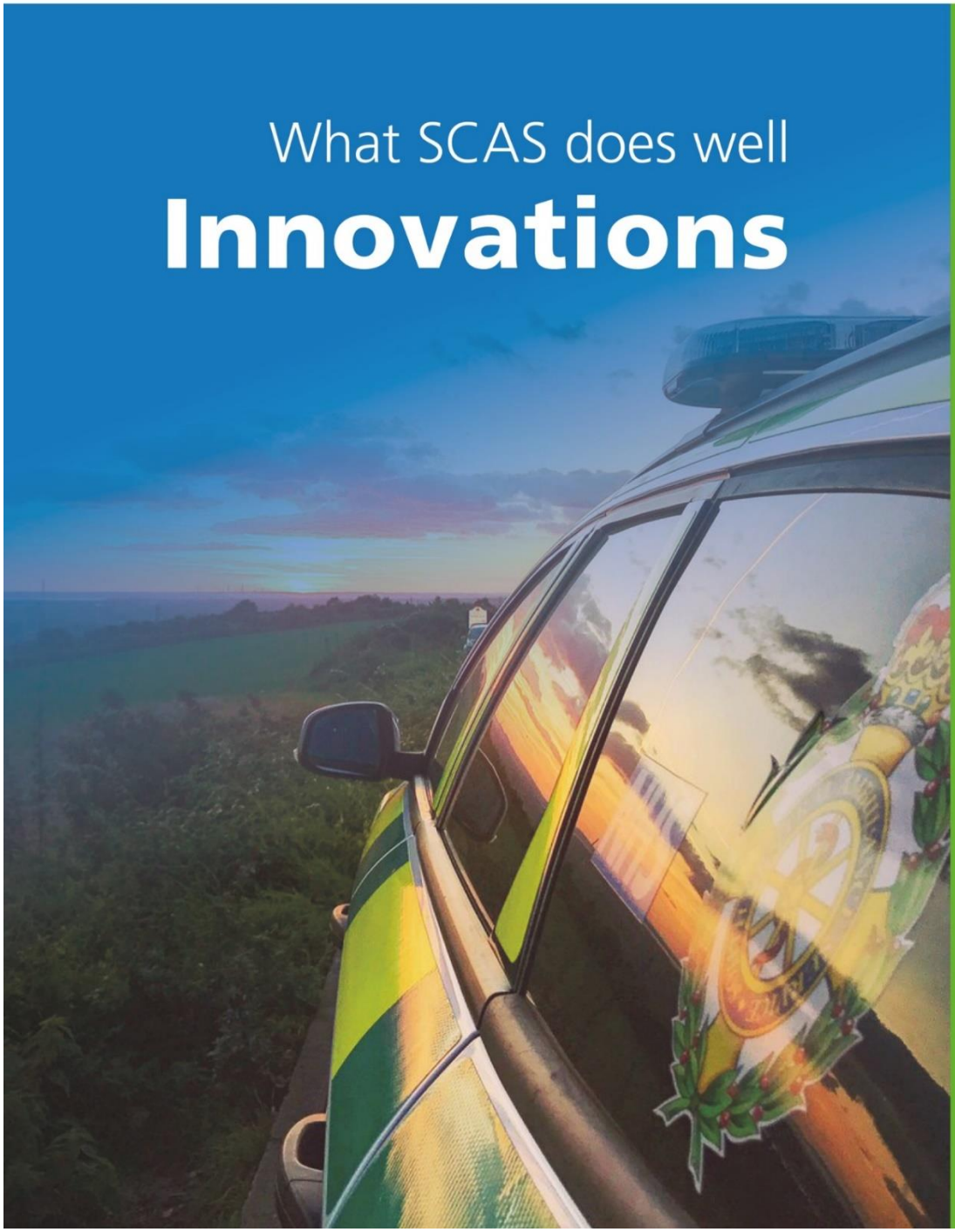
NHS
South Central Ambulance Service
NHS Foundation Trust

What SCAS does well

Innovations



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Examples of innovations and projects across SCAS

Introduction

Our rapidly changing World generates plenty of challenges, but also opportunities. Choosing whether to embrace innovation or not, whether to be ambitious or not, and seeking to continuously improve or not, is in our view a value judgement. So, one of our core values is Innovation and to further re-enforce this we share widely the great work that staff are undertaking across the trust to better support patients and each other. Included here are our latest examples of where staff are seeing potential improvements and making them happen, in addition to planned quality improvement activities. The areas are grouped under our four Organisational Development ambitions. To be:

Provider of Choice, Partner of Choice, Employer of Choice, Sustainable and Efficient

The improvements articulated here have the aim of making our services safer and more responsive to the needs of patients in these times of universal high demand. From talent management to trauma teddies to using data to ensure our staff have the right clinical focus, there are examples of new ways of working. With innovation of this type nothing is ever finished, it just becomes integrated into our business as usual. This requires a fertile and open culture of listening and reporting and learning; of trialling and sometimes failing but always learning and supporting. In a busy organisation innovation and new ways of working need our attention and engagement so we have established our own way of leading and managing currently being delivered to all our management team – The SCAS Leader Programme. To ensure

our culture of continuous improvement is fully sustained and we achieve of Vision of ‘Towards Excellence’ and live our value of Innovation.

I am incredibly proud to lead an organisation where staff and volunteers strive to innovate and develop our service with high standards of patient care at the centre of this. There will always be support for innovation at SCAS.

Will Hancock, Chief Executive

Provider of Choice

Sharing Learning from incidents and errors

SCAS are keen to share the learning from serious incidents, but it can be very challenging to communicate learning points with staff not based in one location. Staff are often immediately 'out on the road' when they book on duty which also makes them hard to reach.

Clinicians will have to demonstrate that they keep up-to-date with learning. Therefore, SCAS write-up serious incident investigations into editions of SCAScade. A SCAScade is a learning tool that encourages reflection on clinical details and decision making in incidents. They are written in conjunction with the staff directly involved with the incident, as they are often the best equipped staff to share the learning. In the process of writing a SCAScade, we involve patients, staff, relatives and experts. This allows these cases to be used as CPD opportunities. This ensures that we have individual and organisational learning across the trust.

National Early Warning Score 2

SCAS were the first ambulance trust in the UK to implement the latest national early warning score (NEWS2) into frontline clinical practice. This version of NEWS helps clinicians by acknowledging that patients with chronic respiratory disease will have a different normal range for observations.

Our electronic patient record system now automatically calculates a NEWS2 score so that our staff can more accurately recognise our most unwell patients. Depending on the output of the NEWS2 score, we have clear guidance provided for crews to decide on the urgency of a patient's transport to hospital.

NHS '*What Matters to You'* Day – 6th June 2019

SCAS participated in the Institute for Health Improvement programme '*What Matters to You'* on 6th June 2019. This is an international campaign, the aim of the day is to encourage and support more conversations between people who provide health and social care and the individuals, families and carers who receive that care. In order to shift the focus from ***'what is wrong with you' to 'what matters to you'.*** In 2017 over 600 organisations took part, with the number growing each year.

SCAS committed to try to speak with 200 patients that had contacted one of our four services on 6th June 2019. Fifty names and patient contact details from each service were supplied to the Patient Experience (PE) Team. The PE Team attempted outbound calls to the 200 patients' names supplied. We were able to have useful conversations with 82 patients that agreed to take part in the programme. Each person was asked three open questions to generate a discussion and obtain narrative feedback regarding their experience of our service. Patients were also asked what would matter most to them if they needed to contact our service in the future.

When we spoke with patients, we explained that we want to understand the things that are most important to them personally when they use our service, '*what really matters to you*'. We explained this could be something specific or something general. We explained that their feedback would help us to focus our improvements.

Our three questions for 2019 were:

1. Tell us what went well when you had contact with us.
2. Tell us what did not go well when you had contact with us.
3. Thinking about when you might contact our service in the future, please tell us what matters to you most; for example, what are the things that are important to you when you use our service, or, when you have a good service from us, what are the things that make it good?

In summary, our patients overwhelmingly told us that what they wanted most from our service was:

- ✓ to get help quickly
- ✓ being kept informed
- ✓ being treated with respect and compassion.

Simbulance

The Simulation Centre and Simbulance provide training above and beyond SCAS's core training syllabus. Simbulance is a training ambulance used to provide a realistic environment for staff to undertake simulated scenarios in. It can be used within the centre to enhance the overall experience or provide a mobile training environment for staff who can find it difficult to travel to our central simulation centre. It comes complete with a control room and observation area to provide inclusive learning to those watching, promoting discussion and learning opportunities. This year to date 450 staff have been through the Simulation Centre or Simbulance as a learning opportunity.

The simulation centre itself comprises of 4 rooms and 2 portable camera systems that can be used to create a variety of different environments from bedroom, kitchen, outside space, etc. These rooms are used to see what response a patient initially receives before going into the ambulance. It also has a control room to coordinate the activities and a debriefing room to discuss learning points.

We use a structured debriefing model to conduct our debriefs which draw upon staff emotions, human factors and clinical algorithms to ensure that all staff learn from the scenarios that take place.

The courses/services that we run are varied. We provide a Maternity course called PHONE (Pre-Hospital Obstetric Neonatal Emergency) to our staff and the Air Ambulance service which brings Paramedics and Midwives together for a combined learning experience. We run a series of courses called Module a Month which has focused on providing bespoke training around neurology, cardiology, respiratory, abdominal assessments and the paediatric patient.

The centre has run courses around clinical decision making, human factors, resuscitation, situational awareness and inter-professional communication looking at the non-technical skills which are so important within our organisation and profession.

We have run around five Young Ambulance Citizens Courses where we have invited colleges into the centre to give them an insight into what it is like working for the ambulance service. With 80 students coming through, we provided several scenarios looking at jobs in the control centre, initial responses to scene management and sepsis.

The Simulation Centre are now conducting the pre-employment assessments for all Clinical Mentors and Team Leader appointments. During this process clinical mentors are expected to show both sound clinical ability and mentorship qualities. During the Team Leader assessments, potential candidates are expected to demonstrate leadership behaviours and the ability to debrief the staff affected. This helps to ensure that the candidates appointed to management roles have the skills and attributes required. For unsuccessful candidates support and feedback is given on development areas.

Moreover, we invite Clinical Teams into our centre for team training days, running clinical scenarios and looking at human factors. We also provide First aid at Work (FAAW) scenarios to our Ambulance Care Assistants and CFR's.

The table below demonstrates the number of each skill set in emergency and urgent care in comparison with the previous year:

Education Centre		2018/19	2019/20
Nursling	Emergency Care Assistant	**22**	**70**
	Newly Qualified Paramedic	**21**	**22**
	Associate Ambulance Practitioner	**8**	**0**
Newbury	Emergency Care Assistant	**32**	**40**
	Newly Qualified Paramedic	**4**	**2**
	Associate Ambulance Practitioner	**0**	**0**

Unit 2, Bicester	Emergency Care Assistant	**49**	**129**
	Newly Qualified Paramedic	**2**	**63**
	Associate Ambulance Practitioner	**21**	**15**

The future of simulation is currently being reviewed. We envisage running courses on facilitating effective debriefs for Clinical Mentors and Team Leaders, and later in the year students. We are looking at providing CPD Courses around Mental Health, Maternity and the combined subject of perinatal mental health drawing on subject matter experts. We will be working with our clinical fellow to further support clinical CPD.

It is our aim in the future to develop courses relating to patients living with dementia, safeguarding, along with increasing the effectiveness of team training sessions. We are also working with Fire Brigade colleagues to support their First Person on Scene medical management. We hope to work with the police in the future to support their mental health training. We hope that we can learn from both services and provide better patient care and increase opportunities for collaborative work in the future.

Council of Governors Development

Between June 2018 and June 2019, the Trust has carried out a unique and ambitious piece of work, to develop further its Council of Governors. There was an ambition for our Council of Governors to become an even more effective body, playing a key role in the leadership and governance of the organisation.

The programme of work, supported by an external facilitator covered;

- Conduct
- Behaviours
- Role clarity
- Working relationships between key stakeholders.

During the year, there have been several well-supported workshops producing some key outputs. One such output was the ‘Charter of Behaviours’, developed by the Governors themselves, it provides a framework and expectation of the types of behaviours Governors wished to see as they carried out their duties. These expected behaviours are aligned to the Trust’s values of ‘teamwork’, ‘professionalism’, ‘innovation’ and ‘caring’. This development programme has provided a clear direction and outcomes which the Trust can develop.

The development of a Private Provider Assurance Framework

This describes the process used by the trust to assure itself that private ambulance services will provide patients with an equitable service.

The project began with the formation of a task and finish group to review all drafts and ensure that the system would work for different divisions. For example, the system needed to be operable across urgent and emergency, patient transport and NHS111 private providers.

First line assurance is gathered from the CQC report and ratings, as all private provider services (except taxi companies) must be registered with the regulator. From CQCs own work they have identified and published a report that highlights the key areas of weakness in private provider ambulance services such as:

- Governance structures and frameworks
- Medicines governance
- Staff recruitment processes

A tool to support assurance visits was devised to provide a framework both for asking for information and ensuring that sources of evidence are seen. This ensures that the resulting report is based on the evidence provided by the company and not what they state is their practice. All governance processes will leave a detailed evidence trail behind them.

During a visit the provider will be asked to share governance processes, for example:

- The range of governance committees that will be able to evidence:
  - Minutes and actions
  - Transparent decision making
  - Upward reporting
  - Risks articulated and evidence of mitigation
  - There will be standard agenda items, such as incidents, complaints, feedback and performance information.

Items that are subject to compliance can be evidenced through dashboards. Where this is the case a system of proportional ‘dip-testing’ can be carried out. For example, with recruitment checks, files can be audited against a tool to assure that the providers process is tight.

Staff using the assurance tool are supported in their judgement with a set of indicators that would lead you to weight a domain area to a RAG rating. This process does not aim to replicate the CQCs judgement against the Health and Social Care Act, but it provides an indication of the level of risk that the trust is exposed to using the provider. This view of risk can then be shared easily with the trust board.

The assurance process also sets out that, as commissioner, the trust is permitted to carry out assurance checks in certain circumstances. For example, if the provider has had a few incidents or an increase in complaints. The framework also makes clear the level of scrutiny that would be required by a deterioration of the CQC rating. This way we are utilising the intelligence from the regulator and ensuring our preparedness against the adverse publicity a poor rating attracts.

The framework also includes a tool and set of indicators for Taxi services. These are regulated by local authorities (LA) and are not specifically healthcare providers. The different set of assurances is based upon the company's licence provided by the LA. LAs vary in their specific requirements but offer assurance as both Taxis (vehicles) and drivers are licensed. This process also has an element of spot checks, for example, a taxi driver requires an enhanced DBS check to hold a license.

Although private providers are under contract to the trust and subject to monitoring, improvement work and the identification of risk are undertaken in a spirit of partnership.

CFR falls pilot project

Elderly patients that phone CCC after a fall, may have no injuries and no immediate clinical need. If this can be accurately screened a CFR could be dispatched to the patient to see if they can help them up or stay with them. The CFR will be able to undertake observations, such that a specialist practitioner can calculate a NEWS2 score to decide if the patient is safe to wait or requires a different treatment pathway.

Partner of Choice

National Education Campaign – Stabbing and Acid Attack

SCAS have collaborated in the production of two 'Pubwatch' films at a licensed premises in Marlow as part of a national campaign. The aim of the films is to help educate the staff of bars, pubs and nightclubs what to do prior to the arrival of the ambulance if customers are a victim of a stabbing or acid attack.

SCAS staff appeared in both films and provided clinical consultancy to ensure the film's content was accurate.

The films can be viewed here:

Acid Attack: https://www.youtube.com/watch?v=gqiwF43HgEE&feature=youtu.be

Knife Attack: https://www.youtube.com/watch?v=AtyL8Sia07o&feature=youtu.be

GP Training

SCAS offer monthly evening training to GP's, community and primary care nurses to ensure that we work collaboratively and understand shared processes and systems.

The benefits in providing the training is to ensure that SCAS resources are used appropriately, whilst our stakeholders have a better understanding of our services, and

the challenges we have. It is now compulsory for ST1 and ST2 GPs to attend our training before their out-of-hours placements, we also provide an additional weekend training session to ensure access for GPs. The training helps GPs to understand telephone triage, NHS Pathways and how ambulance resources are allocated to the different categories of patients.

Community First-Responder Volunteers (CFRs)

CFR public engagement

Throughout the year SCAS Community Engagement & Training Team hold various events within the local communities alongside our CFR's. This promotes our volunteers as at times they may be requested to cover local fetes with first aid provision, in return for a donation to our SCAS charity. We also work alongside our charity to promote and fundraise for the equipment our CFR's require in order to assist in the delivery of patient care.

We also support World Restart a Heart Day, that occurs on 16 October every year and are heavily involved with organising this. Our 2019 target was to train over 10,000 people in CPR and this was achieved with our total of 10,240.

The SCAS Community Engagement & Training Team have attended 19,733 incidents between April – November 2019.

Save a Life app

Our save a Life app which is free and publicly available is being downloaded more than ever. Through community engagement events SCAS continues to raise

awareness of the positive effects on survivability of good quality CPR and effective use of AEDs in out of hospital cardiac arrest. We are also working with the British Heart Foundation to access data regarding the national Defib network known as 'The Circuit' which all ambulance Trusts will be involved in.

There are a total of 2963 AEDs across the SCAS geography. Of these, 1961 are publicly accessible (via a code provided after dialling 999), 1002 are 'static' for example located in shopping centres, train stations or local businesses. Access to early defibrillation is associated with better outcomes for patients suffering cardiac arrest in the community.

Clinical Coordination Centre

Changes in sharing learning from incidents

The clinical coordination centres (CCC) are now utilising the SCAScade format in order to share learning from incident investigations. In addition to this interactive learning and CPD activity, factsheets have also been implemented for CCC staff. Factsheets offer a published resource for staff to use and discuss specific conditions in terms of their clinical presentation, signs, symptoms and red flags. The subjects of the factsheets are identified from themes and trends identified from call audits. They can identify a process issue within NHS Pathways that can be escalated.

For example, changes were made to NHS pathways after an incident involving a neck breathing patient. This subsequently led to a patient with a tracheostomy coming in to share their experience with a group of clinical staff from CCC.

Serious incidents and deaths referred to the coroner will stimulate an internal review of NHS Pathways. With possibility of user error robustly internally investigated, this

means concerns about the effectiveness of aspects of NHS Pathways can be escalated more effectively to the national NHS Pathways user group.

The welfare call process has been changed as a result of an incident around a delay. If an ambulance resource is not available immediately, call handlers will ask if there is anyone, we can call on the patient's behalf. This is a question we never asked patients before. This might enable a family member to sit with the patient while they wait for an ambulance and would also be able to inform CCC if the patient's condition changed.

Changes in learning from complaints

Changes have been made nationally as a result of a complaint to the trust. After an incident where a description of 'grey lips' was not appropriately acted upon. The systems were set up to escalate where lips were described as 'blue' or cyanosed. The CCC team had discussions with the complainant in order to investigate and introduce improvements to NHS Pathways. The CCC education team audited other calls as an improvement project and found further evidence for making changes to NHS Pathways. Grey or an abnormal lip colour is now considered a red flag in the NHS Pathways system as a direct result of a complaint.

Partnership in Solent Trust Area

Solent NHS community trust are providing a CCC based clinician to coordinate an urgent response service within normal working hours for their patients. The service aims to provide community based support for patients in the Solent Trust area. For

example, meals, occupational therapy or social work referrals, night sitters, falls assessments and social services.

NHS Digital Improvements

NHS Digital now supply trusts with a monthly infographic that shows call volumes and NHS Pathways use, this provides a national picture to help us focus our activity. For example, if certain conditions are on the increase, we can ensure that staff have the relevant information, such as through a Factsheet. This national improvement is in addition to our knowledge of themes and trends from internal audit data.

Learning from Audit

Call handlers and dispatchers now sit multiple choice assessment papers each quarter. For call handlers these will be about various hot topics ranging from condition specific information (e.g. stroke) or procedures and policy knowledge. For dispatchers the paper will examine understanding of quality assessment related to their skill-set.

Trends from audits are used to focus the assessment activity on the most relevant areas.

Staff in CCC all now have access to an on-line portfolio, in which assessments can be stored and accessed by managers or team leaders. This provides competence information for staff in the event of needing to check because of an investigation, but also supports role progression.

Learning from Data

The use of data within CCC is being developed, looking at symptom groups and discriminators to determine why there is a high call transfer rate between NHS111 and urgent and emergency care. Finding out which commonly stated symptoms led to an ambulance being dispatched will help us to hone the questioning of patients. For example, of 1000 patient 130 did not call with chest pain as a symptom but got an emergency response, we need to know how many patients in this category were conveyed, and was this an appropriate use of resource?

Using data in this way will assist with operational activity as well as national and trust learning, and possibly changes within NHS Pathways.

Development of Procedures within CCC

The CCC standard operating procedures (SOPs) have been refreshed in an easier to follow format. This has been due to the work of a SOP working group, that has been formed with representation from each skill-set within CCC. This group now has responsibility for the CCC SOPs, that are ultimately signed off through governance committees (such as CRG or PSG). This has given ownership to the frontline staff that use the documents to inform their ways of working.

NHS Pathways clinical consultant support

This long awaited national development has been driven by the emergence of integrated urgent care, such that we now require autonomous clinicians within the service.

The approach is being developed nationally but SCAS have lobbied for this approach for some time, so were keen to be involved in the early testing. An experienced clinician, with extensive telephone triage experience working within CCC can embark on eight weeks of specialist training and coaching in order to become an autonomous Pathways clinician. This will enable the use of a senior clinical module within NHS Pathways allowing a more freestyle approach and the ability to choose an appropriate disposition and have access to the national directory of services.

There is proven demand for the use of different clinical specialities within CCC, for example mental health, paediatric and minor injuries specialist clinicians. Audit data will allow scoping of the value of specialist clinicians as opposed to those with a generic skillset.

Employer of Choice

Trauma Risk Management (TRiM)

Trauma Risk Management (TRiM) was originally a tool developed to identify PTSD from war zones. SCAS introduced TRiM to the trust seven years ago and the system is fully embedded within the trust.

TRiM is a peer-to-peer support mechanism where trained practitioners can assess their colleagues as to whether they are naturally processing the effects of a traumatic event or whether they need assistance with this.

All TRiM practitioners across SCAS are volunteers and do this in their own time, though the trust are fully supportive. This year so far, we have assisted 120 Staff in the South and 123 Staff in the North by providing TRiM interventions. We usually average about 350 referrals per year.

The trust has just been granted funds to enable more practitioners to be trained. Training to become a TRiM practitioner is conducted in-house and we have three trainers that periodically carry out refresher courses. SCAS is governed in this by March on Stress, a private company that derived TRiM for the military.

Favourable Event Report Forms

Favourable Event Report Forms (FERFs) are used throughout the trust as a tool to highlight positive events which take place within our work place, this can be as an individual or team.

This recently introduced initiative from a staff suggestion, has been keenly taken up as it provides a platform for positive peer to peer feedback. It has allowed the exceptional work that is being done day in, day out by members of staff across the trust to be recognised by their peers and the management team.

This initiative has been shown to close a gap, ensuring that managers are up-to-date with examples of excellence in compassion, clinical practice and team work that happens within their teams. It also reminds us that safety, compassion and quality care needs to be celebrated and valued. It ensures that positive achievements, as well as incidents, are shared and escalated. Good stuff happens too.

Equality Guidance for Transgender staff and patients

The trust, in keeping with its Public Sector Equality Duty continue to;

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between different groups
- Foster good relations between different groups

In conjunction with the National Ambulance LGBT network, SCAS has developed corporate Guidance for Transgender staff and patients.

The Guidance for Transgender staff and patients sets out;

- How managers and staff will engage with staff who disclose their trans status or intention to undergo gender reassignment.
- Reinforces the trust's zero tolerance policy towards any form of unlawful discrimination, harassment or victimisation.
- How patient facing-staff should engage Trans people when assessing their clinical needs.

SCAS has also amended its clinical communications centre procedures to ensure that Trans people are not misgendered when contacting our service.

Sleep and Fatigue Research Operational Study

The Trust's Operational Transformation Roster Project set out to ensure that staff feel empowered to influence changes affecting their working lives at a local level by aiming for a high level of engagement and inclusiveness. The key aims were to review and realign our work patterns/rosters to achieve the ambulance response programme (ARP) operating model with our operational teams, whilst ensuring the Trust provides a working environment that supports our staff work/life balance.

This change aligns to the Trust's overall strategic aims and objectives of the organisational development strategy and values, for our staff and patients by;

- Help SCAS become the employer, provider and partner of choice
- Seeking improved staff work/life balance
- Seeking improved staff health & wellbeing
- Supporting students and all groups of staff to develop and perform their duties to the highest standard
- Enabling us to provide patient with the right care - first time
- Transition our deployment to the ARP model

The Trust recognised that fatigue has a proven effect on the health, well-being, and performance of our staff at work. SCAS was keen to improve staff health and well-being as well as providing the best possible new working patterns.

To assist us in getting this right we commissioned Sleep and Fatigue Research Ltd (SAFR) expertise to conduct a real-time operational study to explore the level of fatigue experienced by SCAS staff. Four operational sites were chosen: Basingstoke, Didcot, Nursling, and Wexham, with included 90 members of staff.

Staff that voluntarily took part entered the study appreciated that their health and well-being was being considered as part of the work pattern/roster redesign process. The study was also supported by staff representatives and the operational management team.

On completion of the study, the levels of alertness and fatigue found within SCAS were broadly in line with the benchmarks for a 24/7 organisation, and reasonably consistent across different locations and job roles. However, long shifts (especially night shifts of 12 hours or more) were found to cause an increased level of fatigue and therefore great risk.

Study Findings

- Across the whole group, mean alertness was in-line with benchmarks for 24/7 organisations.
- However, several participants obtained four hours or less sleep on at least one occasion during the study. This level of sleep leads to significantly reduced performance and an increase in errors and incidents.
- The issues surrounding fatigue within SCAS are not due to the mean level of alertness/fatigue, but to occasional situations in which an individual is unable to get enough sleep for one or more nights leading to increased risk.
- Nonetheless, longer shifts are associated with lower alertness / higher fatigue. Day shifts of more than 10 hours are more fatiguing than shorter shifts. For night shifts, there is a steady increase in high levels of fatigue (low levels of alertness) as the shift length increases. 12 hours + night shifts can lead to increased fatigue and risk.
- The levels of fatigue were consistent across the study locations and job roles included.

Study Recommendations

- Where possible, shifts should last no longer than 12 hours. Reducing the number of shifts over 10 hours should be considered if possible.
- If it is not possible to reduce both day and night shifts, our focus should be on reducing the length of night shifts, avoiding night shifts over 12 hours. Avoiding a high number of night shifts in each period is also beneficial.
- A follow-on study will be conducted after any changes in shift patterns are made to assess the benefits of the changes.

The study has provided evidence for removal of 12-hour night shifts such that the Trust is able to improve health and well-being and enable a better work/life balance for our staff. By May 2020, we plan to have implemented new operational staff work patterns

with the removal of all 12-hour night shifts, and we are committed to continually monitor the benefits of these changes.

Young Ambulance Citizens Programme (YACP)

The Young Ambulance Citizens Programme is based at our Enhanced Simulation Centre in Newbury.

The Enhanced Simulation Suite is a fully interactive and highly immersive training centre, where Students can have hands-on experience in true-to-life settings with real-life clinical equipment, state-of-the-art manikin technology (life-like manikins that breathe and speak), and actors serving as simulated patients.

The Young Ambulance Citizens Programme allows students to learn and be exposed to the extra-ordinary environment that front-line ambulance staff work in, whilst being in a completely safe training setting. This learning environment encourages students to consider the ambulance service as a career, crucially, it also encourages them to consider the impact their life choices have on their own and others' health.

The scenarios have been designed for students to discover first-hand, what it's like to work in the ambulance service by undertaking a mixture of simulation scenarios involving:

- Road Accident Scene management
- Managing a child or older person with breathing difficulties
- Knife crime incidents
- A care and compassion incident
- Ambulance Dispatch

Key Learning Aims of the programme

- To increase enthusiasm and knowledge of science and healthcare
- Strengthen 'life skills' for employability and positive health behaviours
- Widen participation towards healthcare careers

Staff Recognition in CCC

Emergency call takers are given badges in recognition of a job well done. For example, a red or gold heart badge is given to an emergency call taker who has successfully provided resuscitation guidance over the telephone. A Stork badge is given to those that have assisted in the delivery of a baby. In addition to staff recognition, the badges identify that the staff member has this experience and can be a source of learning for others.

Apprenticeships in CCC

The trust has received agreement in principle to develop two apprenticeship pathways within CCC. The first will be a Call handler in 999 and the next will be coaching.

Emergency Care Assistants Apprenticeships

In November 2019 and March 2020 cohorts of apprentices will be starting a newly devised 18 month programme to prepare them for the role of an emergency care

assistant. SCAS is now registered as an employer-provider to provide education and mentorship to apprentices.

The Mentorship programme provides wraparound support for apprentices. Ofsted will be monitoring with a visit within 12 months of the start of the programme. Mentors will undertake nine one to one shifts with each apprentice. Portfolio sign-off will occur during these mentored shifts. Functional skills are embedded in the programme, and it also includes mandatory completion of the Care Certificate.

SCAS are currently in talks with Qualsafe (a qualification awarding body) regarding accreditation of our ECA course.

National Organisational Talent Management Diagnostic Tool

In July 2019 SCAS made a successful application to be part of the phase 1 rollout of the national organisational talent management diagnostic tool led by the NHS leadership academy. This is a refreshed initiative that aims to build a more inclusive organisation and system approach to talent management across the NHS.

The diagnostic tool comprises an online submission against five domains:

- Enabling a culture of talent management
- Equality, diversity and inclusion in talent management
- Identifying, managing and retaining talent
- Developing and mobilising talent
- Connecting to our local health and care system

SCAS join approximately 13 other phase 1 trusts in south and southeast England participating in a community to lead this new approach. We are one of only two ambulance trusts in England that are participating early. All other trusts will be required to participate over the next 18-24 months. The Leadership Academy has also requested that SCAS become an exemplar trust and provide support for other ambulance trusts when they join in future phases.

Sustainable and Efficient

Bright Ideas

The Bright Ideas scheme provides staff, working in the organisation, with a way to make suggestions for improvements to processes and procedures. This may be to improve patient care, experience or improve staff members of working lives.

This initiative is important as it allows staff members (that understand their work in detail) to suggest changes that will make a difference to their work environment and working life. Ideas are reviewed by a dedicated team that research how the idea will be of benefit to staff, trust or patients.

A total of 43 ideas have been submitted this year to date, the two below are examples of initiatives being trialled.

- The 111 team in the north are trialling desktop size whiteboards to reduce paper usage and improve data security. The boards are being used to make notes during calls and will be wiped clean at the end of the shift. Currently staff use scrap paper to make notes. Evaluation of this pilot will occur at the end of the year.

- The clinical team have been working with the Women's Institute in Otterbourne to provide knitted toys (Trauma Teddies) to keep on vehicles to hand out to poorly children we attend. The knitted toys have been fire tested

by Hampshire Fire and Rescue and are almost ready to be rolled out, following final sign off by the Clinical Review Group (CRG).

Bright ideas will continue to be collected as it has proven to be of benefit to the trust. We encourage all staff to submit any ideas they have, no matter how big or small, and they can always submit more than one.

Research Digest

Restart a heart evaluation is a national project run by the University of Warwick aiming to evaluate the impact and reach of international 'restart a heart day'.

'SWAP' is Staff Wellbeing in Ambulance Personnel and is a national project run by Yorkshire Ambulance Service and University of East Anglia looking at the current provision of wellbeing initiatives across the country.

Death and Dying in Prehospital care is a local project between SCAS and the University of Southampton, investigating the experience of ambulance staff and families caring for dying patients.

'**Ex-PAT's** is an exploration of the barriers and facilitators to paediatric pain assessment and management in trauma, this local project has been funded by College of Paramedics.

We are also working on a study called **'IDEAS'** – Improving the recording of Dementia on Electronic Patient records in the Ambulance service. This is also a local project funded by the College of Paramedics.

Urgent Care Desk

The urgent care desk was set up as a trial project in conjunction with Health Education England. The focus of the desk was for specialist practitioners to be sited in a control room setting where they take calls from NQPs and AAPS to provide clinical validation.

The urgent care desk also provides accessible telephone advice for crews on a variety of issues. They also ensure that Specialist Paramedic (SP) appropriate jobs are identified, and in conjunction with the dispatcher, send SPs to the most suitable of jobs to get the patient treated at home if possible. The urgent care desk also deals with Community First Responders that have been sent to 'non-injury falls', where there is no identified requirement for a clinician to attend. This has been of great benefit as it has enabled the Clinical Support Desk clinicians to concentrate on the Hear and Treat patients.

During an average 20-hour day the urgent care desk will be involved with approximately 80 jobs, which will consist of:

- 20-30 Clinical Validations
- 4-10 Non-Injury Falls
- 5-10 requests for SPs to attend patients

- 10 Crew Advice
- 20-30 Scoping and assessing jobs for SP intervention.

Clinical Pathways app

SCAS has developed and implemented a mobile phone-based app to give emergency ambulance crews guidance on the nearest and most clinically appropriate hospital to take their patient based on their presenting condition. So far, the App has been downloaded by 2,320 users. The app covers patients presenting with:

- Major Trauma
- Stroke
- Myocardial infarction
- Vascular Emergencies
- Maternity

The app uses GPS technology to map the patient's location, then displays the nearest hospital with suitable speciality facilities, based on the shortest drive-time. The app also includes important information, such as the nearest hospital entrance for the appropriate department e.g. stroke unit. The app also gives the crew the pre-alert telephone number for every hospital in the SCAS area and over the border.

The app has proved particularly useful for SCAS private providers and air ambulance staff who may be less familiar with the geography or hospital specialisms in the area they are working. The opening hours of each unit are also included in the app.

This app has reduced anxiety for our crews in ensuring that their patient is taken to the most suitable unit to give them the specialist care they need.

Urgent Care Pathways Project

The vision…

A patient calling 111 or 999 for a condition that requires urgent attention. Perhaps they are a diabetic suffering a hypoglycaemic episode, or perhaps an asthmatic unable to get their wheeze under control.

The call handler reaches a disposition that requires the dispatch of an ambulance. The most appropriate ambulance clinician arrives at the patient's location within an acceptable timeframe and assesses their condition.

After providing initial patient treatment the clinician assesses that further assessment or treatment is necessary. They look for information about the patient's medical history and care plans by accessing their Summary Care Record and check previous attendances on ePR. They then access SCAS Connect to find the most appropriate urgent care pathway to fit the patient's needs. The clinician discusses the preferred options with the patient and phones the service to make a referral. Then, either the patient makes their own way (or the clinician conveys them) to the service location, or they advise the patient of who to expect and when.

This way the patient has been able to access the most appropriate urgent care pathway, cutting out the need to attend an emergency department. This is the vision of this exciting programme.

The urgent care pathways project develops new, and improves existing, Urgent Care Pathways. It enables SCAS clinicians, alongside our current integrated urgent care services (Operational and in the Clinical Co-ordination Centres 999 & NHS 111) to have improved sight and accessibility to appropriate urgent care pathways for our patients. This programme facilitates an improvement in the quality of patient care and experience, further supports the delivery of both NHS and SCAS clinical strategies, and support an improvement in the reduction of our rates for:

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

New Ambulance Equipment to Support Infants and New-borns

When a new born (or just born) baby or infant needs to be treated in an emergency it is essential, they are kept warm. In response to this requirement, and in line with suggested guidelines from AACE, the trust has sought a solution that is safe, simple to use, affordable and above all beneficial to the smallest of our patients.

The Equipment and Vehicle Review Group (EVRG) has identified and approved a gel warming mattress to carry as part of normal ambulance equipment. This is a single use self-heating gel mattress pad that is totally safe and provides supportive warmth to the infant. This is used in conjunction with the normal blankets and towels we would use if the baby had just been born. Heat loss is a significant risk factor to an infant, so this new device will help us keep them warm whilst we treat and get them to hospital.

Clinical Coding review Group

The Clinical Coding Review Group is chaired by AACE and allows themes and trends to be discussed by NHS Pathways users. For example, there has been an increase in calls regarding potential anaphylaxis, and common flags for this can be isolated from all NHS Pathways (and AMPDS) users across the country. This has informed release 18 of NHS Pathways.