NHS
South Central Ambulance Service
NHS Foundation Trust

2023/24 Quality Account

Contents

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

This section includes the reflections of the Trust's Chief Executive for the period this report covers, a brief overview of the Trust and the core services it provides, its mission, vision and areas of focus and how it aims to achieve them, and the risks that could affect the Trust delivering its objectives.

Chief Executive's foreword

Welcome to our Quality Accounts.

In April 2024, I completed my first year as chief executive at South Central Ambulance Service NHS Foundation Trust (SCAS). During the year I have spent a considerable amount of time out and about in the organisation. I have particularly enjoyed spending time with and meeting SCAS staff and stakeholders, listening to them so that I have a clear understanding of the issues the organisation faces and the priorities we need to focus on.

On the 5 December 2023, I was very pleased to re-launch our strategy and to announce the beginning of our **'Fit for the Future'** programme, our programme of transformation which will deliver our strategy and create a modern, sustainable ambulance service capable of serving our communities for years to come. The ideas set out in the Fit for the Future programme have all come from feedback which we heard from staff and stakeholders during engagement activities, and I am grateful for the candid contribution which were offered during those events.

The NHS finds itself in very challenging circumstances and SCAS is no exception. My focus will be on making sure that we deliver a high-quality safe service, have a timely response to incidents, look after our workforce and live within the financial resource we have allocated to us. To do this it is imperative that we work closely with the wider NHS, emergency services, and public and voluntary sector partners to deliver our strategy and align it with the systems we work with.

The financial position at SCAS is also a significant challenge. We have a clear plan in place to move to a position where we balance the books, and it is key that we deliver on this in the coming year.

The pressures on the ambulance service, the NHS and the country have shown no signs of letting up over the past year. I would like to pay tribute to the people who work for and support SCAS; for their dedication and commitment to providing excellent services to our patients and communities and for their desire to continuously do better for the people that we serve.

During 2023/24 our services in clinical coordination centres (CCCs), 999, NHS 111, and patient transport services (PTS) have faced unprecedented challenges with high demand and the aftermath of the pandemic continuing to impact patients and our staff. We continue to strive to deliver excellent services for our patients and communities.

CQC inspection and recovery plan

In April 2022, a Care Quality Commission (CQC) inspection took place at SCAS covering the well-led domain and the emergency operations centre and urgent and emergency care services. The domains for effective, caring and productive use of resources retained their rating of good. Responsiveness was rated as requires improvement. The safety and well-led domains were rated inadequate. The trust's overall rating moved from good to inadequate.

This rating was a huge disappointment to everyone at SCAS, and there was an improvement plan put in place immediately to work with colleagues across the trust and our partners to put things right as a matter of urgency.

The plan addressed the key areas the CQC said must be improved urgently and has delivered improvements in these areas. Some key improvements in 2023/24 were:

- Safeguarding – we recruited staff to fill specialist areas, with named practitioners for adult, child and mental capacity. We also recruited staff into safeguarding support roles. We also put new safeguarding systems and processes in place
- Acting on staff concerns – we increased the capacity of our 'Freedom to Speak Up' team
- Serious incident management – we have now introduced Patient Safety Incident Response Framework (PSIRF) and Learn from Patient Safety Events (LFPSE) as new ways of learning from patient safety incidents
- Risk management – new risk process, controls and recording have been introduced throughout the organisation

This extensive improvement plan is ongoing, and the trust is committed to making things better. I will stay focused on putting things right until we and the CQC are confident all the concerns have been dealt with.

Supporting our people

Our staff do very difficult jobs and are often exposed to harrowing and difficult situations. Those who work for us have the right to expect support for their physical and mental wellbeing and the trust has a comprehensive support and welfare programme in place. The offer includes a wide range of resources covering our six pillars of wellbeing from emotional, physical and mental health to working conditions, financial support and discounts.

During 2023/24 the trust has successfully offered 'Health and Wellbeing Conversation' training to managers with further dates planned for 2024/25.

More than 400 leaders attended 'Essential Skills for People Managers', which serves as an introduction to a restorative just and learning culture, and SCAS Leader, our six-day leadership programme focusing on compassionate and inclusive leadership. Both programmes continue to receive good evaluation from the graduating cohorts and the NHS annual staff survey for 2023 revealed a significant improvement in the 'compassionate leadership' score.

Towards the end of 2022/23 SCAS launched a people strategy setting out our ambitions for the next three years and this is directly linked to the NHS People Plan. The strategy covers four key areas, those being: looking after our people; belonging in the NHS; new ways of working; growing for the future. The trust continues to bring this to life with strengthened plans relating to recruitment, retention, education, health and wellbeing and leadership development.

The annual NHS Staff Survey results were published in March 2024 and, further to the post-pandemic plateau in 2022, have started to show significant improvements in 'compassion' and 'speaking up' scores. This reflects the substantial investment and effort put into our speaking up and listening functions including Freedom to Speak Up and safeguarding. The trust performs reasonably well when compared to other ambulance sector organisations but has some way still to go against the wider NHS.

Despite green shoots of improvement, we know from work undertaken by the National Guardian's Office and NHSE's independent Ambulance Culture Review, published in February 2024, that there is much left to do to improve culture and thereby the environment our staff experience when at work. I am committed to improvement in this area and in particular dealing with inappropriate behaviour, bullying and harassment. I commissioned a cultural assessment of SCAS which reported during the early months of 2024/25, and which we will use to build a plan to deal with these issues.

Modernisation and improvements

The trust continuously looks for ways to improve its services, to modernise and innovate, and in 2023/24 we introduced many significant developments.

The delivery of new ambulances to our fleet has been delayed by supply chain issues, however delivery of a first batch of 53 commenced in April 2024 and another 70 will follow later in the year.

A key objective for us is to invest in and grow our workforce allowing us to reduce our reliance on private providers to enable us to deliver our services, and we will continue to focus on this in the coming year.

We have implemented new ways of working during 2023/24, including PSIRF and LFPSE as new ways of learning from patient safety incidents. PSIRF is a new, mandatory approach to responding to patient safety incidents which is being implemented and embedded within SCAS from April 2024. It supports the development and maintenance of an effective patient safety system. LFPSE will change how we report, learn and benchmark reported patient safety events. It replaces the previous national reporting system, the National Reporting and Learning System.

Conclusion

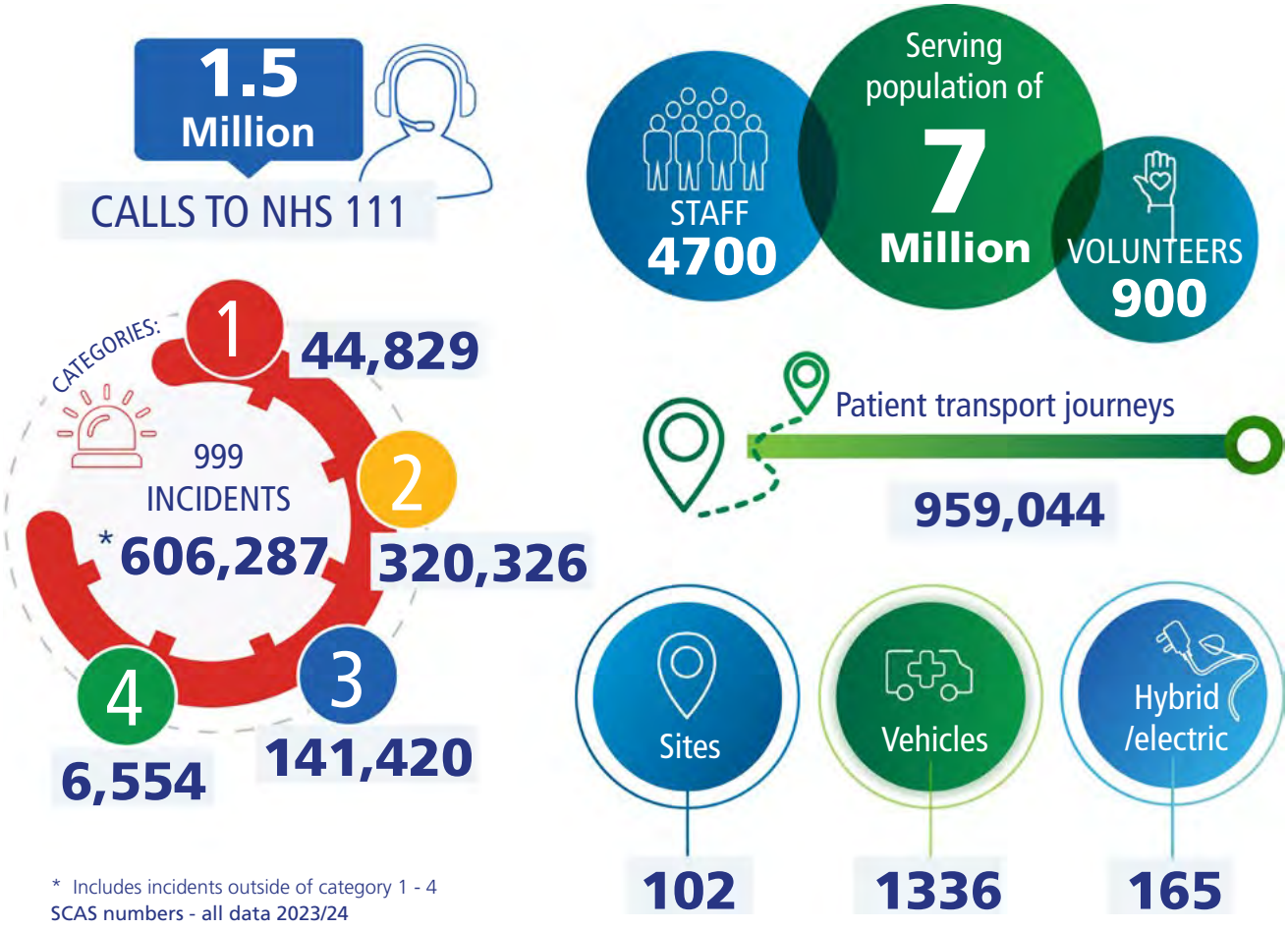
SCAS continues to operate in very challenging times. Every day at work I see our staff doing their best for our patients and communities – they are extraordinary people doing extraordinary things. Our focus on improvement and the launch of our 'Fit for the Future' programme give me confidence that we will rise to the challenge and do the best that we can for the patients and populations we serve.

David Eltringham

Chief Executive Officer

12th June 2024

About us



* Includes incidents outside of category 1 - 4
SCAS numbers - all data 2023/24

South Central Ambulance Service NHS Foundation Trust was formed on 1 July 2006 following the merger of Hampshire, Oxfordshire, Royal Berkshire and Two Shires Ambulance Services; and became an NHS Foundation Trust in 2012.

We employ 4,700 staff who, together with over 900 volunteers, enable us to operate 24 hours a day, seven days a week.

What we do:

- Receive and respond to 999 calls using resources including: community first and co-responders, rapid response vehicles, ambulances, and air ambulances
- Provide the NHS 111 services for the Thames Valley and for Hampshire
- Provide non-emergency Patient Transport Services across six counties including Surrey and Sussex
- Provide a logistics service for NHS partners across Oxfordshire

SCAS is the monopoly provider of 999 emergency ambulance services within the South Central region (as are all English ambulance trusts in their defined geographical areas). All other services the Trust delivers are tendered for on a competitive basis.

With the expansion into non-emergency patient transport services in Surrey and Sussex, we serve a population of over seven million people across six Integrated Care Systems:

- Buckinghamshire, Oxfordshire & West Berkshire
- Hampshire & Isle of Wight
- Frimley
- Bedfordshire, Luton & Milton Keynes
- Surrey Heartlands
- Sussex

Working with system partners

There have been significant changes in health and care, with the introduction of Integrated Care Systems and Integrated Care Boards (ICBs) replacing Clinical Commissioning Groups. SCAS, like all ambulance services, has a pivotal role in local care systems, especially with the increasing focus on delivering care remotely or in patients' homes.

SCAS is adapting to these changes and working with partners to achieve the NHS triple aims of:

- Better health and wellbeing for everyone
- Better quality of health services for all
- Sustainable use of NHS resources

Our goals are to simplify access to care, to save lives, to support more people at home and to integrate care. Working with partners, we also aim to identify and address inequity of access or unwarranted variation in outcomes.

We work across six integrated care systems, with the Hampshire and Isle of Wight Integrated Care Board acting as our lead commissioner. We engage with partners in commissioning and provider organisations across all systems on a range of strategic and operational forums. We work to ensure our plans are aligned to our integrated care systems' forward plans and that the needs of emergency and urgent care are appropriately considered within system plans. We work with the Hampshire and Isle of Wight Integrated Care Board on a system level joint capital plan and all our capital expenditure is accounted for within that plan.

SCAS has contributed to the forward plans of all the ICBs that we partner with: Buckinghamshire, Oxfordshire and Berkshire West (BOB), Bedfordshire, Luton and Milton Keynes (BLMK), Frimley, and Hampshire & Isle of Wight (HIOW).

Our Strategy

Our mission:

We deliver the right care, first time, every time.

Our vision:

To be an outstanding team, delivering world leading outcomes through innovation and partnership.

Values:

Caring

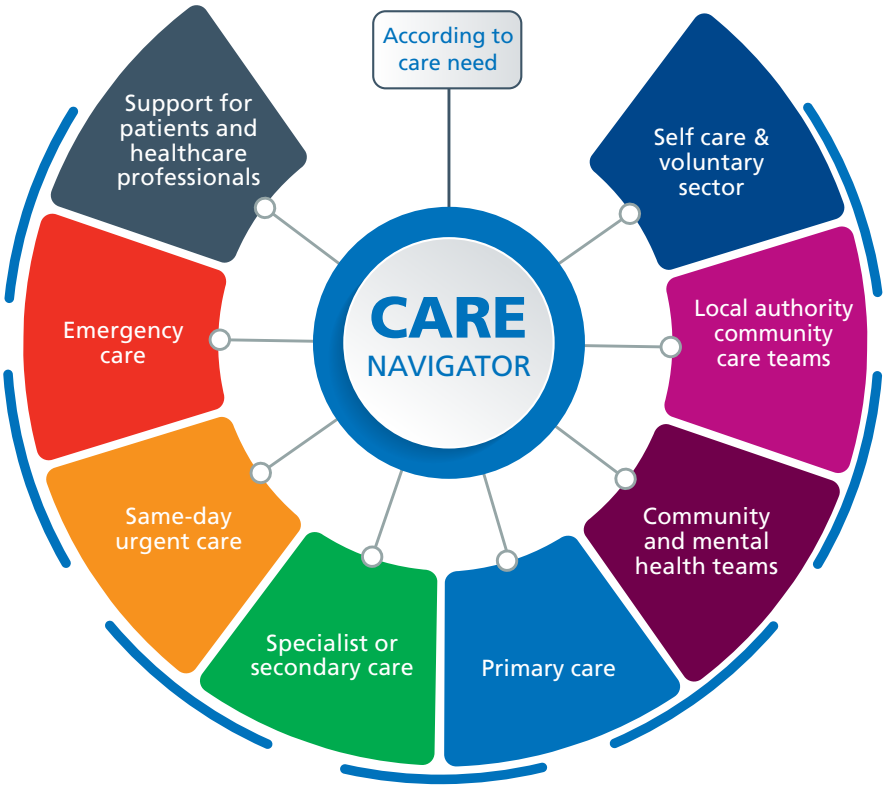
Innovation

Professionalism

Teamwork

Strategic themes:

- Clinically-led
- Service quality & patient experience
- People & organisational development
- Partnerships & stakeholder engagement
- Technology transformation
- Finance & sustainability

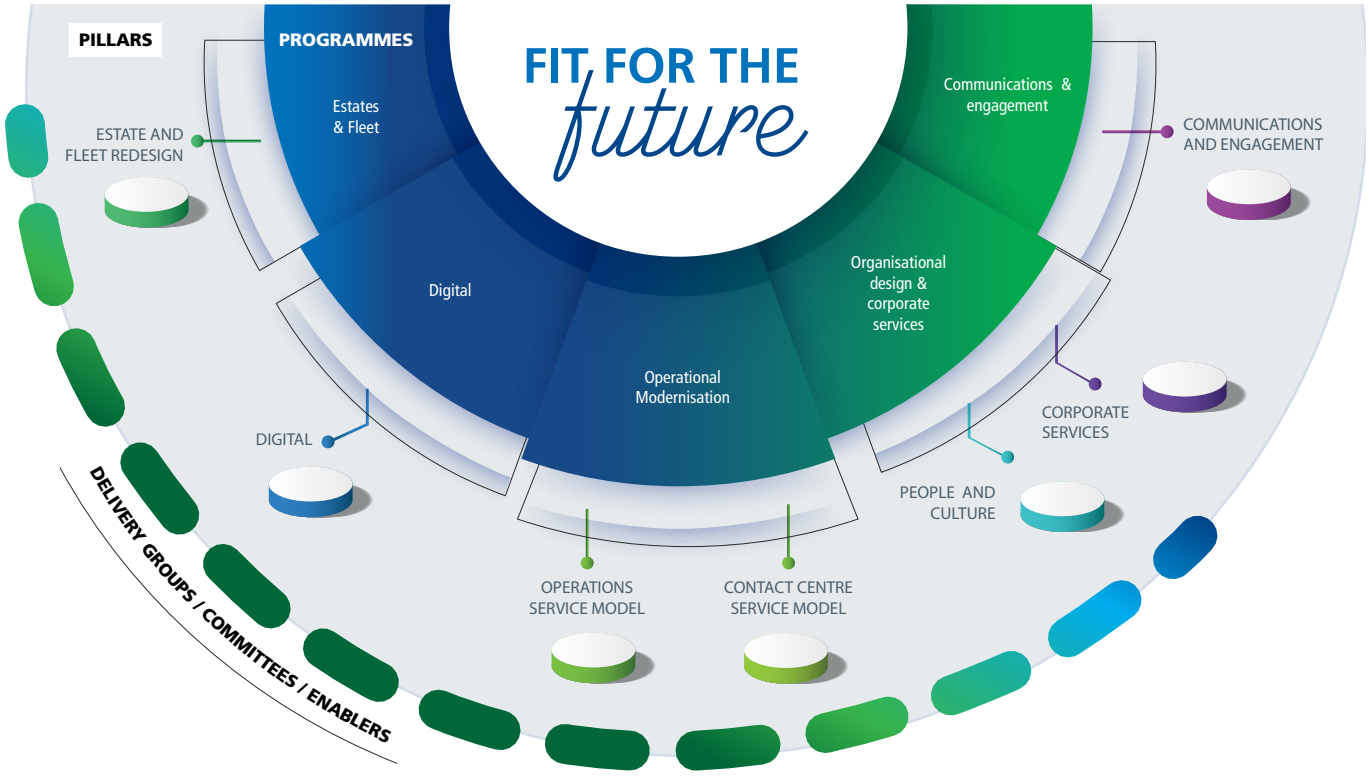


SCAS as a care navigator

We work to fill gaps and provide or link services in the wider healthcare system. We play a pivotal role in integrating care, interfacing with all parts of the local systems by:

- Simplifying access to care
- Assessing more people remotely
- Enhancing mobile diagnostics and care
- Integrating care pathways
- Sharing learning across systems

Fit For the Future Programme



The Fit for the Future Programme (FFFP) is the overarching strategic programme which is the vehicle to deliver the trust's long-term strategy.

The programme will be managed as a portfolio of transformation projects which will report into a Fit For the Future transformation board. The five key programmes that sit within FFFP are:

- Operational Modernisation (covering the operations Service Model and the Contact Centres Service Model)
- Estates and Fleet
- Digital
- Organisational design and Corporate Services
- Communications and Engagement

Reasons for the change

A trust-wide modernisation programme was needed in response to the ongoing challenges faced by the trust and to make SCAS fit for the future. Six drivers for change have been identified and are summarised below:

1. **Our operating model** needs to evolve to better meet the needs of our patients and systems
2. **Our people** tell us that our buildings, vehicles, management models and processes/policies are not people focussed, decision making is too slow and centrally managed
3. **Our organisational culture** requires improvements to ensure that all staff feel safe, respected, supported, and valued
4. **Our estate** does not meet the design or capacity of a modern ambulance service
5. **Our current fleet** is unable to consistently meet our organisational requirement now or our net zero model of the future
6. SCAS is not able to meet the **national** requirements of an ambulance service without implementing its strategy

The scope includes urgent & emergency care as its initial focus, with application flowing through to our non-emergency patient transport service, exploiting synergies and **"One SCAS"** opportunities. The scope also covers our estate, fleet and support services that are required to enable change.

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

2.1 Looking back at our progress

We have set out below our Quality Account priorities for 2023/24 and our progress against them.

Priority Number	Outcome
1a	Achieved
1b	Achieved
1c	Achieved
2a	Partially Achieved
2b	Achieved
2c	Partially Achieved
2d	Partially Achieved
3a	Partially Achieved
3b	Achieved
3c	Achieved
3c	Achieved

Partially and not delivered quality priorities form part of a continuous improvement cycle and further work will be completed in 2024/25.

1 Patient Safety

1A: Implementation of Patient Safety Incident Response Framework (PSIRF), with implementation plans measured quarter on quarter.

ACHIEVED

Owner: Assistant Director of Patient Safety - sponsored by Executive Chief Nurse

The PSIRF is one of several component parts of NHSE's national Patient Safety Strategy. Transition to PSIRF was a national requirement and the preparation work was undertaken in 2023/24.

The PSIRF, and wider national Patient Safety Strategy, is borne out of an ambition to transition from the retrospective, bureaucratic and process-focussed management of patient safety to one that is proactive, efficient and improvement-focussed.

Within PSIRF, patient safety incidents are assessed against a new threshold which identifies opportunities for new learning or opportunities for improvement. A 'toolbox' of learning responses is applied to patient safety incidents which meet the threshold.

→ INSIGHT **→ INVOLVEMENT** **→ IMPROVEMENT**

Using the above 3 key areas PSIRF looks at emerging themes and insight the organisation has on areas for improvement, involving patients and families in reviews and demonstrating learning and improvement.

The safety actions and improvement plans that emerge are then resourced, monitored, and supported as part of a Trust-wide patient safety improvement plan. This adjusts the focus from the completion of retrospective investigative reports based on levels of harm, to a focus on well-informed proactive improvement that is efficient and effective.

To achieve this, the PSIRF Implementation Programme was established. A PSIRF Implementation Lead was appointed, supported by an Assistant Project Manager. The programme was governed by a Programme Board. The programme ran from 30 May 2023 – 31 May 2024.

In Q1 a programme plan was developed, and the Trust established a working group and task and finish groups to implement the plan.

Developed project documents, governance arrangement, reporting requirements and set up the programme board.

The following were established to enable programme governance and reporting:

- Appointment of PSIRF Executive Lead
- Appointment of Senior Responsible Owner
- Appointment of PSIRF Implementation Lead
- Appointment of nominated Non-Executive Director for PSIRF
- Appointment of project manager
- Establish PSIRF Programme Board
- Establish reporting mechanisms (monthly report to PSEC, PSDG, ETB and HIOW ICB)

Subsequently a Patient Safety Incident Risk Profile through identified data sources was completed.

A communications and engagement plan was subsequently developed.

In Q2 the board members underwent PSIRF training. All members of the Trust Board (and selected senior leaders) were invited to attend HSIB Strategic Decision Makers training. This took place in September 2023.

In Q3 oversight training was implemented for those staff identified as responsible for PSIRF oversight were invited to attend the PSIRF oversight training. This took place in November 2023.

In April 2024, the Trust transitioned to the Patient Safety Incident Response Framework (PSIRF).

1B: Implementation of Learning From Patient Safety Events (LFPSE) (DATIX changes Q1 implement Q3)

ACHIEVED

Owner: Datix System Manager - sponsored by Executive Chief Nurse.

LFPSE is part of the wider Patient Safety Incident Response Framework (PSIRF) implementation, which is the change in how NHS organisations develop and respond to patient safety events.

Learn from Patient Safety Events (LFPSE) is a new national NHS function that has been introduced by NHS England under the NHSE Patient Safety Strategy (2021).

This requires all NHS organisations to change how they report, learn and benchmark patient safety events. It ensures reporting of incidents are benchmarked and trends analysed. It will mean we can re-educate staff on reporting, test culture and implement changes in practice or training programmes.

Previously these types of incidents are submitted on our incident management system, Datix, and manually reported to the National Reporting and Learning System (NRLS), however the LFPSE service is replacing NRLS and introduces a range of key features including:

- Automated uploading of locally reported patient safety events to the national LFPSE service
- Improving the quality of data collected
- Providing better analysis
- Increased opportunities for learning and improvement including system learning

In Q1, a project group was created to manage the implementation of LFPSE as this would require reconfiguration and development of our internal reporting system and a change to our current processes of identifying and reviewing patient safety events. During this time, the project team liaised with other NHS organisations, including other ambulance services, so progress could be monitored, and best practice shared.

In Q2, the trust began to receive system upgrades from Datix with LFPSE functionality included. Utilising the members of the project group and users of the system throughout the organisation, testing phases were undertaken to help with redesign of the incident forms and to ensure all system functions were working correctly. During testing, issues were found within the system which delayed the Trust's anticipated launch date of LFPSE.

In Q3, the Trust received further upgrades from Datix and continued to plan in readiness of an LFPSE go live date. Waiting for a stable version of Datix to be released was important.

User guidance was created, and communications sent to staff, so they were informed regarding the change to LFPSE. This included articles in newsletters, webinars, an internet page, and local presentations.

In Q4, Datix released a version of the software with the faults that had been previously identified now resolved. As such the Trust went live on 22nd April 2024 with LFPSE functionality being switched on in Datix. This was slightly over the expected date but the fixes for a better user reporting experience were vital. All patient safety events reported on the system from this date are now automatically sent to the LFPSE website.

LFPSE will be an important addition in supporting patient safety for our staff and our patients by:

- Providing improved care to patients through learning and quality improvements
- Sharing best practice across regions, locally and in the ambulance sector
- Supporting the development of PSIRF and increase learning across systems for safer care
- Setting a standardised dataset for all NHS organisations

1C: Implement Health Education England (HEE) patient safety training modules (trajectory by quarter).

Owner: Assistant Director of Patient Safety – sponsored by Education Lead.

ACHIEVED

The national Health Education England (HEE) Patient Safety syllabus has five levels of training, progressively increasing in breadth and depth of study. At the start of 2023, the Trust set a target of 75% compliance for all staff to complete Level 1 and Level 2 training. This was to be achieved by the end of quarter two.

To achieve this, both Level 1 and Level 2 became part of the statutory and mandatory training for all staff.

At the end of Q1, compliance had exceeded the trajectory. Level 1 compliance was 91% of all staff (+16% of target) and Level 2 compliance was 84% of all staff (+9% of target). The trajectory was revised to meet new target of 95% compliance by the end of quarter four (March 2024).

At the end of Q4, Level 1 compliance was 94% of all staff (-1% of target) and Level 2 compliance was 89% (-6% of target).

Training of staff in patient safety is key to deliver the national Patient Safety Strategy (2021). Equipping our people to report, learn and engage at all levels and in all services in a just and learning culture is pivotal in reducing harm.

1D: Ensure Level 3 safeguarding training is met.

Owner: Associate Director of Safeguarding, Mental Health and Complex Care

PARTIALLY ACHIEVED

A target of 90% was set for level 3 Safeguarding training compliance by end of March 2024. The table below shows compliance for Q1-Q4. Actual compliance was above trajectory in all cases except Q4 where it was slightly below target.

	Baseline (Date)	End Target (Date)	Quarterly Trajectories				
			Aim/ Actual	2023/2024			
				Q1	Q2	Q3	Q4
Compliance against trajectory of Level 3 Safeguarding training	31% (31/03/23)	90% (31/03/24)	Aim	40%	60%	70%	90%
			Actual	49%	60.75%	82%	82%

Trust-wide compliance figure in Q4 was impacted by competence expiry and new starters. Work will continue next year to ensure compliance achieves the required target.

2 Clinical Effectiveness

2A: Analgesia: administration to ensure appropriate patient (to include pain score audit/ improvements)

Owner: Head of Pharmacy sponsored by Medical Director.

ACHIEVED

An initial audit by SCAS in July 2023 showed a proportion of patients in severe pain being treated with the moderate opiate codeine. SCAS identified potential confusion within SCAS relating to the WHO analgesic ladder, where codeine rather than morphine was being used in the treatment of severe pain.

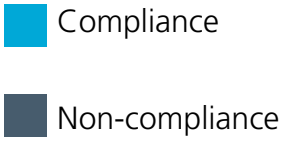
The SCAS Medicines Optimisation and Governance Group (MOGG) took the decision to remove codeine as a treatment option with oral morphine solution being left as a favoured oral alternative to treat moderate-severe pain (pain score of 4-10).

The audit was to verify whether learning has occurred across SCAS registrants, both in terms of analgesia in general, as well as oral opiate administration, and to assure that patients are receiving analgesia appropriate to the pain that patients are experiencing.

The subsequent 2024 audit explored analgesia by each medication, and this detail has not been previously explored.

From this data it was ascertained that analgesia provision had improved across the SCAS footprint and provides assurance that our patients are receiving appropriate analgesia in the vast majority of instances.

All analgesia compliance vs all Pain (1-10) July 2022



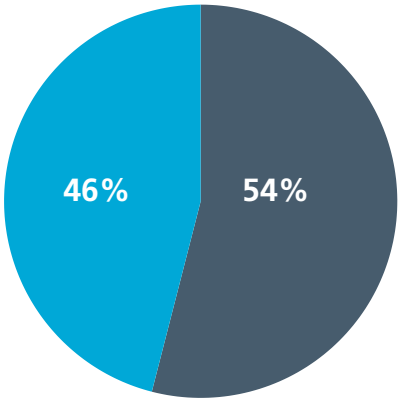
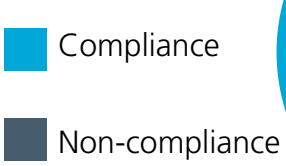


Chart 1

All analgesia compliance vs all Pain (1-10) Jan 2024



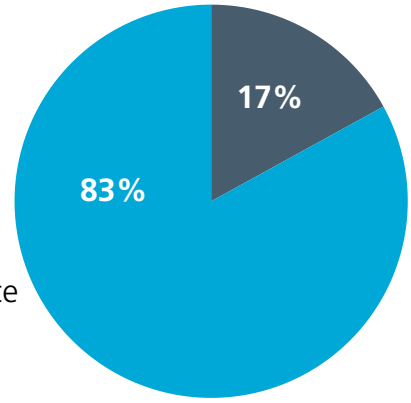


Chart 2

Charts 1 and 2 show compliance levels of analgesia across all patient pain scores for January – July 2022 and January 2024 respectively. The July 2022 data were based on a sample (n=49) of analgesia records, but the January 2024 data include all analgesia administration (n=6211). It demonstrates a 37% improvement in compliance. The main source of non-compliance in 2024 was due to not having pain scores recorded.

The Trust will therefore:

1. Publish summary data of this audit to encourage further good practice in analgesia administration across the SCAS footprint, and to celebrate current good practice of the same
2. Explore ibuprofen use in severe pain, and disseminate any further learning required as a medicines memo and/or educational e-Learning as appropriate
3. QI project – pain score recording

2B: Enhanced Community First Responder (CFR) – falls care (audited and linked to experience for staff and patients)

Owner: Head of Operations – Community Engagement and Training - sponsored by Chief Operations Officer.

PARTIALLY ACHIEVED

The procurement and roll out of smart phones for CFRs has been completed. These are now of a suitable specification for using 'Live Links' (to enable the urgent care desk clinician to see a patient) and the 'iStumble' clinical App to make the scheme digitally possible.

Presently responders are required to make two calls to the urgent care desk. The first call is to consider the potential for injury and get clearance for the CFR to get the patient off the floor. The second call is to assess the patient for discharge. The new system allows the trained CFR to be able to follow the iStumble App and make the first decision about injury without the need for this first call. The urgent care desk is only called if injury is suspected, or if the patient can be considered for discharge at scene, by the clinician. This reduces the time a non-injury fallen patient remains on the floor. The 'iStumble' App has now been approved for use for all the CFRs.

Only CFRs that have had six months of experience are eligible for the training in non-injury falls and concern for welfare to operationalise this project. Next steps are to consider record keeping for these situations, and to be able to collect data on patient and volunteer experience. An audit is being formulated to capture this information.

2C: To report on Category 1 through 4 performance and Return of Spontaneous Circulation (ROSC)

Owner: Director of Operations

PARTIALLY ACHIEVED

Refer to section 2.3 Reporting against NHSi core indicators.

2D: To report on Stroke care bundle compliance/ STEMI care bundle compliance

Owner: Assistant Director of Quality

PARTIALLY ACHIEVED

Refer to section 2.5 Reporting against NHSi core indicators.

3 Patient Experience (PE)

3A: Staff wellbeing: staff survey - Confidence that the Trust addressed concerns regarding speaking up about unsafe care – 49%)

Owner: Assistant Director Organisational Development - sponsored by Director of Human Resources.

ACHIEVED

Our National Staff Survey results show that the 2022 downturn in speaking up about unsafe clinical practice has shown a slight recovery in 2023 (66% to 69%) as did the confidence that the Trust would address the concerns raised (49% to 51%). Overall, there are four questions pertaining to speaking up which together make up the Freedom to Speak Up sub score. There is still some distance to go

to return to the confidence levels seen in 2020 but it is encouraging to see no further deterioration and possibly the green shoots of recovery. These results reflect the extensive investment, support and effort put into this area of work over the past 12 months and we continue to strive for further improvement in 2024 and beyond.

	2020	2021	2022	2023
Would feel secure raising concerns about unsafe clinical practice (Q20a)	74%	75%	66%	69%
Would feel confident that organisation would address concerns about unsafe clinical practice (Q20b)	61%	59%	49%	51%
Feel safe to speak up about anything that concerns me in this organisation (Q25e)	65%	62%	55%	58%
Feel organisation would address any concerns I raised (Q25f)	-	46%	39%	44%

3B: Roll out of Patient Panel

Owner: Assistant Director of Quality/ Patient Engagement Lead- sponsored by Executive Chief Nurse.

ACHIEVED

The NHS Five Year Forward View (NHSE, 2014) highlighted the need to engage with communities and citizens in new ways, involving them directly in decisions about the future of health and care services. This concept was further supported by The Kings Fund (2016), who proposed the concept of 'patients as partners', detailing the benefits of patient involvement in service design and oversight. The NHS Long Term Plan (NHSE, 2019) further reinforces the role of patients and communities in designing services to meet their needs. The NHS Patient Safety Strategy (2019) goes further and suggests the key role that patient partners play in improving patient safety. This guidance document proposes recruitment by organisations of a team of patient safety partners that includes people who have been harmed when in the care of the NHS, to provide oversight and involvement in governance and committee processes.

During 2023/24 SCAS held a number of engagement events to recruit to our Patient Panel.

The Trust is committed to hear from patients and their relatives/carers regarding the care and services we provide to them and to contribute to improvements and service development.

The Panel chair position was successfully recruited to, and will identify what matters most in our local communities and therefore the Panel will give members of the public a voice to have their views acknowledged and where possible acted on. This is aimed to improve quality of care, target health inequalities and improve patient satisfaction.

There is already a programme of patient engagement activities undertaken within SCAS. These include surveys, patient engagement forums and the new "Your health matters" talks, as well as SCAS presence at organised events such as Pride, country fairs and school/college visits. These activities are planned and attended by different departments, such as the Communications, Patient Experience and Operational teams. Whilst they give a valuable opportunity to engage with the public and talk about the services we provide, they have historically given minimal opportunity for service co-design. The Trust Board support the principle of increased patient engagement through the formation of a Patient Council.

In Quarter 1

Attended other NHS Patient Panels to see how they worked.

Created the following suite of documents.

- Role descriptions x 3 – Council Chair, Vice Chair and Council Member
- Renumeration policy and expenses claim form (process agreed with Finance Team)
- Confidentiality Statement
- Terms of Reference
- Why you should join
- How to apply
- Equality Statement
- Code of Conduct
- Conflicts of Interest
- Patient Council Handbook

The Trust also developed an induction programme including site visits for patient panel members.

In Quarter 2

The Trust commenced recruitment and created a website for the Patient Panel.

Inductions for Patient Panel members were conducted.

In Quarter 3

The first Patient Panel meeting was held with a range of public members identifying what matters to them, including PTS booking process, co-production of education in mental health and increased easy read documents.

In Quarter 4

The Trust continued to review the progress of Patient Panel and continue recruitment.

SCAS commenced themed meetings in Mental health and Learning disabilities.

Workstreams were identified as involvement in staff mental health training packages, an "ask, check, confirm" campaign in PTS, review of end-of-life operating procedures and policy review involvement regarding patient experience.

3C: Survey of NEPTS patients undergoing chemotherapy and radiotherapy – aborted journeys – impact on experience and treatment.

Owner: Patient Experience Manager - sponsored by Executive Director of Patient Care and Transformation.

ACHIEVED

In Q1 a task and finish group agreed the set of questions for the survey.

The survey consists of 10 questions and 3 relate to the Friends and Family test (FFT).

In Q2 a survey was designed using Microsoft forms. The survey was conducted across all PTS contracts via the methods of face to face, conversations, paper and electronic surveys.

During Q3 surveys were undertaken and the Trust is considering area for improving the response rate such as, free post surveys and texting.

Throughout Q2 and Q3 2023-24 NEPTS conducted a telephone survey of patients undergoing chemotherapy and radiotherapy, aborted journeys and the subsequent impact on experience and treatment to identify improvements.

- 142 responses were received
- 1 patient reported missing their treatment due to transport not arriving

The overall level of experience for NEPTS was good with 105 patients stating their experience being very good or good.

Of the 142 responses 89 patients travelled more than once a week.

The main themes identified were:

- Delays in collection post treatment
- Lack of this provision would mean many patients are unable to get to their treatment as the treatment centres are far away
- High levels of satisfaction for the crews
- Negative comments around call wait times to enquire about estimated time of arrivals

Many patients told us that we could have improved the service by:

- Being on time
- Improving vehicle comfort
- Patients would like to be informed is transport is going to be late

As a non-emergency transport provider, the Trust is looking at what our fleet team can do to increase vehicle comfort. We are replacing old fleet as many of the vehicles were from an aging fleet.

Delays are continuously being reviewed by the PTS improvement team.

A working group will review the feedback relating to delays where communication has been the biggest contributor to poor experience.

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 categorization of services: • Specified under the contracts, agreements, or arrangements under which those services are provider or • In the case of an NHS body providing services other than under a contract, agreement, or arrangements, adopted by the provider.	During 2023/24 SCAS provided and/or subcontracted three relevant health services. • Emergency 999 Ambulance Service • Non-Emergency Patient Transport Service • NHS 111/IUC Telephone Advice 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 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 • Staff surveys • Narrative from complaints and feedback and their resolution • Health Care Professional (HCP) feedback themes and actions • Patient stories at public Board meetings • Thematic reviews of incidents and identified learning • 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 efficiency schemes • Quality and Safety papers to the Board • Quality and Safety Committee minutes • Patient and Safety Experience Committee meeting minutes • Incident review panels • Clinical Review Group meeting minutes • Integrated Quality Performance reports
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 2023/24 represents 100% of the total income generated from the provision of relevant health services by SCAS for 2023/24.
2	a) The number of national clinical audits and national confidential enquiries b) which collected data during the reporting period, and which covered the relevant health services that the provider provides or subcontracts.	During 2023/24, 9 national clinical audits and 0 national confidential enquiries covered relevant health services that SCAS provides.

2.1	The number, as a percentage, of national clinical audits and 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. *due to an EPR outage data submission delayed – not all audits have had all submissions in year but catch up plan in place
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 2023/24 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 2023/24 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 2023/24, 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 2023 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 Number of cases 673 • Ambulance Clinical Quality Indicator S-T elevation Myocardial Infarction (STEMI) Care Bundle Number of cases 273 • Sentinel Stroke National Audit Programme (Stroke Call to Hospital Arrival times) Number of cases 2548 • Ambulance Clinical Quality Indicator Stroke Diagnostic Bundle Number of cases 635 • Ambulance Clinical Quality falls indicator (pilot) Number of cases 295 • Warwick Clinical Trials Unit Out of Hospital Cardiac Arrest Outcome (OHCAO) Number of cases 333 • Ambulance Clinical Quality Indicator Cardiac Arrest ROSC rates (and separate Utstein ROSC measure) Number of cases 88 Utstein cases 24 • Ambulance Clinical Quality Indicator Cardiac Arrest Survival to Discharge (and separate Utstein STD measure) Number of cases 28 Utstein cases 13 • Ambulance Clinical Quality Indicator Cardiac Arrest Post ROSC Care Bundle Number of cases 36

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 2023/24.
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 • Resuscitation training. • QI project – pain scores. • Launch a new ACQI scorecard where compliance can be monitored by individual clinician, area, and Private Provider. • Consistent improvement in performance against ambulance response targets.
2.7	The number of local clinical audit (a) reports that were reviewed by the provider during the reporting period.	The reports of 19 local clinical audits were reviewed by the provider in 2023/24.
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: • Review of IPC audit and schedule • Pain score QI project • Local SoPs • Individual coaching • Safeguarding training L3 MCA

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 2023/24 that were recruited during that period to participate in research approved by a research ethics committee was 883. 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 **Publications** **2023** Berg KM, Bray JE, Ng KC, Liley HG, Greif R, Carlson JN, Morley PT, Drennan IR, Smyth M, Scholefield BR, Weiner GM, Cheng A, Djärv T, Abelairas-Gómez C, Acworth J, Andersen LW, Atkins DL, Berry DC, Bhanji F, Bierens J, Couto TB, Borra V, Böttiger BW, Bradley RN, Breckwoldt J, Cassan P, Chang WT, Charlton NP, Chung SP, Considine J, Costa-Nobre DT, Couper K, Dainty KN, Dassanayake V, Davis PG, Dawson JA, Fernanda de Almeida M, De Caen AR, **Deakin CD**, Dicker B, Douma MJ, Eastwood K, El-Naggar W, Fabres JG, Fawke J, Fijacko N, Finn JC, Flores GE, Foglia EE, Folke F, Gilfoyle E, Goolsby GA, Granfeldt A, Guerguerian AM, Guinsburg R, Hatanaka T, Hirsch KG, Holmberg MJ, Hosono S, Hsieh MJ, Hsu CH, Ikeyama T, Isayama T, Johnson NJ, Kapadia VS, Kawakami MD, Kim HS, Kleinman ME, Kloeck DA, Kudenchuk P, Kule A, Kurosawa H, Lagina AT, Lauridsen KG, Lavonas EJ, Lee HC, Lin Y, Lockey AS, Macneil F, Maconochie IK, Madar RJ, Hansen CM, Masterson S, Matsuyama T, McKinlay CJ, Meyran D, Monnelly V, Nadkarni V, Nakwa FL, Nation KJ, Nehme Z, Nemeth M, Neumar RW, Nicholson T, Nikolaou N, Nishiyama C, Norii T, Nuthall GA, Ohshimo G, Olasveengen TM, Ong YK, Orkin AM, Parr MJ, Patocka C, Perkins GD, Perlman JM, Rabi Y, Raitt J, Ramachandran S, Ramaswamy VV, Raymond TT, Reis AG, Reynolds JC, Ristagno G, Rodriguez-Nunez A, Roehr CC, Rüdiger M, Sakamoto T, Sandroni C, Sawyer TL, Schexnayder SM, Schmölzer GM, Schnaubelt S, Semeraro F, Singletary EM, Skrifvars MB, Smith CM, Soar J, Stassen W, Sugiura T, Tijssen JA, Topjian AA, Trevisanuto D, Vaillancourt C, Wyckoff MH, Wyllie JP, Yang CW, Yeung J, Zelop CM, Zideman D, Nolan JP.

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	2023 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations: Summary From the Basic Life Support; Advanced Life Support; Pediatric Life Support; Neonatal Life Support; Education, Implementation, and Teams; and First Aid Task Forces. Circulation 2023. 9 Nov 2023 **https://doi.org/10.1161/CIR.0000000000001179**. Berg KM, Bray JE, Ng KC, Liley HG, Greif R, Carlson JN, Morley PT, Drennan IR, Smyth M, Scholefield BR, Weiner GM, Cheng A, Djärv T, Abelairas-Gómez C, Acworth J, Andersen LW, Atkins DL, Berry DC, Bhanji F, Bierens J, Couto TB, Borra V, Böttiger BW, Bradley RN, Breckwoldt J, Cassan P, Chang WT, Charlton NP, Chung SP, Considine J, Costa-Nobre DT, Couper K, Dainty KN, Dassanayake V, Davis PG, Dawson JA, Fernanda de Almeida M, De Caen AR, **Deakin CD**, Dicker B, Douma MJ, Eastwood K, El-Naggar W, Fabres JG, Fawke J, Fijacko N, Finn JC, Flores GE, Foglia EE, Folke F, Gilfoyle E, Goolsby GA, Granfeldt A, Guerguerian AM, Guinsburg R, Hatanaka T, Hirsch KG, Holmberg MJ, Hosono S, Hsieh MJ, Hsu CH, Ikeyama T, Isayama T, Johnson NJ, Kapadia VS, Kawakami MD, Kim HS, Kleinman ME, Kloeck DA, Kudenchuk P, Kule A, Kurosawa H, Lagina AT, Lauridsen KG, Lavonas EJ, Lee HC, Lin Y, Lockey AS, Macneil F, Maconochie IK, Madar RJ, Hansen CM, Masterson S, Matsuyama T, McKinlay CJ, Meyran D, Monnelly V, Nadkarni V, Nakwa FL, Nation KJ, Nehme Z, Nemeth M, Neumar RW, Nicholson T, Nikolaou N, Nishiyama C, Norii T, Nuthall GA, Ohshimo G, Olasveengen TM, Ong YK, Orkin AM, Parr MJ, Patocka C, Perkins GD, Perlman JM, Rabi Y, Raitt J, Ramachandran S, Ramaswamy VV, Raymond TT, Reis AG, Reynolds JC, Ristagno G, Rodriguez-Nunez A, Roehr CC, Rüdiger M, Sakamoto T, Sandroni C, Sawyer TL, Schexnayder SM, Schmölzer GM, Schnaubelt S, Semeraro F, Singletary EM, Skrifvars MB, Smith CM, Soar J, Stassen W, Sugiura T, Tijssen JA, Topjian AA, Trevisanuto D, Vaillancourt C, Wyckoff MH, Wyllie JP, Yang CW, Yeung J, Zelop CM, Zideman D, Nolan JP. 2023 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations: Summary From the Basic Life Support; Advanced Life Support; Pediatric Life Support; Neonatal Life Support; Education, Implementation, and Teams; and First Aid Task Forces. Resuscitation 2023. November 08, 2023 **https://doi.org/10.1016/j.resuscitation.2023.109992**

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.	**Brown M, Claxton A, Clinton-Parker K, Deakin CD.** Defibrillator electrode pads – where are we really placing them? An audit review of how accurately the defibrillator electrode pads are positioned by the front-line ambulance service personnel. Standard used: ERC/RCUK guidance. Emergency Medicine Journal. 2023; 40 (Suppl 1): A1-A30 **https://doi.org/10.1136/emermed-2023-999.37** Drysdale SB, Cathie K, Flamein F, Knuf M, Collins AM, Hill HC, Kaiser F, Cohen R, Pinquier D, Felter CT, Vassilouthis HC, Jin J, for the **HARMONIE Study Group**. Nirsevimab for Prevention of Hospitalizations Due to RSV in Infants. N Engl J Med 2023; 389:2425-2435. **DOI: 10.1056/NEJMc2400983** **Handyside B, Watson K.** The experiences of and attitudes towards continuing professional development: an interpretative phenomenological analysis of UK paramedic (EAT CPD). Emergency Medicine Journal. 2023; 40 (Suppl 1): A1-A30. **https://doi.org/10.1136/emermed-2023-999.15** Patel, G, Botan V, Phung V-H, Trueman I, Pattinson J, Hosseini SMP, Ørner R, Asghar Z, Smith MD, Rowan E, Spaight R, Evans J, Brewster A, Mountain P, Mortimer C, Miller J, **Brown M**, Siriwardena AN. 2023, June 20-21. Consensus on innovations and future change agenda in Community First Responder schemes in England: a national Nominal Group Technique study. Emergency Medicine Journal. 2023; 40 (Suppl 1): A1-A30. **https://doi.org/10.1136/emermed-2023-999.43** **Pocock H,** Ji C, Deakin C, Quinn T, Rees N, Charlton K, Finn J, Rosser A, Lall R, Nolan J, Perkins G. Adrenaline for traumatic cardiac arrest: a post hoc analysis of the PARAMEDIC2 trial. Resuscitation. 2023; 192(S1):S401. **Pocock H,** Deakin C, Lall R, Smith D, Hill C, Rai J, Arnold A, Starr K, Michelet F, Contreras A, Sun C, Perkins G. Prehospital Optimal Shock Energy for Defibrillation (POSED): a feasibility study. Resuscitation. 2023; 192(S1):S459. Raitt J, Maxwell E, Plumb J, **Brown M, Pocock H**, **Hannah J, Deakin CD**. Cardiac Arrest Bundle of cARE Trial (CABARET) survey of current UK neuroprotective CPR practice. Resuscitation Plus. 2023; 16: 100472. **https://doi.org/10.1016/j.resplu.2023.100472**

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.	Müller MP, Metelmann C, Thies KC, Greif R, Scquizzato T, **Deakin CD**, Suricchio A, Barry T, Berglund E, Bottiger BW, Burkhart R, Busch HJ, Caputo ML, Cheskes S, Cresta R, Damjanovic D, Degraeuwe E, Ekkel MM, Elschenbroich D, Fredman D, Ganter J, Gregers MCT, Gronewald J, Hänsel Henriksen FL, Herzberg L, Jonsson M, Joos J, Kooy TA, Krammel M, Marks T, Monsieurs K, Ng WM, Osche S, Salcido DD, Scapigliati A, Schwietring J, Semeraro F, Snobelen P, Sow J, Stieglis R, Tan HL, Trummer G, Unterrainer J, Vercammen S, Wetsch WA, Metelmann B. Reporting Standard for describing First Responder Systems, Smartphone Alerting Systems, and AED Networks. Resuscitation 2023 December 12, 2023. **https://doi.org/10.1016/j.resuscitation.2023.110087** **2024** Barrett JW, Eastley KB, Herbland A, Owen P, Naeem S, Mortimer C, King J, Foster T, Rees N, Rosser A, Black S, Bell F, Fothergill R, Mellett-Smith A, Jackson M, McClelland G, Gowens P, Spaight R, Igbodo S, **Brown M**, Williams J. The COVID-19 ambulance response assessment (CARA) study: a national survey of ambulance service healthcare professionals' preparedness and response to the COVID-19 pandemic. British Paramedic Journal. 2024; 8(4):10-20. **https://doi.org/10.29045/14784726.2024.3.8.4.10** Couper K, Ji C, Lall R, **Deakin CD**, Fothergill R, Long J, Mason J, Michelet F, Nolan JP, Nwankwo H, Quinn T, Slowther A-M, Smyth MA, Walker A, Chowdhury L, Norman C, Sprauve L, Starr K, Wood S, Bell S, Bradley G, **Brown M**, Brown S, Charlton K, Coppola A, Evans C, Evans C, Foster T, Jackson M, Kearney J, Lang N, Mellett-Smith A, Osbourne R, **Pocock H**, Rees N, Spaight R, Tibbetts B, Whitley GA, Wiles J, Williams J, Wright A, Perkins GD. Route of drug administration in out-of-hospital cardiac arrest: A protocol for a randomised controlled trial (PARAMEDIC-3). *Resuscitation Plus;* 24:17. **https://doi.org/10.1016/j.resplu.2023.100544** **Dra'gon V**, **Jadzinski P**. Febrile seizure management and effectiveness of prevention with antipyretics. Journal of Paramedic Practice. 2024; 16(1):18-24. **https://doi.org/10.12968/jpar.2024.16.1.18** Inada-Kim M, **Pocock H**, **Black J**, **Deakin CD** et al. Validation of oxygen saturations measured in the community by emergency medical services as a marker of clinical deterioration in patients with confirmed COVID-19: a retrospective cohort study. BMJ Open. 2024;14:e067378. **https://dx.doi:10.1136/bmjopen-2022-067378**

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.	**Pocock H**, Deakin CD, Lall R, Michelet F, Sun C, Smith D, Hill C, Rai J, Starr J, Brown M, Rodriguez-Bachiller I, Perkins GD. Prehospital optimal shock energy for defibrillation (POSED): a cluster randomised controlled feasibility trial. Resuscitation Plus; 17: 100569. **https://doi.org/10.1016/jresplu.2024.100569** **Presentations** **2023** **Claxton, A.** Promoting Research in the Ambulance Service. *Wessex REACH networking event, Southampton, UK. June 2023.* **Claxton, A.** New initiative: SCAS Research RRVs. *CRN Wessex Nurses, Midwives and AHP Research staff conference. Southampton, UK. September 2023.* **Claxton, A.** New initiative: SCAS Research RRVs. *Wessex CRN RSI event. Poole, UK. November 2023.* **Claxton, A.** SCAS ELSA strategy. *ELSA best practice event. Online. November 2023.* **Claxton, A.** What is a Research Paramedic? *University of Portsmouth recruitment event. Portsmouth, UK. November 2023.* **Clinton-Parker K.** Defibrillator electrode pads – where are we really placing them? *999 EMS Research Forum, Manchester, UK. June 2023.* **Deakin CD.** Optimising the delivery of advanced life support. Paris SAMU - Paris Rescue Team Course. *Paris. July 2023.* **Deakin CD.** Dual Sequential Defibrillation – an international perspective. American Heart Association Thinktank. *Philadelphia, USA. November 2023.* **Handyside B., Watson K.** The Experiences of and Attitudes Towards Continuing Professional Development of UK paramedics (EAT CPD) *999 EMS Research Forum, Manchester, UK. June 2023.* **Pocock H.** Adrenaline for traumatic cardiac arrest: a post hoc analysis of the PARAMEDIC2 trial. *European Resuscitation Council Congress. Barcelona, Spain. November 2023.* **Pocock H.** Life or death research in the fast lane. *Warwick Medical School Postgraduate Research Symposium. Coventry, UK. June 2023.* **Pocock H.** Prehospital Optimal Shock Energy for Defibrillation (POSED): a feasibility study. *European Resuscitation Council Congress. Barcelona, Spain. November 2023.* **Pocock H,** Couper K, Dove A, Pointeer L, Perkins GD. Informing the relatives of research non-survivors. *Spark of Life Conference. Brisbane, Australia. June 2023.* **2024** **Deakin CD**. Cardiac Arrest Research; Past, present and future. Resuscitation Science Symposium. Institute of Pre-Hospital Care, London January 2024. Watson A, Cumpstey A, **King P, Ansell J, Brown M, Deakin CD.** First responders for out-of-hospital cardiac arrests in south central England: a retrospective cohort study. *Oxford School of Emergency Medicine Conference. Oxford, UK. March 2024*

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.	Not applicable
	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.	Not applicable
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.
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.	SCAS current registration status is without conditions. A section 29a letter was received in 2022/23 and a response submitted.

6	Removed 2011 amendments	
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.	No special reviews or investigations have occurred during the reporting period.
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.

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 2023/24 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data as it was not applicable.
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.	Not applicable.

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.	The Data Security Protection Toolkit (DSPT) is a Pass/Fail assessment that has replaced the IGT Grading scheme. SCAS was approaching the required standards in 22/23 but resulted in a Fail. Data for 23/24 will be available in July.
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 NHSE.	SCAS was not subject to the Payment by Results clinical coding audit during 2023/24 by NHSE.

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.	Not applicable.
11	The action taken by the provider to improve data quality.	SCAS will be taking the following actions to improve data quality: • Integrated Quality Performance Report review and revision where indicated – includes all finance, operational, service and quality data • Review and implementation of audits within the annual clinical audit plan • Review and implementation of actions from internal audit reports • Corporate Risk Register and Board Assurance Framework reviews and escalation process from local risk registers to ensure data quality concerns are addressed • Implementation of revised data quality policy and associated governance processes • Access to Local Health Care Record Exemplars (LHCRE) providing access to quality • Data from GP systems to improve decision making

2.3 Reporting against NHSi core indicators

Ambulance Response Programme

Performance against national ambulance service response targets 2023/24.

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 telephone calls (Category 1 and Category 2 calls) resulting in an emergency response by the Trust at the scene of the emergency within 7 minutes of receipt of that call during the reporting period.	Ambulance trust	In the table showing performance against this indicator, Category 1 and Category 2 calls should be separate.

Category 1 2023/2024
08:51 (Mean)
16:04 (90th Percentile)

Category 1 2022/2023
09:23 (Mean)
17:01 (90th Percentile)

Category 1 2021/2022
08:13 (Mean)
15:16 (90th Percentile)

Category 1 2020/2021
06:22 (Mean)
11:42 (90th Percentile)

Ambulance category 1 (C1) - life-threatening calls:response time

The percentage of Category 1 telephone calls resulting in an emergency response by the Trust at the scene of the emergency within 7 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 fallback 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, 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 2 telephone calls resulting in an ambulance response by the trust at the scene of the emergency within 18 minutes of receipt of that call during the reporting period.	Ambulance trust	

Category 2 2023/2024
34:14 (Mean)
1:08:22 (90th Percentile)

Category 2 2022/2023
34:30 (Mean)
1:11:35 (90th Percentile)

Category 2 2021/2022
18:04 (Mean)
57:42 (90th Percentile)

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

The percentage of Category 2 telephone calls resulting in an ambulance response by the Trust at the scene of the emergency within 18 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.

- CAD system has robust fallback 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, 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. A performance improvement workstream is included in the trust improvement programme. 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.

Ambulance category 3 - calls: mean average response time

Category 3 2023/24
5:22:31 (90th Percentile)

Category 3 2022/23
5:14:02 (90th Percentile)

Category 3 2021/2022
4:11:57 (90th Percentile)

Category 3 2020/2021
1:46:22 (90th Percentile)

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

- CAD system has robust fallback 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, 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. Work continues to ensure that patients are navigated to the right care pathway for them to receive the care needed. 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.

Ambulance category 4 - response time

Category 4 2023/2024

6:44:13 (90th Percentile)

Category 4 2022/23

6:16:32 (90th Percentile)

Category 4 2021/2022

5:13:05 (90th Percentile)

Category 4 2020/2021

2:29:08 (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 and tested fallback 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, 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	Form of statement	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 period.	Ambulance trusts	

NOTE: data for 2023/24 is year to date (YTD) *2 submissions made not available on national reporting as the time of report. Due to an electronic patient record outage submission of data has not been as per the national timetable. The months where cases were not available for audit are being completed and submitted.

Year	Compliance
2023/24	73.1% YTD
2022/23	62.6%
2021/22	64.48%

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). Quality improvement project commenced. SCAS is continuing to input into the national work on revising the ambulance quality indicators.

	Prescribed information	Form of statement	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	

NOTE: data for 2023/24 is year to date (YTD) in line with the national reporting validation processes. Due to an electronic patient record outage submission of data has not been as per the national timetable. The months where cases were not available for audit are being completed and submitted.

Year	Compliance
2023/24	98.4%
2022/23	98.3%
2021/22	98.07%

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 2023/24 against national average (YTD)

Clinical Quality Indicator	Lower	Upper	Difference	National Average	South Central	Greater or lower than Average
STEMI - Care	57.1%	94.8%	37.7%	76.4%	*73.1%	
Stroke - Care	89.1%	99.5%	10.4%	97.1%	98.4%	Greater

*2 submissions made not available on national report at time of writing.

Ambulance Clinical Quality Indicators YTD April to November 2022/23 against national average (YTD)

Clinical Quality Indicator	Lower	Upper	Difference	National Average	South Central	Greater or lower than Average
STEMI - Care	58.39%	96.84%	38.45%	74.96%	64.37%	Lower
Stroke - Care	93.17%	99.70%	6.53%	96.92%	98.04%	Greater

Ambulance Clinical Quality Indicators YTD April to March 2021/22 against national average (YTD)

Clinical Quality Indicator	Lower	Upper	Difference	National Average	South Central	Greater or lower than Average
STEMI - Care	60.00%	93.57%	33.57%	76.07%	65.14%	Lower
Stroke - Care	94.68%	99.25%	4.57%	97.41%	98.23%	Greater

	Prescribed information	Form of statement	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	

	Your Trust in 2023	Average (median) for ambulance trusts	Your Trust in 2022	Your Trust in 2021
"If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation"	61.96%	61.96%	63%	71%

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:

- Triangulation of intelligence from
    - National Pulse Survey/
    - New joiners / leavers surveys
    - Student placement feedback
    - FTSU themes
- Robust analysis at the People Committee

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

- Continued development of 'People Voice' portfolio. People Voice aims to gather and triangulate intelligence from many sources including:
    - Annual NHS staff survey
    - National Quarterly Pulse Survey
    - Monthly People Pulse
    - New joiners / leavers surveys
    - Student placement feedback
    - FTSU themes
    - Human Resources case themes

- Improvement programme including operational performance and culture
- Ensure staff feel listened to and valued building on our existing health and well being support
- Build our Quality Improvement programme to give staff the capability to make change and empower them in delivering continuous improvement

25	The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.	In 2023/24 there were 2234 patient safety incidents reported. Of these, 54 (2.4%) resulted in severe harm or death.

	2020/21	2021/22	2022/23	2023/24
Number of incidents	672	904	1720	2234
Number and % severe harm/death	29 (4.3%)	57 (6.3%)	12 (0.7%)	54 (2.4%)

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

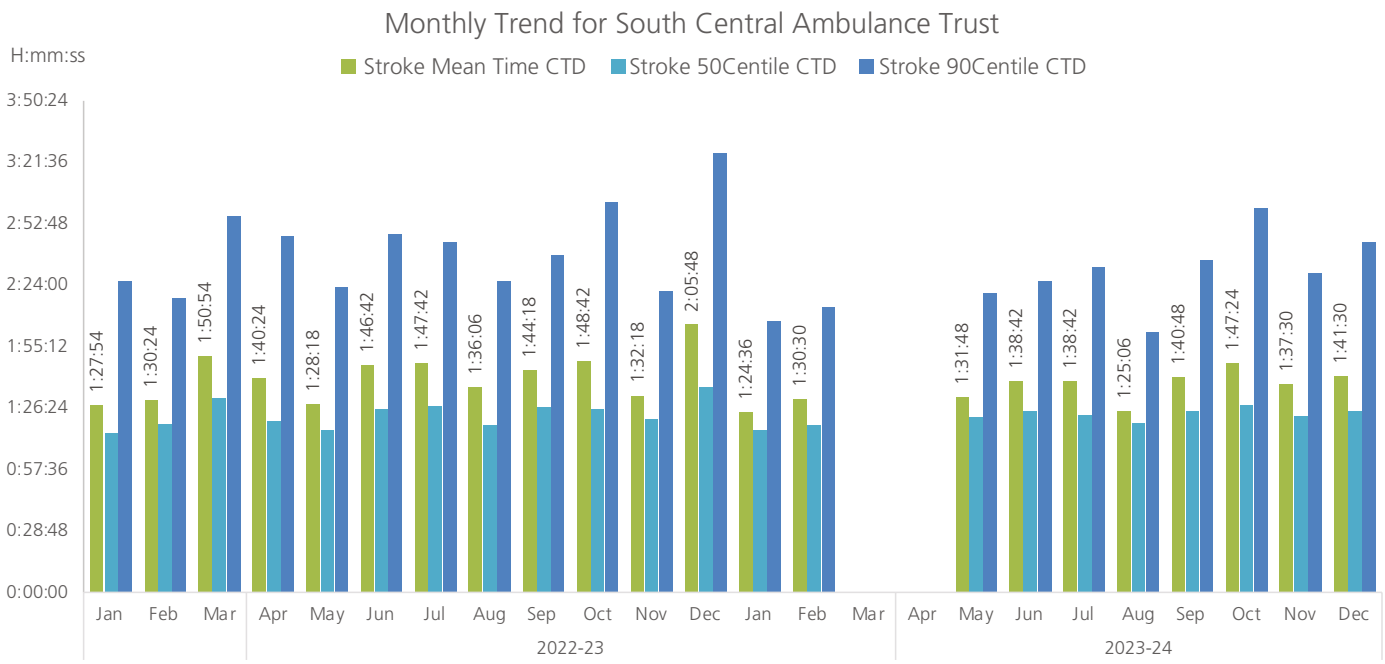
- Trust electronic reporting system (Datix) reports
- Minutes of the Datix administration group and LFPSE project group
- Board reports and scrutiny of data
- Patient Safety and Experience Committee data analysis
- NRLS confirmation

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

- Ongoing training for staff on incident reporting
- Reviewing numbers, severity and themes of incidents at the Patient Safety and Experience Committee
- Trust Board scrutiny
- Safety culture survey
- Campaign of awareness around incident reporting
- HEE patient safety training modules rolled out to all staff groups
- Transition from NRLS to the Learning from Patient Safety Events (LFPSE)
- Implementation of the new Patient Safety Incident Response Framework (PSIRF)

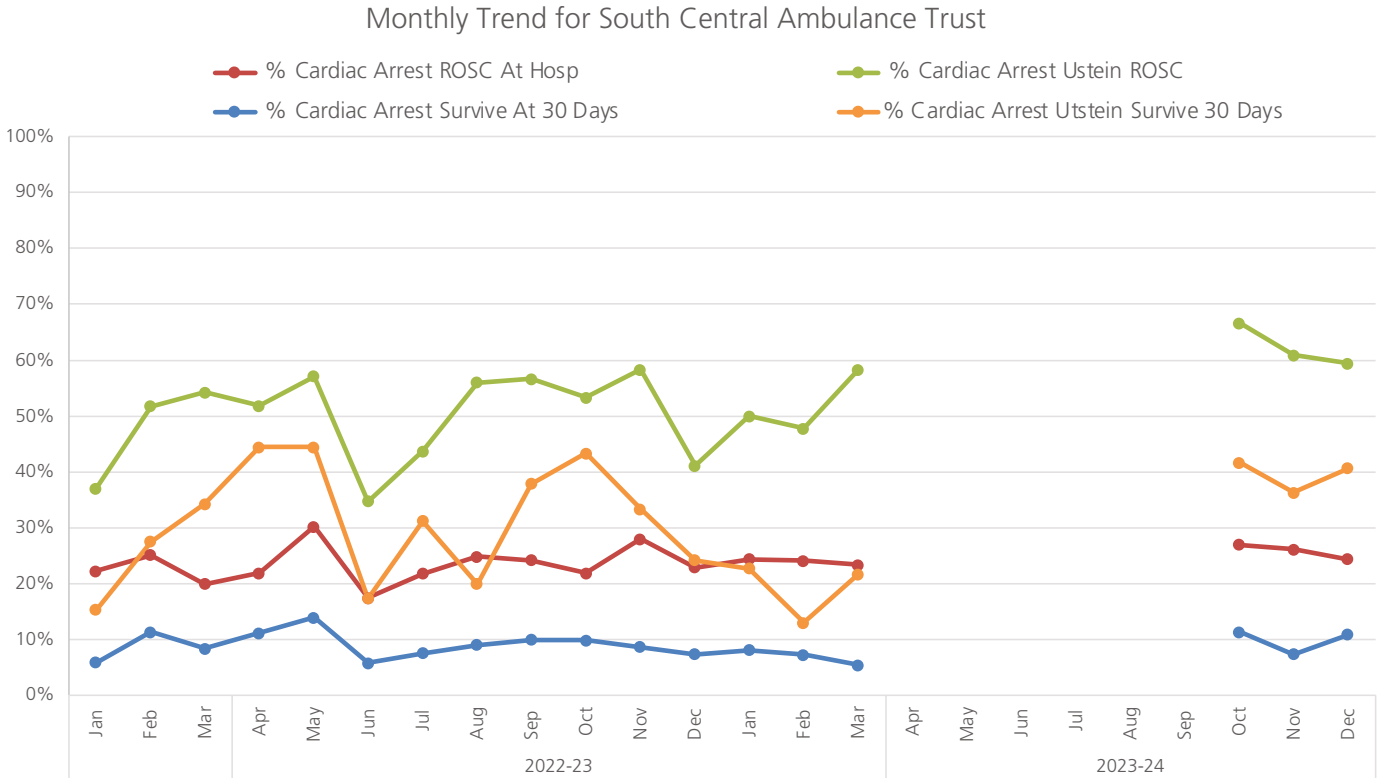
Stroke performance

The stroke ACQI datasets comprise of timeliness and care elements (diagnostic bundle). The national data submission for call to door indicator is shown below.



Return of Spontaneous Circulation (ROSC)

The charts below detail the current and historic SCAS ROSC rates for return of spontaneous circulation (ROSC) where the arrest was bystander witnessed and the initial rhythm was ventricular fibrillation (VF) or ventricular tachycardia (VT)



Due to an electronic patient record outage submission of data has not been as per the national timetable. The months where cases were not available for audit are being completed and submitted.

Learning from Deaths

27.1	The number of its patients who have died during the reporting period, including a quarterly breakdown of the annual figure.	During 01/04/2023-31/12/2023, 250 of SCAS patients met the Learning from Deaths criteria of requiring review following cardiac arrest. This comprised the following number of deaths which occurred in each quarter of that reporting period: 78 in the Q1; 55 in the Q2; 117 in the Q3;
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 31/12/2023, 250 case record reviews and 75 investigations have been carried out in relation to 59 of the deaths included in item 27.1. In 75 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: 6 in the Q1; 31 in the Q2; 38 in the Q3.
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.	0 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 Q1; 0 representing 0% for the Q2; 0 representing 0% for the Q3;
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	Documentation could have been improved in 14 cases. Crew feedback given in 1 case. Delayed response with no Datix created in 4 cases. Referral to external agencies in 3 cases.
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).	Feedback given to SCAS crews on improving documentation. Feedback to individual crew. Datix created for further investigation of delays. Feedback to external agencies of death.
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.	Monitoring documentation quality continues.

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 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.	Covered in 27.3.
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 2024/2025

1.0 Regulation assurance and compliance

The table below shows the current SCAS CQC rating.

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency operations centre (EOC)	Requires Improvement ▼ Aug 2022	Good ⋈ Aug 2022	Good ⋈ Aug 2022	Requires Improvement ▼ Aug 2022	Requires Improvement ▼ Aug 2022	Requires Improvement ▼ Aug 2022
Patient transport services	Requires Improvement ▼ Jun 2020	Good ⋈ Jun 2020	Good ⋈ Jun 2020	Good ⋈ Jun 2020	Good ⋈ Jun 2020	Good ⋈ Jun 2020
Emergency and urgent care	Inadequate ▼▼ Aug 2022	Requires Improvement ▼ Aug 2022	Good ⋈ Aug 2022	Requires Improvement ▼ Aug 2022	Inadequate ▼▼ Aug 2022	Inadequate ▼▼ Aug 2022
Resilience	Good Nov 2018	Good Nov 2018	Not rated	Good Nov 2018	Good Nov 2018	Good Nov 2018
Overall	Inadequate	Good	Good	Good	Inadequate	Inadequate

Overall ratings are from combining ratings for services.

2.0 CQC inspections

The Trust had a planned core service inspection of the Emergency Operations Centre and Urgent and Emergency Care service in April 2022. The Well-Led inspection was then undertaken in May 2022. The report, including ratings matrix, for this inspection was published on 25th August 2022. Following this inspection, a trust improvement plan was commenced.

2.1 Trust Improvement Programme

The SCAS Improvement Programme was established in August 2022 in response to the published CQC well-led inspection report. It is formed of four programmes of activity:

- Governance and Well-Led (led by the Chief Governance Officer (CGO)
- Culture and Staff Wellbeing (led by the Chief People Officer (CPO)
- Performance Improvement (led by the Executive Director of Operations); and,
- Patient Safety (led by the Chief Nursing Officer (CNO)

The early stages of the Improvement Programme were focussed on addressing the immediate concerns raised by the CQC through their 'Must Do' and 'Should Do' recommendations. Programme delivery transitioned in 2023/24 to a greater focus on embedding and sustaining improvements, with a drive to achieve the required 'Exit Criteria' to exit National Oversight Framework Level 4 (NOF4)

by demonstrating significant progress in how the Trust is governed and led, with a positive and safe culture for our staff and our patients.

The Patient Safety Programme consists of five workstreams:

- Safeguarding, Mental Health and Learning Disability;
- Patient Safety;
- Medical Devices;
- Medicines Management; and
- Infection Prevention and Control (IPC)

A significant amount of progress has been made within the Patient Safety Programme.

Key improvements from 2023/24 include:

SCAS Improvement Programme: Progress & Sustainability Update		**April 2024**	
Patient Safety [Helen Young]: Improvements in patient safety and experience, with evidence of effective systems and process in place around safeguarding and adverse incidents		**Progress**	**Sustainability**
Exit	Embedded section 4.2.1 and the 11 core arrangements within the Safeguarding Accountability and Assurance Framework	▶	▲
Exit	PSIRF plan developed, approved and published in partnership with the ICB with evidence of delivery against plan	▶	▲
Exit	Evidence of improvement in Patient Safety and Just Culture	▶	▲
Exit	Demonstrable improvement in learning from SIs (individual, organisation and system wide)	▶	▲
Exit	Evidenced improved management of SIs	▶	▲
Must	*The trust must ensure all staff complete safeguarding training at the role appropriate level and any additional role specific training in line with the trust target. Regulation 18 (2) (a)*	▶	▶
Must	*The trust must ensure that incidents are identified, reported and investigated in line with the NHS Serious Incident Reporting Framework, that action is taken to mitigate risks and that learning is shared across the organisation. Regulation 17 (2) (b) (e)*	▶	▶
Must	*The board must be sighted on accurate information about serious incidents occurring at the trust to enable strategic oversight and planning. Regulation 17 (2) (b) (e)*	▶	▶
Must	*The trust must ensure that where trends in adverse incidents are known that these are fully investigated, and action is taken to reduce future risks. 17 (2) (b) (e)*	▶	▶
Must	*The trust must ensure that it meets the statutory requirements of the duty of candour. Regulation 20*	▶	▶
Must	*The trust must provide a separate Mental Capacity Act (2005) Policy and ensure that staff understand the principles and application of the Mental Capacity Act (2005) Regulation 17 (1)*	▶	▲
Must	*The trust must ensure medicines are managed in accordance with the national guidance and that only authorised persons have access to controlled drugs. Regulation 12 (2) (7)*	▶	▶
Must	*The provider must ensure that systems and processes for managing safeguarding within the trust are adequately resourced, effective and monitored by the board. Regulation 13 (1) (2) (3)*	▶	▲
Should	*The trust should ensure that medicines are always kept safely, whether in stations or on vehicles*	▶	▲
Should	*The trust should ensure that any shortfalls in infection prevention and control are reviewed, and action taken where needed*	▶	▲

Q1 2023/24

- Statutory & Mandatory training enhanced for our staff in:

  - Mental Capacity Act

  - Patient Safety

  - Safeguarding (Face to Face training)
- New Standard Operating Procedures (SOPs) introduced in Safeguarding
- Improved thematic quality audits for Patient Safety Incident Reporting and Safeguarding Referrals
- Introduction of Sexual Safety Allegation Management Plan, better protecting our staff

Q2 2023/24

- Refreshed and sustainable internal delivery of face-to-face Safeguarding training
- Participation as keynote speakers at the NHS England Celebration of Innovation, relating to our improved Allegation Management practices

Q3 2023/24

- Quality Assurance visit, led by Hampshire and Isle of Wight (HIOW) Integrated Care Board (ICB), confirming significant improvements across the Patient Safety Programme and reduction of scrutiny measures
- Introduction of Safeguarding Supervision processes for frontline colleagues
- Roll-out out of Safeguarding training to volunteer colleagues (e.g. Community First Responders)

Q4 2023/24

- National Safeguarding Star Award for Leadership in Safeguarding for the Associate Director and Named Professionals (Adults & Children)
- Introduction of Supervision regime for Safeguarding professionals across our Safeguarding Service
- Delivery of the Patient Safety Incident Response Framework (PSIRF) leading to better learning from patient safety incidents

The chart below demonstrates quarterly compliance in the safety workstreams for improvement in 2023/24.

SCAS Improvement Programme Scorecard:				Patient Safety				March 2024	
No	Metric/s	Baseline (Date)	End Target (Date)	Quarterly Trajectories					Comments
				Aim/ Actual	2023/2024				
					Q1	Q2	Q3	Q4	
1	Increased number of Safeguarding referrals indicative of +ve reporting	12153 (30/09/22)	17956 (30/09/24)	Aim	14069	14772	15511	16287	5% target increase per Qtr. Q3. Data from SCAS BI/Doc-Works Q4. Data from Doc-Works
				Actual	16311	20458	22267	22773	
2	Compliance against trajectory of Level 3 Safeguarding training	6% (30/09/22)	90% (31/03/24)	Aim	46%	60%	70%	90%	Trust-wide compliance figure. Q4. Impacted by competence expiry/new starters.
				Actual	49%	60.75%	82%	82%	
3	Self-assessed compliance against SAAF to safeguard children, young people & adults	20% (30/09/22)	100% (Q4 23/24)	Aim	70%	80%	90%	95%	Calculated percentage against tasks aligned to SAAF. Q4. No change
				Actual	94.5%	94.5%	97.8%	97.8%	
4	Improvement in Patient Safety Culture Survey (MaPSaF) response rates	3% (28/02/23)	7.5% (30/09/24)	Aim	N/A	N/A	N/A	5%	Repeated every 6/12. Q4. 1008/4500 respondents. Survey closed 29/02/2024
				Actual	N/A	N/A	N/A	22.4%	
5	Incident report audit using a Quality & Maturity tool to evidence Well Led and cultural change	0 (31/03/23)	40 (31/03/24)	Aim	10	10	10	10	Audits to assess quality of SI, DI and Low/No Harm reporting. Q4. On track
				Actual	10	10	10	10	
6	Medical Device Audit – % compliance against schedule (Zoll X-Series)	Not Known (30/09/22)	>95% (Q1 24/25)	Aim	>90%	>90%	>90%	>90%	Increase (to >95%) dependent on intro of Asset Management system. Q4. Current compliance position
				Actual	93%	93.4%	97%	95.4%	
7	Decrease in number of medicines unaccounted for/loss	New for 23/24 IPR	<15 (Post Q3 23/24)	Aim	N/A	N/A	<15	<15	IPR compliance data (new in 23/24) Target set following Q3 data and based upon 5 or less losses/ month. Q4. Data set complete
				Actual	34	82	11	15	
8a.	IPC audit: % compliance against buildings cleanliness target	80% (30/09/22)	95%	Aim	95%	95%	95%	95%	IPR compliance data. Q4. Data set complete
				Actual	80%	77.9%	87.3%	92.5%	
8b.	IPC audit: % compliance against vehicles cleanliness target	91% (30/09/22)	95%	Aim	95%	95%	95%	95%	IPR compliance data. Q4. Data set complete
				Actual	96.5%	93.1%	93.3%	98.5%	

3.0 Quality Improvement

All NHS providers are expected to embed an approach to continuous improvement aligned to NHS IMPACT. The CQC well-led framework includes specific requirements to embed continuous quality improvement and innovation. QI is clearly stated in the Patient Safety Strategy and the move to PSIRF.

We continue to build capacity in Quality Improvement across the trust by utilising our NHS Elect membership to train cohorts of staff to become QI Champions. These champions all have the experience of taking a small-scale QI project through to its conclusion and using improvement methodologies. Those trained will be able support where they become aware of a member of staff with an improvement project they want to take forward.

We are still defining what the structure and leadership of a QI faculty would look like and formulating a strategy. But until this is set our training and support ensures that the organisation is talking more and using the language of QI. We also have a few trained QI coaches and are developing the capacity to deliver in-house QI training and support for coaches.

Engagement with improvement groups in HIOW and BOB ICS continues. System wide improvement and learning is increasingly shared in these forums.

The NHS Impact self assessment has been completed in year and a plan for developing quality improvement in the trust in 2024/25 has been drafted.

4. Freedom to Speak Up (FTSU)

The four key elements of the FTSU Guardian role can be seen in the diagram below:

FTSU Champions

Our FTSU Guardian team is also supported by a growing, diverse and far-reaching network of FTSU Champions.

This important role of FTSU Champions is voluntary and appointees carry out this work alongside their substantive posts.

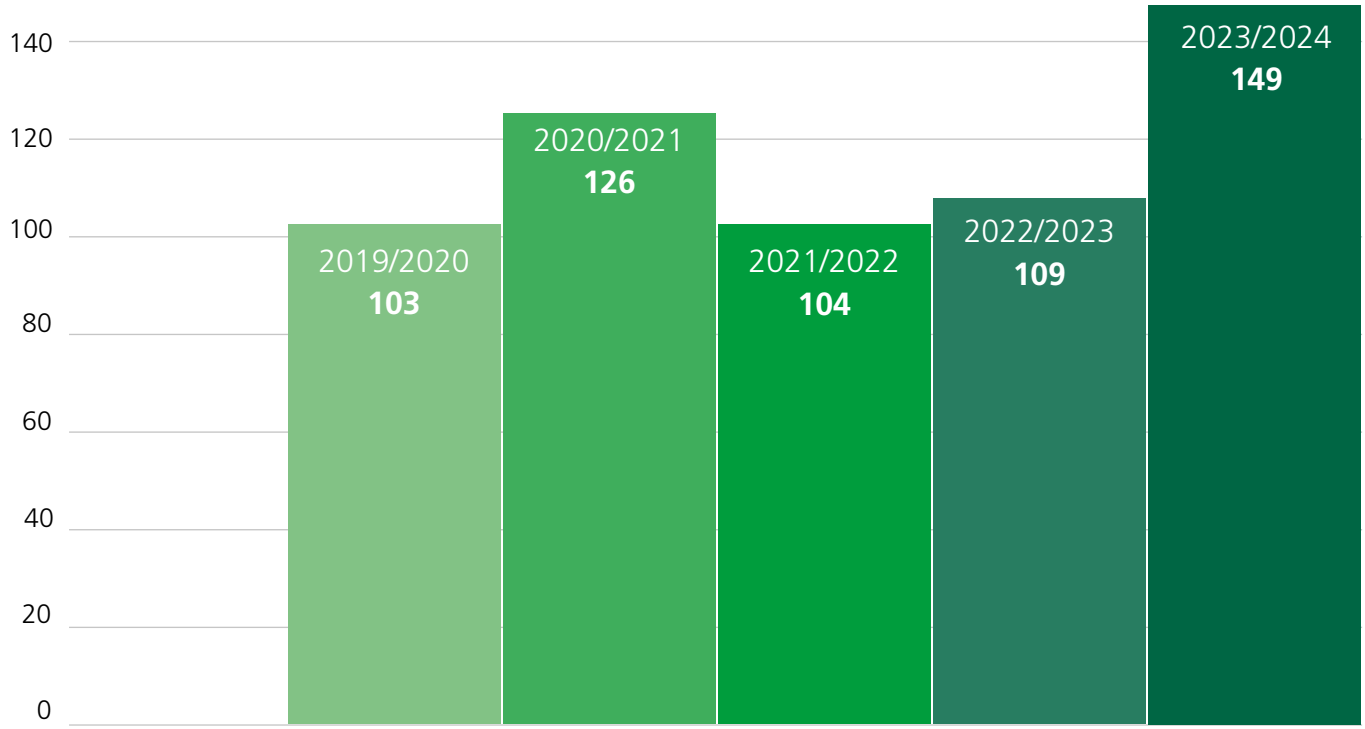
Their role is to raise awareness of FTSU by being visible and accessible, role modelling the values and behaviours associated with Speaking and Listening Up, provide signposting and support to individuals who need to raise concerns and to escalate issues that must be acted on involving safety or safeguarding.

During 2023/24, there has been ongoing expansion of the FTSU network of FTSU champions across SCAS. There are 38 Champions accessible to support staff. Staff are informed they can contact any Champion across SCAS regardless of role or location.

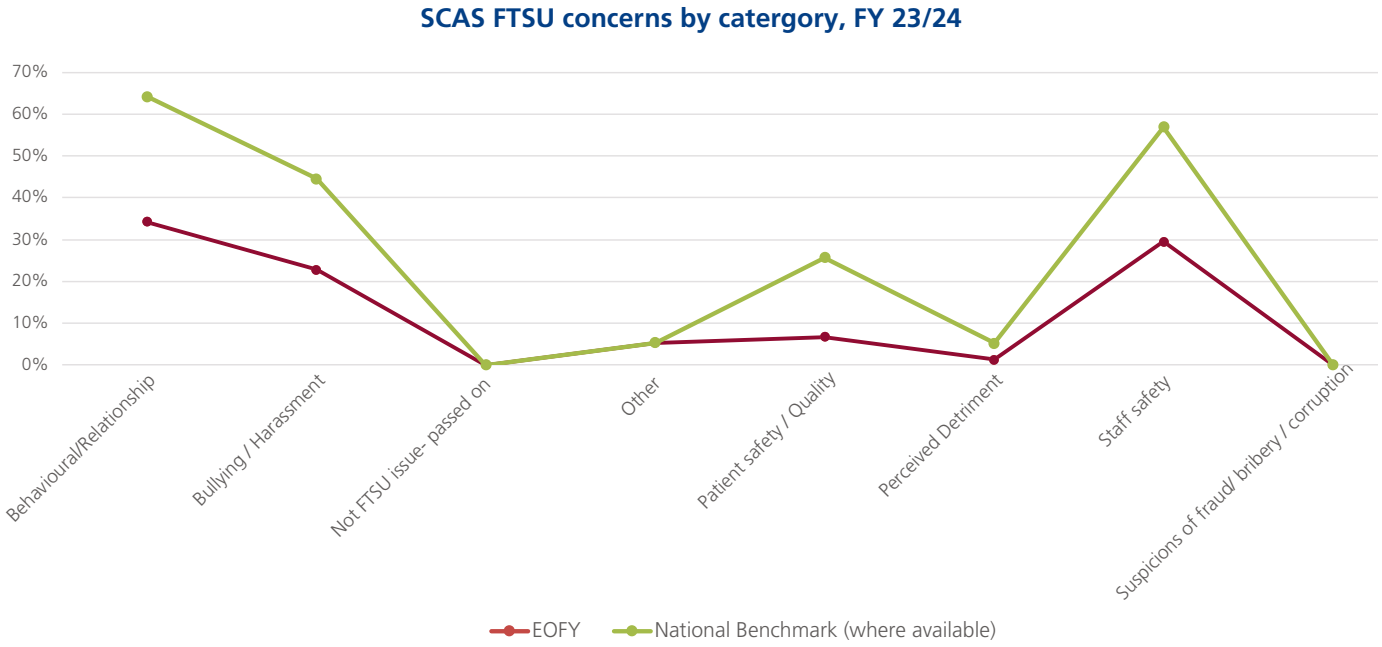
Overview of cases raised via FTSU and user feedback

During 2023/24 the Trust has seen an increase in the number of concerns raised via our FTSU team. The chart below shows that 149 concerns were reported to the Team during this period. Comparison numbers from the previous year is also provided in the charts below.

SCAS FTSU - Numbers of concerns by year



The primary category of concerns, compared with national benchmarks, can be seen in the chart below.



The FTSU team work closely with the Safeguarding, Human Resources (HR) and Equality, Diversity & Inclusion (ED&I) and Staff network leads.

The team participate in workshops on Sexual Safety at various levels across the Trust including Trust Board and promote Speaking, Listening and Following relating to sexual safety. The FTSU team contribute to educational training packages and poster material relating to sexual safety. Latterly in 2023/24 successfully, with the assistance of the system manager, added 'sexual safety' as a tertiary reason for the concern, this will improve reporting and monitoring of these types of FTSU cases going forward.

In 2023/24 the Trust updated the policy ***'SCAS Freedom To Speak Up'***, other Speaking Listening and Following up guidance, workshops, Teams drop in calls, eLearning and Hub pages, organisational transformation, and our networks, will help leaders turn the policy into a healthy and supportive Speak, Listen and Follow Up culture.

Following external review from one of our Integrated Care Boards, the completed SCAS NHSE Reflection and Planning Tool was presented to Trust Board in Summer 2023, with an update being provided through our approved governance channels to the Trust Board via our People and Culture Committee Chair in January 2024.

The Trust is compliant with the NHSE ask of all Trust Boards to be able to evidence by the end of January 2024 that this had been undertaken.

FTSU eLearning

To demonstrate its commitment, all three modules of the National eLearning 'Speak Up' 'Listen Up' and 'Follow Up' became part of SCAS's Mandatory training in 2023/24, in this first year 5,410 people completed this eLearning.

This formal eLearning is also supported by our; SCAS leaders, Just and learning culture, Essential Skills for People Managers (ESPM), Civility, and the upcoming Patient Safety Incident Response Framework (PSIRF) work streams.

Freedom to Speak Up Month

Freedom to Speak Up Month in October 2023 provided an opportunity to raise awareness of how much we value Speaking, Listening and Following Up at SCAS.

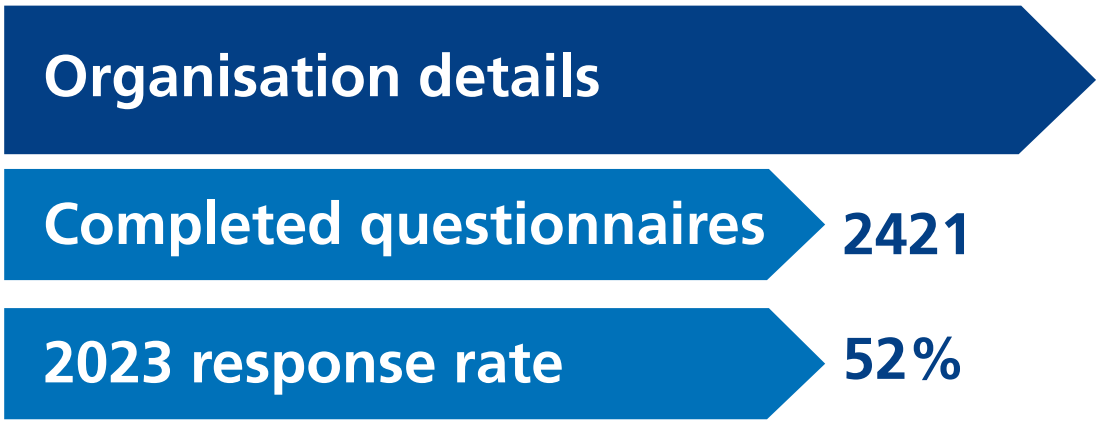
This year's theme was '***Breaking Barriers***', focusing on removing the barriers that can stop workers from speaking up.

FTSU Month in 2023/24 started with the two-day Association of Ambulance Chief Executives (AACE) Ambulance Leadership Forum (ALF) conference (with the contents of the SCAS Speakupulance).

5.0 2023 Staff Survey results

NHS Staff survey

The NHS staff survey is completed in October and November of each year. Each question feeds into one of nine sections - the seven promises + two themes (staff engagement + morale). For example, 'We are always learning' is made up of the nine questions about appraisal and development opportunities.



In 2023 there was a slight increase in the survey response rate compared to the previous year.

47.08% (q25c) Would recommend the organisation as a place to work

61.96% (q25d) If a friend/relative needed treatment would be happy with the standard of care provided by the organisation

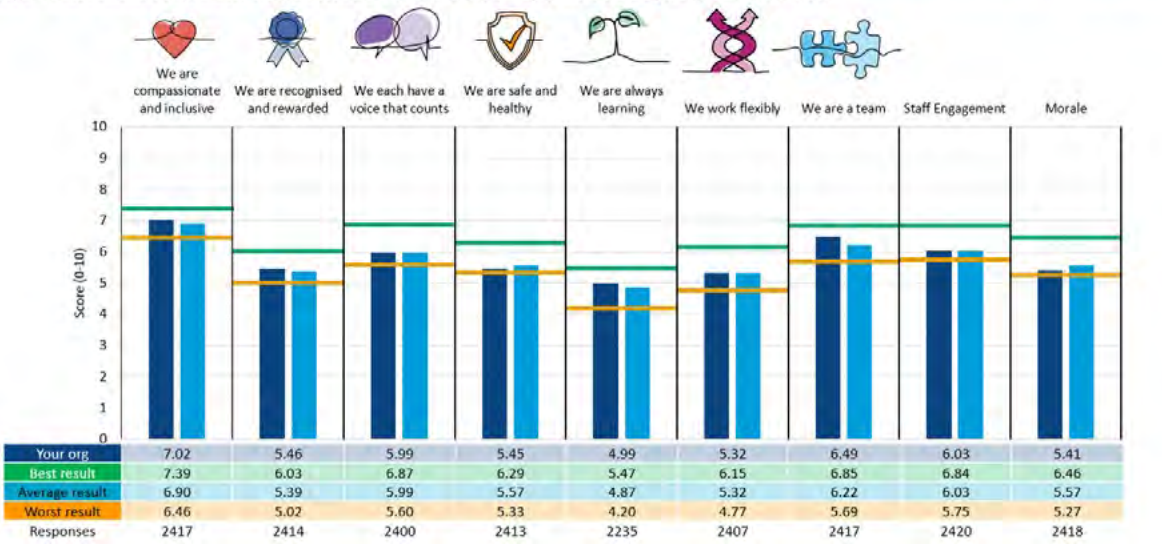
60.90% (q25a) Care of patients/service users is the organisation's top priority

This year we compared all provider trusts in southeast region. Compassion and team involvement are high; Health and Safety and morale is slightly lower than average.

People Promise elements and themes: Overview

Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

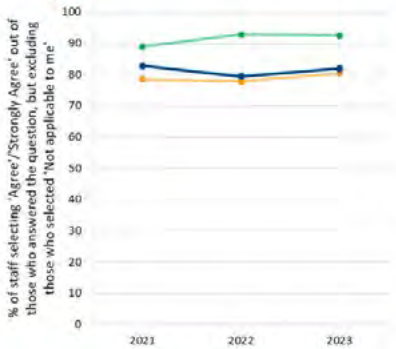


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.02	5.46	5.99	5.45	4.99	5.32	6.49	6.03	5.41
Best result	7.39	6.03	6.87	6.29	5.47	6.15	6.85	6.84	6.46
Average result	6.90	5.39	5.99	5.57	4.87	5.32	6.22	6.03	5.57
Worst result	6.46	5.02	5.60	5.33	4.20	4.77	5.69	5.75	5.27
Responses	2417	2414	2400	2413	2235	2407	2417	2420	2418

People Promise elements and theme results – We are compassionate and inclusive: Compassionate culture

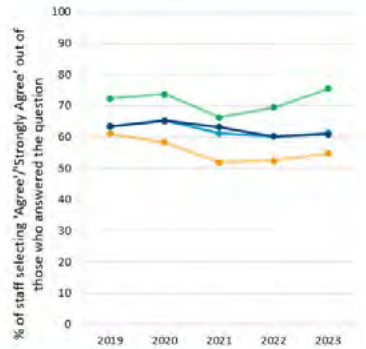
Survey Coordination Centre NHS

Q6a I feel that my role makes a difference to patients / service users.



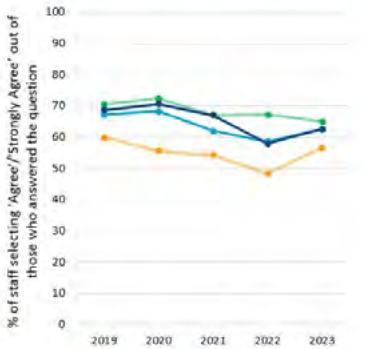
	2021	2022	2023
Your org	82.66%	79.34%	81.87%
Best result	89.04%	92.88%	92.53%
Average result	82.66%	79.60%	82.01%
Worst result	78.53%	77.79%	80.41%
Responses	2499	2106	2331

Q25a Care of patients / service users is my organisation's top priority.

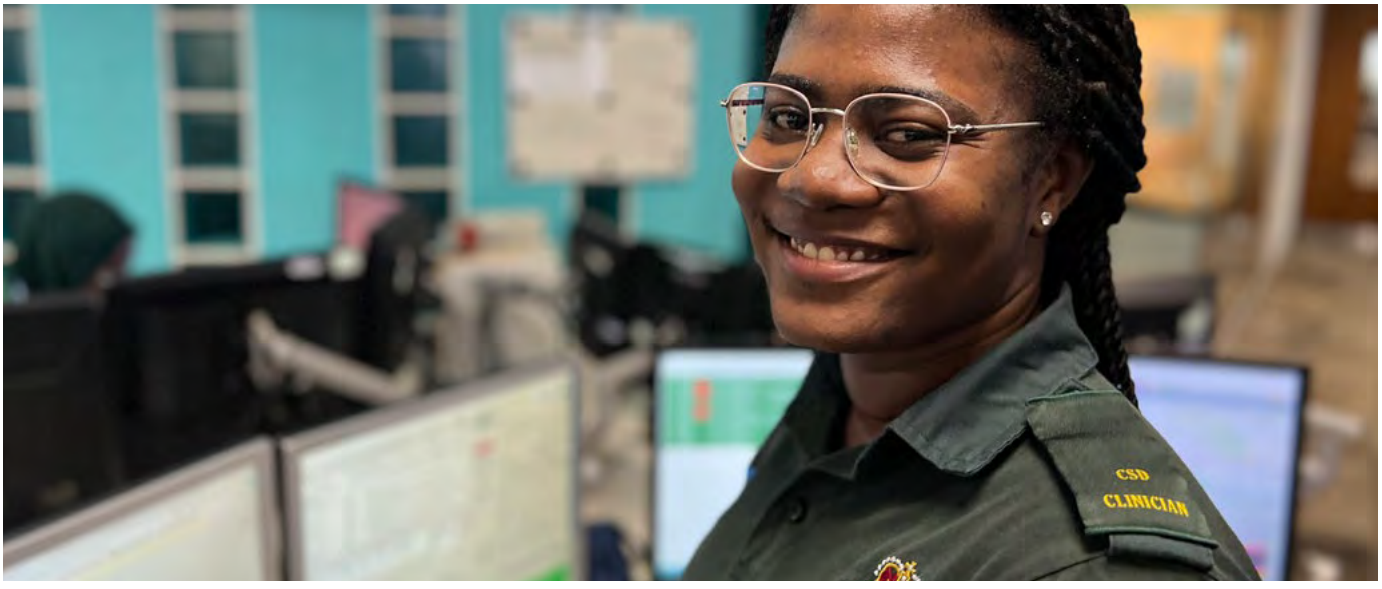


	2019	2020	2021	2022	2023
Your org	63.30%	65.25%	63.24%	60.22%	60.90%
Best result	72.41%	73.66%	66.32%	69.45%	75.45%
Average result	63.30%	65.25%	61.20%	60.22%	61.29%
Worst result	60.96%	58.29%	51.86%	52.38%	54.72%
Responses	2419	2650	2530	2181	2405

Q25b My organisation acts on concerns raised by patients / service users.



	2019	2020	2021	2022	2023
Your org	68.74%	70.64%	67.08%	57.93%	62.53%
Best result	70.39%	72.40%	67.08%	67.21%	64.93%
Average result	67.14%	68.32%	61.98%	58.59%	62.53%
Worst result	59.75%	55.58%	54.17%	48.37%	56.58%
Responses	2418	2650	2529	2182	2406



Quality Priorities for 2024/25

Patient Safety

1S. Recruitment of patient safety partners

Why we have chosen this priority

The introduction of patient safety partners will be the start of the journey that will help change how SCAS approach patient involvement.

SCAS is required to include two PSPs on safety related clinical governance committees (or equivalent) and for them to have received the required training. Once trained the PSP's will be involved in all relevant strategic patient safety activity.

The framework for involving patients in patient safety is relevant to all NHS trusts that are considering how they can involve patients in safety.

The framework is split into two parts:

- Part A: Involving patients in their own safety
- Part B: Patient safety partner (PSP) involvement in organisational safety

What we will do

We will submit a business case for the recruitment and enumeration of PSPs in quarter one and by the end of quarter two, will have successfully recruited to patient safety partners. During the quarter three and four we will establish priority work streams for the PSP's to be involved in and will embed them into safety review panels.

We will provide an open update report to the Patient and Safety Experience Committee, Quality and Safety Committee and Trust Board on the status of the implementation.

Implementation Lead

Assistant Director of Patient Safety - sponsored by the Chief Nurse

2S. Ensure appropriate and proportionate management of patient safety incidents (PSI) using a quality maturity tool.

Why have we chosen this priority?

As part of the SCAS Safety Improvement Programme a scorecard has been developed. The scorecard provides quarterly metrics to demonstrate trajectories toward specified continuous quality improvement objectives. One of the metrics is to ensure appropriate and proportionate management of patient safety incidents (PSI) using a quality maturity tool.

The patient safety team will implement quality metrics audit to support improved assurance of the quality of PSIRF learning responses. This activity will be undertaken six monthly and will support us in measuring our quality improvement in the execution management and evaluation of a patient safety incident investigations.

What will we do?

The audit tool has already been tested evaluated and outcomes shared. We will undertake the first formal audit outside testing. By the end of quarter two and will benchmark a minimum of 50% of PSII's that have been undertaken.

We will provide a formal audit report through the relevant governance committees PSEC, quality and safety and Board.

Implementation Lead

Assistant Director of Patient Safety - sponsored by the Chief Nurse

3S. Provide assurance that the organisation has sufficiently accredited trained staff in place to support delivery of learning responses in line with Patient Safety Incident Response Framework (PSIRF)

Why have we chosen this priority?

The Patient Safety Incident Response Framework (PSIRF) advocates a co-ordinated and data-driven approach to patient safety incident response that prioritises compassionate engagement with those affected.

i. Embeds patient safety incident response within a wider system of improvement.
ii. Prompts a significant cultural shift towards systematic patient safety.
iii. Management

What we will do

Identify the members of staff who need to be trained and the type of training required to meet the requirements under the Patient Safety Incident Response Standards which are set down to ensure that organisations meet the minimum expectations of PSIRF. Cost of the training programme and determine how the training will be delivered so that there is minimum interruption to service delivery.

By the end of quarter one we will have identified the accredited training providers and sought approval for funding. By the end of quarter two we will have identified the cohort of staff required to complete the training and have agreed the trajectory for the numbers of staff to be trained within 2024/2025.

Implementation Lead

Assistant Director of Patient Safety - sponsored by the Chief Nurse

Clinical Effectiveness

1C. To report on Category 1 - 4 performance

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 - sponsored by the Chief Operating Officer and Medical Director

2C. To report on national stroke/STEMI care bundle compliance

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

Assistant Director of Quality - sponsored by the Chief Operating Officer and Medical Director

3C. To report on national falls indicator

Why we have chosen this priority

Falls is an area of national focus and improvements in care are a focus.

What we will do

Complete national audits and implement focused quality improvement work on areas where improvement is required.

Implementation Lead

Assistant Director of Quality – sponsored by Chief Medical Officer

4C Enhanced CFR - falls care (audited and linked to experience for staff and patients – Year 2

Why we have chosen this priority

Falls, especially in older people, are associated with poor outcomes. A quick response to patients that have fallen, especially those that suspect no injury can avoid a potential admission to hospital and further harm if assisted up in a timely way, after assessment.

What we will do

In 2023/24 the Trust has reported on expanding our CFR response to patients that fall to improve their outcomes. In 2024/25 we will audit the experience of staff and patients in this service.

We will continue our project utilising volunteer responders with extended skills to attend calls as determined by a clinician in the clinical coordination centre (CCC). The volunteers will be able to utilise the 'GoodSam' video link when necessary to allow the CCC clinician to visualise the patient and use the volunteer responder to carry out essential observations, gaining a history, and general environmental overview of the patient and their surroundings. By doing this we will avoid the patient waiting on the floor for an unnecessary ambulance attendance.

We will assess the impact on the patients themselves and on service delivery. We will collect data to inform and evaluate the project and look at possible investment in dedicated clinical resource to allow discharge at scene.

Implementation Lead

Head of Operations – Community Engagement and Training - sponsored by Chief Operations Officer.

Patient Experience

1P. Audit the Healthcare Professional Feedback (HCPF) process to action and learn from feedback received which requires a 'Patient Safety' response and link with LFPSE

Why we have chosen this priority

This priority follows continuing improvement work following an audit in Q4 2023/24. In doing this we hope to be able to increase any learning from facts fedback to us to extract more meaningful ways in which learning/improvements can be disseminated.

What we will do

Review and implement a tiered HCPF process after consulting with stakeholders to differentiate patient safety events from comment only.

Audit the process and changes in Q3.

Implementation Lead

Head of Patient Experience sponsored by Chief Nurse

2P. Conduct a thematic analysis of compliments received to ensure learning from 'what has gone well' and the themes in order to disseminate best practice to service areas.

Why we have chosen this priority

Compliments are shared with Divisional leads and individuals; however thematic reviews are not regularly undertaken in order to share best practice.

What we will do

Analyse compliments and extract themes and then disseminate using a variety of communications tools and methods.

Implementation Lead

Head of Patient Experience sponsored by Chief Nurse

3P. Further develop the Patient Panel including continued recruitment and report on improvements then analyse the output from Patient Panel to inform quality improvement projects.

Why we have chosen this priority

The Trust has introduced a Patient Panel (also known as a Patient and Public Council) to hear from patients and their relatives/carers regarding the care and services provided to them. This panel will assist in identifying what matters most in our local communities and give members of the public a voice to have their views acknowledged and where possible acted on.

What we will do

Continue to learn from best practice and engage with other NHS Patient Panels

Quality Improvement projects plans informed by Patient Panel.

Scope consult and co-production areas for patients and panel members to be involved in.

Implementation Lead

Patient and Public Engagement Facilitator sponsored by Chief Nurse

Annex 1:
Statement from commissioners – NHS Hampshire and Isle of Wight Integrated Care Board

Please find below, the formal response to your Quality Account for 2023/24 from Hampshire and the Isle of Wight Integrated Care Board:

Hampshire and the Isle of Wight Integrated Care Board (ICB) would like to thank South Central Ambulance Service NHS Foundation Trust for the opportunity to comment on their quality account for 2023/2024.

We are satisfied with the overall content of the Quality Account and believe it meets the mandated elements.

We have worked alongside South Central Ambulance Service NHS Foundation Trust to seek assurances that the care provided by them meets the required standards for safe, effective care and that experience is key to those accessing it, taking action for improvement where necessary.

We supported South Central Ambulance Service NHS Foundation Trust's 2023/24 quality improvement priorities. It is pleasing to note that whilst not fully achieving all their key priorities, considerable improvements in several areas are evident, including:

- implementation of the Patient Safety Incident Response Framework
- working with patients to ensure their voice is heard as part of quality improvement work, for example with the Patient Panel and the Non Emergency Patient Transport patients undergoing chemotherapy

We also recognise South Central Ambulance Service NHS Foundation Trust's commitment and progress made with the Recovery Support Programme.

It is recommended that the impact the 2023/24 priorities have had on patient outcomes continues to be monitored during 2024/25.

Following the outcome of the Care Quality Commission visit in April 2022, we recognise South Central Ambulance Service NHS Foundation Trust's commitment in making the necessary improvements and, along with NHS England have been supporting the organisation in their improvement journey. We are pleased to note continued progress in a number of areas and commend the Trust for the excellent improvement they demonstrated in relation to Safeguarding Training with levels 1 and 2 exceeding 95%. We will continue to provide the necessary level of support to the organisation during 2024/25.

Hampshire and Isle of Wight Integrated Care Board welcomes the 2024/25 priorities outlined in the Quality Account and looks forward to South Central Ambulance Service NHS Foundation Trust sharing improvements and examples of best practice/innovation at our System Quality Group.

We would like to thank South Central Ambulance Service NHS Foundation Trust for inviting us to participate in internal quality meetings and quality visits to support our assurances processes. Thank you for supporting local and system quality improvement by being an active, respected, and valued member of the:

- local quality group
- the Hampshire and Isle of Wight System Quality Group
- the Patient Safety Specialist Network

Overall, we are pleased to endorse the Quality Report for 2023/24 and look forward to continuing to work closely with South Central Ambulance Service NHS Foundation Trust during 2024/25 in further improving the quality of care delivered to our population.

Your sincerely
Nicky Lucey
Chief Nursing Officer

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:
    - board minutes and papers for the period April 2023 to March 2024
    - papers relating to quality reported to the board over the period April 2023 to March 2024
    - feedback from commissioners dated 10/06/2024
    - feedback from governors dated 16/06/2024
    - feedback from local Healthwatch organisations 29/05/2024
    - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 01/06/2023
    - the national staff survey 20/03/2024
    - CQC inspection report dated August 2022
- the quality report presents a balanced picture of the NHS foundation Trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report

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	**Chief Executive**
30 JUNE 2024	30 JUNE 2024

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

T: 01869 365000

scas.nhs.uk
communications@scas.nhs.uk