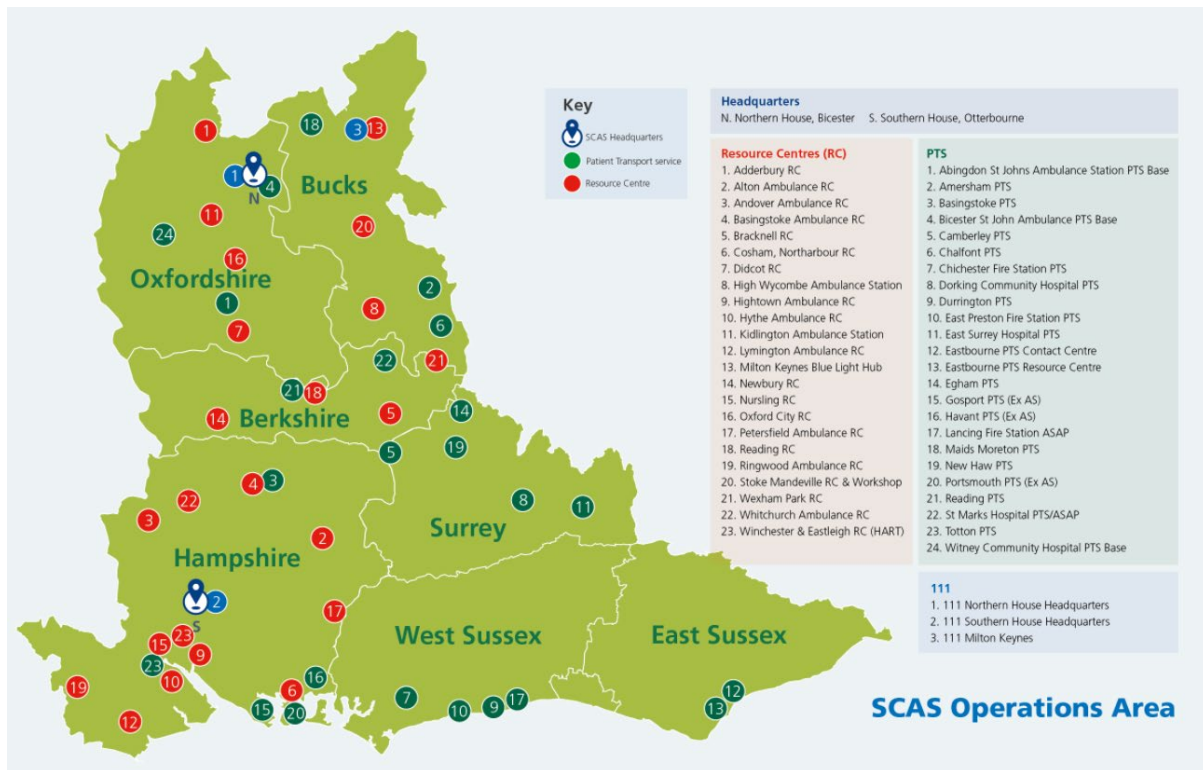
South Central Ambulance Service NHS Foundation Trust covers the counties of Berkshire, Buckinghamshire, Hampshire, Oxfordshire, Milton Keynes and we are providers of NEPTS in Sussex and Surrey, as well as a dental service (accessed via NHS 111) in parts of Dorset. This area covers approximately 5,760 square miles and has a residential population of over seven million.

SCAS in numbers
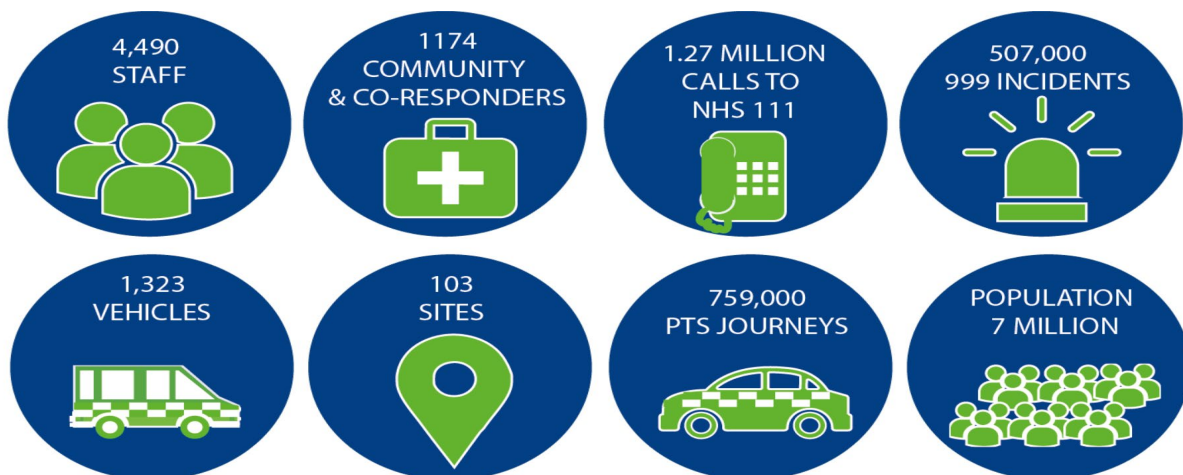
- 4490 staff
- 1174 community and co-responders
- 1.27 million calls to NHS 111
- 507,000 999 incidents
- 1323 vehicles

- 103 sites
- 759,000 patient transport service journeys
- Population 7 million

The Trust works with two 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).

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 standardise our systems for welfare call backs in 999 and NHS111	**Achieved**
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	**Achieved**
To improve our response to frequent users with mental health issues ensuring these patients receive timely care in the right place	**Partly Achieved**
To improve medicines governance around controlled medicines management (including Schedule 4 and 5 controlled drugs) by focusing on the reduction of yellow tag errors	**Partly Achieved**
To learn from the deaths of patients resulting in recommendations and actions to practice – year 2	**Achieved**
NHSi – mandated indicators • Category 1 emergency response (mean times) • Category 2 emergency response (mean times) • Category 3 emergency response • Category 4 emergency response	**Achieved**
NHSi – mandated indicators • To report on heart attack (STEMI) and stroke care bundles (benchmarked nationally)	**Partly Achieved**
To determine and ensure improvements in the pre-hospital care of maternity and newborn patients	**Partly Achieved**
To seek feedback from elderly patients who fall to develop services to better meet their complex care needs	**Achieved**

To implement staff health and wellbeing strategies to improve the physical and mental wellness of our staff	**Achieved**
To embed SCAS behaviours to increase the percentage of our staff who have been trained and provided with leadership development - year 2	**Achieved**

Patient Safety
Priority 1A: To standardise the systems for welfare call backs in 999 and NHS111

Owner: Director of CCC

What are we trying to achieve?

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 life-changing incidents.

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 assistance, is one such example. It is important that the Trust continues to focus on delivering safe care to all patients.

Welfare calls in our 999 and NHS111 services are critical safety net interventions and enhance the patient experience and instil confidence.

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.

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 achieve this we are going to?

- In Q1, conduct a review of the CCC Standard Operating Procedures (SOPs) 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 recommendations for improvement.
- By Q3 implement the process for ECTs to follow when conducting welfare calls and ensure that this is written into the Computer aided dispatch system (CAD).
- In Q4 conduct a small sample audit of welfare call compliance.

Achievements

- The review and set-up of a Standard Operating Procedure (SOP) group for the CCC was put in place in January 2020. Membership of this group represents all skill sets and is chaired by the Clinical Assurance manager. There is administrative support for version control and amendments to the SOP document. The review of the welfare check SOP has been completed

with recommendations taken through senior governance meetings for approval.

- A full review and audit of welfare calls was completed, 999 repeat calls, worsening and Care line calls have all been reviewed and aligned.
- There is a consistent policy in place for all calls where there is no reply.
- A specific audit tool was developed for welfare calls. This demonstrated the requirement for ECTs/CA (emergency call taker/clinical advisor) to provide welfare checks in addition to clinicians.
- The process for an ECT carrying out a welfare check is fully documented, regularly reviewed and has a flowchart to demonstrate how to manage the process. There is also a welfare check button within the computer system to record that this call has been made.
- The welfare check process includes actions to take when the patient does not answer the telephone, their condition worsens or for any concern. The clinician's expertise can then be utilised for complex or worsening calls.
- An audit of welfare calls, undertaken in Q4 demonstrated that the process is being followed.
- Following NHS Pathways request a change has been made to more easily identify our most vulnerable patients that may have been on the floor following a fall for some time, prior to a call being made. The system within NHS Pathways now ensures that regular welfare checks and an upgrading of the response can take place as necessary.

Status is **Achieved**

Patient Safety
Priority 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

Owner: Clinical Lead for Infection Prevention and Control (IPC)

What are we trying to achieve?

A clean environment provides the right setting for good patient care and sound infection prevention and control (IPC). This can be challenging in the pre-hospital 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 reducing infection-related risks.

SCAS will monitor our Make Ready contract to update and review cleaning products, schedules and auditing procedures.

To achieve this we are going to?

- In Q2 define routine, non-contracted, 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 determine refurbishment programme of defined clinical areas within stations/depots
- 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.
- Monthly performance report to the Board and inclusion in the annual audit plan.

Achievements

- The response to the Covid-19 pandemic has expedited work towards this priority, whereby routine vehicle decontamination occurs between each patient as per national Covid-19 guidelines – therefore achieving this in Q1.
- NEPTS have implemented a wipe-down function via their booking system to record all internal vehicle cleans.
- Further planning and review are required for a similar function within the 999 service to encourage staff ownership.
- Work continues in partnership with SCAS's Make Ready service provider, to ensure this process remains embedded within the organisation outside of the pandemic response. Allowing Trust access to their quality monitoring system has increased compliance assurance.

- Work commenced in Q1 with liaison between IPC (Infection Prevention and Control), Estates, and compliance to ensure a standard specification for the environment was agreed. Work between Estates and IPC continues to review external cleaning contracts to maintain standards via product and cleaning schedules.
- As part of our Safer Working procedures, Estate standards for buildings were reviewed, some of which were found to be weak in IPC control measures. A proposal to undertake a gap analysis of the current situation to the ideal, has been delayed due to Covid-19.
- Risk assessments of ambulance buildings have been completed. Storage and furniture improved to ensure effective decontamination processes can be used.
- Work commenced with newly formed Universal Compliance Task and Finish Group that aims to create a single audit that aligns all Subject Matter Expert (SME) audits to provide assurance as an alternative to the current overlapping multiple audits.
- This will continue throughout Q3, however audit work was significantly impacted during Q4 due to Covid-19 and the Trust being at REAP 4 escalation.
- Audit work continued throughout Q3. Limited progress was made by the Universal Compliance Group due to increasing pressure on IPC to support the organisation through Covid-19. The organisation declared REAP 4 during Q4 and so the Universal Compliance Group was placed on-hold during this period.
- The vehicle cleaning contract has been reviewed and updated by IPC. This has been submitted to procurement for the retender process. Monitoring requirements have been incorporated into the contract and, continue will continue to be developed through the Universal Compliance Group
- Monthly reports submitted as per plan.

Status is **Achieved**

Patient Safety
Priority 1C: To improve our response to frequent users with mental health issues ensuring these patients receive timely care in the right place

Owner: Clinical lead for mental health / frequent caller team

What are we trying to achieve?

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.

We want to build confidence with key partners to reduce Emergency Department attendance, delays on scene, improve patient experience and reduce re-presentations.

SCAS will develop an internal vision and transformation plan linked to NHS Long Term Plan for ambulance response to mental health crisis. This will then help shape continuity and system response in partnership with providers and commissioners across the SCAS patch.

To achieve this we are going to?

- Ensure that SCAS is represented at ICS, crisis care concordats and partnership in practice initiatives 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.
- In Q3, utilise the 'hosted' mental health practitioners in CCC to devise a feedback process.
- Implement the new national ACQI about patients with mental health needs and timely access to specialist advice/care.
- Evaluate street triage cars in Q3 and report on:
  - Impact on ED attendance
  - Experience / feedback
  - Numbers of conveyances
  - Improvements identified
  - In Q/3 review and develop E-learning, reference guides, ePR with the support of CCC staff.
  - In Q4 frequent caller team to 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, frequent caller team to report on attendance at multi-agency meetings

Achievements

- NHSE/Lead commissioner hosted workshop with key partner providers on system solutions to frequent caller management in August 2020.
- Executive directors approved the SCAS mental health transformation programme.
- Mental health lead attends and contributes to SHIP/BOB ICS transformation groups.
- Mental health lead attends and contributes to AACE, Project A and NHSE initiatives linked to Mental Health ambulance NHS Long Term Plan.
- Advice provided to operations on the need to network with frequent caller team (demand management team), Clinical Coordination Centres (CCC) and existing frequent caller forums.
- Support for the Clinical Support Desk with links to hosted mental health trusts for frequent caller Patient Management Plans.
- Mental health lead provides advice and support to frequent caller team around mental health frequent callers.
- Mental health lead supports Heads of Operations where mental health triage cars are accessed by SCAS.
- Audit to ensure that the service is evaluated on KPI's for effectiveness at reducing ED attendance, reducing contacts with SCAS by providing clearer signposting and distress containment care planning.
- A range of staff reference guides have been produced to assist decision making under MCA/MHA. Mental health lead will continue to engage with CCC and operational education leads to understand issues around frequent callers with MH conditions or a dual diagnosis.
- A mental health workbook (education resource) was completed in Q4 to support decision making and risk management for mental health frequent callers.
- Mental health lead will continue to work with mental health provider trusts for the CCC's and patient experience team on improving pathways and patient experience.
- During Q3/4 the Covid-19 pandemic has had a significant impact on collaboration and transformation. However, SCAS progressed this quality priority by building on the patient experience process with Southern Health NHS Trust patient experience team around collaboration on telephone triage.
- Ensured that patients in crisis calling 111/999 or healthcare professionals receive timely consistent advice and support from a mental health professional.
- There has been a reduction in the number of patients taken to ED and places of safety with better patient pathways.
- Key themes on patient feedback have been identified to conduct system wide audit in 2021.
- Key external engagement with commissioners and providers across the SCAS geography to ensure increased collaboration on frequent caller care plans and pathways, reducing repeat presentations by these patients.

- Mental health project and steering group established in December 2020, covering all areas of mental health transformation and links with frequent caller management.

Status is **Partially Achieved**

Clinical Effectiveness
Priority 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

Owner: Lead Pharmacist

What are we trying to achieve?

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.

Medicines incidents are reported to our Board and the number of such incidents remains high. The Medicines Optimisation and Governance Group actively monitors trends and issues which are reported to the Board via PSG and CRG.

This priority reflects our firm commitment to further improve governance around medicines and is in line with our CQC must and should actions.

To achieve this we are going to?

- Q1 Creation of a spot check audit to allow for electronic auditing of medicines bags
- Q1 Establishment of ICT 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 ICT system
- Q4 Implementation of a new ICT system which tracks medicine from receipt into the Trust through to administration to a patient.

Achievements

- Spot check audit completed for medicines bags
- Identified an appropriate Medicines Management system (Ortivus) in Q2
- Developed a systematic audit and beta tested this in one area of SCAS
- Quarterly incident reports are in place. Impact of systematic audit evaluated with plans for a phased roll out across the Trust, starting across two operational areas in April 2021
- Chosen ICT system being compared to an alternative, and a potential hybrid system, delayed due to roll out of COVID-19 vaccine tracing system.

Status is **Partially Achieved**

Clinical Effectiveness
Priority 2B: To learn from the deaths of patients resulting in recommendations and actions for practice – year 2

Owner: Assistant Medical Director

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 sufficient priority in some organisations and therefore valuable opportunities for improvements were missed.

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.

Following the Learning from Deaths (LfD) guidance SCAS has approved its policy and review process to build on our already established process.

This includes reporting and reviewing the mandated groups:

- Mental Health
- Maternal and Neonates to Healthcare Safety Investigations Branch
- Paediatrics via Child Death Overview Panels
- Learning Disabilities Mortality Review Programme
- Deaths in Custody

To achieve this we are going to?

- 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

Achievements

- App on devices is now complete and available.
- Eligible patients for review by the LfD group are identified from their clinical record, using information held in the SCAS data warehouse. This information is presented to the group using the Qlikview (information platform) visualisation tool. The LfD has several clinical reviewers that use the in-house App to conduct a Level 1 review for each record, record their findings and identify those patients requiring a Level 2 review. This information is uploaded to Qlikview where the group can review and

comment on the findings, as well as undertake Level 2 reviews as part of the process.

- Q4 data report has been completed and presented.
- Quarterly Level 2 reviews are on schedule and performed as normal.
- Qlikview (online real-time reporting) reports developed
- Participating in National LfD meetings
- SCAS CQC relationship owner has attended the Learning from deaths group to experience how this is managed.

Status is **Achieved**

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

Owner: Director of Operations

What are we trying to achieve?

NHSi – mandated indicators

- Category 1 emergency response (mean times)
- Category 2 emergency response (mean times)
- Category 3 emergency response (mean times)
- Category 4 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

Status is **Achieved**

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

Owner: Assistant Director of Quality

What are we trying to achieve?

NHSi – mandated indicators

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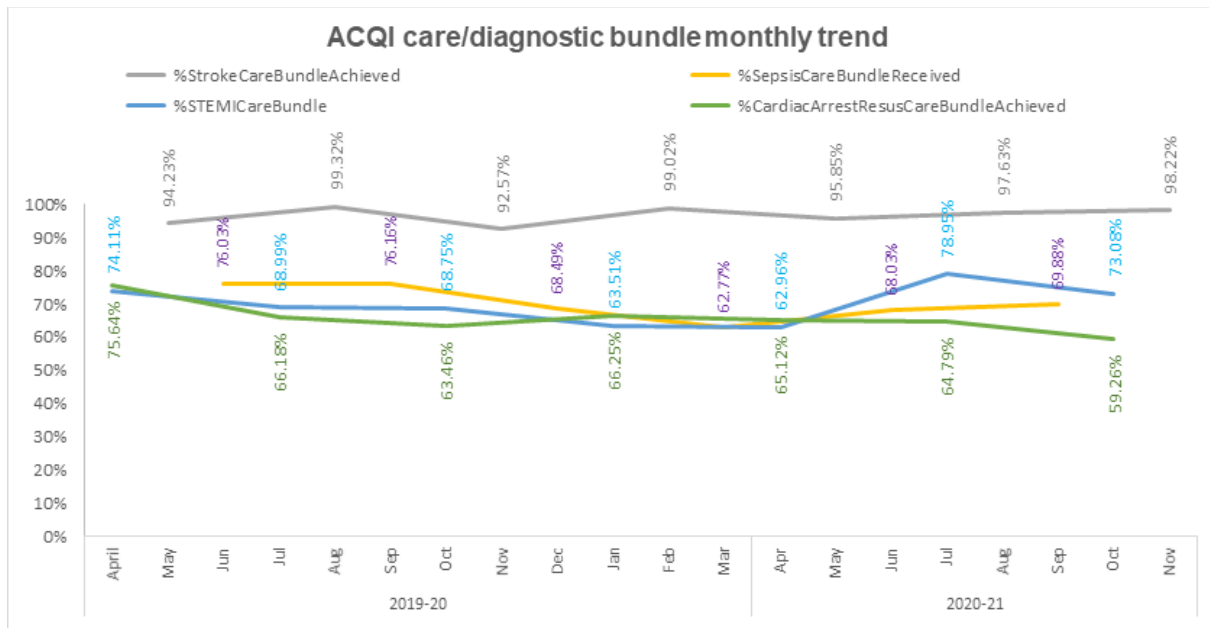- Stroke ambulance response measures

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

- Monthly upload of verified ambulance response measures into the Sentinel Stroke National Audit Programme (SSNAP) is in place.
- SCAS completed the year 2019/20 in the upper quartile rating for all three Stroke call to hospital arrival (Call to Door – CTD) measures, when benchmarked against all English NHS Ambulance Services. (Top performing for the Mean, and second for the Median and 90th Centile Stroke CTD measures.)
- Care bundles are audited in-line with latest ACQI technical guidance, which has continued throughout the COVID-19 Pandemic.
- Material has been published to brief operational clinicians of the ACQI requirements.
- A review of the Electronic Patient Record (ePR) system to identify actions to support ACQI compliance has been completed. This includes a Clinical Review Group request to mandate pain scoring for the STEMI care indicator, to improve compliance.
- Design of a new scorecard in progress to facilitate monitoring of ACQI compliance by individual, team, area and Private Provider. However, this has been delayed whilst Business Intelligence capacity was diverted to COVID-19.

ACQI care/diagnostic bundle monthly trend

Legend:
- %StrokeCareBundleAchieved
- %STEMICareBundle
- %SepsisCareBundleReceived
- %CardiacArrestResusCareBundleAchieved

Status is **Partially Achieved**

Clinical Effectiveness
Priority 2D: To determine and ensure improvements in the pre-hospital care of maternity and newborn patients

Owner: Consultant Pre-hospital Care Practitioner

What are we trying to achieve?

Maternity and newborn patients form a specialist area of care and can be vulnerable in the pre-hospital care setting.

We have identified that our staff require the right specialist support and education to deliver high quality and safe care to this patient group.

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.

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.

To achieve this we are going to?

- Review all the new-born 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.
- 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.

Achievements

- Pathways for new-borns including access details to acute hospitals have been collated.
- Clinical Pathway: Complicated Labour and unwell New-Born Pathway has been published in April 2021. SCAS Connect has been updated to reflect changes to obstetric and maternity pathways to inform frontline clinicians.
- Liaison with the maternity network to enable pathways to be shared across the system via SCAS Medical Director.

- Labour-Line governance arrangements have been reviewed, with clear process for escalation in place. Clear liaison in the event of a clinical incident involving Labour-Line staff or processes.
- SCAS now have a seat at the SHIP local maternity system board and will be represented by an assistant director.
- During the pandemic SCAS worked collaboratively to assure continuity of service for home births and, triage remained as normal.
- There have been HSIB investigations where Labour line has been involved in the care pathway and, where there has been learning opportunities from these they have been shared with trusts transparently and the Labour line service.
- Q3 Audit of response times was *not* undertaken due to the pandemic and the Trust being at REAP4.
- SCAS connect has been updated and will continue to receive updates in the event of changes within services.
- An advanced clinical practice project, delayed by the Covid-19 pandemic, will be recommended with a focus on obstetric and neonatal care and this workstream will be led by the director of patient care.

Status is **Partially Achieved**

Patient Experience
Priority 3A: To seek feedback from elderly patients who fall to develop services to better meet their complex care needs

Owner: Head of Patient Experience

What are we trying to achieve?

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.

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 independence and increased mortality.

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.

We have chosen to focus on this group of elderly patients as part of our continued commitment to ask patients for feedback on their experience.

We need to understand their experience of living with a risk of serious complications following a fall.

This will provide valuable narrative into lived experience in order to identify common themes and suggest improvements.

To achieve this we are going to?

- In Q1 SCAS will design a short questionnaire of 5 questions.
- In Q2 and Q3 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.
- Identify themes and actions for improvements in Q4.
- Increase identification and referral by 5% at Q4 (compared to baseline from Q1)

Achievements

- The question set for NEPTS was altered from the original survey as a frailty survey for patients that had fallen previously or while in the care of NEPTS.

- The Trust Business Intelligence Team provided contact data for 297 patients that contacted 999 due to a fall each month in Q2 and Q3. Sixty patients provided a response to the telephone survey.
- Contact data for 38 NEPTS patients in Q2 and Q3 was obtained from incident reporting system and NEPTS booking system. A telephone survey received 15 responses.
- Question sets were designed for both 999 and NEPTS with assistance of Clinical Governance leads.
- A total of 75 patients completed the survey. Key findings are set out below:

Key findings 999 fallers survey:

- 43% of patients accessed help from the Ambulance service.
- 42% of patients told us they have had a fall in the last 12 months.
- 2% of patients stated they have had more than ten falls in the last 12 months.
- 45% of patients told us that their fear of falling has increased since falling.
- 52% of patients told us that they were admitted into hospital following the fall.
- 78% of patients told us that they were *not* referred to the Community falls team.
- 93% of patients told us that they were more than satisfied with the service they received from the ambulance service.

Overall, the comments received were positive.

Key findings NEPTS fallers survey:

- 13% of patients told us that prior to the fall they had another fall whilst travelling with NEPTS
- 40% of patients told us that they had not had a slip, trip or fall at any other time, when not in the care of the NEPTS
- 40% of patients told us that because of their fall the fear of falling had increased.
- 20% of patients told us they had been admitted into hospital following a fall.
- 33% of patients are under the care of a Community falls referral service, or in contact with their GP about being at risk of falls.
- 40% of patients told us that current booked mobility (the way in which NEPTS assist them during transport) is sufficient, and that they do not want a higher level of support.

Overall, comments received were positive and indicated how caring the staff are.

Status is **Achieved**

Patient Experience
Priority 3B: To implement staff health and wellbeing strategies to improve the physical and mental wellness of our staff

Owner: Health and Wellbeing Team

What are we trying to achieve?

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 in line with the six pillars of wellbeing.

We know that anxiety, stress and depression represent one of the highest days lost to sickness each year second only to MSK injuries. Covid-19 has further highlighted the importance of this.

SCAS has a robust Health and Wellbeing strategy covering all aspects of both physical and Mental Health.

There is currently working on a recovery programme through Covid-19 to engage and promote local and national campaigns on tackling stigma and mental health awareness. 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-19 recovery period. This will be done in collaboration with all key stakeholders.

We will ensure our leadership development programme, too, incorporates compassionate solution focused approaches to further enable wellbeing at work for all as reflected in priority 3C.

We will apply NHSE crisis concordat principles in our vision. These are:

- Tackling stigma
- Early intervention and resilience
- Timely access in a crisis
- Recovery action planning

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.

To achieve this we are going to?

- Mental Health Lead, as specialist adviser, to work with the Health and Wellbeing Team 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 principles and national policy such as the Stevenson Farmer report where appropriate by Q4.
- 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.

Achievements

- Improvements have been made to tools for staff mental health. Various access points have been established for staff via the health and wellbeing portal.
- Internal resilience sessions (as part of Covid-19 recovery) were rolled out over Q3 and finalised in Q4. These have ceased whilst all offers of funding from the charity and ICS groups are pulled together, to ensure the package of mental health support is consistent.
- With charity funding we will continue to introduce mental health resilience training and roll this out across SCAS. In collaboration with other NHS trusts within the SCAS geography, and as part of the mental health ICS project, there are further opportunities for training funding.
- Work on the position statement regarding suicide prevention and improving staff mental health will be continued via the National Health and Wellbeing network with expert guidance obtained via the national mental health network.
- Promotional work has commenced and will continue the six pillars of wellbeing to emphasise that all elements are of equal importance to ensure good mental health within the workplace and at home.

Status is **Achieved**

Patient Experience
Priority 3C: To embed SCAS behaviours to increase the percentage of our staff who have been trained and provided with leadership development - year 2

Owner: Assistant Director of Organisational Development

What are we trying to achieve?

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.

Quality of leadership directly impacts on the quality of care and our ability to improve as a healthcare provider. 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 of high performance, learning and improvement.

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.

We aim to reduce attrition within 12 months of starting in role by ensuring leaders are equipped to do their job and staff feel welcomed and supported from the outset.

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.

To achieve this we are going to?

- Complete Module 3 for the two interrupted cohorts within two months of resuming
- Begin a new cohort of 18 leaders every month to build on the 190 already completed
- 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
- Develop a pathway for all incoming/newly promoted line managers so that they are booked to attend as part of their first year in role
- Review the inclusion criteria for other non-managing leadership roles eg. clinical mentors, educators, clinical leads
- 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)

Achievements

- Following interruption in March 2020 due to Covid-19, the SCAS Leader programme was redesigned and restarted as a virtual programme in October 2020.
- Individuals on the interrupted cohorts from March 2020 were re-booked and have now completed the programme.
- A new virtual cohort is starting every month. These are slightly smaller than before to accommodate the virtual environment. This will remain under review as it may be possible to increase them in the future. Two hundred and twenty five line managers have now completed the programme.
- Feedback has been good with participants particularly appreciative of being able to access the programme from home.
- The attrition figures have not been benchmarked against this programme. This would not be a valid exercise due to so many other factors in the past year having an effect on attrition to attribute any change to SCAS Leader.
- A new two day offer, Essential Skills for People Managers, will be trialled in May. This complements SCAS Leader as part of the pathway for all incoming/newly promoted line managers. In due course, they will be expected to access this early in their role, in addition to SCAS Leader.
- Inclusion criteria has been reviewed and widened to include those in influential leadership roles such as project managers, HR advisors and clinical team educators.
- Staff survey data for 2020 shows good scores and/or an improvement specifically in: not coming to work when unwell, support from immediate managers and confidence in speaking up. All of these speak to supportive and inclusive leadership. Appraisal completion has been affected by Covid-19 so to attribute any change to SCAS Leader would not be valid.

Status is **Achieved**

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.	During 2020/21 SCAS provided and/or subcontracted three relevant health services. Emergency 999 Ambulance Service Non-Emergency Patient Transport Service NHS 111 Telephone Advice Service Covid response service.
1.1	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.	SCAS has reviewed all the data available to them on the quality of care in all of these relevant health services. • 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 leaning • Internal audit reports • External reviews of quality including the CQC/Ofsted and commissioner visits

		• Leadership walk-arounds and actions
		• Upward reports to Quality and Safety Committee meetings
		• 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 2020/21 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	During 2020/21, 9 national clinical audits and 0 national confidential enquiries covered relevant health services that SCAS provides.

	relevant health services that the provider provides or subcontracts.	
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 in which it was eligible to participate.
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.	The national clinical audits and national confidential enquiries that SCAS was eligible to participate in during 2020/21 are as follows: • 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 • 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

2.3	A list of the national clinical audits and national confidential enquiries, identified under entry 2.1, that the provider participated in.	The national clinical audits and national confidential enquiries that SCAS participated in during 2020/21 are as follows: • 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 • 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
2.4	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.	The national clinical audits and national confidential enquiries that SCAS participated in, and for which data collection was completed during 2020/21, 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. *Note that the data relates to April – November 2020 and not a full year due to National Ambulance Clinical Quality Indicator reporting timelines (there is a four month reporting lag).

		• Acute Myocardial Infarction and other Acute Coronary Syndrome (MINAP) Number of cases 788, 100% • Ambulance Clinical Quality Indicator S-T elevation Myocardial Infarction (STEMI) Care Bundle Number of cases 235, 100% • Sentinel Stroke National Audit Programme (Stroke Call to Hospital Arrival times) Number of cases 2512, 100% • Ambulance Clinical Quality Indicator Stroke Diagnostic Bundle Number of cases 2141, 100% • Ambulance Clinical Quality Indicator Sepsis Care Bundle Number of cases 601, 100% • Warwick Clinical Trials Unit Out of Hospital Cardiac Arrest Outcome (OHCAO) Number of cases 2946, 100% • Ambulance Clinical Quality Indicator Cardiac Arrest ROSC rates (and separate Utstein ROSC measure) Number of cases 440, 100% • Ambulance Clinical Quality Indicator Cardiac Arrest Survival to Discharge (and separate Utstein STD measure) Number of cases 180, 100% • Ambulance Clinical Quality Indicator Cardiac Arrest Post ROSC Care Bundle Number of cases 168, 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 2020/21.

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.	SCAS intends to take the following actions to improve the quality of healthcare provided • Undertake engagement sessions with the operational management team to promote the requirements for ACQI's and related clinical care and documentation. • Review and update ACQI compliance tools in the electronic patient record system, to include development of new compliance tools within the electronic records system used by private providers. • Launch a new ACQI scorecard where compliance can be monitored by individual clinician, area, and Private Provider. *The last two actions have been rolled over from the previous year as the COVID-19 Pandemic impacted on progress.
2.7	The number of local clinical audit (a) reports that were reviewed by the provider during the reporting period.	The reports of 13 local clinical audits were reviewed by the provider in 2020/21.
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.	SCAS intends to take the following actions to improve the quality of healthcare provided • Mandate the pain scoring field in the Trust's electronic patient record system for a range of patient conditions, to provide a greater prompt for the assessment of a patient's pain. • Issue guidance related to symptom management and further develop urgent care pathways for patients who are at the end of life. • Launch a revised process to review those cases where patients have been

subject to a delayed response within our Emergency and Urgent Care service to highlight those at higher risk of an adverse outcome and inform actions to reduce the incidence of long waits.

- Issue guidance related to completion of safeguarding referrals and inclusion of key messages in safeguarding training packages.

- Review the current arrangements for referral of older patients who have fallen to an appropriate health care professional.

	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.	The number of patients receiving relevant health services provided or sub- contracted by SCAS in 2020/21 that were recruited during that period to participate in research approved by a research ethics committee was 1584.

Conference presentations and publications demonstrate our commitment to transparency and desire to improve patient outcomes and experience across the NHS.

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.

RESEARCH-RELATED ACTIVITIES

We are the only ambulance service to have directly supported the NHS Vaccine Research Hubs this year. Three members of the research team have supported and delivered essential COVID-19 vaccine trials across the region, serving in both the Thames Valley and South Midlands and the Wessex vaccine hubs.

Representation on regional and national research committees: Wessex Study Support Group, Thames Valley and South Midlands Injuries and Emergencies Specialty Group, |

National Ambulance Research Steering Group.

PUBLICATIONS

Nolan JP, **Deakin CD**, Ji C, Gates S, Rosser A, Lall R, Perkins GD. (2020) Intraosseous versus intravenous administration of adrenaline in patients with out-of-hospital cardiac arrest: a secondary analysis of the PARAMEDIC2 placebo-controlled trial. *Intensive Care Medicine*, 46: 954–962.

Perkins GD, Kenna C, Ji C, **Deakin CD**, Nolan JP, Quinn T, Scomparin C, Fothergill R, Gunson IM, **Pocock H**, Rees N, O'Shea L, Finn J, Gates S, Lall R. (2020) The influence of time to adrenaline administration in the Paramedic 2 randomised controlled trial. *Intensive Care Medicine*, 46: 426–436.

Elsey A. (2020) Speaking up — even when not heard. *Journal of Paramedic Practice*, 12 (6), doi: 10.12968/jpar.2020.12.6.246

Inada-Kim M, Knight T, **Sullivan M**, **Ainsworth-Smith M**, Pike N, Richardson M, Hayward G, Lasserson D. (2020) The Prognostic Value of National Early Warning Scores (NEWS) During Transfer of Care From Community Settings to Hospital: A Retrospective Service Evaluation. British Journal of General Practice Open, 4 (2): bjgpopen20X101071. DOI: [link] https://doi.org/10.3399/bjgpopen20X101071.

Deakin CD, **Anfield S**, **Hodgetts GA**. (2020) Which building types give optimal public access defibrillator coverage for out-of-hospital cardiac arrest? Resuscitation, 152: 149-156.

Myall M, Rowsell A, Lund S, Turnbull J, Arber M, Crouch R, **Pocock H**, **Deakin CD**, Richardson A (2020) Death and dying in prehospital care: what are the experiences and issues for prehospital practitioners, families and bystanders? A scoping review. British Medicine Journal Open, 10:e036925. doi:10.1136/ bmjopen-2020-036925.

Achana F, Petrou S, Madan J, Khan K, Ji C, Hossain A, Lall R, Slowther A-M, **Deakin CD**, Quinn T, Nolan JP, **Pocock H**, Rees N, Smyth M, Gates S, Gardiner D, Perkins GD, Paramedic 2 Collaborators (2020) Cost-effectiveness of adrenaline for out-of-hospital cardiac arrest. Critical Care, 24 (579). [link] https://doi.org/10.1186/s13054-020-03271-0

Handyside B, **Pocock H**, **Deakin CD**. (2020) An exploration of the facilitators and barriers to paramedics' assessment and treatment of pain in paediatric patients following trauma (EX-PAT). Emergency Medicine Journal, 37: e2. DOI: 10.1136/emermed-2020-999abs.22.

Deakin CD, Soar J, Morley P, Drennan I. (2020) Double Sequential Defibrillation for Refractory Ventricular Fibrillation Cardiac Arrest: A Systematic Review. Resuscitation, 155: 24-31.

Ramluggun P, Freeman-May A, Barody G, **Groom N**, **Townsend C** (2020) Changing paramedic students' perception of people who self-harm.Journal of Paramedic Practice,12 (10): [link] https://doi.org/10.12968/jpar.2020.12.10.403

England E, **Deakin CD**, Nolan JP, Lall R, Quinn T, Gates S, Miller S, O'Shea L, **Pocock H**, Rees N, Scomparin C, Perkins GD. (2020) Patient safety incidents and medication errors during a clinical trial: Experience from a pre-hospital randomised controlled trial of emergency medication administration. European Journal of Clinical Pharmacology. European Journal of Clinical Pharmacology, 76: 1355–1362.

Otto Q, Musiol S, **Deakin CD**, Morley P, Soar J. (2020) Anticipatory Manual Defibrillator Charging during Advanced Life Support: A Scoping Review. Resuscitation Plus, 1–2, 100004. [link] https://doi.org/10.1016/j.resplu.2020.100004.

Deakin CD, Nolan JP, Ji C, Fothergill RT, Quinn T, Rosser A, Lall R, Perkins GD. (2021)

The Effect of Airway Management on CPR Quality in the Paramedic2 Randomised Controlled Trial. Resuscitation, 58, 8–15

Haywood KL, Ji C, Quinn T, Nolan JP, **Deakin CD**, Scomparin C, Lall R, Gates S, Long J, Regan S, Fothergill RT, **Pocock H**, Rees N, O'Shea L, Perkins GD (2021) Long term outcomes of participants in the PARAMEDIC2 randomised trial of adrenaline in out-of-hospital cardiac arrest. Resuscitation, 160: 84-9.

PRESENTATIONS

Ainsworth-Smith, M. Covid-19@home and the introduction of pulse oximeters in the community. *SE Region AHSN (virtual). February 2021.*

Ainsworth-Smith, M. Covid-19 Management for Patients who are non-conveyed to hospital*. National Ambulance Service Medical Directors Meeting. March 2021.*

Ainsworth-Smith, M. Dealing with Major Trauma in the Pre-Hospital Arena. *Wessex Critical Care Programme. March 2021.*

Deakin CD Hypotension and Arrhythmias During and After CPR. 3rd Annual State of the Future of Resuscitation Conference (Virtual), Las Vegas. September 2020

Deakin CD Defibrillation. European Resuscitation Council 2020. Annual Conference (Virtual). October 2020.

Deakin CD Out-of-Hospital Emergencies and the Care and Transfer of Critically Ill Patients. Aortic Dissection Education Day. Royal College of Surgeons of Edinburgh. November 2020

Deakin CD Defibrillation. European Resuscitation Council Guidelines Conference 2021. Antwerp (Virtual). March 2021.

Pocock, H. Optimising ambulance service contribution to clinical trials: a

		phenomenological exploration using focus groups. College of Paramedics Research Conference (virtual). November 2020. **Deakin CD** Out-of-Hospital Emergencies and the Care and Transfer of Critically Ill Patients Aortic Dissection Education Day. Royal College of Surgeons of Edinburgh. November 2020
	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.	A proportion of SCAS income in 2020/21 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. There were no CQUIN payments in 2020/21.
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.	
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.	SCAS is required to register with the Care Quality Commission and its current registration status is without conditions in all fundamental standards. The Care Quality Commission has not taken enforcement action against SCAS during 2020/21.
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.	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 participated in a Covid-19 Provider Collaboration review during Oct 2020 -Urgent and Emergency Care

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 2020/21 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.
8.1	If the provider submitted records to the Secondary Uses Service for inclusion in the Hospital 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: (i) valid NHS number (ii) General Medical Practice Code	

	(b) the percentage of records relating to outpatient care which included the patient's: (i) valid NHS number (ii) General Medical Practice Code (c) the percentage of records relating to accident and emergency care which included the patient's: (i) valid NHS number (ii) General Medical Practice Code.	
	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 Results will be available in June 2021.
	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 2020/21 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.	SCAS will be taking the following actions to improve data quality: • Integrated Performance Report review and revision where indicated this includes all finance, operational, service and quality data • Roll out of new ePR system following a re-procurement process • 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 • Utilise data from GP systems and feedback to improve decision making • There has been progress on providing operational teams with access to patient clinical records for enhanced clinical care • The Trust has approved the Management Information Strategy, a key workstream of which is Data and Information quality

2.3 Reporting against NHSi core indicators

Ambulance Response Programme
Performance against national ambulance service response targets 2020/21

Despite all the challenges of the Covid-19 pandemic, the Trust has met all the national ambulance response time targets for the year 2020/21 and were also the best performing ambulance trust in England for Category 1 calls.

Data published by NHS England in May 2021 confirmed that for the 12 month period (April 2020-March 2021), SCAS delivered the best average response time amongst all English ambulance trusts to Category 1 calls (06:22). The Trust also met all national response time targets set by NHS England for all other call types. SCAS was one of two ambulance trusts (the other being West Midlands) to meet all national response time targets for the year.

It must be acknowledged that this level of performance has only been possible thanks to the dedication, professionalism and resilience of all SCAS teams that worked in collaboration with partners and volunteers to deliver responsive and high-quality patient care.

SCAS has also improved its response times across all other performance targets from the previous year. In addition, SCAS has been able to help alleviate some of the pressure that local hospital partners have been facing over the past year. Of the 506,000 emergency incidents that SCAS attended in 2020/21, only 48.9% of those patients were taken to a hospital emergency department – the lowest percentage of English ambulance trusts.

The proportion of patients that could be treated safely by our clinicians either over the phone or in person has also increased in the last year compared with the same period in 2019/20. Both the 'Hear and Treat' (9.5%) and 'See and Treat' (36.1%) performance achieved by SCAS was above the national average for all English ambulance trusts (8.2% and 34.4% respectively).

Since the 2019 Detailed Requirements for Quality Report – ambulance emergency responses relate to Ambulance Response Programme – Categories 1-4.

	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.	Ambulance trusts	In the table showing performance against this indicator, Red 1 and Red 2 calls should be separate.

	Category 1 2020/2021 06:22 (Mean) 11:42 (90th Percentile) Category 1 2019/2020 07:17 (Mean) 13:13 (90th Percentile) 09:32 (C1T Mean) Previous years' data Category 1 2018/2019 07:01 (Mean) 12:44 (90th Percentile) 10:18 (C1T Mean) Category 1 2017/2018 07:19 (Mean) 31 Oct-31 Mar 13:21 (90th Percentile) 11:45 (C1T Mean) Red 1 2017/2018 73.9% 1 Apr-30 Oct Red 1 2016/2017 73.3% Red 1 2015/2016 71.9% Red 1 2014/2015 75.0%

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
- Ambulance response standards are 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 ambulance response 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 provide input to the national group, 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	

Category 2 2020/2021
15:29 (Mean)
30:23 (90th Percentile)

Category 2 2019/2020
17:48 (Mean)
36:13 (90th Percentile)

Previous years' data
Category 2 2018/2019
16:35 (Mean)
33.15 (90th Percentile)

Category 2 2017/2018
17:24 (Mean) 31 Oct-31 Mar
35:05 (90th Percentile)

Red 2 2017/2018
70.6% 1 Apr-30 Oct

Red 2 2016/2017
73.1%

Red 2 2015/2016
72.7%

Red 2 2014/2015
74.5%

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 Ambulance response 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
- Ambulance response standards are 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 ambulance response 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.

	Category 3 2020/2021 1:46:22 (90th Percentile) Category 3 2019/2020 54:48 (Mean) 2:09:42 (90th Percentile)

Ambulance category 3 (C3) – urgent calls:

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
- Ambulance response standards are 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 ambulance response 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.

	Category 4 2020/2021 2:29:08 (90th Percentile) Category 4 2019/2020 01:17:17 (Mean) 2:56:47 (90th Percentile)

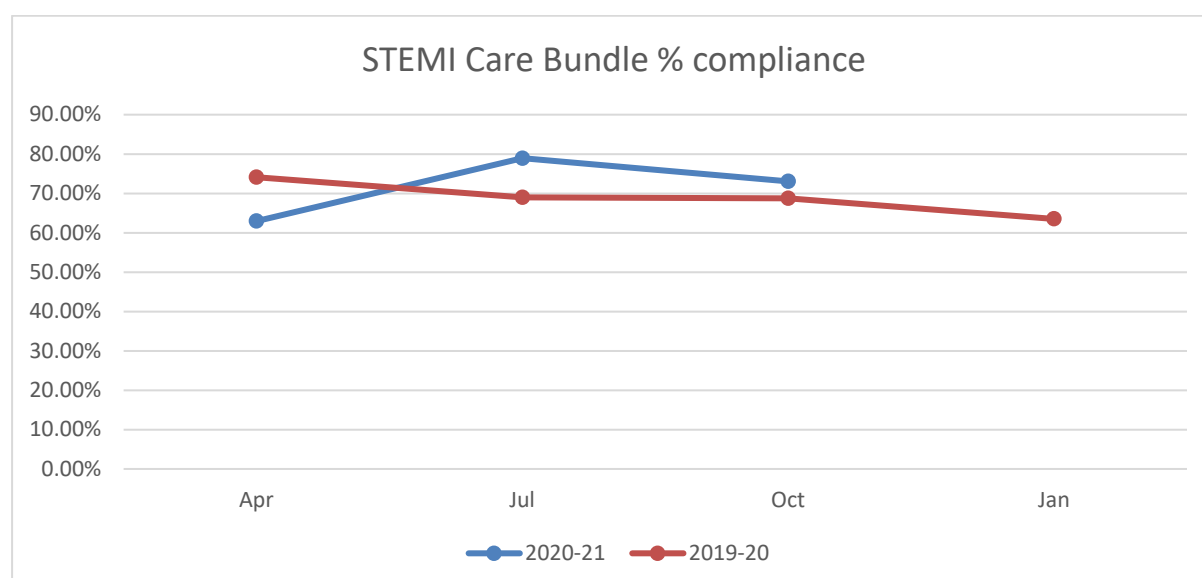Ambulance category 4 (C4) – less urgent calls:

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
- Ambulance response standards are 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 ambulance response data and continuing to model our staff rotas and fleet availability to meet the category requirements. Through the integrated performance report to the Trust Board there is clear visibility of the data and our actions to improve. SCAS will continue to input into the national group and workstreams and audit long waits.

	Prescribed information	Type of trust	Comment
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	Ambulance trusts	

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: Data for 2020/21s is Year to Date (YTD) data in line with national reporting validation processes.

Year   **Compliance**

80

2020/21	71.66% YTD
2019/20	68.84%
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: Data for 2020/21s is Year to Date (YTD) data in line with national reporting validation processes.

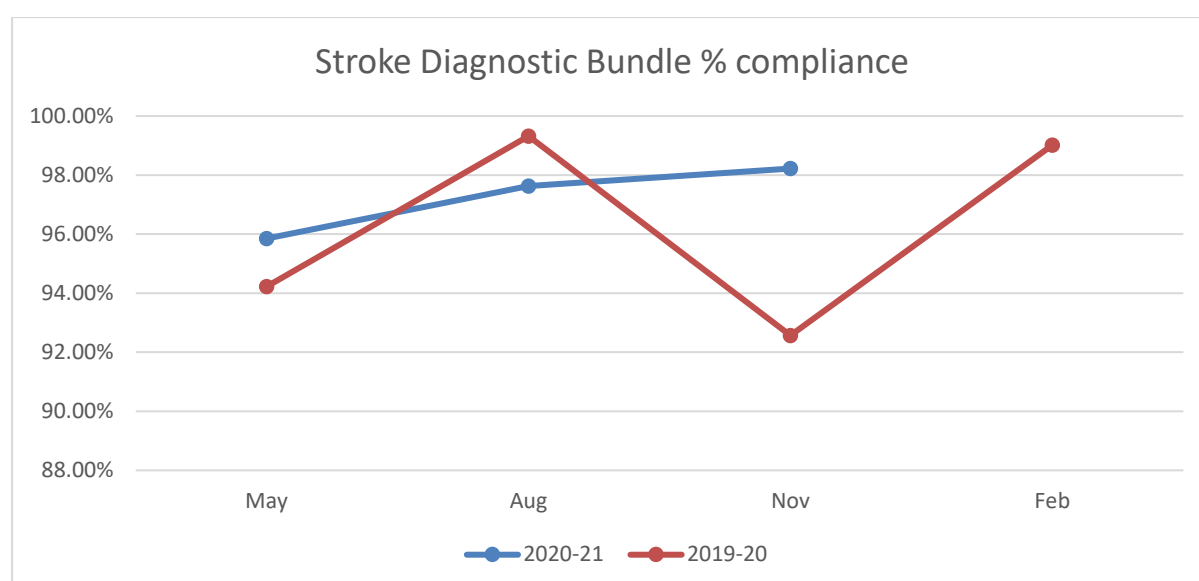| Year	Compliance
2020/21	97.23% YTD
2019/20	96.28%
2018/19	95.81%

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 November 2020/21 against national average (YTD)

Clinical Quality Indicator	Lower	Upper	Difference	National Average	South Central	Greater or lower than Average
STEMI - Care	49.14%	96.30%	47.17%	76.02%	71.49%	LOWER
Stroke - Care	93.41%	99.78%	6.37%	97.87%	97.29%	LOWER

Ambulance Clinical Quality Indicators April to March 2019/20 against national average

Clinical Quality Indicator	Lower	Upper	Difference	National Average	South Central	Greater or lower than Average
STEMI - Care	48.90%	97.52%	48.62%	75.78%	69.34%	LOWER
Stroke - Care	91.42%	99.80%	8.37%	97.36%	96.06%	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%	GREATER
Stroke - Care	94.53%	99.62%	5.10%	97.45%	98.08%	GREATER

	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	80%

		Your Trust in 2020	Average (median) for ambulance trusts	Your Trust in 2019	Your Trust in 2018	Your Trust in 2017	Your Trust in 2016
Q18a	"Care of patients / service users is my organisations top priority"	65%	65%	64%	62%	60%	58%
Q18b	"My organisation acts on concerns raised by patients / services users"	71%	67%	68%	70%	67%	66%
Q18c	"I would recommend my organisation as a place to work"	65%	58%	59%	55%	51%	49%
Q18d	"If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation"	80%	73%	75%	75%	74%	72%

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	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	2020/21
Number of incidents	570	447	282	129	115	374	672
Number and % severe harm/death	52 (9.1%)	21 (4.7%)	13 (4.6%)	1 (0.8%)	3 (2.6%)	8 (2.1%)	29 (4.3%)

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.

- Trust electronic reporting system (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:
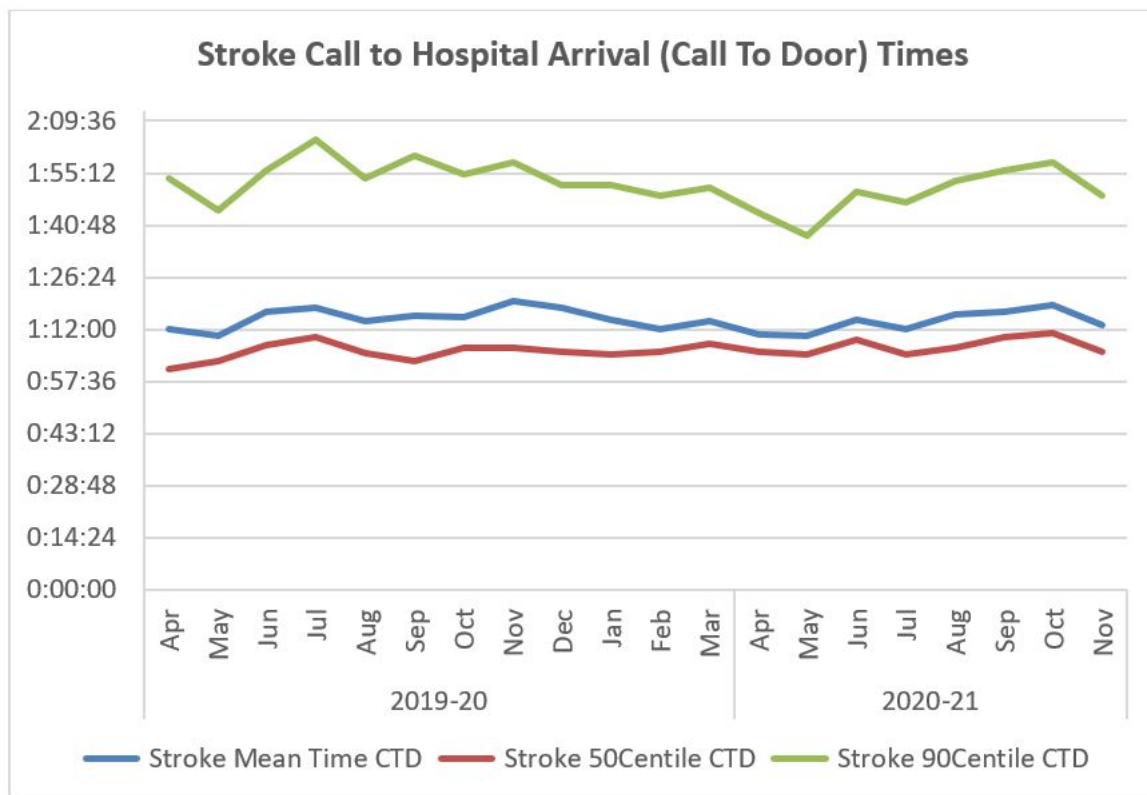
- *Ongoing training for staff on Datix*
- *Reviewing numbers, severity and themes of incidents at the Patient Safety Group*
- *Trust Board scrutiny*
- *Safety culture survey*
- *Aggregated learning reports*
- *Campaign of awareness around incident reporting*
- *Easy guide reissued to staff on incident 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 previous "Stroke 60" (Call to arrival at a Hyper-acute Stroke Unit) to system-based ambulance response 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.

Stroke Call to Hospital Arrival (Call To Door) Times

Legend: Stroke Mean Time CTD — Stroke 50Centile CTD — Stroke 90Centile CTD

Return of Spontaneous Circulation (ROSC)

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

Cardiac Arrest ROSC/Survival monthly trend

Legend: %CardiacArrestROSCAtHosp — %CardiacArrestUsteinROSC — %CardiacArrestSTD — %CardiacArrestUtsteinSurvive

	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 01/04/2020-31/03/2021, 500 of SCAS patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period: 122 in the first quarter; 110 in the second quarter; 116 in the third quarter; 152 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 31/03/2021, 500 case record reviews and 49 investigations have been carried out in relation to 500 of the deaths included in item 27.1. In 49 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: 122 in the first quarter; 110 in the second quarter; 116 in the third quarter; 152 in the fourth quarter.
27.3	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.	Zero representing 0% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of: 0 representing 0% for the first quarter; 0 representing 0% for the second quarter; 0 representing 0% for the third quarter; 0 representing 0% for the fourth quarter. These numbers have been estimated using the SCAS Learning from Deaths 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. Although there were no cases where deaths were more likely than not to have been due to problems of care, there were instances where care could have been improved and this has been fed back to the relevant staff or external agencies.
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 quality 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.	Covered in 27.2.
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	Covered in 27.3.

|		
	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.	
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.	Covered in 27.3

Part 3: Other Information and Quality Priorities for 2021/2022

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. Two of our priorities have been extended over more than one year.

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

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

The three dimensions of quality
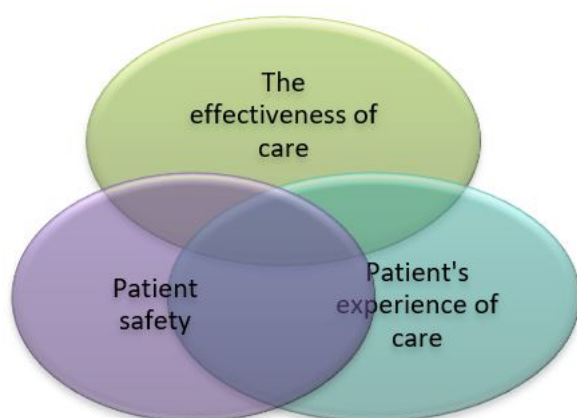
The worldwide pandemic has had the most significant impact on the way we work and live in 2021.

During this time the NHS has lived through its greatest challenge, with rapidly changing clinical guidance.

For the ambulance sector the guidance around personal protective equipment (PPE) and treating undifferentiated patients has been a challenge. Always putting patients first, but also protecting staff against infection to allow the service to deliver high quality care.

Despite the challenges staff have responded to provide the highest quality service.

Patient safety has been the governance priority, with work undertaken to assure that patient receive the right care in the right place even at times of extreme pressure.

There has also been learning from this direct approach, and it has changed the way we work and react to rapidly changing situations. SCAS are also mindful that we need to develop our resilience and ensure our readiness for any future similar situations.

1.0   Covid-19 recovery/maintaining quality assurance

During May and June of 2020, SCAS conducted some learning research about the changes made at pace to deal with the Covid-19 pandemic emergency. It was recognised that research about how organisations learn in a crisis had a hospital sector focus and there was little to assist ambulance services. Data from this activity was used as the basis for an organisational action plan to support resilience and future planning. Staff were consulted using a variety of media and asked to reflect on what changes they would want to adopt, adapt or abandon. In addition, there was 'and…' to capture any other learning. Recommendations from the learning were captured under four headings that is summarised here:

- **Communications** – both at organisational and team level, the challenge of getting important clinical information to staff without continuous access to work computers, a rationalisation of information sent out so it could be confirmed as received and actioned, better liaison with acute hospital partners.
- **Safer working** – Staff fit-testing for specific PPE, training in donning and doffing PPE, protective measures in buildings, an increase in mental health support for staff, including those working remotely.
- **Better use of technology**- a focus on technology to enable home working and reduce the number of staff in Trust premises, training to ensure staff get the most out of new technology, 'check-ins' for staff working remotely.
- **Clinical and operational practice** – Review and consult of REAP levels and escalation resources in relation to long-term incidents, reviews of Covid-19 guidelines and other guidelines, continuity in crewing ambulances to reduce contacts and risk.

The learning research has informed an organisational action plan that is monitored by the Covid-19 Board.

2.0 Patient Safety

2.1 NHSE Patient Safety Strategy

Following a period of consultation, NHSE/i published the 'NHS Patient Safety Strategy', bringing several significant changes, particularly into the philosophy and processes of investigating serious incidents.

The full strategy can be found at https://improvement.nhs.uk/resources/patient-safety-strategy/

SCAS is not an early adopter site but has been working with the Thames Valley and the Hampshire and Isle of Wight CCG groups that do have implementer services. The Trust are reviewing updated guidance and in response to this, relevant documents are being amended to reflect new terminology and the changes to the focus of the strategy.

SCAS will continue to be guided by NHSE as to the full implementation of the strategy, but we have worked to ensure readiness. A senior manager has been appointed as the Trust's Patient Safety Specialist.

A gap analysis was completed in July 2020, this is being reviewed and amended to highlight any changes required to implement the national Patient Safety Strategy.

Proposed training for staff that undertake investigations awaits national Roll out as there have been delays due to the pandemic. Some key changes made this year:

- Membership of the Patient Safety Investigation Group has been reviewed and amended, with an update to the committees' Terms of Reference agreed in December 2020.

- Policies and processes around the Duty of Candour, adverse incidents and Serious incidents requiring investigation are being updated and amended to reflect the emerging Patient Safety Incident Framework.

- Clinical Governance Leads have an additional weekly incident review meeting. This meeting ensures a regular discussion regarding current incidents, themes and trends and early escalation to senior managers.

2.2   Infection Prevention and Control Covid-19 activity and compliance

Covid-19 has had a significant impact on the way the ambulance service has needed to respond from an infection prevention and control (IPC) perspective, with standard infection control precautions and transmission based precautions being utilised for all attendances and transfers throughout the year.

The United Kingdom moved to sustained transmission of Covid-19 on 07 April 2020. This moved clinical risk assessment and travel risk assessment IPC processes to transmission-based precautions for all attendances and transfers. Sound infection control practices and guidance are critical in preventing the transmission of the coronavirus infection. It has been a key priority to protect our staff as well as our patients. SCAS is adhering to and following all Public Health England (PHE) national guidance

A suite of risk assessments was formulated in conjunction with SCAS Health and Safety team, based on the required processes and procedures required to maintain staff and patient safety, whilst maintaining compliance with guidance. Any guidance changes affecting operational procedures were also risk assessed and communicated accordingly.

A National requirement for a seven day-per-week internal test and trace service was implemented by NHS England from July 2020.

Test and trace practitioners were recruited into the IPC team and trained to perform contact tracing duties. IPC developed a test and trace index contact tracing form, this was used for all potential Covid-19 cases and contacts. IPC also developed a test and trace policy to ensure wider organisational operation of the service, with a command and control structure to ensure a robust system was in place 24 hours a day.

The Trust introduced enhanced cleaning and decontamination regimes, social distancing and screens in areas where social distancing was not possible early in the

pandemic. National Ambulance services working safely guidance was issued in June 2020.

The Trust have completed risk assessments on all premises to ensure compliance with guidance. One update has been made to the guidance: the wearing of fluid repellent surgical masks in all Trust buildings. Any changes have been communicated via electronic staff communications and the revision of risk assessments.

SCAS have followed national PHE guidance on the definition of outbreaks and clusters of Covid-19 with an Outbreak Management Pack being developed to ensure wider understanding of the required actions in outbreak management.

2.3   Learning from Deaths (LfDs)

The Learning from Deaths Group (LfD) is a sub-group of the Clinical Review Group (CRG). The group's purpose is to identify potentially avoidable mortality and morbidity. Data from patients that have suffered a Cardiac Arrest is reviewed. There are also other highlighted cases, such as patients having a diagnosed learning disability or mental health problem recorded on the electronic patient record, those patients that have experienced a 'long-wait' or had a SCAS attendance or contact with NHS111 in the previous 24hours.

All the above cases are assessed to identify where standard care has been provided according to JRCALC guidelines or where a DNACPR was in place. A Structured Judgement Review (SJR) is performed on each case as a Stage 1 review. All phases of care are assessed, and a score assigned. Any cases where there is an overall score of less than 3 require a stage 2 review by the LfD group. All available information is used to assess each case, this may include records from the clinical coordination centre and patient records from previous SCAS attendances.

Further action (internal referral) can include training for staff, dissemination of learning or (External referral) to other healthcare providers to ensure they are aware of the cardiac arrest for inclusion in their LfD review process.

2.4   Mental Health Transformation

In July 2020 executive approval of vision and mental health transformation plan was given. This is in response to NHSE long term plan and the Royal College of Psychiatrists predictions regarding an expected increase in the number of mental health problems because of Covid-19. This is also having an impact on services with increased presentations of children and young people, Emergency Department (ED) presentations of self-harm and patients in mental health crisis. Coroner's inquests have shown increased references to the impact of the pandemic, such as isolation and poverty. SCAS has seen a 40% growth in mental health activity for 2020/21.

To address this challenge and as part of the Trust's vision, mental health project board and steering group have been established. These provide the foundations, structure, and framework to build internal alignment and then clear external engagement on collaboration related to patient safety and experience. Several business cases have

been developed for ICS funding linked to mental health commissioning and the NHS Long Term Plan.

Evidence-based priorities have been used to focus the direction of projects, including but not limited to:

- Partner mental health trust collaboration on system regional mental health single point of contact hosted by SCAS
- Enhanced "street-triage" response vehicles between Police, Mental Health Providers and SCAS
- Robust mental health complex case and frequent caller management
- Suicide prevention and "real time surveillance" wrap around support
- Joint simulated education plans on mental health crisis response
- The development and introduction of dedicated mental health transport vehicles

Update of Outcomes

- Mental health telephone triage and on-scene specialist assessment has seen an average 90% Reduction in ambulance dispatch. Mental health triage Specialists revalidate calls to provide expertise in decision making and appropriate patient pathways.
- There has been an over 95% reduction in patients recommended to attend ED, this is no longer required as the appropriate mental health triage and assessment has already been undertaken.
- An average of 80% of callers are recommended home treatment with self-care advice given over the phone (prior to having the mental health specialist within NHS111 this was only 11%).

Police Partnerships

A dedicated health care professional phone line provides informed on-scene specialist advice is now available for police and SCAS crews where they have responded to a known mental health contact. Decision making is now better informed due to access to patient records via the mental health specialist and decisions are not made in isolation. There are now joint deployments with both police and health services responding to patients requiring this. There has also been a reduction in the use of S136 facilities for Police and A&E conveyance for SCAS patients.

Mental Health Trust Partners

Mental health provider trusts have reported a reduction in contacts and therefore an increased availability of a crisis response.

The appropriate sharing of patient records also improves outcomes and reduces the need for the use of Section 136 place of safety facilities. There are also agreed referral pathways into the Crisis Resolution Home Treatment Team, Community Mental Health Team and Children and Young People's Mental Health Teams via the trusted assessor role (where the mental health specialist based within SCAS fulfils this function).

Emergency Departments (A&E)

Benefits are also realised in emergency departments such as an increased 'See and Treat' response rate for mental health demand. A reduction in conveyance to ED where no medical intervention is required and increased utilisation of alternative responses to Community Mental Health Teams and crisis teams including integration with Liaison Psychiatry services.

Patient Feedback

Over 1000 people in collaboration with mental health partner trust Southern Health, have been contacted to share their experience. Key feedback themes have included:

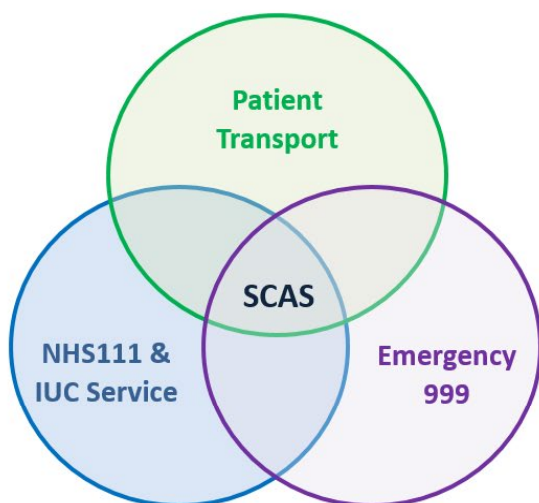- Access to the right care first time
- One number providing access to available specialist mental health support
- Reducing unnecessary onward referral or escalation
- Patients not having to "repeat their story" to multiple people
- Compassionate non-judgmental approach
- The effectiveness of de-escalation skills used by staff
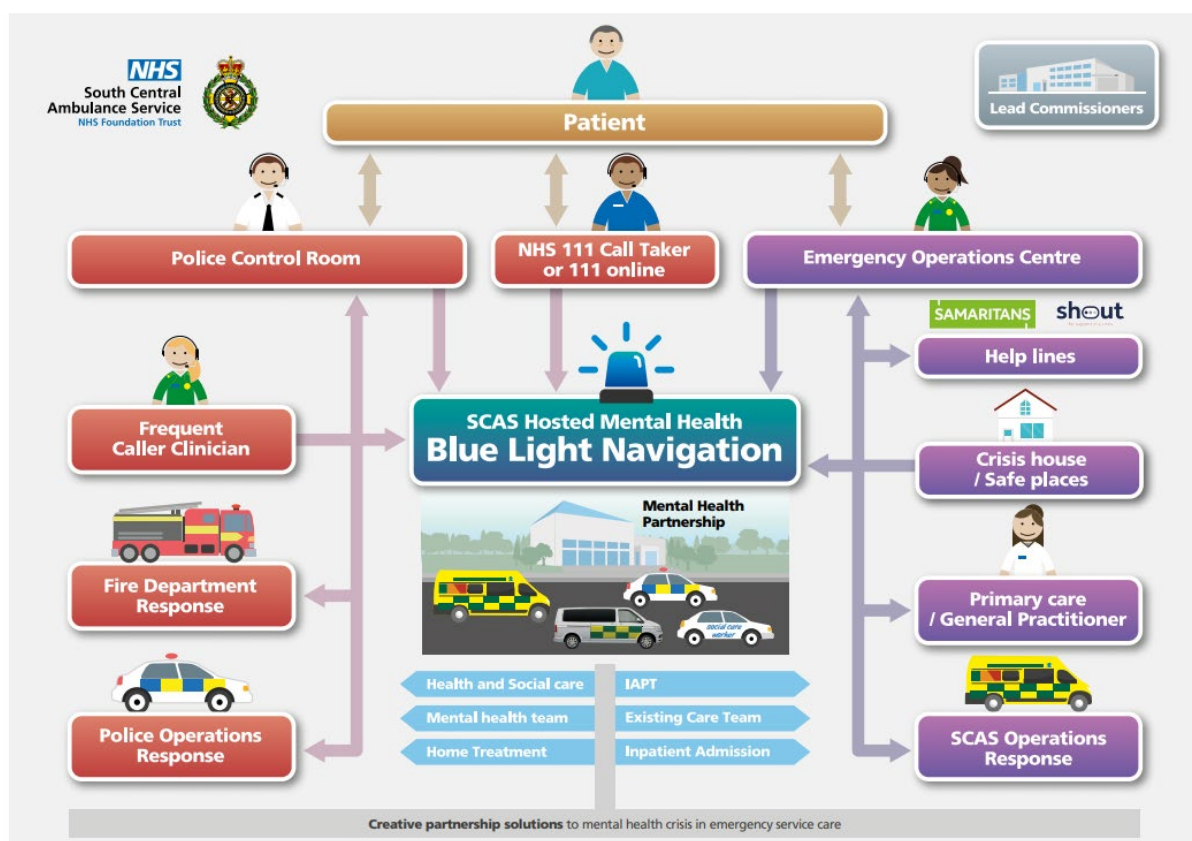
3.0   Regulation assurance and compliance

We have a clear strategy.

Our services

Patient Transport

SCAS

NHS111 & IUC Service

Emergency 999

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

Care coordination and integrated urgent care
So you can identify and access the care you need.

Mobile care and emergency responses
We will be with you when you need us.

Expanded patient transport and logistics
We will help you travel to and from your care.

SCAS as a partner in local care systems
We will work with each care system to meet your need.

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 CQC rating.

	Safe	Effective	Caring	Response	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 take into account the relation 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 patient transport service (NEPTS) 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. The resulting action plan focused on the Requires Improvement in the Safe domain for the NEPTS service. There was one 'Must' action.

The Trust's well-led inspection was due to commence on Tuesday 10 March 2020. Due to the Covid-19 pandemic CQC ceased its inspection activity and the well led inspection was postponed.

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

SCAS continue to hold regular meetings with the CQC to maintain an open relationship as the new model of regulation is implemented. We have undertaken two reviews facilitated by the CQC as part of their Transitional Monitoring Approach.

3.3 Integrated Urgent Care

Integrated Urgent Care (IUC) services have been operating within the Thames Valley area since 2017, as this has proven to be working well, from June 2021 the service will be expanded to the Hampshire and Surrey Heath patient population.

A lack of interconnectivity between community health services, emergency departments and ambulance services can occur where services have separate working arrangements. The IUC is an opportunity to improve the patient's experience of, and clinical outcomes from urgent care. This has been demonstrated within the Thames Valley area.

NHS England has worked to develop a national service for the provision of an integrated 24/7 urgent care access, clinical advice and treatment service that incorporates NHS111 call-handling and out-of-hours services, clinical assessment services and to move on from an 'assess and refer' to a 'consult and complete' model of service delivery.

The Integrated Urgent Care Service offers an easy access route to urgent healthcare services that is fully integrated with all aspects of the health system, utilising NHS111 as a single point of contact for patients. This integration sees urgent care services collaborating to deliver high quality clinical assessment, advice, and treatment, with shared standards and processes and clear leadership and accountability. The NHS111 number will become the gateway through to all of these integrated health services.

While Hampshire and Surrey Heath areas are preparing to integrate services from June 2021, there are regular governance meetings with the out-of-hours service providers, Clinical Commissioning Group and Primary Care (GP) Services, to encourage and maintain partnership working. SCAS will lead on the Governance reporting and this will be delivered in a quarterly report that includes all services.

3.4   Freedom to Speak Up (FTSU)

SCAS is strongly committed to FTSU with the appointment of a full-time Guardian in 2019/2020. Our FTSU Guardian provides another route to enable workers to raise concerns, for them to be supported and listened too and concerns acted upon.

This commitment continued to be enhanced during 2020/2021, the Trust Board and Executive leadership Team play a key role and set the tone by publicly committing to speaking up and supporting behavioural principles.

In 2020/2021 we published our first FTSU enabling Strategy, undertook a Board FTSU self-assessment, were reviewed by external auditors, published an FTSU Annual report, and maintained provision to staff throughout the pandemic.

In 2020/2021 SCAS received 135 FTSU concerns, a 42% increase in activity from the previous year, and above national picture reported by the National Guardians Office (NGO) (32% increase).

In 2020/2021 the number of cases reported anonymously was lower than the national average at 2%, the number of concerns reported in confidence was 31%. Last year 4% of concerns were raised anonymously and 59% raised in confidence, these reductions are an indicator of a healthy speaking, and listening up culture across SCAS.

SCAS FTSU - Top Ten categories of cases for 20/21

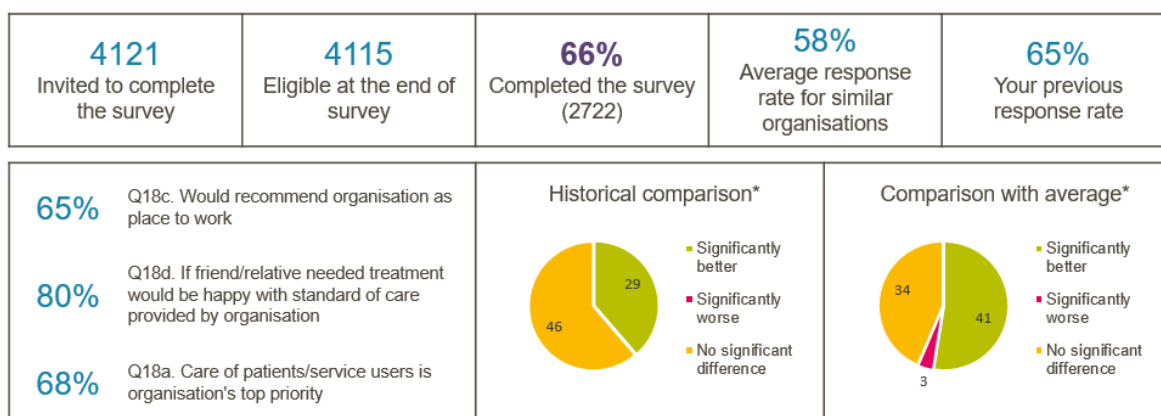|	
Behavioural/Relationship	23%
System/Process	22%
Staff Safety	16%
Bullying / Harassment	11%
Enquiry / Advice	8%
Patient safety / Quality	6%
Not FTSU issue – passed on	4%
Suspicions of fraud	4%
TBC	3%
Other	2%

Throughout the pandemic the Trust understood the importance of the FTSU role in supporting and maintaining psychological safety. FTSU arrangements remained in place to support staff and keep patients safe.

4.0   Patient, Staff and Public Engagement

4.1   2020 Staff Survey results

Over the years the Trust has benefited from high participation rates in the national staff survey. This gives us assurance that our results are reflective of the views of the majority of our workforce and thus gives the Trust meaningful feedback of areas of strength, progress with our programmes of work as well as indications of areas requiring ongoing focus and improvement.

The summary results, outlined in the table below, demonstrate that the Trust has significantly improved on 29 of the national staff survey questions with no significant difference on 46 of the questions. In comparison to the other seven Picker (survey company) ambulance trusts, SCAS continues to perform well with 41 questions being significantly better than the Picker ambulance average, 34 with no significant difference and only three significantly worse than the Picker ambulance average.

4121 Invited to complete the survey	4115 Eligible at the end of survey	66% Completed the survey (2722)	58% Average response rate for similar organisations	65% Your previous response rate

		Historical comparison*	Comparison with average*
65%	Q18c. Would recommend organisation as place to work	Significantly better 29	Significantly better 41
80%	Q18d. If friend/relative needed treatment would be happy with standard of care provided by organisation	Significantly worse	Significantly worse 3
68%	Q18a. Care of patients/service users is organisation's top priority	No significant difference 46	No significant difference 34

*Chart shows the number of questions that are better, worse, or show no significant difference

Text summary of results of 2020 national staff survey (table above)

4121   invited to complete the survey
4115   eligible at the end of survey
66%   completed the survey
58%   average response rate for similar organisations
65%   your previous response rate

65%   Would recommend organisation as a place to work (Question 18c)
80%   If friend/relative needed treatment would be happy with standard of care provided by organisation (Question 18d)
68%   Care of patients/service users is organisation's top priority (Question 18a)

Historical comparison

46% No significant difference
29%   significantly better

Comparison with average

34%   No significant difference
41%   Significantly better
3%   Significantly worse

The chart shows the number of questions that are better, worse, or show no significant difference.

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

Leadership walk-arounds 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 2021/22

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.   Learning from deaths resulting in recommendations and changes to practice – year 3.

1b.   assurance that all deaths of patients identified as having a learning disability are robustly reviewed

1c.   Review the process for ensuring that the discharge of patients at scene is safe

Clinical Effectiveness

2a.   Expansion of mental health telephone triage

2b.   Development of a universal compliance system to provide assurance on externally regulated standards, where there is overlap between departments and requirements.

2c.   NHSi – mandated indicators

- Category 1 emergency response (mean times)
- Category 2 emergency response (mean times)
- Category 3 emergency response
- Category 4 emergency response
- Stroke and STEMI care bundles.

Patient Experience

3a.   Ensuring that patient's rights to privacy and dignity is respected across all services.

3b.   Survey of patients accessing outpatient clinics to identify the impact of long waits and patient perceptions of safety.

3c.   Survey seeking feedback from mental health service users to identify improvements to patient experience.

Each of our priorities and our proposed initiatives for 2021/22 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 2021/22

Patient Safety

1a.   Learning from deaths resulting in recommendations and changes to practice – year 3.

Why we have chosen this priority

In year 3, our aim is to develop and embed our established process.

This includes reporting on and reviewing the mandated groups:

- Mental Health
- Maternal and Neonates
- Paediatric mortality via Child Death Overview Panels
- Learning Disabilities Mortality Review Programme
- Deaths in Custody

What we will do

Quarter 1
- Review process to ensure there are sufficient level 1 reviewers to maintain the quality of reviews.
- Continue with the development of a learning from deaths network with acute trusts across SCAS' geography.

Quarter 2
- Update on progress of work being undertaken for streamlining access to Summary Care Records.

Quarter 3
- Build on network relationships to undertake and support benchmarking activity.
- Engage with Oxford Academic Health Science Network (AHSN).
- Engage with the embedding medical examiner roles across SCAS geography.
- Publish data by end of Q1 (21/22) in line with national policy
- Development and assurance of the app

Quarter 4
- Publish data as per national guidance
- Record evidence of learning

Implementation Lead

Assistant Medical Director – supported by the Clinical Governance Leads -sponsored by the Medical Director and the Executive Director of Patient Care and Transformation.

Patient Safety

1b.   Provide assurance that all deaths of patients identified as having a learning disability are robustly reviewed

Why we have chosen this priority

When patients are treated by urgent care, the patient history may not always include the record of a learning disability.

Due to patients living with a learning disability statistically having a reduced life expectancy due to potentially treatable causes, it is important to review every death to check for learning.

What we will do

Quarter 1
- Review method to ensure a reliable and repeatable process of collecting data to ensure *all* cardiac arrest patients with a learning disability are identified within the dataset.
- Agree a template based on the national LeDeR review framework to run concurrent to the standard LfD review process.

Quarter 2
- Seek governance approval and publish the framework.
- Review any deaths of these patients as part of the LfD process and escalate any relevant findings.
- Share these with the Patient Safety Incident Group within existing reports.

Quarter 3
- Link any learning we have identified with the LfD strategy and update the improvement plan.

Quarter 4
- Report on any salient findings and learning that has led to changes in practice.
- Share these with partners.

Implementation Lead

Head of Safeguarding, Clinical Governance Leads - sponsored by the Medical Director

Patient Safety

1c.   Review the process for ensuring that the discharge of patients at scene is safe

Why we have chosen this priority

Although it is desirable for patients to be seen and treated at home, without needing to attend ED or another NHS service, we must ensure that the service we have provided is safe for patients.

Our duty to learn from incidents, includes those involving discharge at scene where patients have subsequently required additional assessment and treatment. This will allow us to make changes in systems and processes to keep patients and staff safe.

What we will do

Quarter 1
-   Establish a baseline in the number of incidents and serious incidents where patients have been discharged at home but needed to call the service back.
-   Undertake an audit to assure that patients discharged at scene have had two sets of observations recorded
-   Develop an audit of themes and trends of incidents where patients have called back within 24 hours.

Quarter 2
-   Review the policy on discharge at scene.
-   Reduce incidents where patient have not had two sets of observations recorded before discharge at scene.

Quarter 3
-   Link with education to ensure that education programmes embed learning from incidents.
-   Review and amend process documents if required.

Quarter 4
-   Audit reattendances and the quality of the discharge including observations
-   Develop a discharge quality report.

Implementation Lead

Clinical Governance Leads, sponsored by Medical Director and Director of Patient Care and Transformation

Clinical Effectiveness

2a.   Expansion of mental health telephone triage

Why we have chosen this priority

The Trust has played a lead role in the development of the new mental health (MH) framework within the Ambulance Response Programme.

Patients in mental health crisis need the right care at the right time, therefore we need to have the appropriate resources and people to ensure this happens.

The new approach will enable the most appropriate resource to be directed to those patients experiencing life-threatening or changing incidents.

We must ensure that mental health is given parity of esteem with physical health.

What we will do

Quarter 1
-    Establish a working group to expand the mental health telephone triage service to provide cover 24 hours a day and 7 days a week for NHS111, 999 and HCP advice line in both clinical co-ordination centres.
-    Working with our MH provider partners we will assure the continuity of expanded services across the SCAS geography.

Quarter 2
-    Define a data set to demonstrate assurance of continuity of MH pathways across SCAS' geographical area and identify and escalate any perceived gaps in provision.
-    Improve partnership working with Oxford Health and Southern Health using regular feedback meetings with a standard agenda.

Quarter 3
-    Collect data to demonstrate that patients presenting to police in mental health crisis have an alternative to the use of S136.
-    Ensure that the service is also available to HCP urgent lines including SCAS/Police and Out of Hours' GP's services.

Quarter 4
-    Complete an evaluation report on mental health transformation, to include patient care, partnership working and system benefits.
-    Evaluate patient experience and feedback from partners and share learning.

Implementation Lead

Mental Health Lead sponsored by Director of Patient Care

Clinical Effectiveness

2b.   Development of a universal compliance system to provide assurance on externally regulated standards, where there is overlap between departments and requirements

Why we have chosen this priority

Audit and compliance checks occur regularly across the estate, often undertaken by staff from various departments. In the interest of efficiency and to reduce the duplication of effort this can be consolidated so that observational checks can be recorded by any auditor.

What we will do

Quarter 1
- Identify elements of common interest in compliance checks undertaken by, Health and Safety, Compliance, Pharmacy, Estates and Infection Prevention and Control

Quarter 2
- Draft a compliance tool for the audit of a resource centre and Trust buildings and agree this with the existing task and finish group.
- Beta test the tool and make any changes required.

Quarter 3
- Agree changes to draft tool and evaluate how well it meets the needs of each contributing department via task and finish group.
- Review if training in use of the tool is needed.
- Evaluate the value and utility of having assessors from multiple departments identifying and escalating risks.

Quarter 4
- Evaluate the project, report, and share the development plan.
- Include percentage compliance with audits in regular PSG and Q&S reports to include any improvement actions.

Implementation Lead

Compliance and Quality Lead sponsored by Executive Director of Patient Care and Transformation

Clinical Effectiveness

2c.   NHSi – mandated indicators
- Category 1 emergency response (mean times)
- Category 2 emergency response (mean times)
- Category 3 emergency response (mean times)
- Category 4 emergency response (mean times)
- Stroke and STEMI care bundles

Why we have chosen this priority

Reporting against NHSi core indicators for Quality Accounts.

What we will do

Reported in the Quality Account in the section named NHS Core Indicators

Implementation Lead

Director of Operations (Category 1-4 response times) and Assistant Director of Quality (STEMI and Stroke Care Bundles)

Sponsored by the Chief Operating Officer and Executive Director of Patient Care and Transformation / Medical Director

Patient Experience

3a.   Ensuring that patient's rights to privacy and dignity is respected across all services

Why we have chosen this priority

Maintaining a patient's privacy and dignity is a requirement of the fundamental standards (HSCA, 2014).

This priority aims to increase staff awareness of the importance of privacy and dignity through the development of 'champions' that have undertaken additional training.

What we will do

Quarter 1
- Scope the role of a privacy and dignity champion within SCAS and identify a lead within the Trust. Both will be based around the communication of key messages and signposting.
- Each area to nominate a privacy and dignity champion and register them.
- Create a contact register of Privacy and Dignity leads for each acute trust to enable communication on the issue.

Quarter 2
- Roll out eLearning dignity training (available from Dignity UK online resource) to all Privacy and Dignity Champions.
- Set up quarterly awareness communication posters for notice boards to go to all Champions

Quarter 3
- Report training compliance with aim of 90%
- Issue first communication poster to Champions for display on notice boards

Quarter 4
- Report and evaluation of lessons learned.
- Evaluate the effectiveness of the Champion role.

Implementation Lead

Clinical Governance Leads NEPTS, Senior Operations Manager (999) sponsored by the Executive Director of Patient Care and Transformation.

Patient Experience

3b.   Survey of patients accessing outpatient clinics to identify the impact of long waits and patient perceptions of safety.

Why we have chosen this priority

Patients using the Patient Transport Service need a timely and quality service where they always feel safe. We acknowledge that a long wait may have a significant impact on the patient themselves and on the running of an outpatient clinic.

The feedback from a survey undertaken with this patient group will enable us to better define their priorities and make changes to better meet the need.

What we will do

Quarter 1
- Design and agree a short patient survey for outpatient attendees

Quarter 2
- Q2 and Q3, make up to 50 outbound calls each month during 2021/22 to patients who have used NEPTS to understand their patient experience, when attending their outpatient appointment
- The sample would be 50 per month,10 telephone contacts made to conduct the survey from each contract area

Quarter 3
- Analyse responses and identify themes and trends.

Quarter 4
- Report identifying themes and trends and recommendations for improvement actions.

Implementation Lead

Clinical Governance Leads NEPTS, Locality Managers NEPTS. Sponsored by Director of Commercial Services.

Patient Experience

3c.   Survey seeking feedback from mental health service users to identify improvements to patient experience.

Why we have chosen this priority

To ensure we capture the views and experiences of patients to improve their experience and develop our service.

To learn from patient experiences of care to develop compassionate and safe services for patients in mental health crisis.

SCAS will engage with patients directly to understand their individual experience across the mental health system.

What we will do

Quarter 1
-   Engage with partner mental health provider trust Patient Experience Team and share the project aims.
-   Define the patient profile for inclusion and consent (Patients that are well and are willing to share their experiences of our service).
-   Define and agree survey questions from the ambulance sector perspective

Quarter 2
-   Identify suitable patients and seek consent
-   12 Outbound calls to consenting patients each quarter, recording patient experiences on the agreed template.

Quarter 3
-   Analysis of the qualitative responses to identify themes and trends
-   Share with mental health provider trust

Quarter 4
-   Provide an end of year report on the patient experience of SCAS provided mental health services.
-   Capture learning and embed across services.
-   Share learning and insights from system.

Implementation Lead

Mental Health Lead, Head of Patient Experience in partnership with mental health provider trust.

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

Copies of correspondence received from the following Trusts and organisations commenting on the SCAS 2020/21 Quality Account:

Fareham and Gosport and South Eastern Hampshire Clinical Commissioning Groups
Healthwatch Surrey
Healthwatch Southampton
Healthwatch Oxfordshire
Healthwatch Milton Keynes
Hampshire, Southampton and Isle of Wight Clinical Commissioning Group

Copies of these letters are available from SCAS on request.

**Commissioning House
Building 008, CommCen Building
Fort Southwick
James Callaghan Drive
Fareham, Hampshire, PO17 6AR**

Email :

31ˢᵗ March 2021

Compliance and Quality Lead
South Central Ambulance NHS Foundation Trust
SENT VIA E-MAIL

Dear

Thank you for your letter of 8th March 2021 identifying the Trusts proposed quality priorities for the 2021/22 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	Learning from deaths resulting in recommendations and changes to practice, year 3	Commissioners continue to be supportive of this proposal and it would be helpful to understand what ongoing 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. Commissioners note that SCAS hold a scrutiny group for learning from deaths to gain assurance and Commissioners would welcome sight of key learning that may be of value to system partners through our regular routes of communication.
1b	Provide assurance that all deaths of patients identified as having a learning disability are robustly reviewed	Commissioners welcome the addition of this proposal. It would be useful to understand how this process links in with the wider Hampshire ICS system LeDeR review process and how learning can be taken jointly.

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1c	Review the process for ensuring that the discharge of patients at scene is safe	Commissioners welcome the inclusion of this priority as it has been an area that has featured in learning from serious incidents.

Priority 2 Clinical Effectiveness

	SCAS Proposal	**Commissioner Comments/Proposals**
2a	Expansion of mental health telephone triage	Commissioners commend SCAS their commitment to 'improve mental health services' which was also noted in recent SCAS board papers as part of the response to the National Patient Safety Strategy. Commissioners are aware that his expansion will be of vital importance within the local system to support the increasing demand of people experiencing a mental health crisis.
2b	Development of a universal compliance system to provide assurance on externally regulated standards, where there is overlap between departments and requirements.	Commissioners support the inclusion of this proposal to manage the monitoring of compliance across the service and locations. Commissioners would benefit from clarity to understand how this will differ from current processes and what improvements are expected.
2c	To report on Category 1 and 2 performance (mandatory)	As SCAS have identified, this is a mandated indicator and is a performance metric with a potential impact on quality of care/services if not achieved. Commissioners therefore suggest that SCAS ensure that those patients who experience a delay are robustly monitored to ensure their safety and welfare whilst they are waiting for an ambulance.
2d	To report on Stroke care bundle compliance / STEMI care bundle compliance (mandatory)	As SCAS have identified, this is a mandated indicator and is a performance metric with a potential impact on quality of care/services if this is not achieved. Commissioners therefore suggest that SCAS ensure that those patients who experience a delay have their outcomes reviewed and any potential for learning are translated in action for service improvement.

Priority 3 Patient Experience/Staff Experience

	SCAS Proposal	**Commissioner Comments/Proposals**
3a	Ensuring that patient's rights to privacy and dignity is respected across all services	Commissioner are supportive of this proposal. It would be good to understand what methods SCAS will use to obtain feedback from patients. Commissioners recognise the work that SCAS are currently undertaking with the specialist paramedic role 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	Survey of patients accessing outpatient clinics to identify the impact of long waits and patient perceptions of safety	Commissioners welcome the inclusion of this priority. SCAS are recommended to work collaboratively with Commissioners and local providers to share areas for improvement identified and develop plans to improve the quality of service for those attending outpatients using patient transport services. Commissioners note that SCAS hold a scrutiny group for long waits to internal gain assurances.
3c	Survey seeking feedback from mental health service users to identify improvements to patient experience	Commissioner are supportive of this proposal. Commissioners would like to understand what methods SCAS will use to obtain feedback from patients. SCAS are recommended to continue work with commissioners to support cross agency pathway approaches.

Although not listed on the priorities identified by SCAS, Commissioners would strongly welcome a continued and enhanced focus on improvement with regards to safeguarding children and adults level 3 training compliance, a focus on PREVENT training compliance and a continued review of the safeguarding team resource. Commissioners appreciate the challenges SCAS faced during 2020/21 in delivering this face to face training however it is deemed an essential area that requires continued focus.

A further area that was included as one of the SCAS priorities in last year's quality account, that would remain pertinent this year is staff health and wellbeing. Given the well documented impact that COVID-19 has had, and will continue to have on staff, Commissioners feel that this is an area that warrants continued focus. Commissioners welcome that the SCAS Board Chair has taken on the role of SCAS Workforce Wellbeing Guardian and that part of that work will be to develop the launch of regional networks for wellbeing guardians.

It is important for commissioners to be sighted on the delivery progress of the improvement programmes included in the SCAS 2021/22 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 2021/22. Please do contact me if you would like to further discuss the content of this letter.

Yours sincerely,

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

cc:
Nicholas Cole, West Hampshire CCG
Helen Eggleton, Southampton City CCG

Stephen Orobio, Portsmouth City CCG
Mishal Salih, North Hampshire CCG
Claire Keech, quality facilitator – contracts SEH/FGCCGs

![healthwatch Surrey logo]

Thursday 16th June 2021

Healthwatch Surrey welcomes the opportunity to comment on South Central Ambulance Service NHS Foundation Trust's Quality Account. In recent months, Healthwatch Surrey has developed a relationship with the Trust. We have been able to share information and ideas to help the trust consider the voice of local people and those who use their services, and we look forward to collaborating further in the future.

Yours sincerely

Kate Scribbins

CEO Healthwatch Surrey

Comment by Healthwatch Southampton on the SCAS quality account for 2020-21

Healthwatch Southampton is pleased to be given the opportunity to comment on the quality accounts of the South Central Ambulance Service FT.

Healthwatch Southampton receives a few comments regarding the 111 service and these comments are generally positive. The Ambulance service in Southampton receives very few comments; response times are generally acceptable or good. A few negative comments have been received about diagnosis particularly for stroke patients.

Our comments on the quality accounts are therefore limited. We found it a little strange that the quality priorities for 20021-22 are in section 3. We would have expected them in section 2. Nevertheless, the key information is clear, and it is a credit that the priorities for improvement for 2020-21 have been achieved or partly achieved.

The priorities selected for 2021-22 are clear and the associated tables provide enough information as to why the priority was chosen and what actions will be taken to achieve them.

This has been an incredibly difficult year for the whole of the NHS and the staff at SCAS are to be congratulated with the way they responded and adapted.

Healthwatch Southampton is happy to offer any help required by the Trust in communicating with the public of Southampton.

H F Dymond MBE

Chair, Healthwatch Southampton.

21st June 2021

Assistant Director of Quality
South Central Ambulance Service

Sent by e-mail to

Dear

Thank you for letting Healthwatch Oxfordshire have sight of the Trust's draft Quality Account 2020-21 prior to publication. We received the invitation to comment on the 16th June 2021 with a return date by 22nd June 2021. Allowing 4 working days to comment on a 119-page document rather limits our ability to give the document the time it deserves. As such we have focussed on the report on 2021-22 Patient Experience priorities and together with a comment on the 2020-21 Clinical Effectiveness priority 2D outlined in the document.

Quality Priority 2020-21
Clinical effectiveness Priority 2D: to determine and ensure improvements in the pre-hospital care of maternity and new-born patients. Whilst we understand the impact of the pandemic had on achieving this priority, we seek assurance that the commitment to recommence *'an advanced clinical project…with a focus on obstetric and neonatal care…'* will report within the first 6 months of 2021-22 a result in improvements.

Patient Experience: Within the report SCAS promises 'to undertake a patient experience project to seek feedback and understand our patients' experiences of urgent care pathways direct referrals'. We would like to know more about this project and understand how Healthwatch Oxfordshire could support such a project.

Quality Priorities for 2021/22

Patient Safety
1c   Review the process for ensuring that the discharge of patients at scene is safe. Clarity about what 'at scene' means would aid access to understanding this priority. Re safe discharge of patients, we would expect this to include risk assessment of patients being returned to their homes.

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Patient Experience

We support all three priorities. We would expect to have more detail around 3b and 3c patient surveys to include how the Trust:

1. Is proposing to conduct these surveys in addition to telephone calls recognising that not all people can / want to communicate via telephone.
2. Is to ensure that all members of the community can take part in the surveys including language support, hard of hearing. Are the Trust looking to involve voluntary sector, Healthwatch in such surveys?

2020-21 was a difficult year for the community, staff, and patients. We thank all staff at the Trust for their continuing commitment to provide a quality and safe service to the community of Oxfordshire.

Kind regards,

Rosalind Pearce
Executive Director

healthwatch
Milton Keynes

24th June 2021

Healthwatch Milton Keynes response to SCAS Quality Accounts 2020/21

Healthwatch Milton Keynes would like to thank South Central Ambulance Service for inviting us to comment on their Quality Account 2020/21.

For understandable reasons, we had no report from SCAS last year, so were pleased to receive one in 2021. We appreciate that it has been produced in difficult circumstances, that the deadline was earlier than expected and that some of the usual data cannot be provided.

SCAS covers a wide area, and as we have remarked on other occasions, it is difficult for us to isolate data specific to Milton Keynes, which is our remit. This year the task is more difficult than ever. For reasons explained in the report, patient experience data is lacking in general and we have little more to draw on locally (communications received from the public have focussed on waiting times for ambulances, and these have been few).

However, we note that patient communication and patient surveys are now being reprised, and we hope that the response rate and quality will be good and will be reported on at a later stage.

We are in full agreement with the Priorities proposed for the year by SCAS, in particular Patient Safety and Patient Experience.

Kind regards

Maxine Taffetani
Chief Executive Officer
Healthwatch Milton Keynes

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PO17 6AR

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

Thursday 24th June 2021

Dear Will,

South Central Ambulance NHS Foundation Trust (SCAS) 2020/21 Quality Account

Thank you for the opportunity to comment on the trust's quality account for 2020-21. I write as lead commissioner (Hampshire, Southampton & Isle of Wight Clinical Commissioning Group), on behalf of all relevant Southampton, Hampshire, Isle of Wight 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 Southampton, Hampshire, Isle of Wight and Portsmouth area. We acknowledge that this has been one of the most challenging years for the trust, the services you provide and your staff and we welcomed, that even in the midst of the COVID-19 pandemic, you and your staff remained dedicated and committed to providing an excellent service to our patients. Through this challenging period SCAS staff managed to support the pandemic response, adapt to rapidly changing guidance and set up the National Covid response service as well as the vaccine booking advice service. We note that your clinical coordination centres adapted their working practices and environment to continue to handle calls. The trust was also recognised as the first ambulance provider in the UK to supply COVID-19 patients with home oxygen monitoring kits.
Commissioners acknowledge that the NEPT service faced significant challenges this past year with adhering to social distancing requirements and that SCAS developed a modelling system to aid in forecasting NEPT service demand.

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 over two days in February 2020. The CQC well-led inspection was due to

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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 requirements identified in their report.

The trust were successful in a bid to NHS England (NHSE) to implement a new initiative namely, NHS111 First which enhances the NHS111 service for our patients. Commissioners note the collaborative work on the delivery of this project which went live at all hospitals in the South Central region at the end of November 2020.

Commissioners acknowledge that SCAS continue to develop and implement the Integrated Urgent Care model in partnership with other health and social care providers with expansion planned to the Hampshire and Surrey Heath population in June 2021.

We are pleased to note that the majority of the 2020-21 quality account priorities have been achieved. Commissioners note the work still required for the trust to further improve its response to frequent users with mental health issues, to improve medicines governance around controlled medicines management, to determine and ensure improvements in the pre-hospital care of maternity and new-born patients as well as compliance reporting on STEMI and stroke care (benchmarked nationally).

Commissioners acknowledge that auditing of the care bundles has continued throughout the pandemic however look forward to seeing the outcomes from the new ambulance clinical quality indicators scorecard. We note that in January 2020 NHS Improvement (NHSI) issued further detailed guidance for all ambulance trusts to report on which includes 'return of spontaneous circulation where the arrest was bystander witnessed and the initial rhythm was ventricular fibrillation or ventricular tachycardia'. SCAS are to continue their robust monitoring processes for those patients who experience a delay to ensure safety whilst waiting for an ambulance.

Whilst SCAS identify they have not fully achieved their priority of improving response to frequent users with mental health issues, commissioners acknowledge the continued work already undertaken. This includes implementing a mental health transformation programme, key external engagement with commissioners and other providers and the creation of a mental health project and steering group. We look forward to seeing further progress and improvements over the coming year.

The trust also identify they have not fully achieved their priority of improving their medication governance processes however commissioners acknowledge the improvements made in the past year. This includes, improvements to governance processes, spot check audits and quarterly incident reporting. We look forward to seeing the progression of the new Information and Communications Technology system which was delayed due to COVID-19.

Commissioners note that SCAS have not fully achieved their priority of improvements in pre-hospital care of maternity and new-born patients however acknowledge the achievements to date which are, pathways for new-borns, a review of labour line governance arrangements and attendance at the Southampton, Hampshire, Isle of Wight and Portsmouth local maternity system board. The trust is commended however for their continuity of service for home births and triage during the pandemic. We look forward to seeing the recommencement of the advanced clinical practice project which was delayed due to the COVID-19 pandemic.

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Although SCAS have achieved their priority to standardise systems for welfare call back in 999 and NHS111, we have identified this as an area for improvement as a result of serious incident investigations.

SCAS achieved their priority to ensure there is a sustained and consistent improvement in vehicle cleanliness (999 and NEPT). Commissioners look forward to seeing the continued embedding of the 'Make Ready' service provider outside of the pandemic.

Commissioners recognise that as part of the learning from deaths priority SCAS have now rolled out an app to enable them to undertake real time case reviews and that quarterly reviews are being held with themes reported to the trust's clinical review group . SCAS continue to work in partnership with other ambulance services to ensure that learning is shared.

Commissioners are pleased to note that despite all of the challenges of the pandemic SCAS fully achieved the priority on the NHSI mandated indicators (emergency performance). The trust met all the national ambulance response time targets for 2020/21 and were the best performing ambulance trust in England for category 1 calls. SCAS also met all national response time targets set by NHSE for all other call types.

The trust fully achieved their priority to seek feedback from elderly patients who fall to develop services to better meet their complex care needs. Commissioners would be interested in seeing any improvements identified following the analysis of the survey results.

SCAS achieved their priority to implement staff health and wellbeing strategies to improve the physical and mental wellness of staff. It is positive to note that as part of the NHS people plan 2020/21 Lena Samuels, SCAS Chair has taken on the role of workforce wellbeing guardian to help support the physical and mental well-being of staff who have experienced such a challenging year both at work and at home.

The trust fully achieved their priority to embed SCAS behaviours to increase the percentage of staff who have been trained and provided with leadership development. The SCAS leader programme has been redesigned and was recommenced in October 2020. SCAS are to be congratulated on their highest staff survey response rate of 66%, a further increase on last year.

We acknowledge the information and updates provided in respect of other activities that have taken place to improve quality. These include COVID-19 pandemic recovery whilst maintaining quality assurance, patient safety, regulation assurance and compliance and patient, staff and public engagement.

The ten quality priorities identified for 2021/22 are supported by commissioners and we look forward to seeing how these develop and deliver over 21/22. Details of our response are included under Annex 1 of the SCAS 2020/21 quality account.

Although not listed as a priority commissioners would strongly welcome a continued and enhanced focus on improvement with regards to safeguarding children and adults level 3 training compliance, a focus on Prevent training compliance and a continued review of the safeguarding team resource.

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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 and accurate statement.

We would like to thank SCAS for proactively supporting the local response throughout these challenging and unprecedented 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

Sara Tiller
Managing Director, working in South East Hampshire
Hampshire, Southampton and Isle of Wight CCG.

Julie Dawes
Executive Director Quality & Nursing
Hampshire, Southampton and Isle of Wight CCG

Cc
Helen Eggleton – Hampshire, Southampton and Isle of Wight CCG, Southampton local team
Nick Cole - Hampshire, Southampton and Isle of Wight CCG, South West local team
Stephen Orobio - Portsmouth City CCG
Mishal Salih - Hampshire, Southampton and Isle of Wight CCG, North-Mid Hampshire local team
Claire Keech - Hampshire, Southampton and Isle of Wight CCG, South East Hampshire local team
Melanie Bessant – Frimley CCG
Debbie Marrs- SCAS

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 2020/21 and supporting guidance Detailed requirements for quality reports 2018/19
- the content of the quality report is not inconsistent with internal and external sources of information including:
    o board minutes and papers for the period April 2020 to March 2021
    o papers relating to quality reported to the board over the period April 2020 to March 2021
    o feedback from commissioners dated 31/03/2021, 24/06/2021
    o feedback from governors dated 05/02/2020
    o feedback from local Healthwatch organisations dated 16/06/2021, 18/06/2021, 21/06/2021, 24/06/2021
    o feedback from overview and scrutiny committee – none received
    o the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 30/06/2021
    o the national staff survey 21/02/2021
    o the Head of Internal Audit's annual opinion of the trust's control environment dated (not required for this year)
    o 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

Chairman
29 JUNE 2021

Chief Executive
29 JUNE 2021

Glossary

AACE	Association of Ambulance Chief Executives
ACQI	Ambulance Care Quality Indicator
AHSN	Academic Health Science Network
BOB	Buckinghamshire, Oxfordshire and Berkshire West
CAD	Computer Aided Dispatch
CCC	Clinical Coordination Centre
CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
Covid-19	Coronavirus Disease
CPR	Cardiopulmonary Resuscitation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CRG	Clinical Review Group
CSD	Clinical Support Desk
ECT	Emergency Call Taker
ED	Emergency Department
ePR	Electronic Patient Record
FFP	Filtering Face Piece (facemasks)
FFT	Friends and Family Test
FTSU	Freedom To Speak Up
HART	Hazardous Area Response Team
HCP	Health Care Professional
HIOWAA	Hampshire and Isle of Wight Air Ambulance
HOSC	Health Overview and Scrutiny Committee
HSCA	Health and Social Care Act 2012
HSIB	Healthcare Safety Investigation Branch
ICS	Integrated Care Systems
ICT	Information and Communication Technology
IPC	Infection Prevention and Control
IUC	Integrated Urgent Care
JRCALC	Joint Royal Colleges Ambulance Liaison Committee
KPI	Key Performance Indicator
LeDeR	Learning Disabilities Mortality Review
LfD	Learning from Deaths
MCA	Mental Capacity Act 2005
MH	Mental Health
MHA	Mental Health Act 2007
MINAP	Myocardial Ischaemia National Audit Project
NEPTS	Non-Emergency Patient Transport Services
NHS	National Health Service
NHSE	National Health Service England
NHSi	National Health Service Improvement
NICE	National Institute for Health and Care Excellence
NRLS	National Reporting and Learning system
OHCAO	Out of Hospital Cardiac Arrest Outcome
PERG	Patient Experience Review Group
PHE	Public Health England
PSG	Patient Safety Group

PPE	Personal Protective Equipment
Q&S	Quality and Safety
REAP	Resource Escalation Action Plan
ROSC	Return of Spontaneous Circulation
SCAS	South Central Ambulance Service NHS Foundation Trust
SHIP	Southampton, Hampshire, Isle of Wight and Portsmouth
SOP	Standard Operating Procedure
STD	Survival to Discharge
STEMI	S-T Elevation Myocardial Infarction (Heart Attack)
TVAA	Thames Valley Air Ambulance
YTD	Year to Date